

202 02 MBKFP

Complete all components of this packet. The original and three copies of the complete packet must be:

A. Post Mailed to:

My Brother's Keeper Fellows Program Grant
Office of Family and Community Engagement Services
Attn: Karen Hymes
New York State Education Department
89 Washington Avenue, 960 EBA
Albany, NY 12234

AND

B. PDF version emailed to: karen.hymes@nysed.gov

District Name/Number _____

District Address _____

City _____, State _____ Zip _____

Agency SED Code _____

Project Number **0532-2** - _____

Allocation Amount \$ _____

Grades to be served _____

District Contact Name _____

District Contact Title _____

Contact Phone Number _____

Contact Email _____

School(s) where services are delivered _____

Projected Number of Program Participants:

Academic Year: _____ Summer: _____ *Unduplicated Count: _____

*Unduplicated count: is the number of students participating (headcount) in the summer plus all other academic year student participants who did not attend in the summer .

A complete MBK) H FS10 Packet includes items A-G:

- \$ Cover Page 7 K H I L O O D E O H 3 ') I R U P D E R Y H
- % FS10 - FS10 Excel Version - signed in blue ink and three copies.
- & MBK Composite Budget
- ' Budget Narrative Justification , Q : R U G
- () H O N R / W B E Forms
-) Project Organizational Flow Chart 6 H O I F U H D W H G
- * 6 L J Q D W X U H S D J H (L W K H U 1 < & 2 5 5 H V W R I 6 W D W H

FS10, Composite, and Budget Narrative

Grantees must submit an FS-10 budget for project period of **September 1, 202** – - **X Q H**
Costs must follow applicable state and federal laws and regulations and the Department's Fiscal Guidelines and MBKFP allowable costs. These guidelines, as well as the FS-10 form, are available online at <http://www.oms.nysed.gov/caf>. The FS-10 must bear the original signature of the Chief School/Administrative Officer.

MBK Composite - Indicate the proposed expenditures for the 202 -202 project. Grantees must provide complete information and indicate all proposed expenditures from MBKFP, school, district, and other matching funds (if applicable). The budget must be consistent with the scope of services, reasonable, cost effective, and the staffing pattern must be appropriate for the services to be offered.

Budget narrative expenditures description (including descriptions of school, district, and other source contributions) must follow the general format of the MBK Composite and FS-10 Proposed Budget using the same sequence of categories and code numbers. The budget justification must be clear and appropriate for each item of the budget.

Each salaried position is identified by title, anticipated salary amount, and the time contribution to the MBKFP Project. Indicate the per diem or hourly rate for each consultant identified under the Purchased Services Category. Provide the unit rate or estimate for all services or supplies.

The budget should be reasonable and appropriate to cover 0 0 12 uprogram240.64 Tm (Ea9s1)Tjr Tw 6.008 ,0

M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's

Name _____ Telephone/Email: _____ / _____

Address _____ Federal ID No.: _____

City, State, Zip _____ RFP No.: _____

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		\$ _____

PREPARED BY (Signature) _____ DATE _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.

NAME AND TITLE OF PREPARER: _____

TELEPHONE/E-MAIL _____

DATE _____

M/WBE 100

REVIEWED BY _____	DATE _____
UTILIZATION PLAN APPROVED YES/NO	DATE _____
NOTICE OF DEFICIENCY ISSUED YES/NO	DATE _____
NOTICE OF ACCEPTANCE ISSUED YES/NO	DATE _____

PART C - CERTIFICATION STATUS (CHECK ONE):

_____ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

_____ The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$_____

Signature of Authorized Representative of M/WBE Firm

Printed or Typed Name and Title of Authorized Representative

Date

M/WBE 102

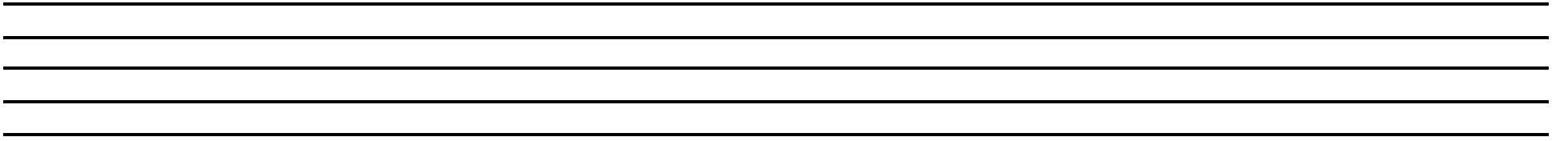
M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # _____

I, _____
(Bidder/Applicant)

_____ of _____
(Title) (Company)

_____ () _____



REQUEST FOR WAIVER FORM

BIDDER/APPLICANT NAME:

TELEPHONE:

ADDRESS:

EMAIL:

FEDERAL ID NO.:

CITY, STATE, ZIPCODE:

RFP#/PROJECT NO.:

INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions. Tw 05119 (st016.1 (t)0.121 Tw -54.891 -164908((/28d[1 (/)10.3 (P)-2.2 (RO)19.4 (J)-4.1 (E)-0.7 (C)116.1 (n)45Z6837 (e)0.6 (q)-14Aimr)0.7 (e

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form, 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 a Waiver Pending ESD Certification is requested, please see Item 11 below. 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 Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations 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 the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

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STAFFING PLAN INSTRUCTIONS

General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete

