

Polishing your Finished Procurement

Steps for Submitting a Complete IFB Package

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NYS COMPTROLLER
THOMAS P. DiNAPOLI

Agenda

- Legislative Changes
- IFB Fundamentals
- The Complete Procurement Record
- Wrap-up and Questions





Legislative Changes



NYS COMPTROLLER
THOMAS P. DiNAPOLI

Update to State Finance Law 112

SFL 112 Subdivision 3 - A contract wherein the state agrees to give a consideration other than the payment of money when the value or reasonable estimated value exceeds **\$25,000**, a contract does not become a valid enforceable contract unless it has first been approved by the comptroller.



Update to State Finance Law 139-j

SFL 139-J Subdivision 1 - Restricted period commences at the earliest posting of written notice and ends with the final contract award and approval by the governmental entity and, where applicable, the state comptroller.



Update to State Finance Law 163

SFL 163 Subdivision 9 - A debriefing shall be requested by the unsuccessful offerer within fifteen calendar days of release by the state agency of a notice in writing or electronically that the offerer's offer is unsuccessful.

SFL 163 Subdivision 12 - If the contracting agency determines that the noncompliance was a non-material deviation from one or more provisions of this article. For the purposes of this subdivision "non-material deviation" shall mean that such noncompliance did not prejudice or favor any vendor or potential vendor, such noncompliance did not substantially affect the fairness of the competitive process, and that a new procurement would not be in the best interest of the state. Such determination by the contracting agency and the state comptroller shall be documented in the procurement record.



IFB Fundamentals

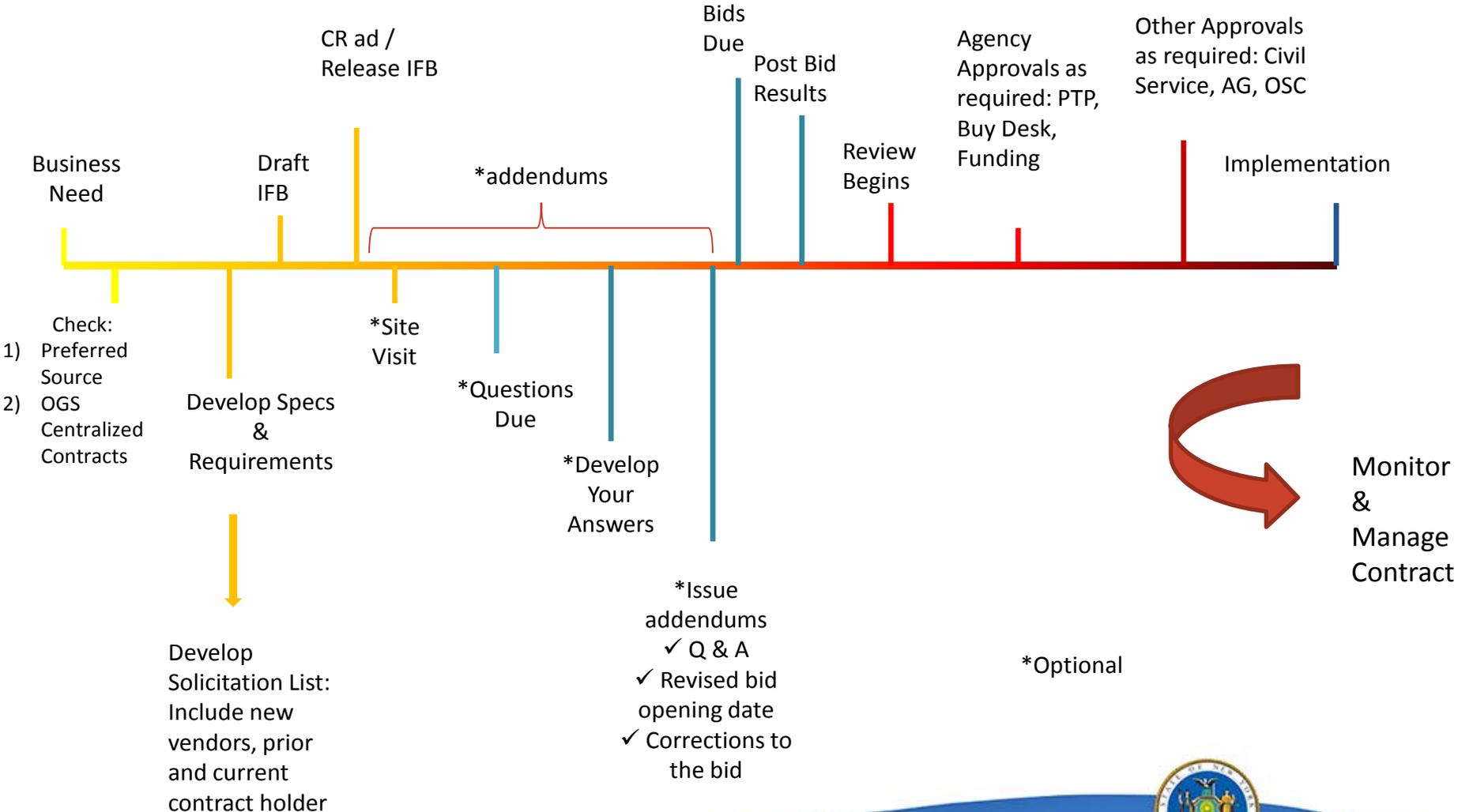


IFB

- Exact requirements & specifications
- Must be used for commodities
- May be used for the purchase of services and technology



IFB Planning



The Procurement Record

- The Procurement Record is documentation that carefully details the procurement process to demonstrate compliance with all bidding requirements.



Single Transaction Summary (STS)

&

AC340-S



QUESTION #1

What is the correct audit type used for an IFB transaction?

- A) TBV
- B) TBP
- C) TNT
- D) TQM



What is the correct audit type for an IFB transaction?

- A. TBV
- B. TBP
- C. TNT
- D. TQM



STS or AC340-S

- Department ID
- Audit Type – TBP for Invitation for Bid
- Transaction Amount
- Contract Number
- Vendor/Supplier ID
- Begin Date & Expire Date
- Agency Signature is required

SFS Help Desk Information:
HelpDesk@sfs.ny.gov 518-457-7737



Procurement Record Checklist



- Most recent version can be found in the Guide to Financial Operations (GFO)
- Ensure all sections are complete
- Accuracy of “Summary of Competitive Procurement”
 - Rejected vs. non-awarded
- Sign and date



*OFFICE OF THE STATE COMPTROLLER
BUREAU OF CONTRACTS
THE PROCUREMENT RECORD CHECKLIST*

Business Unit ID: _____ Business Unit Name: _____

Department ID: _____ Department Name: _____

Contact: _____ Telephone: _____ E-Mail: _____

Contract No. or Purchase Order No.: _____

Contractor Name: _____ Vendor ID No.: _____

Contract Period: _____ Renewal Period: _____

1. Description of the Commodity/Service Being Procured: _____

2. Need Statement: _____

3. This item (product/service) is an approved Preferred Source Offering Yes No

4. Procurement Method:

- | | |
|--|--|
| <input type="checkbox"/> IFB - Lowest Bid Meeting Specifications | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> RFP - Evaluation of Technical and Cost (Best-Value Specified) | <input type="checkbox"/> Mini Bid |
| <input type="checkbox"/> Single Source | <input type="checkbox"/> Discretionary |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> Piggyback |
| <input type="checkbox"/> Preferred Source (If selected skip to #9) | <input type="checkbox"/> Other _____ |

5. Summary of Competitive Procurement:

- a. Number of Bids Solicited: _____
- b. Number of Bids Received: _____
- c. Number of Rejections: _____
- d. Number of Protests/Disputes*: _____
- *Protest/Dispute Related Documents Must be Included in the Record Submitted to OSC.

6. Debriefings Requested? Yes No

If yes, number of debriefings requested and status/dates of debriefings held: _____

7. Procurement Opportunities Newsletter (New York State Contract Reporter, also known as NYSCR)

- Advertisement Notice/Agency Certification Attached
- Copy of OSC Exemption Attached _____ (include Contract Reporter Exemption Request number)
- Exempted Per Statute _____ (if the exemption is not provided under Article 4-C of the Economic Development Law please provide citation)

8. THE FOLLOWING INFORMATION (8 a-e) MUST ALSO BE PROVIDED ONLY WHEN AN RFP IS USED. (A separate document may be used, or an agency may reference specific documents and/or sections of the RFP.)

a. Explain the process used to ensure a competitive field: _____

b. Explain the scope of work to be performed under the contract: _____

c. List the evaluation criteria and relative weights used to evaluate the proposals:
 Technical Weight: _____%
 Cost Weight: _____%
 Identify where in the RFP detailed evaluation criteria is set forth: _____

d. Explain the methodology used for evaluating the proposals: _____

e. Provide a summary of the evaluation results, and the basis for the selection of the successful offeror: _____

9. Submit all documentation required by the OSC Bureau of Contracts. Specific requirements can be obtained by calling the OSC Bureau of Contracts at 518-474-6494.

