



REQUEST FOR PROPOSALS

SECURITY PERSONNEL SERVICES AT SYRACUSE INTERNATIONAL AIRPORT

RFP REFERENCE # v4 2023-02-09

Issued: February 9, 2023

Submission Deadline: March 17, 2023, 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 A1 Procurement Lobbying Form, and <https://online.ogs.ny.gov/legal/lobbyinglawfaq/default.asp>).

Designated Contact for this Procurement: Ms. Tori Hunt, Aviation Contracting Officer

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

REQUEST FOR PROPOSALS ON THE BEHALF OF SYRACUSE REGIONAL AIRPORT AUTHORITY

SECURITY PERSONNEL SERVICES (UNARMED) AT SYRACUSE INTERNATIONAL AIRPORT

ALL PROPOSALS MUST BE RECEIVED VIA EMAIL PRIOR TO 2:30 P.M. FRIDAY, March 17, 2023.

At the Offices of:

SYRACUSE REGIONAL AIRPORT AUTHORITY

ATTN: Tori Hunt

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.

SPECIAL NOTE: PROPOSAL PACKAGES MUST BE CLEARLY MARKED SHOWING THE PROPOSAL NAME AND REFERENCE NUMBER AS LISTED IN THIS SOLICITATION!

PLEASE PRINT THE WORDS “RFP REFERENCE #v4 2023-02-09” ON THE FRONT OF THE PROPOSAL.

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 air travel in the region, (iv) providing citizens with efficient and economical air transportation options, and (v) to protect and enhance the natural resources and quality of the environment.

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 provide unarmed security personnel services at Syracuse International Airport (SYR) for up to a five (5) year period, which will be awarded as a three (3) year contract with one (1) two-year renewal option, subject to Authority approval.

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:

Key Dates in the RFP Schedule:

Thursday, February 9, 2023 - Issuance of Request for Proposals

Thursday, February 16, 2023 1:30 PM ET - Pre-Proposal Conference, Airport Offices

Tuesday, February 28, 2023 2:30 PM ET - Closing Date for Respondent's Questions

On or about Friday, March 7, 2023 - Final Response to Respondent's Questions

Friday, March 17, 2023 2:30 PM ET - Proposal Submission Deadline

March 20, 2023 through March 31, 2023 - Proposal Evaluation Period and Respondent Interviews (if applicable)

No earlier than April 1, 2023 - Award of Contract by the Authority

April/May 2023 - Execution/Entering into Contract

July 1, 2023 12:01 AM ET - Successful respondent(s) assumes operational responsibility

Please note: The Authority reserves the right to change any of the dates stated in this RFP. If such change occurs, the Authority will notify all Firms who received the RFP directly from the Authority and post the change(s) on the Syracuse Regional Airport Authority's website, which is part of the Syracuse International Airport website (<http://www.syrsgaa.com/bids-rfp-rfq/>).

1.4. Minimum Qualifications

To be considered for evaluation/selection, a Respondent **must** attest using Attachment A2 – Verification of Minimum Qualifications that they meet the minimum qualifications set forth below and in Attachment A2. 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

The Respondent must currently provide security services for a minimum of 3-years at a U.S. commercial airport that is served by air transportation companies that transport passengers and cargo.

1.5. Insurance Requirements

The selected Contractor shall be required to purchase at its own cost and expense and maintain at all times for the duration of the contract with the Authority insurance coverage as specified below. Additional coverage may apply as necessary.

The Contractor shall obtain and for the duration of the contract, maintain a Commercial General Liability insurance policy including contractual liability coverage, with minimum limits of:

- 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 each person/organization
- General Aggregate \$2,000,000 applicable on a per project basis

The General Liability policy shall name the Authority and the City of Syracuse and their respective members, officers, staff, and employees (when acting within their official capacity as such) as additional insureds for both ongoing and completed operations.

The Contractor shall obtain and maintain workers' compensation and employer's liability insurance policy or policies covering its obligations in accordance with the provisions of any applicable New York Workers' Compensation Law, including Article 9 of 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 Workers' Compensation Law.

The Contractor shall obtain and maintain a commercial umbrella/excess insurance policy with annual aggregate coverage of at least Five Million Dollars (\$5,000,000) for the commercial general liability. The schedule of underlying insurance, additional insured follow form or its equivalent and endorsements must be provided to the Authority.

