



REQUEST FOR PROPOSALS

AIR SERVICE DEVELOPMENT CONSULTING AT SYRACUSE HANCOCK INTERNATIONAL AIRPORT

RFP REFERENCE # 2019-04

Issued: July 15, 2019

Submission Deadline: August 5, 2019, by 2:30 PM ET

IMPORTANT NOTICE: A restricted period under the Procurement Lobbying Law is currently in effect for this Procurement and it will remain in effect until the Authority executes the contract. Respondents are prohibited from contact related to this procurement with any Syracuse Regional Airport Authority member, officer, staff or employee other than the designated contacts (refer to RFP Sections 1.16 and 1.17, Attachment A-1 Procurement Lobbying Form, and <https://online.ogs.ny.gov/legal/lobbyinglawfaq/>)

Designated Contact for this Procurement:
Linda Ryan, Aviation Contracting Officer

All contacts/inquiries shall be made by email to the following address:
ryanl@syraairport.org

REQUEST FOR PROPOSALS

ON THE BEHALF OF

SYRACUSE REGIONAL AIRPORT AUTHORITY

AIR SERVICE DEVELOPMENT CONSULTING AT THE SYRACUSE INTERNATIONAL AIRPORT

ALL PROPOSALS MUST BE RECEIVED PRIOR TO 2:30 P.M.

AUGUST 5, 2019

At the Offices of:

SYRACUSE REGIONAL AIRPORT AUTHORITY

ATTN: LINDA RYAN

1000 COL. EILEEN COLLINS BOULEVARD

SYRACUSE, NEW YORK 13212

BE SURE THAT YOU HAVE COMPLETED AND ATTACHED ALL OF THE INFORMATION REQUIRED IN THIS REQUEST FOR PROPOSALS. ONE (1) ORIGINAL AND EIGHT (8) COPIES OF YOUR PROPOSAL, WITH A COPY OF YOUR PROPOSAL IN PDF FORMAT ON A FLASH DRIVE, ARE REQUIRED.

SPECIAL NOTE:

PROPOSAL PACKAGES MUST BE SEALED AND CLEARLY MARKED ON THE EXTERIOR SHOWING THE PROPOSAL NAME AND REFERENCE NUMBER AS LISTED IN THIS SOLICITATION!

PLEASE PRINT THE WORDS “ORIGINAL” ON YOUR ORIGINAL COPY

RFP REFERENCE # 2019-04

1. GENERAL INFORMATION

1.1. Background

The Syracuse Regional Airport Authority (the “Authority”) was created by the New York State Legislature on August 17, 2011 by Chapter 463 of the Laws of 2011. The Authority was established with the purpose of (i) stimulating economic growth, (ii) increasing trade and tourism, (iii) promoting safe and secure travel, (iv) providing citizens with efficient and economical transportation options, and (v) to protect and enhance the natural resources and quality of the environment. The Authority is the operator of the Syracuse International Airport and is governed by a Board that is currently comprised of eleven (11) members, consisting of: seven (7) members appointed by the Mayor of the City of Syracuse, one (1) member appointed by the Onondaga County Executive, one (1) member appointed by the Town Board of the Town of Dewitt, one (1) member appointed by the Board of Education of the East Syracuse Minoa Central School District and one (1) rotating seat.

1.2. Intent and Purpose of this RFP

The intent and purpose of this Request for Proposals (the “RFP”) is to solicit responses for the selection of a firm to perform Air Service Development Consulting at Syracuse Hancock International Airport (the “Airport”) for a three (3) year base term with two (2) one-year renewals.

1.3. Key Dates in the RFP Schedule

It is anticipated that a contract will be awarded in response to this Request for Proposals (RFP) based on the following schedule:

Table 1, Key Dates in the RFP Schedule

Date	Event
Monday, July 15, 2019	Issuance of Request for Proposals
Tuesday, July 23, 2019 2:30 PM ET	Closing Date for Respondent’s Questions
On or about Friday, July 26, 2019	Final Response to Respondent’s Questions
Monday, August 5, 2019 2:30 PM ET	Proposal Submission Deadline
August 3, 2019 to August 9, 2019	Proposal Evaluation Period and Respondent Interviews (if applicable)
No earlier than August 9, 2019	Award of Contract by the Authority
No later than August 31, 2019	Execution/Entering into Contract

Please note: the Authority reserves the right to change any of the dates stated in this RFP. If such change occurs, the Authority will post the change(s) on the Syracuse Regional Airport Authority’s website, which is part of the Syracuse International Airport website (<http://www.syrsvaa.com/bids-rfp-rfq/>).

1.4. Minimum Qualifications

In order to be considered for evaluation/selection, a Respondent **must** attest using Attachment A-2 – Verification of Minimum Qualifications that they meet the minimum qualifications set forth below and in Attachment A-2. **Inability to meet the minimum qualifications set forth in this RFP will result in the rejection of a proposal as non-responsive.**

Minimum Qualification Requirements

Any Respondent (or its principal owner or predecessor in interest, or, in the case of a joint venture, at least one joint venture partner with at least 40% interest in the joint venture) must meet all of the following eligibility criteria for an Air Service Development Consultant:

- It must have been in continuous existence in the Air Service Consulting business for at least the last ten (10) years; and
- It must have performed similar services for at least three (3) airports larger or comparable in size to the Airport within the last three (3) years; and
- Respondent must demonstrate to the satisfaction of the Authority that it has the resources to perform and deliver Air Service Development Consulting, for both passenger and cargo operators, as contained in this Proposal.
- It must have a demonstrated track record of achieving new and/or enhanced air services; for both domestic and international passenger air carriers.

1.5. Insurance Requirements

At all times during the Term of this Agreement, the selected Contractor shall procure and maintain, at its sole cost and expense, at least the following types and amounts of insurance coverage:

- (a) Commercial General Liability with limits no less than

Bodily Injury and Property Damage Limit	\$1,000,000 each occurrence
Products/Completed Operations Limit	\$2,000,000 aggregate
Personal Injury & Advertising Injury Limit	\$1,000,000 ea pers/org
General Aggregate	\$2,000,000 applicable on a per project basis
- (b) Worker's Compensation and Employers Liability Insurance with limits no less than that required by the provisions of the New York Workers Compensation Law, including Article 9 of the New York Workers Compensation Law, known as the Disability Benefits Law, and any and all rules, regulations and procedures promulgated pursuant to the New York Worker Compensation Law;
- (c) Commercial Automobile Liability covering owned, non-owned and hired automobiles with limits no less than \$1,000,000.00, combined single limit;
- (d) Professional Liability and Network Security Insurance for services to be performed pursuant to this Agreement, insuring the Consultant against (1) malpractice or errors and omissions of the Consultant, and (2) network security insurance protecting against losses resulting from data breaches due to the negligence, in whole or in part, of the Consultant. The minimum amount of said insurance coverage shall be in the amount of no less than Five Million Dollars (\$5,000,000)
- (e) Commercial. Umbrella/Excess Insurance with annual aggregate coverage of at least \$5,000,000.00.

All insurance policies required shall:

- (a) be issued by insurance companies with a Best's Rating of no less than A-X;
- (b) provide that such insurance carriers give Customer at least 30 days' prior written notice of cancellation or non-renewal of policy coverage; *provided that*, prior to such cancellation, the Service Provider shall have new insurance policies in place that meet the requirements of this section;
- (c) waive any right of subrogation of the insurers against the Customer or any of its Affiliates.
- (d) provide that such insurance be primary insurance and any similar insurance in the name of and/or for the benefit of Customer shall be excess and non-contributory; and

- (e) name Customer, the City of Syracuse, New York and Customer's Affiliates, including, in each case, all successors and permitted assigns, as additional insureds for both ongoing and completed operations.

Prior to the commencement of work, the selected Contractor shall provide Customer with copies of the certificates of insurance and policy endorsements for all insurance coverage required by this section, and shall not do anything to invalidate such insurance. This section shall not be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations imposed under this Agreement (including but not limited to, any provisions requiring a party hereto to indemnify, defend and hold the other harmless under the Service Agreement).

1.6. Amendment or Termination of RFP

RFP Cancellation/Postponement: The Syracuse Regional Airport Authority reserves the right to cancel or postpone this Request for Proposals (RFP) at any time without penalty.

The Syracuse Regional Airport Authority reserves the right to terminate the contract awarded to the successful respondent, or any part of said contract, immediately upon notice mailed or delivered by the Authority to the successful respondent.

1.7. Non-responsive Proposals

The Syracuse Regional Airport Authority reserves the right to reject any and all proposals not deemed in the best interest of the Authority and to reject as non-responsive such proposals, as in the Authority's opinion, are incomplete, conditional, obscure, or which contain irregularities of any kind, including unbalanced proposals.

1.8. Questions or Requests for Information or Clarification

Any questions, requests for information or clarification regarding this RFP should be submitted via email, citing the RFP page and section, no later than **2:30 p.m. ET on Tuesday, July 23, 2019** to ryanl@syrairport.org

Questions will not be accepted orally, and any question received after the deadline may not be answered. The list of questions/requests for information or clarification and the official responses will be emailed to Respondents who have registered with the Authority and posted on the Syracuse Regional Airport Authority's website, <http://www.syrtraa.com/bids-rfp-rfq/>. Bidders that receive this RFP or access it from a source other than the Authority should contact the Authority at ryanl@syrairport.org to confirm that their correct contact information, including email address, is on file with the Authority. This will ensure that the bidder receives the list of questions/requests for information or clarification and the official responses. The Authority is not responsible for a bidder's failure to receive the list of questions/requests for information or clarification and the official responses due to the bidder's failure to provide the Authority its contact information, including email address, and no allowance will be made for a bidder that submitted a proposal that is not in compliance with the RFP requirements due to the bidder's

aforementioned failure to receive the list of questions/requests for information or clarification and the official responses.

1.09. Amendments and Addenda

In the event that it becomes necessary to revise this RFP, such revision will be by addendum. Any addendum to this RFP will become part of this RFP and part of any contract awarded as a result of this RFP.