10. Required Signatures (check those which apply):

- Agency
- Contractor
- Contractor's Acknowledgment

11. Approvals (check those which apply):

- Division of the Budget
- Office of State Operations Approval of the B-1184
- Civil Service
- Attorney General
- Office for Technology PTP Approval
- OGS Approval of the Price for Preferred Source Service Acquisitions
- OGS Piggyback Approval

Agency Signature: _____ Date: _____

OSC Auditor: _____ Date: _____



Cover Letter/ Memo



QUESTION #2

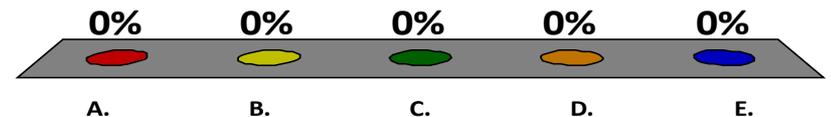
What needs to be included in the cover memo?

- A) Intent and Background
- B) Agency Contact Information
- C) Vendor's contact information
- D) Both A and B
- E) All of the above



What needs to be included in the cover memo?

- A. Intent and Background
- B. Agency Contact Information
- C. Vendor's contact information
- D. Both A and B
- E. All of the above





STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
110 STATE STREET
ALBANY, NEW YORK 12224

MEMORANDUM

Date: October 25, 2016

To: OSC Auditor
NYS Office of the State Comptroller
IFB Unit

From: John Smith
Agency Name

RE: Contract # and Vendor Name

Intent:

What is the purpose of this procurement, how long will it be for, and explain how the contract amount was determined and show how it was calculated.

Background:

Provide a brief explanation what led to this procurement. Is it replacing an existing contract that expired? Are you replacing something outdated or that has reached its life expectancy? This section would outline that type of information.

Procurement Process:

This section would explain anything that happened throughout the process. Summarize the bids received, if there was any discussions with the vendors or if any bids were rejected, and why. Anything that would help the OSC auditor understand what happened leading up to the contract award.

Price Justification: (if applicable)

If you choose, you can include any required price justification explanation on the memo. Provide all details necessary here.

Additional Information/Documentation:

Please provide explanation of any documents that you are submitting. Also include the contact person's information here should we need to contact the agency for additional information.

****** If your agency uses a centralized email box for your procurement, please include that information here and NOT a specific person's contact information. ******

Sincerely,

John Smith

John Smith
Contract Management Specialist
Business Office



Price Reasonableness and Justification



Required when less than 3 bids received

- Canvass No Bids
- Address Specifications
- Provide Price Justification



QUESTION #3

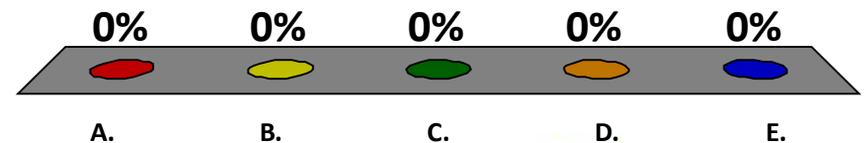
Which would be an acceptable form of price justification?

- A) GSA pricing
- B) Previous contract pricing
- C) Other state agency pricing
- D) Bid comparisons
- E) All of the above



Which would be an acceptable form of price justification?

- A. GSA pricing
- B. Previous contract pricing
- C. Other state agency pricing
- D. Bid comparison
- E. All of the above



Price Justification Tools

- Cost vs. benefit in monetary terms
- Purchases made by other state agencies, states, or similar facilities
- Discount from list prices
- OGS pricing
- Historical cost
- Manufacturers published price list
- Manufacturing costs plus profit
- Cost comparisons to similar projects, etc.
- Comparison to similar regions, other providers, like entities or prior year costs



Vendor Responsibility Documents



Responsibility

- Vendor Responsibility Profiles are required for all new contracts and amendments.
- A Vendor Responsibility Questionnaires (VRQ) is required for all transactions valued over \$100,000, and all contracts exceeding \$100,000 for the first time.
- If the contractor has filed an online VRQ in the VendRep System, no paper VRQ is necessary.
- Detailed Vendor Responsibility information, including specific exemptions, can be found here:
www.osc.state.ny.us/vendrep/



**OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY PROFILE**

**OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY PROFILE**

Attachment A

Business Unit #	Department ID #
Contract/PO #	Amendment Sequence #
Vendor Name	NYS Vendor ID #

Item 1: Issue Detail

For each issue disclosed by the vendor or found by the State contracting entity, describe the issue and its resolution.