1.6. Amendment or Termination of RFP

RFP Amendment, Cancellation/Postponement: The Syracuse Regional Airport Authority reserves the right to amend, cancel or postpone this Request for Proposals (RFP) at any time without penalty. The Syracuse Regional Airport Authority reserves the right to terminate or cancel the contract awarded to the successful respondent, both pre or post execution, or any part of said contract, immediately upon notice mailed or delivered by the Authority to the successful respondent.

1.7. Unbalanced Proposals

The Syracuse Regional Airport Authority reserves the right to reject any and all proposals at any time not deemed in the best interest of the Authority and to reject as informal 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 February 28, 2023 to huntt@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 all Respondents who obtained this material directly from 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 huntt@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, amendments or clarifications and the official responses. The Authority is not responsible for a bidder's failure to receive the list of questions/requests for information, amendments or clarifications 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.

1.9. Pre-Submittal Meeting

The Authority will hold a pre-submittal meeting to review the RFP at 1:30 p.m. ET on February 16, 2023 in the Board Room at the Airport. Authority representatives will conduct a tour of the Airport and will be available to answer questions at that time. Potential bidders are strongly encouraged to attend this meeting and attendance at such meeting and tour participation will be considered as a factor in making an award of a contract. The Authority disclaims any and all responsibility for injury to the Contractor, their agents, or to others while examining the Airport facilities or at any other time. By submitting a proposal to the Authority in response to this RFP, each Contractor agrees and represents and warrants that the Contractor: a) has all information necessary for the Contractor to complete and submit a fully responsive proposal to the Authority; b) that if awarded the contract, that the contractor has all the necessary skills and resources to complete the contract for the amount stated in the proposal; and c) that the contractor is waiving any and all claims against the Authority and its members, officers, staff and employees relating to the submission of the Contractor's proposal to the Authority. Contractor will bear any and all travel and other costs and expenses related to its attendance at the pre-submittal meeting and facility tour. Use of electronic devices such as recording devices and video cameras is strictly prohibited at all times during the pre-submittal meeting and tour.

Verbal responses provided by Authority representatives during the pre-submittal meeting are not formal and are not binding on the Authority.

1.10. 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, Tori Hunt, of such error and request modification to the document to address such alleged error. The Authority

shall make any RFP modifications necessary by addenda, provided that any such modifications would not materially benefit or disadvantage any one Contractor over another. 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 or discovered by Contractor, the Contractor shall assume the risk of such failure to notify. If awarded the contract, the Contractor shall not be entitled to additional compensation, change order or time allowance by reason of the error or its late correction. All RFP addenda will be posted to the Authority's website www.syrtraa.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. However, interested Contractors should check the Authority's website frequently beginning at the 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.

1.11. Submission Requirements

Contractor's proposal, including all required forms attached to this RFP, shall be submitted via email to bids@syrairport.org in response to this RFP. The email with attached proposal and all required forms in PDF format shall be submitted. The 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 are to ensure 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 the Committee may require. Also, interviews may be requested at the discretion of any RFP review or ad hoc Committee appointed by the Authority. 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 submittals 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.

1.12. Submission Due Date

Submittals must be received no later than 2:30 p.m. ET on March 17, 2023 by:

Tori Hunt

Aviation Contracting Officer

Syracuse Regional Airport Authority

1000 Col. Eileen Collins Boulevard

Syracuse, New York 13212

Submittals received after that date will not be considered.

1.13. Proposals and Qualifications Review

Upon receipt of proposals, the Authority's Ad Hoc Committee for Security Personnel Services 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 Security Personnel Services. The Syracuse Regional Airport Authority reserves the right to waive any formalities and to reject or negotiate any and all proposals for any reason.

1.14. Award

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

1.15. Restriction of Communications

Respondents/contactors 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(s) have 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: Tori Hunt at huntt@syraairport.org Please indicate RFP Reference # v4 2023-02-09 in Subject Line.

1.16. 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 in contact with State agencies, including public authorities such as the Authority, 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 entities conduct or decision regarding the governmental procurement.” In addition to obtaining the RFP, required identifying information, the Authority must inquire and record whether the person or organization that made the contact was the offeror (defined below), or was retained, employed or designated on behalf of the offeror to appear before or contact the Authority. 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 A3** and submit it to the Authority with its proposal. Questions regarding this form may be directed to the Designated Contact for this solicitation: Tori Hunt, Aviation Contracting Officer, Syracuse Regional Airport Authority at huntt@syraairport.org

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

1.17. 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.

1.18. 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.

1.19. Submittal Costs

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

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

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, Generally Acceptable Auditing Standards, Generally Accepted Accounting Principles, and 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 RFP 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 the Authority or Syracuse Hancock 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. Any such obligation or agreement 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 local law or regulation having jurisdiction over the subject matter thereof, as the same may be amended from time to time.
9. 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 U.S.C. §§ 2000d-2000d-4) and the Regulations, hereby notifies all respondents that it will affirmatively ensure that any contract entered into pursuant to this RFP, will provide disadvantaged business enterprises a full and fair opportunity to submit proposals in response to this RFP and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

5. SCOPE OF SERVICES REQUESTED

The Syracuse Regional Airport Authority (the "Authority") seeks to obtain the services of a qualified firm(s) to provide the Authority with Security Personnel Services at the Syracuse International Airport (the "Airport"). The qualified firm(s) awarded the contract(s) (referred herein as the "successful respondents") will deliver these services in full and complete compliance with the Airport Security Program (the "Airport Security Program") required by Part 1542 of Title 49 of the Code of Federal Regulations and approved by the Transportation Security Administration.

5.1. Equipment and Office Space Provided

A security operations area will be provided to the successful respondent(s) at no cost. The security operations area will have a small office and adjacent staff room for daily activity, training, and equipment storage. Office supplies for the security office, including but not limited to ink for the printers and paper will also be provided.

5.2. Vehicles Required

None

5.3. Security Personnel Services Responsibilities

The successful respondent will provide security personnel services, using competent and effective personnel in a manner adequate to support and meet the requirements of the Airport Security Program and in accordance with all requirements set forth in this RFP.

The successful respondent will be responsible for providing security measures as specified in the Airport Security Program and 49 CFR Part 1542 for the Airport premises, including the Airport's Terminal Building, public areas, secured areas, Air Operations Area (AOA) as

appropriate) and Security Identification Display Area (SIDA), including access points, as described in the Airport Security Program.

The security measures the successful respondents will be responsible for providing include, but are not limited to the following security measures set forth in the Airport Security Program and 49 CFR Part 1542, as applicable:

- Measures used to perform access control as required by § 1542.203(b)(1);
- Challenge procedures in compliance with the Challenge Program established by the Authority as required by § 1542.211(d);
- Training programs for its personnel so that the requirements of §§ 1542.213 and 1542.217(c)(2) are met to the extent applicable to the services provided;
- Security personnel sufficient to comply with § 1542.215(a);
- Creating and maintaining the records described in § 1542.221; and
- Implement the incident management procedures required by §1542.307 and set forth in the Airport Security Program.

5.4. Airport Security Personnel

The successful respondent will be responsible for recruiting, screening, hiring, training, providing and supervising the Airport Security Personnel described in this Section. The Airport Security Personnel shall consist of airport security officers who satisfy all required qualifications, licensing, registrations, and training, including but not limited to those set forth in this RFP, the Airport Security Program and Part 1542 of Title 49 of the Code of Federal Regulations, as amended, and New York State law (Airport Security Personnel hereinafter referred to as “airport security officers”).

The successful respondent shall provide the appropriate number of security officers per shift to effectively cover the following duties and responsibilities during the required hours of the day and days of the week as defined below:

| Assignment | Hours | Days |
|------------|-------------------------------------------|--------------------|
| Gate 101 | 6am to 4pm | Monday thru Friday |
| Gate 108 | 24 hours | Daily |
| Curb | 4am to 12midnight (last scheduled flight) | Daily |
| Terminal | 5am to 12midnight (last scheduled flight) | Daily |
| | | |

Note: The intent of this section is to identify areas of the airport, hours, and days required for respondents to provide security services and for respondents to consider operational efficiencies when proposing appropriate staffing levels. Efficiencies such as, training security

officers for each assigned area to be able to cover airport operational flow throughout the day, scheduling part-time/full-time staff to maximize efficiency and minimize cost, etc.

Gate 101 – Duties and Responsibilities

- Provide the safe and secure monitoring of airfield access gate 101.
- Verify all unescorted vehicles display current SYR media and proper badge for AOA access.
- Perform a visual check (interior/exterior) of all vehicles entering the AOA.
- Confirm and record vehicle activity through the gate.