Further, if a Contractor discovers any conflict, discrepancy, omission or other error in this RFP, the Contractor shall immediately notify the contact person, Linda Ryan, of such error and request modification to the document. The Authority shall make RFP modifications by addenda, provided that any such modifications would not materially benefit or disadvantage any particular Contractor.

If a Contractor fails, prior to the submission deadline, to notify the Authority of a known error or an error that reasonably should have been known, the Contractor shall assume the risk. If awarded the contract, the Contractor shall not be entitled to additional compensation or time by reason of the error or its late correction.

All RFP addenda will be posted to the Authority's website www.syrssraa.com/bids-rfp-rfq/. The Authority is not responsible for a Contractor's failure to receive addenda, and no allowance will be made for a Contractor that submitted a proposal that is not in compliance with the RFP requirements due to the Contractor's aforementioned failure to receive addenda. At this time, there are no designated dates for release of addenda. Therefore, interested Contractors should check the Authority's website on a daily basis from time of RFP issuance through the deadline for submission of proposals. It is the sole responsibility of the Contractor to be knowledgeable of all addenda related to this RFP.

1.10. Submission Requirements

One bound original and eight (8) bound copies of the Contractor's proposal, including all required forms attached to this RFP, shall be submitted in response to this RFP. A Flash Drive containing the proposal and all required forms in PDF format shall also be submitted. The original proposal shall be signed by an authorized representative of the Contractor and notarized. Each copy shall be clearly labeled with the name of the Contractor and the date. Each copy must contain the required information for the Contractor. Contractors should make sure that their proposals are in compliance with all of the requirements of this RFP. Failure to do so may result in disqualification.

Contractors should also be willing and able to provide additional information that may be required. In addition, interviews may be requested. All information and materials submitted to the Authority in response to this RFP will become the property of the Authority. Contractors shall not submit proprietary or confidential business information unless they believe such information is critical to their proposals or presentations. If any such information is included, it shall clearly be identified

as such. The Authority shall endeavor to protect the identified information only to the extent allowed under applicable law.

1.11. Submission Due Date

Proposals must be delivered **no later than 2:30 p.m. ET on Monday, August 5, 2019** to:

Ms. Linda Ryan
Aviation Contracting Officer
Syracuse Regional Airport Authority
1000 Col. Eileen Collins Boulevard
Syracuse, New York 13212

Proposals received after that date will not be considered.

1.12. Proposals and Qualifications Review

Upon receipt of proposals, the Authority’s Ad Hoc Committee for Air Service Development Consulting will review each proposal and make a recommendation to the Board of the Authority. Proposals will be reviewed on the basis of competency, experience and ability to perform the services required. Respondents should be willing and able to provide additional information that may be required by the Ad Hoc Committee for Air Service Development Consulting. The Syracuse Regional Airport Authority reserves the right to waive any formalities and to reject or negotiate any and all proposals without assigning any reason.

1.13. Award

The Syracuse Regional Airport Authority may award the contract, following the required approvals, if it determines such contract is in the best interest of the Syracuse Regional Airport Authority.

1.14. Restriction of Communications

Respondents are prohibited from contact related to this RFP with any Authority Board member, officer, staff, employee or representative other than designated personnel from the date this RFP is issued until the contract has been executed by the Authority. Violation of this provision would be grounds for immediate disqualification.

All inquiries concerning this procurement must be addressed to the following designated contacts for this Procurement: **Linda Ryan at ryanl@syraairport.org Please indicate RFP Reference # 2019-04 in Subject Line.**

1.15. New York State Finance Law Sections 139-j and 139-k

Pursuant to State Finance Law §§ 139-j and 139-k (collectively, the “Statute”), certain restrictions are placed on contact with State agencies, including public authorities, during the

procurement process. The term “contact” is defined in the Statute as “any oral, written or electronic communication with a governmental entity under circumstances where a reasonable person would infer that the communication was intended to influence the governmental entity’s conduct or decision regarding the governmental procurement.” In addition to obtaining the required identifying information, the State agency must inquire and record whether the person or organization that made the contact was the offeror, or was retained, employed or designated on behalf of the offeror to appear before or contact the governmental entity. The term “offeror” is defined in the Statute as “the individual or entity, or any employee, agent or Contractor or person acting on behalf of such individual or entity, that contacts a governmental entity about a governmental procurement during the restricted period of such governmental procurement whether or not the caller has a financial interest in the outcome of the procurement; provided, however, that a governmental agency or its employees that communicates with the procuring agency regarding a governmental procurement in the exercise of its oversight duties shall not be considered an offeror.”

The “restricted period” is defined in the Statute as “the period of time commencing with the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, the state comptroller.” Authority members, officers, staff and employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the offeror pursuant to the Statute. Certain findings of non-responsibility can result in rejection for contract award and, in the event of two findings within a four-year period; the offeror is debarred from submitting a proposal on or being awarded any procurement contract for a period of four years from the date of the second final determination. Any Contractor responding to this RFP **must** complete the form attached as Attachment A-3 and submit it to the Authority with its proposal. Questions regarding this form may be directed to the Designated Contact for this solicitation: Linda Ryan, Aviation Contracting Officer, Syracuse Regional Airport Authority at ryanl@syairport.org

Additional information may be found at: <https://online.ogs.ny.gov/legal/lobbyinglawfaq/>

Any Contractor responding to this RFP **must** complete the form attached as Attachment A-3 and submit it to the Authority with its proposal. Questions regarding this form may be directed to the Designated Contact for this solicitation:

Linda Ryan
Aviation Contracting Officer
Syracuse Regional Airport Authority
ryanl@syairport.org

1.16. Notice to Contractor - Document Retention

Please retain a copy of this complete document for your records. This is the only copy you will receive. You will be forwarded notice of the awarded contract only if you are a selected Contractor.

1.17. Exceptions

Any and all exceptions to this RFP must be clearly and completely indicated in proposals submitted. *Please be advised that any exceptions to the requirements in this RFP may be cause for a Respondent's proposal to be disqualified.*

1.18. Proposal Costs

The costs for this entire proposal effort shall be borne by the Contractor. The Authority will not reimburse any Contractor or other firm for any costs associated with this proposal effort.

2. WHISTLEBLOWER POLICY AND PROCEDURES

The selected Contractor will be required to comply with, and perform its services under the contract in accordance with, any and all Whistleblower Policy and Procedures adopted by the Authority.

3. M/WBE-SDVOB PROGRAMS

See Appendix A and Appendix B for a full description of the Authority's M/WBE-SDVOB programs.

4. CONDITIONS, TERMS, AND LIMITATIONS

This RFP is subject to the specific conditions, terms and limitations stated below:

1. The services to be performed shall conform to and be subject to the provisions of the New York Public Authorities Law, Standards promulgated by the NYS Comptroller and Authorities Budget Office and all other applicable laws and regulations of all Federal and State authorities having jurisdiction.
2. Valid licenses and registrations as required by the Authority and any State, and Federal agencies shall be obtained by the successful respondent prior to commencing work.
3. Final designation of a respondent will depend on satisfaction of all additional documentation and review requirements of the Authority and will be subject to the subsequent approval by the Authority.
4. No transaction will be consummated if any selected respondent or principal of a selected respondent or any member of the respondent's development team is in arrears or in default upon any debt, lease, contract or obligation regarding Syracuse International Airport. The Authority reserves the right to reject any response to this RFP by any such respondent.
5. The Authority reserves the right to:
 - a. Negotiate with one or more respondents, and/or negotiate on terms other than those set forth herein.
 - b. At any time, waive compliance with, or change any of the terms and conditions of this RFP, to entertain modifications or additions to selected proposals.
6. This RFP does not represent any obligation or agreement whatsoever on the part of the

Authority which may only be incurred or entered into by written agreement authorized by the Board of the Authority, approved as to form by the Authority's counsel and executed by the Executive Director of the Authority.

7. Selection of a respondent will not create any rights on the respondent's part, including, without limitation, rights of enforcement, equity or reimbursement, until after all required government approvals are received and the insurance, agreement and all related documents are fully approved and executed.
8. This RFP and any agreement or other documents resulting therefrom is subject to Federal, State, or Municipal authority having jurisdiction over the subject matter thereof, as the same may be amended from time to time.

5. SCOPE OF SERVICES REQUESTED

5.1 Background Information

The Market Served by Syracuse Hancock International Airport

Syracuse Hancock International Airport serves an extensive area of Upstate New York, the northern tier of Pennsylvania and St. Lawrence Valley area of Ontario, Canada. The Airport's service area encompasses over 3 million well connected residents, served by Interstate and other major highways. Syracuse, the largest city in Central New York, serves as the focal point for commercial air service in Central New York.

The economy of Central New York has matured from legacy manufacturing to business sectors based on education, innovation and technology. During the past decade, Central New York has flourished due to private sector employment growth and facility and technology investment. In the aftermath of the Great Recession, economic activity has rebounded to pre-Great Recession levels, and Central New York is growing.

A major driver of Central New York's economy is the many higher education institutions that are located in the region. Central New York State has 35 institutions of higher education, the third highest concentration in the United States (after the Boston area and the San Francisco Bay area). These institutions accommodate 138,000 students and 65,000 employees in the 12-county area and are the core of the Airport's service area.

The Airport is served by six airlines with non-stop services to 24 destinations. Until recently, traffic levels at the Airport have remained in a stable range between 1.2 million and 950,000 enplaned passengers over the past decade. However, in 2018 the Airport served approximately 2.3 million total passengers, with additional growth expected. The Airport anticipates short term growth as the regional economy continues to grow and air services at the Airport attract more Canadian passengers.

5.2 General Conditions for Services

Effective Date - The effective date of the award resulting from this RFP is tentatively scheduled for September 1, 2019.

Insurance - The Air Service Development Consultant will be required to maintain insurance as detailed in Section 1.5 of this RFP. The Air Service Development Consultant shall require its contractors performing work at the Authority to provide insurance as required in the Agreement.