Note: In the "Resolution" field, include the State contracting entity's assessment of the issue, its relevance to the vendor's responsibility for this procurement (including any supporting reasons), and any corrective or mitigating actions taken by the State contracting entity or vendor in response to the issues (attach additional pages if necessary). If the State contracting entity believes the issue has no impact on this transaction, state the reason(s) justifying such statement.

Issue Description	State Contracting Entity Resolution
1.	
2.	
3.	

Item 2: State Contracting Entity Process

Describe the steps taken by the State contracting entity to determine vendor responsibility including consideration of the vendor disclosures and the independent State contracting entity research, including but not limited to, internet sources, contracting entity records, and internal or external communication. If a Resource Checklist was used, it is acceptable to submit the completed list in lieu of describing the process.

Note: Do not submit copies of website search results or information found on the VendRep System.

Part I – Contract Information - Complete for all transactions.			
1. Business Unit	2. Department ID #	3. Department Name	
4. Contract/PO #	5. Amendment Sequence #	6. Transaction Amount \$	7. Total Contract Value \$
8. Vendor Name		9. NYS Vendor ID #	10. Taxpayer ID/EIN #
11. Contractor Type: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor			
12. Contract Description			
13. State contracting entity contact for this transaction – Name, Phone, Email			
14. Were any issues disclosed by vendor and/or found by State contracting entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," provide details using Attachment A, Item 1.)			
15. If this is a new contract or renewal, has the vendor's documentation of New York State Workers' Compensation and Disability Benefits coverage or exemption been verified as accurate, up-to-date, and included as part of the procurement package as outlined in GFO XI.18.G? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If "No," provide details using Attachment A, Item 2.)			
Part II – Vendor Disclosure and State Contracting Entity Process – Complete for a new contract valued at \$100,000 or more, or an amendment that brings total approved amount to \$100,000 or more for the first time.			
16. Identify disclosures used in this review that were provided by the vendor. Check all that apply and attach all pertinent items. (Information found on the VendRep System should NOT be printed for OSC.)			
<input type="checkbox"/> Online VendRep Questionnaire Date Certified:		<input type="checkbox"/> Hard Copy Questionnaire (Must attach, if used) Date Certified:	
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Solicitation Document Responses	<input type="checkbox"/> Vendor Correspondence	
<input type="checkbox"/> Other Vendor Disclosure - Describe:			
<i>All reviews must be thorough and comprehensive to mitigate any risks to public funds or services.</i>			
17. Is a description of the State contracting entity's process included in Attachment A, Item 2? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain:			
Part III – State Contracting Entity Responsibility Determination			
The above named contracting entity has undertaken an affirmative review of the proposed contractor's responsibility and, based upon such review, has reasonable assurance that the proposed contractor is:			
<input type="checkbox"/> Responsible <input type="checkbox"/> Non-Responsible			
Signature		Date:	
Print Name:		Title:	



Vendor Insurance Forms



Responsibility

- Workers' Compensation (WC) and Disability Benefit (DB) Insurance Certification information:
 - New contracts, and amendments that extend the contract term, require WC and DB certifications.
 - More information regarding a contractor's Workers' Compensation and Disability Benefits coverage can be found here:
www.wcb.ny.gov/content/ebiz/icempcovsearch/icempcovsearch_overview.jsp



Proof of Workers' Compensation Coverage

Acceptable Forms: C105.2; U-26.3; CE-200



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p style="text-align: center; border: 2px solid red; padding: 10px;">Vendor name and address</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p style="text-align: center; border: 2px solid red; padding: 5px;">FEIN/SSN</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p style="text-align: center; border: 2px solid red; padding: 10px;">Agency name and address</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>3c. Policy effective period</p> <p style="text-align: center; border: 2px solid red; padding: 5px;">_____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3a on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above.

Approved by: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____ (Signature) _____ (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2

U-26.3



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



Scan to Validate

<p>POLICYHOLDER</p> <p style="font-size: 24px; font-weight: bold;">Vendor Info</p>		<p>CERTIFICATE HOLDER</p> <p style="font-size: 24px; font-weight: bold;">Agency Info</p>	
POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. _____ UNTIL _____ COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO _____ IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.