Gate 108 - Duties and Responsibilities

- Provide safe and secure monitoring of airfield access gate 108.
- Verify all unescorted vehicles display current SYR media and proper badge for AOA access.
- Perform a visual check (interior/exterior) of all vehicles entering the AOA.
- Confirm and record vehicle activity through the gate

Curb - Duties and Responsibilities

- The safe and secure monitoring of the terminal curb line and surrounding roadways as it relates to customer movement.
- Interact with customers professionally, providing information on active drop-off/pick-up options.
- Report unattended vehicle status to SRAA Police.
- Issue citations for non-compliant vehicle parking.
- Provide relief for inspection duties at Gate 108/101.

Terminal - Duties and Responsibilities

- Monitoring of the TSA checkpoint line during peak hours to assist with customer flow and experience.
- Provide vendor inspection for scheduled and requested- unscheduled terminal deliveries.
- Assist with weekly security audit of door and bag checks.
- Provide terminal vendor escorts as requested by SRAA Facilities.
- Provide support (as requested) to SRAA Police to include but not limited to all access alarms, breaches, unattended bags and medical calls on campus.
- Provide assistance with terminal evacuations and training drills.
- Assist with updating lost/found inventory and retrieval of items.
- Rotate with curb personnel to provide breaks and coverage as needed.

The security officers must be licensed or registered as Security Guards in New York State.

Respondents should be advised that the number of airport security officers could change in the future based upon the requirements of TSA and/or the Airport. The successful respondent would be given adequate notice of such a change and would be required to provide the additional airport security officers, with an accompanying adjustment in the successful respondent's fee.

5.5. Airport Security Supervisor/Manager

The successful respondent will staff the position of Airport Security Supervisor/Manager, on a full-time basis (approximately 8:00 a.m. to 4:00 p.m., Monday through Friday), with additional hours required when needed.

6. PROPOSAL REQUIREMENTS

The Respondent should submit a proposal that clearly and concisely provides all 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) Cover Letter
- b) Title Page
 - i. Submittal Title
 - ii. Submitting firm's name, address, phone number and email address.
 - iii. Submittal due date
- c) Table of Contents
- d) 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. Project Team: Provide the names and resumes of all anticipated key professionals within the lead firm, and in any sub-consultant firms, assigned to provide the required security

personnel services at the Airport and briefly state their anticipated responsibilities. Identify the project manager or lead person who will serve as the Syracuse Regional Airport Authority point of contact.

c. Client References: Provide at least three (3) references for similar security personnel services rendered, at least one of which must be in a municipal law enforcement context or at a U.S. commercial airport that is served by air transportation companies that transport passengers and cargo. Include scope, client longevity and specific service descriptions. Provide the name and phone number of the responsible owner's representative you worked with.

d. Professional Capability: Provide briefly, evidence of the firm's demonstrated ability and capacity to perform and complete this type of work in a professional, competent, and timely manner. Address issues including the following:

- i. Financial stability;
- ii. Knowledge and depth of experience providing security personnel services at U.S. commercial airports served by air transportation companies that transport passengers and cargo;
- iii. Demonstrated familiarity with all rules, laws and regulations pertaining to security personnel services at U.S. commercial airports, including FAA and TSA regulations;
- iv. Ability to adequately provide staff to meet consultant responsibilities identified in the scope of services within the duration of the project term;
- v. Ability to provide services that meets the Airport's needs for competent, professional security services; and
- vi. Ability to work with law enforcement agencies. Provide examples from recent projects using staff that will be available to the firm for these services.

e. Scope of Project: Provide complete detail of activities to support scope of project as identified in Section 5.

3. Project Approach:

a. Work Coordination: Briefly describe the Firm's approach to planning, organizing, scheduling, managing and supervising daily work activities. Include strategies for maximizing the effectiveness and efficiency of the following:

- i. Communications
- ii. Problem-identification and problem-solving

- iii. Security Personnel Services required
- iv. Reporting
- v. Schedule control
- vi. Data quality control
- vii. Discipline of security personnel
- viii. Work with airport stakeholders and their agencies

b. Plan of Operation: A description of your proposed plan of operation, along with a proposed start-up timetable and opening date for operation.