5.3 Services Requested

The Syracuse Regional Airport Authority (SRAA) seeks Air Service Development services to recruit sustainable domestic and international air service. The specific scope of services will be developed with the successful respondent. The following represents a general description of the range of services anticipated:

- Design and execute an air service strategy including domestic and international destinations
- Evaluate the market to determine which additional air service opportunities should be pursued and develop a detailed marketing analysis for presentation to airlines
- Assist airport staff to schedule and facilitate meetings with appropriate decision-makers with commercial air carriers to present SYR's facts and supporting rationale for new and/or increased air service
- Develop detailed, compelling written proposals and presentations for air carriers to be provided and/or presented in one-on-one meetings with air carriers
- Assist SYR with the Small Community Air Service Development Program (SCASD) grant application process and, if grant is secured, grant management
- Provide analysis and reports in easy-to-use formats for airport staff to use in its regular air service development and marketing work
- Assist airport staff, as needed, with community outreach in support of air service initiatives.

6. PROPOSAL REQUIREMENTS

The Respondent should submit a proposal that clearly and concisely provides **all** of the information required, upon which the Authority will base its evaluation. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and clarity of content. The Respondent is advised to thoroughly read and follow all instructions contained in this RFP. Proposals that do not comply with these instructions, or do not meet the full intent of all the requirements of this RFP may be disqualified or may be deemed non-responsive.

6.1. Content of Proposal

The Respondent's Proposal should contain the following content and information:

1. Preliminary Pages:

- a. Procurement Lobbying Form (Attachment A1)
- b. Verification of Minimum Qualifications (Attachment A2)
- c. Non-Collusive Proposal Certification (Attachment A3)
- d. Data Sheet (Attachment A4)
- e. Proposal Letter (Attachment A5)
- f. Cover Letter
- g. Title Page
 - i. Proposal Title
 - ii. Submitting firm's name, address, phone number and email address.
 - iii. Proposal due date
- h. Table of Contents
- i. Executive Summary

2. Firm Qualifications and Project Staffing:

- a. Background of Firm:* Provide a brief description of the firm, its history, a list of personnel and a list of specific areas/services of expertise, professional licenses and/or certifications in the subject scope of work.
- b. Client References:* Provide at least three (3) references for similar consulting services rendered. Include scope, client longevity and specific service descriptions. Provide the name and phone number of the responsible owner's representative you worked with.

3. Project Approach and Deliverables:

- 1. Description of your recommended goals for SYR's air service needs
- 2. Description of tasks to achieve recommended goals

4. Fee:

The Respondent must certify in the Proposal that its fee covers all services and products proposed, and meets the requirements of this RFP. Proposals with fee formats different than the format indicated in this Section will not be considered for evaluation. The rates included in the proposal should be the Firm's lowest discounted governmental rates.

5. Proposal Elements

Due to the nature of this proposal, it is requested that each proposal be brief and to the point and ideally consist of no more than ten pages. Each proposal shall provide the following information:

5.1 Letter of Transmittal

The letter of transmittal must contain the following statements and information:

- 1. Company name, address, telephone number(s), and website.
- 2. Name, title, email address, and telephone number of the person(s) to contact and who are authorized to represent the firm and to whom correspondence should be directed.
- 3. Federal and State taxpayer identification numbers of the firm.

4. A brief statement of your understanding of the services to be performed and make a positive commitment to provide services as specified.
5. The letter must be signed by a corporate officer or person authorized to bind the vendor to the proposal and cost schedule.
6. A statement indicating that the proposal and cost schedule will be valid and binding for ninety (90) days following the proposal due date, and will become part of the contract negotiated with the county.

5.2 Profile

Provide a short profile of the firm including at a minimum:

1. Length of time in business.
2. Length of time in providing proposed services. NOTE: It is a requirement of eligibility that the firm has been in continuous existence for at least the last ten (10) years.
3. Number of clients.
4. Number of clients in the public sector.
5. Location of office to service the account.
6. Small, Minority-owned, and Woman-owned business, if applicable.

5.3 Proposal

1. Description of the approach the firm will use in providing the services requested.
Description of how the firm is positioned to provide the services requested, with a history of experience on providing similar services.
2. Name, title, address, and telephone number of three references for clients for whom similar services have been provided, including information referencing the actual services performed, number of users, and length of tenure. At least one reference must be related to cargo services.
3. Identify the Project Manager (or equivalent title) who will be in overall charge of this project and who will represent the firm to the Airport Designee.
4. Naming of staff resources, including an organizational chart, with identification of principals and key personnel, who will work on this project. Include the:
 - i. experience and expertise of staff;
 - ii. role and responsibilities that each staff member will have.
5. Explanation of any contract termination for default or other incident in the past five years.
Termination for default is defined as notice to stop services for non-performance or poor performance, and issue was either litigated or not litigated. If default occurred, list name, address, and telephone number of the party. If no such termination occurred for default, declare it. The Airport will evaluate the facts, and may, at its sole discretion, reject the vendor's proposal.
6. A complete list and description of all business-related lawsuits and litigation (including bankruptcy petitions) claims, arbitrations, and administrative hearings; negligence; and errors and omissions during the past five years.
7. Proposal summary, including why the firm is pursuing the work and how it is uniquely qualified to perform the services.

5.4 Cost of Services (Use Bid Sheet - Attachment A6)

The Airport is requesting that the vendor submit costs for potential projects, as well as hourly rates, by employee category, for services for a three (3) year base period. Each year of the base period must be shown separately. The vendor should also submit costs for each of the two (2) additional one-year renewal periods (use additional copies of Attachment A6).

7. EVALUATION PROCESS

7.1. General Information

Upon receipt of proposals, the Authority's Ad Hoc Committee for Air Service Development Consulting (the "Committee") will review each Proposal and may recommend a Respondent(s) to the Board of the Authority to be awarded a contract to provide air service development consulting at the Airport.

Respondents should be willing and able to provide additional information that may be required by the Committee. Also, interviews and office visits may be requested at the discretion of the Committee.

Upon review of proposals submitted by Respondents, the Authority through the Committee may, at its discretion, submit to Respondents written questions and requests for clarification relating to their Proposals. Respondents will be provided the period of time in which the written responses to the Authority's requests for clarification must be completed.

Other than to provide clarifying information as may be requested by the Authority, including the Committee, no Respondent will be allowed to alter its proposal or add information.

7.2. Submission Review

The Committee will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of the Committee, may be rejected. Proposals failing to pass the Submission Review will be considered non-responsive and will not be evaluated any further.

7.3. Proposal Review Criteria

Proposals will be reviewed based on a variety of criteria, including but not limited to:

1. The Respondent's specific experience, stability and history of performance providing air service development consulting similar to those services under consideration.
2. The Respondent's approach to the planning, organization, supervision and management of air service development consulting at the Airport, including communications procedures, problem-solving approaches, costing and other level-of-service factors.

3. The Respondent's proposed fee.
4. The financial stability of Respondent's organization.
5. The recommendations and opinions of each Respondent's previous customers or clients.
6. Information provided in response to specific questions of items contained in RFP documents.
7. Information provided at interview (if required).

As stated above, the selection criteria must include the fee the Respondent will charge the Authority for the services described in this RFP. The Respondent must certify in the proposal that its fee covers all services proposed, and meets the requirements of this RFP.

The Committee will evaluate each proposal based on the "Best Value" concept. This means that the proposal that optimizes quality, cost, and efficiency among responsive and responsible Respondents shall be selected for award.

The Authority and its Committee will determine which proposal best satisfies its requirements. The Authority reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated. Proposals failing to meet the requirements of this RFP may be eliminated from consideration. Qualified staff/individuals will evaluate all submitted proposals. The Authority may request clarification of a proposal.

7.4. Reservation of Rights

The Authority reserves the right to:

- (i) withdraw the RFP at its sole discretion;
- (ii) reject any or all proposals received in response to this RFP;
- (iii) accept a proposal and any subsequent proposal for the contract from someone other than the lowest cost Respondent consistent with the criteria for the evaluation of proposals;
- (iv) waive or modify minor deviations in the proposals received after prior notification to the Respondents; and
- (v) request best and final offers.

Should the Authority be unsuccessful in negotiating a contract with a selected Respondent, the Authority may begin contract negotiations with the next highest-rated qualified Respondent. In addition, if it is subsequently determined by the Authority that the selected Respondent is non-responsible, the Authority may then invite the next highest rated, qualified Respondent(s) to enter into negotiations for purposes of executing a contract.

8. CONFLICTS OF INTEREST

Members, officers, staff and employees of the Syracuse Regional Airport Authority may respond to this RFP only in accordance with the Authority's Code of Ethics and Article 18 of New York General Municipal Law.

9. AGREEMENT FOR AIR SERVICE DEVELOPMENT CONSULTING

9.1. Agreement

After a respondent is recommended by the Ad Hoc Committee for Air Service Development Consulting and approved by the Board of the Authority, an agreement incorporating the agreed upon compensation and scope of services will be used. The agreement will be drafted by the Authority's counsel and may also include such other terms that the Authority and its counsel deem in the best interests of the Authority.

10. FEDERAL AVIATION ADMINISTRATION (FAA) REQUIRED SOLICITATION PROVISIONS FOR OBLIGATED SPONSORS

The following Notices, Certifications and other items referenced in this section are required to be included in this RFP and/or contracts and agreements resulting from this RFP as set forth in the FAA's "Contract Provision Guidelines for Obligated Sponsors and Airport Improvement Projects" which can be found at:

https://www.faa.gov/airports/aip/procurement/federal_contract_provisions/

NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION to ENSURE EQUAL EMPLOYMENT OPPORTUNITY (Required)

The Offeror's or Bidder's attention is called to the "Equal Opportunity Clause" and the "Standard Federal Equal Employment Opportunity Construction Contract Specifications" set forth herein.

BUY AMERICAN PREFERENCE

If applicable the Contractor agrees to comply with 49 USC § 50101, which provides that Federal funds may not be obligated unless all steel and manufactured goods used in AIP funded projects are produced in the United States, unless the Federal Aviation Administration has issued a waiver for the product; the product is listed as an Excepted Article, Material Or Supply in Federal Acquisition Regulation subpart 25.108; or is included in the FAA Nationwide Buy American Waivers Issued list.

Contractor further agrees to complete and submit the applicable Buy American certification when required.