NYS COMPTROLLER
THOMAS P. DiNAPOLI

Proof of Disability Benefits Coverage

Acceptable Forms: DB-120.1; CE-200



DB-120.1

Certificate of Attestation of Exemption

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
1a. Legal Name and Address of Insured (Use street address only) <div style="border: 2px solid red; padding: 10px; text-align: center;">Vendor name and address</div>	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number <div style="border: 2px solid red; padding: 2px; text-align: center;">FEIN/SSN</div>
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) <div style="border: 2px solid red; padding: 10px; text-align: center;">Agency name and address</div>	3a. Name of Insurance Carrier 3b. Policy Number of entity listed in box "1a": 3c. Policy effective period: _____ to _____
4. Policy covers: a. <input checked="" type="checkbox"/> All of the employer's employees eligible under the New York Disability Benefits Law b. <input type="checkbox"/> Only the following class or classes of the employer's employees:	
<p>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.</p> <p>Date Signed _____ By _____ <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small></p> <p>Telephone Number _____ Title _____</p> <p>IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.</p>	
PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)	
State of New York Workers' Compensation Board	
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.	
Date Signed _____ By _____ <small>(Signature of NYS Workers' Compensation Board Employee)</small>	
Telephone Number _____ Title _____	

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (12-13)

CE-200

NYS COMPTROLLER
THOMAS P. DiNAPOLI





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF COURTESY. IT DOES NOT REPRESENT A CONTRACT. THE POLICIES DESCRIBED HEREIN ARE THE ONLY POLICIES AFFORDING COVERAGE. THIS CERTIFICATE HOLDER, THIS CERTIFICATE HOLDER'S AGENT, OR THE POLICYHOLDER(S), AUTHORIZED REPRESENTATIVE(S), MAY BE ISSUED A CERTIFICATE OF LIABILITY INSURANCE.

IMPORTANT: IF YOU ARE AN ADDITIONAL INSURED, the policy(ies) must be endorsed, subject to the terms, coverages, conditions, exclusions, and endorsements of the policy(ies). A statement of the endorsement(s).

CONTACT NAME: _____
 PHONE (A/C, No, Ext): _____
 E-MAIL ADDRESS: _____
 ADDRESS: _____
 INSURER(S) AFFORDING COVERAGE _____
 INSURER A: _____
 INSURER B: _____
 INSURER C: _____
 INSURER D: _____
 INSURER E: _____
 INSURER F: _____

COVERAGES: _____ POLICY NUMBER: _____ REVISION NUMBER: _____
 THIS IS TO CERTIFY THAT THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY LIMIT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES. PAID CLAIMS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below				EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (See occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COM/PROP AGG \$ _____ \$ _____ COMBINED SINGLE LIMIT (Per) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> EACH ACCIDENT \$ _____ DEDUCTIBLE - EA EMPLOYEE \$ _____ POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of New York is included as an additional insured.

CANCELLATION

SHOULD ANY OF THE ABOVE OPERATIONS BE CANCELLED BEFORE THE EXPIRATION DATE, THE POLICYHOLDER(S) SHALL DELIVERED IN ACCORDANCE WITH THE POLICY TERMS.

ACORD 25 (2010/05)

The ACORD CORPORATION. All rights reserved.



NYS COMPTROLLER
THOMAS P. DiNAPOLI

Contract Reporter Advertisement



- Advertisements must be designed to promote competition.
- Refrain from making brand-specific references.
- If a particular item must be specified, include “or equal” to avoid limiting competition.
- Indicate the full period of time, including optional renewals.
- Consider announcing mandatory site visits in the advertisement.



www.nyscr.org/Public/Index.aspx





The New York State Contract Reporter

NYS' official source of contracting opportunities
Bringing business and government together

This document printed

Contact Information

Technical Contact:

Contracting Opportunity

Title:

Agency:

Contract Number:

Contract Term:

Date of Issue:

Due Date/Time:

County(ies):

Location:

Classification:

Opportunity Type:

Entered By:

Description:

Primary contact:

Secondary contact:

Submit to contact:



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The New York State Contract Reporter

*NYS' official source of contracting opportunities
Bringing business and government together*

This document printed
Wednesday, 07/27/2016

Contracting Opportunity

*** This ad is closed and is in the archives ***



The New York State Contract Reporter

*NYS' official source of contracting opportunities
Bringing business and government together*

This document printed
Friday, 11/06/2015

Contracting Opportunity

*** This ad has not been published. It has been reviewed and pending publication. ***



Enter new ad

Step 1: Ad type and publication date

**indicates required field*

Select division / campus / facility

Division / campus / facility to display in ad: ?

Office of Operations ▼

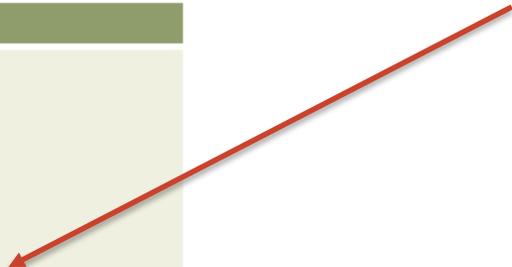
Select ad type

*Is this a general solicitation? ?