4. Fee for Security Personnel Services:

The Respondent shall include in its proposal the fee for the security personnel services being provided. The fee shall be an hourly rate for each category of security personnel being provided. Respondents are to submit hourly rates that include all labor, overhead and fee costs. Respondents should submit a separate fee schedule for each of the three years of the base contract. 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 Respondent's lowest discounted governmental rates.

5. Miscellaneous:

- a. Submittal Materials: Respondents are to provide additional materials, if any, that it feels may be pertinent to the review of its Proposal. Materials should be specifically relevant and kept to a minimum.
- b. Comments: Provide comments or position statements, if any, on any of the RFP requirements outlined herein.

7. EVALUATION PROCESS

7.1. General Information

Upon receipt of proposals, the Authority's Ad Hoc Committee for Security Personnel Services (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 security personnel services 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 education, experience and/or expertise of the Respondent's principals and key employees.
2. The Respondent's specific experience, stability and history of performance providing security personnel services similar to those under consideration.
3. The availability of adequate personnel to provide security personnel services safely and efficiently.
4. The Respondent's approach to the planning, organization, supervision, and management of security personnel services at the Airport, including communications procedures, problem-solving approaches, costing and other level-of-service factors.
5. The Respondent's proposed fee as an hourly fee for each member of the security personnel being provided.
6. Commitment to consistently maintain the highest standards of security services and the expeditious resolution of complaints.
7. The financial stability of Respondent's organization.
8. The recommendations and opinions of each Respondent's previous customers or clients.
9. Information provided in response to specific questions of items contained in RFP documents.
10. Information provided at interview (if required).

As stated above, the selection criteria 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 total estimated contract value for the services provided will be derived from the successful respondent's proposed fee.

The Committee will evaluate each proposal based on the "Best Value" concept. This means that the proposal(s) 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(s) 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 or cancel the RFP at any time and 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;
- (v) request best and final offers; and
- (vi) 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-responsive, the Authority may then invite the next highest rated, qualified Respondent(s) to enter negotiations for purposes of executing a contract. The Authority may do all of the foregoing without the need to recommence the RFP process.

The foregoing is a non-exhaustive list of the Authority's rights and remedies, all of which are hereby expressly reserved whether or not specifically listed.

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 SECURITY PERSONNEL SERVICES

9.1. Agreement

After a respondent(s) is recommended by the Ad Hoc Committee for Security Personnel Services 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 will include terms that are in this RFP along with the contract clauses set forth by an agreement. The agreement may also include such other terms that the Authority and its counsel deem in the best interests of the Authority.

INTENTIONALLY LEFT BLANK 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 A2

VERIFICATION OF MINIMUM QUALIFICATIONS

By submission of this proposal, each Respondent and each person signing on behalf of any Respondent certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief, they meet the following Minimum Qualification Requirements:

The Respondent currently provides security (unarmed) services at a U.S. commercial airport that is served by air transportation companies that transport passengers and cargo.

I hereby affirm under the penalties of perjury that the foregoing statement is true. I also acknowledge notice that a false statement made in the foregoing is punishable under Article 20 of the Penal Law.

Date _____

SIGN HERE _____

Signature of Respondent's Authorized Person

Company Name of Respondent _____

Print Company Name of Respondent

Name of Respondent's Authorized Person _____

Print Name of Authorized Person

Title of Respondent's Authorized Person _____

Print Title of Authorized Person

Attachment A3

NON-COLLUSIVE PROPOSAL CERTIFICATION

By submission of this proposal, each Respondent and each person signing on behalf of any Respondent certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

1. The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Respondent, or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the Respondent and will not knowingly be disclosed by the Respondent prior to opening, directly or indirectly, to any other respondent or to any competitor; and
3. No attempt has been made or will be made by the Respondent to induce any other person, partnership, or corporation to submit or not to submit a proposal for purpose of restricting competition.

I hereby affirm under the penalties of perjury that the foregoing statement is true.

I also acknowledge notice that a false statement made in the foregoing is punishable under Article 20 of the Penal Law.

Date _____

SIGN HERE _____

Signature of Respondent's Authorized Person

Company Name of Respondent _____

Print Company Name of Respondent

Name of Respondent's Authorized Person _____

Print Name of Authorized Person

Title of Respondent's Authorized Person _____

Print Title of Authorized Person



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

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.syrtraa.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 5002 – 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. All forms and reports will be submitted to the SRAA program manager for this contract and forwarded to Tori Hunt at huntt@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 Tori Hunt at huntt@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.