CIVIL RIGHTS-TITLE VI ASSURANCES

If awarded a contract pursuant to this RFP, contractor agrees to comply with Title VI of the Civil Rights Act of 1964, as amended, (Title VI) which prohibits discrimination on the grounds of race, color, or national origin under any program or activity receiving Federal financial assistance.

TITLE VI SOLICITATION NOTICE:

The Authority, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 USC §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders or offerors that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

DAVIS-BACON REQUIREMENTS

In any agreement awarded to a successful bidder pursuant to this RFP (the “Contractor”) such Contractor shall be responsible for ensuring that Contractor and all tiers of Contractors subcontractors and sub-subcontractors providing any Work that is subject to the provisions of the Davis-Bacon Act (40 U.S.C. 3141-44 and 3146-47) and associated rules and regulations promulgated pursuant thereto by the Department of Labor (collectively, "Davis-Bacon Act"), governing minimum rates for wages for laborers and mechanics employed directly in the Work, comply with the provisions of the Davis-Bacon Act.

DEBARMENT AND SUSPENSION

CERTIFICATION OF OFFERER/BIDDER REGARDING DEBARMENT

By submitting a bid/proposal under this solicitation, the bidder or offeror certifies that neither it nor its principals are presently debarred or suspended by any Federal department or agency from participation in this transaction.

CERTIFICATION OF LOWER TIER CONTRACTORS REGARDING DEBARMENT

The successful bidder, by administering each lower tier subcontract that exceeds \$25,000 as a “covered transaction”, must verify each lower tier participant of a “covered transaction” under the project is not presently debarred or otherwise disqualified from participation in this federally assisted project. The successful bidder will accomplish this by:

1. Checking the System for Award Management at website: <http://www.sam.gov>.
2. Collecting a certification statement similar to the Certification of Offeror/Bidder Regarding Debarment, above.
3. Inserting a clause or condition in the covered transaction with the lower tier contract.

If the Federal Aviation Administration later determines that a lower tier participant failed to disclose to a higher tier participant that it was excluded or disqualified at the time it entered the covered transaction, the FAA may pursue any available remedies, including suspension and debarment of the non-compliant participant.

TRADE RESTRICTION CERTIFICATION

By submission of an offer, the Offeror certifies that with respect to this solicitation and any resultant contract, the Offeror –

- 1) is not owned or controlled by one or more citizens of a foreign country included in the list of countries that discriminate against U.S. firms as published by the Office of the United States Trade Representative (USTR);
- 2) has not knowingly entered into any contract or subcontract for this project with a person that is a citizen or national of a foreign country included on the list of countries that discriminate against U.S. firms as published by the USTR; and
- 3) has not entered into any subcontract for any product to be used on the Federal project that is produced in a foreign country included on the list of countries that discriminate against U.S. firms published by the USTR.

This certification concerns a matter within the jurisdiction of an agency of the United States of America and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18 USC Section 1001.

The Offeror/Contractor must provide immediate written notice to the Owner if the Offeror/Contractor learns that its certification or that of a subcontractor was erroneous when submitted or has become erroneous by reason of changed circumstances. The Contractor must require subcontractors provide immediate written notice to the Contractor if at any time it learns that its certification was erroneous by reason of changed circumstances.

Unless the restrictions of this clause are waived by the Secretary of Transportation in accordance with 49 CFR 30.17, no contract shall be awarded to an Offeror or subcontractor:

- 1) who is owned or controlled by one or more citizens or nationals of a foreign country included on the list of countries that discriminate against U.S. firms published by the USTR or
- 2) whose subcontractors are owned or controlled by one or more citizens or nationals of a foreign country on such USTR list or
- 3) who incorporates in the public works project any product of a foreign country on such USTR list.

Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this provision. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

The Offeror agrees that, if awarded a contract resulting from this solicitation, it will incorporate this provision for certification without modification in all lower tier subcontracts. The Contractor may rely on the certification of a prospective subcontractor that it is not a firm from

a foreign country included on the list of countries that discriminate against U.S. firms as published by USTR, unless the Offeror has knowledge that the certification is erroneous.

This certification is a material representation of fact upon which reliance was placed when making an award. If it is later determined that the Contractor or subcontractor knowingly rendered an erroneous certification, the Federal Aviation Administration (FAA) may direct through the Owner cancellation of the contract or subcontract for default at no cost to the Owner or the FAA.

CERTIFICATION REGARDING LOBBYING

The Bidder or Offeror certifies by signing and submitting this bid or proposal, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Bidder or Offeror, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

PROCUREMENT OF RECOVERED MATERIALS

To the extent applicable to any awarded contract, Contractor and subcontractor agree to comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, and the regulatory provisions of 40 CFR Part 247. In the performance of this contract and to the extent practicable, the Contractor and subcontractors are to use products containing the highest percentage of recovered materials for items designated by the Environmental Protection Agency (EPA) under 40 CFR Part 247 whenever:

- 1) The contract requires procurement of \$10,000 or more of a designated item during the fiscal year; or
- 2) The contractor has procured \$10,000 or more of a designated item using Federal funding during the previous fiscal year.

The list of EPA-designated items is available at www.epa.gov/smm/comprehensive-procurement-guidelines-construction-products.

Section 6002(c) establishes exceptions to the preference for recovery of EPA-designated products if the contractor can demonstrate the item is:

- a) Not reasonably available within a timeframe providing for compliance with the contract performance schedule;
- b) Fails to meet reasonable contract performance requirements; or
- c) Is only available at an unreasonable price.

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PROPOSAL FORMS AND ATTACHMENTS START ON NEXT PAGE**

**Attachment A1
PROCUREMENT LOBBYING FORM**

1. Bidder/Offeror certifies that it understands and agrees to comply with the procedures of the Syracuse Regional Airport Authority relative to permissible contacts as required by State Finance Law Section 139-j (3) and Section 139-j (6) (b).
-

Contractor DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS
Pursuant to Procurement Lobbying Law (SFL §139-j)

2. Has any governmental entity made a finding of non-responsibility regarding the individual or entity seeking to enter into this procurement contract in the previous four years?

_____ Yes _____ No

If “Yes” to the above question, please answer the following question: (Make Notations Clear)

- (a) Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j?

_____ Yes _____ No

- (b) If “Yes”, was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity?

_____ Yes _____ No

If “Yes” to any of the above questions, please provide details regarding the finding of non-responsibility:

Governmental _____ Entity:

Date _____ of Finding _____ of Non-Responsibility:

Basis of Finding of Non-Responsibility (attach additional sheets as necessary)

3. Has any governmental entity terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information?

_____ Yes _____ No

If “Yes” to the above question, provide details:

Governmental

Entity:

Date of Termination or Withholding of Contract:

Basis of Termination or Withholding: (add additional pages if necessary)

4. Bidder/Offeror certifies that all information provided to the Syracuse Regional Airport Authority with respect to State Finance Law Section 139-k is complete, true and accurate.

Name of Bidder/Offeror:

Bidder’s/Offeror’s Business Address:

Bidder’s/Offeror’s Signature:

Date:

*I understand that my signature represents
that I am signing and responding to all
certifications/questions listed above*

Print Name:

Title of Person signing this form:

**Attachment A4
DATA SHEET**

RESPONDENT'S NAME AND ADDRESS

HAVE YOU ATTACHED: YES NO

COVER LETTER? _____

PROPOSAL FULLY COMPLETED AND EXECUTED WITH ALL DOCUMENTATION ATTACHED? _____

HAVE YOU FULLY COMPLETED AND EXECUTED ALL THE FORMS THAT ARE PART OF THE RFP, INCLUDING ALL REQUIRED ATTACHMENTS? _____

HAVE YOU PROVIDED ONE (1) ORIGINAL AND EIGHT (8) COPIES OF PROPOSAL AS REQUIRED? _____

HAVE YOU PROVIDED ONE (1) FLASH DRIVE CONTAINING A COPY OF THE PROPOSAL IN PDF FORMAT AS REQUIRED? _____

HAVE YOU SIGNED AND DATED YOUR PROPOSAL ON THE SIGNATURE FORM PROVIDED ALONG WITH ADDRESS, PHONE & FAX NUMBERS, AND INCLUDED IT WITH YOUR PROPOSAL? _____

SIGNED _____

NAME _____

TITLE _____

COMPANY _____

DATE _____

PHONE # _____

FAX # _____

**Attachment A5
PROPOSAL LETTER**

TO: Syracuse Regional Airport Authority
1000 Col. Eileen Collins Boulevard
Syracuse, New York 13212

The undersigned hereby declares that he/she/it is the only person interested in this proposal, that the proposal is in all respects fair and without collusion or fraud, and that no member of the Syracuse Regional Airport Authority or officer, staff or employee of the Syracuse Regional Airport Authority is directly or indirectly interested in this proposal, or in the services to which it relates or in any portion of the profits thereof.

The undersigned also declares he/she carefully examined the Request for Proposals and the attachments and is willing and able to perform all the services and furnish all the materials called for by the RFP, and the requirements set forth therein and in any agreement.

The undersigned hereby declares that he/she has read and acknowledged the non-collusive proposal certification and proposal signature page set forth herein, agrees to abide by the requirements therein and affirms under the penalties of perjury that all statements, figures or affirmations set forth therein are true and accurate.

The undersigned further declares that he/she understands and agrees that (i) an award is subject to all terms and conditions of this RFP; (ii) the Authority may cancel the RFP at any time; and (iii) that he/she are familiar with and are satisfied as to all federal, state, and local laws and regulations that may affect cost, progress, and performance of the security personnel services and that the respondent and co-respondent, if applicable, have included the costs of compliance with said federal, state, and local laws and regulations.

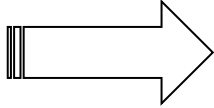
The undersigned further declares that he/she is acting as the duly authorized representative of _____, the Respondent, I am submitting this Proposal for Air Service Development Consulting at Syracuse International Airport.

The undersigned certifies that its fee in the submitted Proposal for Air Service Development Consulting at Syracuse International Airport covers all services proposed and meets the requirements of this Request for Proposals.

I further state and declare under the penalty of perjury that all information contained herein is complete and true.