Yes No

*Do any of the following apply?

- Discretionary procurements less than \$50,000 ?
- Discretionary procurements between \$50,000 and \$200,000 ?
- Notice of sole/single source or procurement exempt from advertising ?
- Continuous procurement solicitation ?
- Requests for information (RFI) and Requests for Comment (RFC) ?
- Grant or notice of funds availability ?
- None



Enter ad publication date

*Publication date: ?

Earliest due date: 10/07/2016 ?

Next



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Discretionary
under \$50,000

vs.

Discretionary
\$50,000 to \$200,000



Discretionary under \$50,000

- State Finance Law Section 163(6) provides for purchases of services and commodities without a *formal* competitive process as follows:
 - State Agencies not exceeding \$50,000
 - OGS not exceeding \$85,000



Discretionary \$50,000 to \$200,000

- Section 163(6) also establishes the following thresholds for purchases of commodities or services from Small Business Enterprises (SBE), Minority or Women-Owned Business Enterprises (MWBEOs) or Service-Disabled Veteran-Owned Businesses (SDVOBs)
 - State Agencies Not exceeding \$200,000
 - OGS Not exceeding \$200,000



Example:

Agency published a discretionary (\$50,000-\$200,000) purchase in the CR. On the day of the bid opening, they received 5 bids; 3 were from MWBE/SDVOBs. Out of those 3, the bids were as follows:

Vendor A - \$72,000

Vendor B - \$79,000

Vendor C - \$100,000

Two days after the bid opening, the agency received a 4th MWBE/SDVOB bid for \$70,000.



QUESTION #4

Can the agency select the 4th vendor, whose bid for \$70,000 was received 2 days after the bid opening?

A) Yes

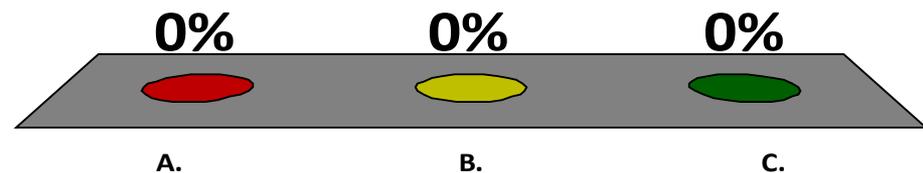
B) No

C) I don't know



Can the agency select the 4th vendor, whose bid for \$70,000 was received 2 days after the bid opening?