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: http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf.

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. A directory of NYS Certified SDVOBs is also posted on the OGS website at <https://ogs.ny.gov/Core/SDVOBA.asp>.

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. For more information about set-asides, see [Participation by Service-Disabled Veterans with Respect to State Contracts through Set Asides](#) or contact the DSDVBD.
2. **SDVOB Contract Goal Setting:** A required percentage of SDVOB participation may be placed 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:

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: _____

Minority/Women Business Enterprise Liaison

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:

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN
 Submit with Bid or Proposal - Instructions on page 2

| | |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Solicitation/Program Name: | Report includes: Work force to be utilized on this contract _____ Contractor/Subcontractor's total work force _____ |
| Offeror's Name: | Reporting Entity: Contractor _____ Subcontractor _____ |
| Offeror's Address: | Subcontractor's name _____ |

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 Race/Ethnic Identification | | | | | | | | | | | | | | | | |
|-----------------------------|------------------|------------------------------------------|--------------|-------|-----|-------|-----|----------|-----|-------|-----|-----------------|-----|----------|-----|---------|-----|--|
| | | Work force by Gender | | White | | Black | | Hispanic | | Asian | | Native American | | Disabled | | Veteran | | |
| | | Total Male | Total Female | (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: | |

SRAA – 5001 Instructions

General Instructions for Form SRAA - 5001: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (04-10) 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

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

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

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

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

Email completed form to M/WBE Program Unit:
Tori Hunt - huntts@syairport.org

SRAA – 5002 Instructions

General Instructions for Form SRAA - 5002: 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

M/WBE SUBCONTRACTOR UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. 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 or 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 | | | |
| FOR AGENCY USE ONLY | | | | |
| PREPARED and APPROVED BY: | | | REVIEWED BY: | DATE: |
| NAME and TITLE OF PREPARER (Print or Type): | | | | |
| UTILIZATION PLAN APPROVED: ___ YES ___ NO Date: | | | | |
| AUTHORIZED SIGNATURE | | | | |
| 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: | | | | |

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.

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;
- (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

M/WBE COVER LETTER

RFP # _____

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

SRAA - 5006

CONTRACTOR BID SOLICITATION LETTER

Contract #: _____
County: _____
Project Title: _____

Dear MBE/WBE:

We are the low bidder 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 specialty items contained include the following:

| 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) no later than thirty (30) days from the (due date) _____.

If you need additional information and assistance, or need to review the Work Plan and specifications, please contact (authorized representative) of our office at (telephone).

In the event that you cannot bid on this contract please complete the attached Minority/Women's Contractor Unavailability Certification Form (SRAA - 5009).

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

Sincerely,

MINORITY/WOMEN OWNED BUSINESS ENTERPRISE (M/WBE)
M/WBE SUBCONTRACTORS AND or
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: |

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.

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

MWBE 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 % |
| <p>By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the M/WBE requirements set forth under the contract.</p> <p>Contractor is requesting a:</p> <p>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</p> <p>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</p> <p>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: _____</p> | |
| PREPARED BY (Signature): | Date: |
| <p>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.</p> | |
| 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: |
| <p>Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> MBE: <input type="checkbox"/> <input type="checkbox"/> WBE: <input type="checkbox"/></p> <p><input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver</p> <p><input type="checkbox"/> SRAA Certification Waiver <input type="checkbox"/> *Conditional</p> <p><input type="checkbox"/> Notice of Deficiency Issued _____</p> <p>*Comments:</p> | |

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: 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: | Reporting Period: | M/WBE Goal |
| Contractor: | From: ___/___/___ To: ___/___/___ | 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 | 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. | | |
| Reviewed By: | | Date: |
| For Agency Use Only | | |

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 M/WBE 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.

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 _____ % | | | |

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| | | | |
|--------------------------------|-----------------------------------|--------------------------------------------|-----------------------------------------------|
| [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 _____ % | | |

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: | | | |
| <input type="checkbox"/> Attachment A. Copies of solicitations to SDVOBs and any responses thereto. <input type="checkbox"/> Attachment B. Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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) | | | |

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Reviewed By:

Date:

Decision:

- Full SDVOB waiver granted
- Partial SDVOB waiver granted; revised SDVOB goal: _____ %
- SDVOB waiver denied

Approved By:

Date:

Date Notice of Determination Sent:

Comments