NEXT PAGE IS SIGNATURE PAGE

Entity Making Proposal _____



SIGN HERE

Signature of Authorized Agent _____

Entity's Address _____

Print Name and Title of Authorized Person _____

Dated _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

STATE OF _____)
COUNTY OF _____) ss.:

On this ____ day of _____, 20__, before me personally came _____, to me known, who being by me duly sworn, did depose and say: that he/she resides in _____; that he/she is the _____ of _____ the corporation/ general partnership/limited partnership/ limited liability company described in and which executed the above instrument; that he/she was authorized by the corporation/ general partnership/limited partnership/ limited liability company to execute the above instrument and by his/her signing the above instrument, _____ executed the instrument.

Notary Public



Appendix A - Checklist

Minority/Women-Owned Business Enterprises (M/WBE) Program

Project: _____

All bidders are required to complete and submit the following forms with the Bid or Proposal. SRAA will consider incomplete information to be a non-responsive proposal.

Please use this checklist to make sure all forms required are submitted as a part of this bid.

- Form SRAA – 5000 Minority/Women-Owned Business Enterprises – Equal Employment Opportunity Policy Statement
- Form SRAA – 5001 Equal Employment Opportunity Staffing Plan
- Form SRAA – 5003 M/WBE Subcontractor Utilization Plan
- Form SRAA – 5004 M/WBE Goal Requirements Certification of Good Faith Efforts
- Form SRAA – 5005 M/WBE Cover Letter
- Form SRAA – 5006 Contractor Bid Solicitation Letter
- Form SRAA – 5007 M/WBE Subcontractors and Suppliers Letter of Intent to Participate
- Form SRAA – 5008 M/WBE Contractor Participation Bid/Proposal
- Form SRAA – 5009 M/WBE Contractor Unavailability Certification
- Form SRAA – 5010 M/WBE Subcontractor Request for Waiver Form

Once the contract has been awarded, the following forms must be submitted.

- Form SRAA – 5002A Equal Employment Opportunity Workforce Employment Utilization/Compliance Report
- Form SRAA – 5002B Workforce Utilization Report (EO 162 Compliant)
- Form SRAA – 5011 Contractor Quarterly Compliance Report



APPENDIX A

Minority and Women-Owned Business Enterprise (MWBE) and Equal Employment Opportunity (EEO) Participation Requirements For all NYS Syracuse Regional Airport Authority Contracts and Grants

Authority: Article 15-A of the Executive Law, 5 NYCRR parts 140-144, Appendix A: Standard Clauses for All New York State Contracts and requirements of any federal law concerning opportunities for minority and women-owned business enterprises which effectuate the purposes of Article 15-A.

I. General Provisions

- A.** New York State Executive Law § 310-318, (Article 15-A: Participation by Minority Group Members and Women with Respect to State Contracts – hereinafter “the Statute”), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting activities. In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises has a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title “The State of Minority and Women-Owned Business Enterprises: Evidence from New York” (Disparity Study). The report found evidence of statistically significant disparities between the level of participation of minority and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprise program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that the Syracuse Regional Airport Authority (SRAA) establish goals for maximum feasible participation of New York State Certified minority and women-owned business enterprises (MWBE) and the employment of minority group members and women in the performance of New York State contracts. SRAA fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.
- B.** SRAA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (MWBE Regulations) for all State contracts as defined therein, with a value: (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or; (2) in excess of \$100,000 for real property renovations and construction. Where deemed appropriate, SRAA will implement the provisions of New York State Executive Law Article 15-A and the MWBE Regulations for all other SRAA contracts. These requirements include equal employment opportunities for minority group members and women (EEO) and contracting opportunities for certified minority and women-owned business enterprises (MWBEs). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws. Contractors participating in and/or selected for procurement opportunities with SRAA shall fulfill their obligations to comply with applicable Federal, State

and Local requirements concerning Equal Employment Opportunity and opportunities for MWBEs including but not limited to the Statute and its implementing regulations as promulgated by New York State's Empire State Development (ESD) Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144.

- C. Copies of the required SRAA Forms are identified in this Appendix and available on SRAA's Internet Site at <http://www.syrusraa.com>. The Contractor agrees to complete and submit these forms without change in response to goals specified in the Request for Proposal (RFP) or contract.
- D. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of the Appendix or enforcement proceedings allowed by the Contract.
- E. Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women's Business Enterprise Program is available on the DMWBD internet site at <https://esd.ny.gov/mwbe/programmandate.html>.

II. Contract Goals

- A. For purposes of this procurement, the SRAA hereby establishes an overall goal of thirty percent (30%) for Minority and Women-Owned Business Enterprises (MWBE) participation. Additionally, an overall goal of ten to twenty percent (10-20%) is established for Equal Employment Opportunity (EEO) participation.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address:
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

Additionally, Contractor is encouraged to contact the Division of Minority and Women's Business Development at (518) 292-5250, (212) 803-2414 or (716) 846-8200 to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR § 142.8, Contractor must document "good faith efforts" to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR § 142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the SRAA for liquidated or other appropriate damages, as set forth herein.
- D. As a condition of the Contract, the Contractor and SRAA agree to be bound by the provisions of § 316 of Article 15-A of the New York State Executive Law regarding enforcement.
- E. SRAA reserves the right to establish separate and different goals on any State Contract, as identified in the specified procurement. For Guidance on what factors SRAA will consider in determining what goals are appropriate in relation to a specific State Contract, refer to 5 NYCRR § 142.2(a)(1) – (6).

III. Equal Employment Opportunity Requirements

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the DMWBD. If any of these terms or provisions conflict with applicable laws or regulations, such laws and regulations shall supersede these requirements.
- B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination and rates of pay or other forms of compensation.
2. The Contractor shall submit an EEO policy statement to the SRAA within seventy two (72) hours after the date of the notice by SRAA to award the contract to the Contractor.
3. If Contractor or Subcontractor does not have an existing EEO policy statement, the SRAA may provide the Contractor or Subcontractor a model statement (see SRAA 5000 – Minority/Women-Owned Business Enterprises – Equal Employment Opportunity Policy Statement).
4. The Contractor's EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status. The Contractor will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its workforce.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status.
 - c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

C. Staffing Plan - SRAA Form 5001- Equal Employment Opportunity Staffing Plan

To ensure compliance with this section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender and federal occupational categories. Contractors shall complete the Staff Plan Form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. Workforce Employment Utilization Report (Workforce Report) – SRAA Form 5002A – Equal Employment Opportunity Workforce Employment Utilization/Compliance Report

1. Once a contract has been awarded and during the term of the Contract, Contractor is responsible for updating and providing notice to the SRAA of any changes to the previously submitted Staffing Plan. This

information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender and federal occupational categories. The Workforce Report must be submitted to report this information.

2. Separate forms shall be completed by contractor and any subcontractor performing work on the Contract.
 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.
 4. In the case where the Contractor's and/or subcontractor's workforce does not change within the quarterly period, the Contractor shall notify SRAA in writing.
 5. Pursuant to Executive Order #162, SRAA – 5002B Workforce Utilization Report (EO 162 Compliant), contractors and subcontractors are also required to report the gross wages paid to each of their employees for the work performed by such employees on the contract on a quarterly basis.
 6. All forms and reports will be submitted to the SRAA program manager for this contract and forwarded to Linda Ryan at ryanl@syraairport.org.
- E. Contractor shall comply with the provisions of the Human Rights Law, and all other state and federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Requirements

The contractor acknowledges that it is the policy of the State of New York and of SRAA that MWBEs shall be given the opportunity for meaningful participation in the performance of State contracts. Therefore, Contractors agree to make good faith efforts to solicit active participation to meet established goals under this procurement by MWBEs identified in the ESD directory of certified businesses¹.

1. For the purposes of this Appendix A, the question of whether a Contractor has engaged in and documented "Good Faith Efforts" to solicit active participation to meet established goals under this procurement by MWBEs in the performance of State Contracts shall be determined by the SRAA Executive Director or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 142.8.
2. The separate MBE and WBE participation goals established by SRAA for this procurement are based on the overall availability of MWBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority and Women-Owned Business Program work.

¹ All MWBE firms are required to be certified by Empire State Development (ESD) or must be in the process of obtaining certification from ESD. Should the Contractor identify a minority-owned or woman-owned firm that is not currently certified as an MWBE, the Contractor should request that the firm submit a certification application to ESD for an eligibility determination, with a copy to the SRAA MWBE Coordinator. SRAA's MWBE Coordinator will work with ESD to expedite the application; however, it is the responsibility of the Contractor to ensure that a sufficient number of certified MWBE firms have been identified in response to this procurement, in order to facilitate full MWBE participation.

A. The Contractor represents and warrants that Contractor has submitted the following SRAA forms either prior to, or at the time of, the execution of the contract:

1. M/WBE Subcontractor Utilization Plan (SRAA Form 5003)

- a. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.
- b. If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify SRAA in writing of such change and obtain approval from SRAA.
- c. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the SRAA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

2. M/WBE Goal Requirements – Certification of Good Faith Efforts (SRAA Form 5004) to achieve the overall prescribed MWBE participation percentage (30%) goals set forth in the procurement.

3. MWBE Subcontractors' and/ or Suppliers' Letter of Intent to Participate (SRAA Form 5007), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

V. Waivers

A. For Waiver Requests, Contractor should use SRAA Form 5010 MWBE Subcontractor Request for Waiver Form.

B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a request for waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the SRAA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.

C. If the SRAA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, determines that Contractor is failing or refusing to comply with Contract goals and no waiver has been issued in regards to such non-compliance, the SRAA may issue a Notice of Deficiency to the Contractor. The Contractor must respond to the Notice of Deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. MWBE Compliance Reporting

A. Contractor is required to submit the Subcontractor Quarterly Compliance Report (SRAA Form 5011) to the SRAA by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

B. All reports will be submitted to the SRAA program manager for this contract and forwarded to Linda Ryan at ryanl@syraairport.org.

C. Failure to timely submit a Subcontractor Quarterly Compliance Report and/or other reports or information as requested by SRAA may result in payments under the contract being delayed until such reports or other information have been received by SRAA.² The SRAA may also deem other noncompliance with requirements under the Statute as a breach of contract and commence any other means of enforcement permitted under the contract and/or by law.