- A. Yes
- B. No
- C. I don't know





The Solicitation

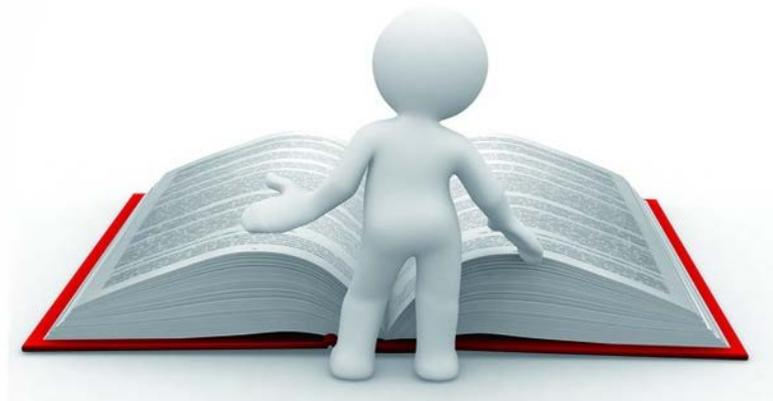


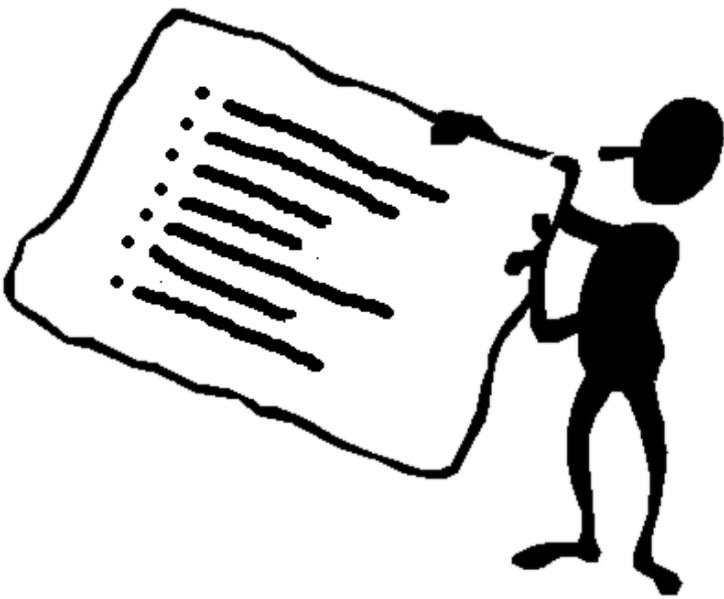
- Blank solicitation document (IFB), including all appendices
- All addenda
- Vendor questions & agency answers
- Any proposer correspondence, such as clarifications or negotiations with the apparent awardees
- Bidders List
- Mandatory site visit sign-in sheet



Boilerplates

- If reusing a previous IFB boilerplate, read through it to make sure all information is up to date.
- When using another agency's boilerplate, make necessary changes that apply to your agency – i.e Appendix B.





Bid Tabulation



Bid Opening

- Suggested minimum of two staff conduct the bid opening
 - One to open and announce bids
 - One to record bids
- Include all timely bids received
- Staff participating in the bid opening are required to sign and certify.



QUESTION #5

How many errors can you spot in this Bid Tab?

- A) 3
- B) 4
- C) 5

Bid Tabulation/Certification

Agency Name
IFB

<u>Bidder</u>	<u>Bid Received</u>
[Vendor Name Here]	No Bid
[Vendor Name Here]	
[Vendor Name Here]	\$72,000
[Vendor Name Here]	No bid
[Vendor Name Here]	\$63,000

I **certify** that all bids were received on or before the bid due date and time.

Printed Name: Jane Doe Signature: _____

Date: 10/25/16

Printed Name: John Smith Signature: John Smith

Date: 10/25/16

QUESTION #5

How many errors can you spot in this Bid Tab?

A. 3

B. 4

C. 5

Bid Tabulation/Certification

Agency Name
IFB

<u>Bidder</u>	<u>Bid Received</u>
[Vendor Name Here]	No Bid
[Vendor Name Here]	
[Vendor Name Here]	\$72,000
[Vendor Name Here]	No bid
[Vendor Name Here]	\$63,000

I **certify** that all bids were received on or before the bid due date and time.

Printed Name: Jane Doe Signature: _____
Date: 10/25/16

Printed Name: John Smith Signature: John Smith
Date: 10/25/16



Bid Tabulation/Certification

Agency Name

IFB

Contract #

<u>Bidder</u>	<u>Bid Received</u>
[Vendor Name Here]	No Bid
[Vendor Name Here]	\$67,000
[Vendor Name Here]	\$72,000
[Vendor Name Here]	No bid
[Vendor Name Here]	\$63,000

I certify that all bids were received on or before the bid due date and time of: October 25, 2016 by 3:00PM.

Printed Name: Jane Doe

Signature: Jane Doe

Date: 10/25/16

Printed Name: John Smith

Signature: John Smith

Date: 10/25/16



Original Documents



- Entire original bid package submitted by awarded vendor
- Rejected original bids with justification for the rejection
- One original complete contract agreement
 - Two additional *original* signature pages
- Contract number shown on each signature page
- Any referenced documents in the contract should be attached and included with the contract submission, i.e. addendums, appendices, etc.



Authorized signatures are required for:

➤ Contract Agreement

➤ Vendor Responsibility Profile

AC 1782-G (Rev. 9/12)

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
BUREAU OF CONTRACTS AUTHORIZED SIGNATURE FORM**

Business Unit: _____ Dept. ID: _____ Agency Date: _____

Business Unit / Agency Name: _____ OSC Received: _____

Division / Bureau / Dept. Name: _____

Adding additional signatures to current OSC file. Replacing all signatures currently on OSC file for listed Department ID.

The following persons are authorized to execute contracts, amendments, purchase orders, and vendor responsibility determinations unless otherwise specified below.