VII. Liquidated Damages – MWBE participation

- A. Where SRAA determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the SRAA liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between: (a) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (b) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. Determination of compliance or non-compliance with the Contract's MWBE participation requirements shall be based upon the Contractor's Utilization Plan, MWBE Sub-Contractor Quarterly Reports, and any relevant documentation related thereto. The determination of what constitutes the willful and intentional failure to comply with the MWBE participation requirements will be based upon the evaluation of the same criteria considered in evaluating an MWBE subcontractor waiver request.
- D. Upon a determination that a willful and intentional failure to comply with the MWBE participation requirements has occurred, the SRAA shall withhold the amount established in paragraph B from any future payments otherwise required by this Contract. All funds being withheld pursuant to this provision shall be offset as liquidated damages upon the expiration or termination of the contract, unless the Contractor comes into compliance with the MWBE requirements at any time during the term of the Contract but prior to the submission of a request for final payment on the contract. All payments withheld pursuant to this provision shall be released upon SRAA's determination that the Contractor has come into compliance.
- E. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the SRAA, Contractor shall pay such liquidated damages to the SRAA within sixty (60) days after they are assessed by the SRAA unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the SRAA.

² Contractors may be requested to provide additional Compliance Reports and information (i) to verify payments made to MWBEs, (ii) to verify MWBE utilization and/or, (iii) as needed to evaluate any other aspect of Contractor compliance with the requirements set forth herein.

VIII. Sanctions

SRAA reserves the right to impose sanctions following a determination of non-compliance by a Contractor. Sanctions may be imposed upon the Contractor whenever EEO and/or MWBE program requirements have not been met in a timely and effective manner. Any/all of the following sanctions may be imposed:

- Disallowance of costs associated with such noncompliance;
- Initiation of procedures to suspend or terminate the grant or contract;
- Withholding of progress payments until such time as corrective actions have been undertaken by the Contractor to the satisfaction of SRAA;
- Deleting Contractor's name from bid lists for a specified period of time to be determined in the sole discretion of SRAA;
- Report Contractor as non-responsible to NYS OSC Vendor Responsibility System; and
- Other sanctions of which a Contractor has notice in writing prior to or during the performance of a contract.



MINORITY/WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

This organization will require its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals and provide Equal Employment Opportunities set by NYS SRAA for the State-funded project by taking the following steps:

M/WBE

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
(2) Request a list of State-certified M/WBEs from SRAA and solicit bids from them directly.
(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
(4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.
(5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by SRAA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
(6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretions of SRAA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.
(7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts.
(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status.
(c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization’s obligations herein.
(d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Form SRAA – 5000

This form must be submitted with the Bid or Proposal



Minority/Women Business Enterprise Liaison

_____ is designated as the Minority/Women Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment Opportunity (M/WBE-EEO) program.

(Authorized Representative)

Title:

Date:

Contact:

Contact:

Form SRAA – 5000

This form must be submitted with the Bid or Proposal



EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Instructions on page 2

Solicitation/Program Name:	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Name:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Address:	

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total	Total	White		Black		Hispanic		Asian		Native American		Disabled		Veteran	
		Male	Female	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Officials/Administrators																	
Professionals																	
Technicians																	
Service Maintenance Workers																	
Office/Clerical																	
Skilled Craft Workers																	
Paraprofessionals																	
Protective Service Workers																	
Totals																	

Prepared by (Signature):	Telephone Number:	Date:
Name and Title of Preparer (Print or Type)	Email Address:	

Form SRAA - 5001

This form must be submitted with the Bid or Proposal



General Instructions for Form SRAA - 5001: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number or RFP number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'.
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'.
Contact the Designated Contacts(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK – A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN & PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE) - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- DISABLED INDIVIDUAL – Any person who: has a physical or mental impairment that substantially limits one or more major life activity (ies), has a record of such an impairment, or is regarded as having such an impairment.
- VIETNAM ERA VETERAN – A veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- GENDER

EQUAL EMPLOYMENT OPPORTUNITY WORKFORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT

Instructions on page 2

Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report Period: <input type="checkbox"/> January 1, 20__ to March 31, 20__ <input type="checkbox"/> April 1, 20__ to June 30, 20__ <input type="checkbox"/> July 1, 20__ to September 30, 20__ <input type="checkbox"/> October 1, 20__ to December 20__
Contractor's Name:		Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Contractor's Address:		

Enter the total number of employees in each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total Male	Total Female	White		Black		Hispanic		Asian		Native American		Disabled		Veteran	
		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Officials/Administrators																	
Professionals																	
Technicians																	
Service Maintenace Workers																	
Office/Clerical																	
Skilled Craft Workers																	
Paraprofessionals																	
Protective Service Workers																	
Totals																	

Prepared by (Signature):	Telephone Number:	Date:
Name and Title of Preparer (Print or Type)	Email Address:	

Email completed form to M/WBE Program Unit:
 Linda Ryan - ryanl@syrairport.org
 Ed Wilson - ewilson@omni-ops.com



General Instructions for Form SRAA – 5002A: The work force utilization/compliance report is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor’s or subcontractor’s total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor’s or subcontractor’s total work force, information on the contractor’s total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to SRAA within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

Instructions for completing:

1. Enter the number of the contract that this report applies to along with the name and address of the contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor’s total work force.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading “Work force by Gender”.
7. Break down the total work force by race/ethnic background and enter under the heading ‘Work force by Race/Ethnic Identification’.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK – A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN & PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE) - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- DISABLED INDIVIDUAL – Any person who: has a physical or mental impairment that substantially limits one or more major life activity (ies), has a record of such an impairment, or is regarded as having such an impairment.
- VIETNAM ERA VETERAN – A veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- GENDER

Instructions for Submitting the Workforce Utilization Report – Form SRAA – 5002B

The Workforce Utilization Report (“Report”) is to be submitted on a monthly basis for construction contracts¹, and a quarterly basis for all other contracts, during the life of the contract to report the actual workforce utilized in the performance of the contract broken down by job title. When the workforce utilized in the performance of the contract can be separated out from the contractor’s and/or subcontractor’s total workforce, the contractor and/or subcontractor shall submit a Report of the workforce utilized on the contract. When the workforce to be utilized on the contract cannot be separated out from the contractor’s and/or subcontractor’s total workforce, information on the contractor’s and/or subcontractor’s total workforce may be included in the Report.

Reports are to be submitted electronically, using the provided Report worksheet, to Linda Ryan at ryanl@syraairport.org within ten (10) days following the end of each month or quarter, whichever is applicable.

Instructions for Completing the Workforce Utilization Report

1. **REPORTING ENTITY:** Check off the appropriate box to indicate if the entity completing the Report is the contractor or a subcontractor.
2. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:** Enter the Federal Employer Identification Number (FEIN) assigned by the IRS. Contractors utilizing their social security number in lieu of an FEIN should leave this field blank.
3. **CONTRACTOR NAME and CONTRACTOR ADDRESS:** Enter the primary business address for the entity completing the Report.
4. **CONTRACT NUMBER:** Enter the number of the contract to which the Report applies.
5. **REPORTING PERIOD:** Check off the box that corresponds to the applicable quarterly or monthly reporting period for this Report. Only select one box.
6. **WORKFORCE IDENTIFIED IN REPORT:** Check off the appropriate box to indicate if the workforce being reported is just for the contract or the contractor’s or subcontractor’s total workforce.
7. **OCCUPATION CLASSIFICATIONS and SOC JOB TITLE:** Select the occupation classification and job title that best describes each group of employees performing work on the state contract under columns A and B.
8. **EEO JOB TITLE and SOC CODE:** These fields will populate automatically based upon the Occupation Classifications and SOC Job Titles selected. Do not modify the results generated in these fields.
9. **NUMBER OF EMPLOYEES and NUMBER OF HOURS:** Enter the number of employees and total number of hours worked by such employees for each job title under the columns corresponding to the gender and racial/ethnic groups with which the employees most closely identify.
10. **TOTAL GROSS WAGES: [TO BE REPORTED QUARTERLY]** Enter the total gross wages paid to all employees for each job code, and each gender and racial/ethnic group, identified in the Report. Contractors and subcontractors should report only gross wages for work on the contract paid to employees during the period covered by the Report. “Gross wages” are those reported by employers to employees on their wage statements. Gross wages are defined more specifically by 20 NYCRR §2380.4 and typically include every form of compensation for employment paid by an employer to his, her or its employees, whether paid directly or indirectly by the employer, including salaries, commissions, bonuses, tips and the reasonable value of board, rent, housing, lodging or similar advantage received.

¹ The Gross Wages column is only required to be completed on a quarterly basis commencing 1/1/2018.

11. PREPARER'S INFORMATION: Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check the box accepting the name entered into the Report as the digital signature of the preparer.

Race/Ethnic Identification

Race/ethnic designations do not denote scientific definitions of anthropological origins. For the purposes of this Report, an employee must be included in the group with which he or she most closely identifies. No person may be counted in more than one race/ethnic group. In determining an employee's race or ethnicity, a contractor may rely upon an employee's self-identification, employment records, or, in cases where an employee refuses to identify his or her race or identity, observer identification. The race/ethnic categories for this Report are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK/AFRICAN AMERICAN** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC/LATINO** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE AMERICAN/ALASKAN NATIVE** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Resources

If you have questions regarding these requirements, are unsure of the appropriate job titles to include in your Report, or otherwise require assistance in preparing or submitting the Report, please contact Linda Ryan at ryanl@syrairport.org or by calling 315-454-3263.



M/WBE SUBCONTRACTOR UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-Owned Business Enterprise (M/WBE) subcontractor under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

M/WBE Goals in the Contract: MBE _____% WBE _____%

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract	
A.	NYS ESD CERTIFIED ___ MBE ___ WBE				
B.	NYS ESD CERTIFIED ___ MBE ___ WBE				
PREPARED and APPROVED BY: NAME and TITLE OF PREPARER (Print or Type): AUTHORIZED SIGNATURE DATE: TELEPHONE NO: EMAIL ADDRESS: Submission of this form constitutes the Offeror's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A, 5 NYCRR Part 143, and the above-referenced solicitation.			FOR AGENCY USE ONLY		
			REVIEWED BY:		DATE:
			UTILIZATION PLAN APPROVED: ___YES ___NO		Date:
			Contract No:		
		Contract Award Date:			
		Estimated Date of Completion:			
		Amount Obligated under the Contract:			
		NOTICE OF DEFICIENCY ISSUED: ___YES ___NO		Date:	
		NOTICE OF ACCEPTANCE ISSUED: ___YES ___NO		Date:	

Form SRAA - 5003

This form must be submitted with the Bid or Proposal



M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

Contractors (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom SRAA enters into State contracts) must document “good faith efforts” to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers/vendors in the performance of this contract.

The undersigned hereby acknowledges that he/she took or may need to take the following actions on behalf of the Contractor to demonstrate, and upon request by SRAA, to provide written verification to document the aforesaid good faith efforts:

- (a) The Contractor attended any pre-bid, pre-award, or other meetings scheduled by the contracting agency or the NYS Department of Economic Development or its designee to inform certified minority- or women-owned business enterprises of contracting and subcontracting opportunities available on the project, for purposes of complying with contract participation goal requirements;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to certified minority- and women-owned business enterprises in order to increase the likelihood of participation by such enterprises on the contract;
- (c) The Contractor undertook efforts to reasonably structure the contract scope of work for purposes of subcontracting with certified minority- and women-owned business enterprises;
- (d) The Contractor advertised in a timely fashion and in appropriate general circulation, trade and minority- and women-oriented publications, if any, concerning the contracting or subcontracting opportunity;
- (e) The Contractor made written solicitations in a timely fashion to a reasonable number of certified minority- and women-owned business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development’s Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity. The directory of certified businesses can be viewed at: <http://esd.ny.gov/index.html>
- (f) The Contractor can document if any timely responses to any such advertisements and solicitations were provided by certified minority- and women-owned business enterprises;
- (g) The Contractor followed-up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;

Form SRAA – 5004

This form must be submitted with the Bid or Proposal



(h) The Contractor provided interested certified minority- and women-owned business enterprises in a timely fashion with adequate information about the plans, specifications or terms and conditions of the State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;

(i) The Contractor submitted a completed, acceptable utilization plan in accordance with applicable requirements to meet goals for participation of certified minority- and women-owned business enterprises established in the State contract;

(j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority- and women-owned business enterprises;

(k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority- or women-owned businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,

(l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

Signature Date

Print Name

Title

Company

Contract Number

Program/Solicitation Name

Form SRAA – 5004

This form must be submitted with the Bid or Proposal



M/WBE COVER LETTER

Bid# _____

Minority & Woman-Owned Business Enterprise Requirements

NAME OF FIRM: _____

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-144, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the Syracuse Regional Airport Authority (SRAA) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the SRAA to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the SRAA has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with SRAA's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission.

- Full Participation – No Request for Waiver (PREFERRED)
- Partial Participation – Partial Request for Waiver
- No Participation – Request for Complete Waiver

By my signature on this Cover Letter, I certify that I am authorized to bid the Bidder's firm contractually.

Print or Type Name of Authorized Representative of the Firm

Print or Type Title/Position of Authorized Representative of the Firm

Signature

Date

Form SRAA – 5005

This form must be submitted with the Bid or Proposal



CONTRACTOR BID SOLICITATION LETTER

Contract #: _____
County: _____
Project Title: _____

We are bidding on Project/Contract # _____ which involves [type of contract(s)] _____ in the _____ of New York. We are currently soliciting bid quotations or proposals from NY State certified M/WBE firms for any tasks of the work contained in this contract. The speciality items contained include the following:

Table with 4 columns: Item(s), Description, Quantity, Projected Start Date

The Workplan and specifications are currently available at our office for your review. If you are interested in participation on this project, please complete and submit a copy of the MBE/WBE Contractor Participation Bid/Proposal (SRAA - 5008) attached and email/fax back to our office at _____ by _____.

If you need additional information and assistance, or need to review the Work Plan and specifications, please contact _____ of our office at _____.

In the event that you cannot bid on this contract please complete the attached Minority/Women's Contractor Unavailability Certification Form (SRAA - 5009) attached and email/fax back to our office at _____ by _____.

Thank you for your interest as we look forward to a successful project.



M/WBE SUBCONTRACTORS AND SUPPLIERS
LETTER OF INTENT TO PARTICIPATE

PRIME CONTRACTOR INFORMATION	
Contractor:	Federal ID Number:
Address:	Telephone:
Proposal/Contract Number:	

M/WBE SUBCONTRACTOR/SUPPLIER INFORMATION	
M/WBE Business Name:	Federal ID Number:
Address:	Telephone:
Designation: <i>(Check any that Apply)</i>	
<input type="checkbox"/> MBE - Subcontractor	<input type="checkbox"/> WBE - Subcontractor
<input type="checkbox"/> MBE - Supplier	<input type="checkbox"/> WBE - Supplier
Are you a New York State Certified M/WBE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Venture Section: <i>(Complete only if you are in a Joint Venture)</i>	
Name:	
Address:	
Federal ID#:	
Telephone:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE

WORK/SERVICES to be PROVIDED BY M/WBE SUBCONTRACTOR/SUPPLIER	
Proposal Contract Start Date:	Proposal Contract End Date:
Work/Services to be Performed:	Cost:
Materials/Supplies to be Purchased:	Cost:
Dates Supplies Ordered:	Date Supplies Delivered:

Form SRAA - 5007

This form must be submitted with the Bid or Proposal

The above work will not be further subcontracted without the express written permission of the contractor and notification of the Office. The undersigned will enter into a formal agreement for the above work with the contractor ONLY upon the Contractor's execution of a contract with the Office.

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

Date: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

This form is to be submitted with bid attached to the Subcontractor's Information Form in a sealed envelope for each certified Minority or Women-Owned Business enterprise the Bidder/Awardee/Contractor proposes to utilize as subcontractors, service providers or suppliers.

If the MBE or WBE proposed for portion of this proposal/contract is part of a joint or other temporarily-formed business entity of independent business entities, the name and address of the joint venture or temporarily-formed business should be indicated.

Form SRAA - 5007

This form must be submitted with the Bid or Proposal



M/WBE CONTRACTOR UNAVAILABILITY CERTIFICATION

Project/Contract # _____

I, _____
(Principal or Prime Consultant/Contractor)

_____ of _____
(Title) (Name of Consultant's/Contractor's Firm)

_____ (Address) _____ (Telephone Number)

I certify that on (Date) _____ I contacted the following New York State Certified Minority/Women Business Enterprises by registered mail to obtain bids for work to be performed on the above-mentioned contract.

List the names of M/WBEs and type of work that bids were requested

- _____
- _____
- _____
- _____
- _____

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was unavailable for work on this project, or unable to prepare a bid for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.

- _____ Did not have the capability to perform the work
- _____ Contract too small
- _____ Remote location
- _____ Received solicitation notices too late
- _____ Did not want to work for this contractor
- _____ Other (Give reason) _____

Signature of Prime Consultant/Contractor

M/WBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

Instructions: See Page 2 of this attachment for requirements and document submission instructions.

Offeror/Contractor Name:		Federal Identification No.:	
Address:		Solicitation/Contract No.:	
City, State, Zip Code:		M/WBE Goals: MBE % WBE %	
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.			
Contractor is requesting a: 1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____			
PREPARED BY (Signature): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.		Date:	
Name and Title of Preparer (Printed or Typed):		Telephone Number:	Email Address:
***** FOR AGENCY USE ONLY *****			
Submit with the bid or proposal or if submitting after award, submit to the MWBE program Unit:		REVIEWED BY:	DATE:
		Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> SRAA Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____	
		*Comments:	

Form SRAA – 5010

If your M/WBE total is less than 30%, this form must be submitted with the Bid or Proposal
 If you have met the 30% goal, this form is not applicable

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form (SRAA – 5010) please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box #3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note:

Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the contracting entity, to determine M/WBE compliance.



Contractor Quarterly Compliance Report

Instructions on page 2/3

INSTRUCTIONS: Beginning ten days following the end of the first calendar quarter (March 31st, June 30th, September 30th, and December 31st) after a contract is awarded; Quarterly Compliance

Expenditure Code: C- Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction, GM - Grants Material/Equipment, GC - Grants in Construction, GS - Grants in Services/Consultants

Contract Number: Contractor:	Reporting Period: From: ___/___/___ To: ___/___/___	M/WBE Goal MBE % WBE % M/WBE %
-------------------------------------	---	--

A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owner Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$	\$	\$	\$
(If none, enter 0)	(If none, enter 0)	(If none, enter 0)	(If none, enter 0)

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount

Name and Title of Preparer (Print or Type):	Telephone No.:	Email Address:
Quarterly reports should be submitted to your contract manager.	For Agency Use Only	
	Reviewed By:	Date:

CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

Form SRAA - 5011

To be submitted after Contract Award

INSTRUCTIONS:

List all M/WBEs used during the quarter, providing all requested information in appropriate columns. In the event that an M/WBE is used more than one time during a quarter, list the M/WBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the M/WBE was used.

TOTALS FOR REPORT PERIOD

- Column A Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the M/WBE was utilized:

PRODUCT CODE KEY:

A	Agriculture/Landscaping (e.g., all forms of landscaping services)
B	Mining (e.g., Geological investigation)
C	Construction
C15	Building Construction – General Contractors
C16	Heavy Construction (e.g., highway, pipe laying)
C17	Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry)
D	Manufacturing (production of goods)
E	Transportation, Communication and Sanitary Services (e.g., Delivery services, warehousing, broadcasting and cable systems)
F/G	Wholesale/Retail Goods (e.g., gravel, hospital supplies and equipment, food stores, computer stores, office supplies)
G52	Construction Materials (e.g., lumber, paint, lawn supplies)
H	Financial, Insurance and Real Estate Services
I	Services
I73	Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services)
I80	Health Services
I81	Legal Services
I82	Educational Services (e.g., AIDS education, automobile safety, tutoring, public speaking)
I83	Social Services (e.g., counselors, vocational training, child care)
I87	Engineering, architectural, accounting, research, management and related services

Expenditure: An expenditure is an actual payment which has been made by an agency, either through the Office of the State Comptroller or by the agency's finance office directly, including subcontractor/supplier payments made by a prime contractor and verified by the agency.

Grants: For the purposes of this report, grants are monies dispensed by a contracting governmental agency to a person or institution to accomplish a public purpose authorized by law. According to Article 15-A, grants are considered to be State contracts. For the purpose of compliance reporting, the recipient of the grant is considered to be the "contractor". These contracts are subject to MWBE goals and reported in the same fashion as any other contract. Grant dollars expended should be reported on the form most appropriate for the majority of the grant (e.g. If the grant dollars are generally spent for construction, the monies should be reported on the construction form; if for training, the monies should be reported on the services/consultant form).

Not-for-Profit: An entity organized as a not-for-profit corporation pursuant to State Law, according to Article 15-A, not-for-profit entities are considered to be "contractors". These contractors are subject to MWBE goals and should be treated and reported in the same fashion as any other contractor. The expenditure of dollars by a not-for-profit entity should be reported on the form most appropriate to the majority of the funding (e.g. if the dollars are generally spent to provide training and/or rehabilitation services, then the monies should be reported on the services/consultant form; if the expenditures are made on a contract for low-income housing, the dollars should be reported on the construction form).

Subcontractor:

a) For construction, a subcontract is any portion of the contract or any service performed or supplies provided relative to that contract by any party other than the prime contractor;

b) For commodities and consultant/services, a subcontract is that portion of the total value of a contract portioned out to another consultant/individual or vendor. This is also known as second tier spending;

c) For grants/not-for-profits contracts, a subcontract is that portion of funding expended for supplies, equipment, printing, consultants, trainers, services etc.

d) It is important to provide all information as requested or credit may not be allowed.

e) It is critical that you provide the detailed information requested on the CONTRACTOR QUARTERLY COMPLIANCE REPORT. List each M/WBE firm you have included in the MBE and WBE totals (for prime and subcontract expenditures) in each expenditure category. Missing information may result in the firm/dollars not counting toward agency MWBE participation goals.



Appendix B - Checklist

Service-Disabled Veteran-Owned Businesses (SDVOB) Program

Project: _____

All bidders are required to complete and submit the following forms with the Bid or Proposal. SRAA will consider incomplete information to be a non-responsive proposal.

Please use this checklist to make sure all forms required are submitted as a part of this bid.

- Form SDVOB 100 - SDVOB Utilization Plan
- Form SDVOB 200 - Application for Waiver of SDVOB Participation Goal (Submit only if requesting a waiver)

Once the contract has been awarded, the following forms must be submitted.

- Form SDVOB 101 - Contractor's Monthly SDVOB Compliance Report



APPENDIX B

Service Disabled Veteran Enterprise (SDVE) Participation Requirements For all NYS Syracuse Regional Airport Authority Contracts and Grants

Authority: Article 17-B of the Executive Law, 9 CRR-NY G I 252, Standard Clauses for All New York State SRAA Contracts and requirements of any federal law concerning opportunities for service disabled veteran enterprises which effectuate the purposes of Article 17-B.

I. General Provisions

The Division of Service-Disabled Veterans' Business Development (DSDVBD) is housed within the New York State Office of General Services and is tasked with promoting and encouraging the continuing economic development of Service-Disabled Veteran-Owned Businesses (SDVOBs). Through the DSDVBD, the State of New York aims to assist service-disabled veterans in playing a greater role in the economy of the state and to provide additional assistance and support to disabled veterans to better equip them to form and expand small businesses, thereby enabling them to realize the American dream they fought to protect. New York State Executive Law Article 17-B governs requirements for the participation of SDVOBs in New York State contracting. The objective of Article 17-B is to expand opportunities for SDVOBs, primarily through increased participation in New York State contracting.

Key Objectives of the DSDVBD:

- To encourage and assist State agencies and authorities that are engaged in contracting activities to award a share of State contracts to SDVOBs.
- To review applications by businesses seeking certification as a SDVOB and to maintain a directory of NYS Certified SDVOBs.
- To promote the business development of SDVOBs through education and outreach to agencies, authorities, non-profit organizations, independent contractors, and SDVOBs.
- To collect, review, monitor, and report on data pertaining to the utilization of SDVOBs by NYS agencies and authorities.
- To ensure continued progress toward the statewide SDVOB utilization goal of 6% established by New York State Executive Law Article 17-B.

II. Guidelines

Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be a subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at: <https://ogs.ny.gov/Veterans/default.asp>

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged to maximum extent practical and consistent with legal requirements of the State Finance Law and the Executive Law to use responsible and responsive SDVOBs in purchasing and utilizing commodities, services and technology that are of equal quality and value.

III. Contract Goals

Where practical, feasible and appropriate, State agencies shall seek to achieve a 6% goal on all State contracts for service-disabled veteran-owned business enterprises.

Where SDVE goals have been established herein, Contractor must document “good faith efforts” to provide meaningful participation by SDVEs as subcontractors or suppliers in the performance of the Contract. The Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the SDVE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the SRAA for liquidated or other appropriate damages.

IV. List of NYS Certified Service Disabled Veteran Owned Businesses

The DSDVBD maintains a Directory of NYS Certified SDVOBs. The directory is updated regularly with the addition of any newly certified SDVOBs or necessary changes requested by the listed SDVOBs or DSDVBD staff. State personnel and other interested parties may contact the DSDVBD and request they be added to a distribution list to receive the directory and its regular updates via email.

Options for the Use of SDVOBs

Agency and authority personnel have three primary options for using NYS Certified SDVOBs in their contracting/purchasing activities. It is the responsibility of each agency and authority to determine which option, or combination of options, can best achieve the agency-specific goals described in their master goal plan.

1. **SDVOB set-asides:** Set asides permit the reservation in whole or in part of certain procurements by State agencies for SDVOBs when more than one NYS Certified SDVOB is available and can provide the necessary construction, construction services, technology, commodities, products and other classifications to meet state agencies’/authorities’ form, function and utility. SDVOB set-asides shall be assessed for M/WBE participation goals pursuant to article 15-A of the Executive Law.
2. **SDVOB Contract Goal Setting:** A required percentage of SDVOB participation may be place on qualified procurements. Any contract that conforms to the definition of state contract as described in the [rules and regulations](#) of the SDVOB program (9 CRR-NY G I 252), unless exempt or excluded, may be assessed for SDVOB participation goals. SDVOB participation goals shall be in addition to any M/WBE goals established pursuant to article 15-A of the Executive Law.
3. **SDVOB Discretionary Purchasing:** NYS Certified SDVOB vendors may be chosen when making discretionary purchases. Discretionary purchases are procurements made below statutorily established monetary levels and at the discretion of the agency, without the need for a formal competitive procurement process. For more information about discretionary purchasing, see the NYS Procurement Council [Discretionary Purchasing Guidelines](#).

V. SDVE Utilization Plans

Contractors shall submit utilization plans for achieving contract goals established for the participation of certified service-disabled veteran owned business enterprises performing commercially useful functions in relation to State contracts. A form for the utilization plan shall be provided by the State agency to the contractor for any request for bids, proposals or qualifications, or negotiated contracts, for which contract goals are established with:



SDVOB UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		SDVOB Goals In Contract
Bidder/Contractor Name:	NYS Vendor ID:	%
Bidder/Contractor Address (Street, City, State and Zip Code):		
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		

Detailed description of work to be provided by subcontractor/supplier:

Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		

Detailed Description of work to be provided by subcontractor/supplier:

Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%

FOR [Agency] USE ONLY

[Agency] Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	SDVOB %/\$ _____	Date Received:	Date Processed:
Comments:			

NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: https://ogs.ny.gov/Veterans/Docs/CertifiedNYS_SDVOB.pdf
Note: All listed Subcontractors/Suppliers will be contacted and verified by [Agency].

ADDITIONAL SHEET

Bidder/Contractor Name:	Contract/Solicitation # _____
--------------------------------	--------------------------------------

SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		



CONTRACTOR'S MONTHLY SDVOB COMPLIANCE REPORT

Contract No.: _____

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Federal ID No.:	SDVOB Goals	Reporting Period		
	Description of Project:	%	Month	Year	
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation		Payment This Month	Contract Amount
Federal ID No.:		<input type="checkbox"/> SDVOB <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month	
Federal ID No.:		<input type="checkbox"/> SDVOB <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month	
Federal ID No.:		<input type="checkbox"/> SDVOB <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month	
Federal ID No.:		<input type="checkbox"/> SDVOB <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month	
_____ Signature		_____ Print Name and Title		_____ Date	
Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.				For [Agency] Use Only	
				Reviewed By:	Date:

Form SDVOB 101

This form to be submitted after Contract Award

(Due on the 10th day of each month for the preceding month's activity as evidence towards achievement of the SDVOB goals on the contract)



APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL

(must be submitted before requesting final payment on the Contract)

Section 1: Basic Information	
Contractor's Name:	Federal Identification Number:
Street Address:	E-Mail Address:
City, State, Zip Code:	Telephone: () -
Contract Number:	SDVOB CONTRACT GOALS
	%

Section 2: Type of SDVOB Waiver Requested

<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised SDVOB percentage:	%
Please explain the reason for the waiver request:			

Section 3: Supporting Documentation

Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application:

- Attachment A.** Copies of solicitations to SDVOBs and any responses thereto.
- Attachment B.** Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- Attachment C.** Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by [Agency] with certified SDVOBs whom [Agency] determined were capable of fulfilling the SDVOB goals set forth in the contract.
- Attachment D.** Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.
- Attachment E.** Other information deemed relevant to the request.

Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Prepared By: (Signature)	Date:
Name and Title of Preparer (Print or Type)	

For [AGENCY] Use Only

Reviewed By:	Date:
<p>Decision:</p> <p> <input type="checkbox"/> Full SDVOB waiver granted <input type="checkbox"/> Partial SDVOB waiver granted; revised SDVOB goal: _____ % <input type="checkbox"/> SDVOB waiver denied </p>	
Approved By:	Date:
Date Notice of Determination Sent:	
Comments	