Signature with Name TYPED Underneath	Phone No. Including Area Code & Extension and/or Email Address	Notes: Identify any unique or alternative authorizations to the above blanket statement.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
_____	_____	_____

Agency Head / Designee Signature Agency Head / Designee Name Typed Agency Head / Designee Title Typed



AC 1782-S





Contract Assignments



CONTRACT ASSIGNMENT
STATE OF NEW YORK
 _____ [State Agency]
NYS CONTRACT #

THIS CONTRACT ASSIGNMENT (hereinafter referred to as the "Contract Assignment") is made this ____ day of _____ among (i) the State of New York, acting by and through _____ [State Agency] with offices located at _____ (hereinafter referred to as "the State") and (ii) [Original Contractor Name] having its principal place of business at _____, with Employer Identification Number _____ and NYS Vendor Number _____ (hereinafter referred to as "Assignor") and (iii) [New Contractor Name], having a principal place of business at _____, with Employer Identification Number _____ and NYS Vendor Number _____ (hereinafter referred to as "Assignee"). The State, the Assignor, and the Assignee are hereinafter collectively referred to as "the Parties."

WHEREAS, the Assignor entered into a contract (hereinafter referred to as "the Contract") with the State for _____ [Description of Contract] for/to the State for specified consideration, all as fully described in the Contract; and

WHEREAS, the Assignor desires to assign the Contract to the Assignee, upon the consent of the State; and

WHEREAS, the Assignee desires to accept the assignment of the Contract from the Assignor, upon the consent of the State; and

WHEREAS, the State has determined that the Assignee is a responsible vendor that has the capacity and capability to perform the Contract.

NOW WITNESSETH that the Parties agree as follows:

1. The Assignor, for good and valuable consideration, does hereby assign, transfer and set over unto the Assignee all rights, title and interest in the Contract.
2. The Assignor warrants and represents there are no known liens against the Contract or against Assignor relating to the Contract at this time and Assignor has no reason to believe any such liens will be filed in the future, which may result in a finding this Contract Assignment was made to avoid payment of such liens.
3. The Assignee shall provide all of the contract deliverables and comply with all the duties, obligations and requirements set forth in the Contract.
4. The Assignee assumes all responsibilities with regard to manner of performance of the Contract, including but not limited to, and only where applicable, professional liability and the furnishing valid certificates of insurance and bonds thereof to be effective as of the date this Contract Assignment is approved as

described below, or on some other date agreed to by the parties, provided however, that there shall be no lapse or gaps in coverage afforded under such bonds and insurance to the State.

5. The Assignee shall defend, indemnify and save the State harmless from any claims, damages or causes of actions that the Assignor heretofore had, has or hereafter may have against the State arising out of the Contract.
6. The State reserves any and all rights of any kind or nature whatsoever which it may have against the Assignor and the State's consent to the assignment of the Contract is expressly conditioned upon the understanding that the Contract Assignment shall not operate to discharge any claims, demands or causes of action the State heretofore had, now has, or hereafter may have against the Assignor for or by any reason or any matter or thing whatsoever.
7. The effective date of the Contract Assignment, for payment purposes, is _____.

8. Pursuant to State Finance Law §§139-j and 139-k, an assignment is a "governmental procurement" and, therefore, there are certain restrictions on communications during the assignment process. Both Assignor and Assignee are restricted from making "contacts" from the earliest notice of intent to assign the Contract through final approval of the Contract Assignment by the State ("restricted period") to other than designated staff unless it is a contact that is included among the statutory exceptions set forth in State Finance Law §139-j (3) (a). Designated staff, as of the date hereof, is identified in the "Contract Assignment Directions." These provisions also require that State employees obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Assignee. Certain findings of non-responsibility may result in rejection of an Assignment and, in the event of two findings of non-responsibility within a four-year period, the Contractor is debarred from obtaining any governmental procurement contracts. Further information about these requirements, including the certification that must be filed by the Assignee, in accordance with New York State Finance Law §139-k, can be found on the OGS website:

www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisorCouncil.html

The State reserves the right to terminate the Contract in the event it is found that the certification filed by the Assignee in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the State may exercise its termination right by providing written notification to the Assignee in accordance with the written notification terms of the Contract.

9. The Contract Assignment is subject to approval by the Attorney General and the Comptroller of the State of New York.



QUESTION #6

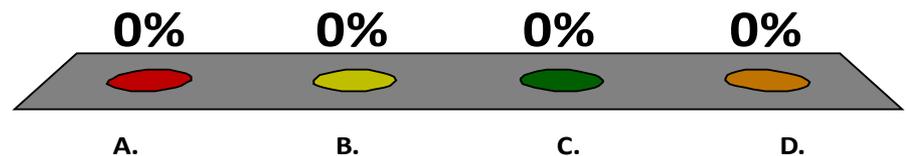
A contract assignment effective date is May 1, 2016.
What expire date should be entered on the assignors'
STS?

- A) May 1, 2016
- B) October 25, 2016
- C) April 30, 2016
- D) May 2, 2016



A contract assignment effective date is May 1, 2016. What expire date should be entered on the assignors' STS?

- A. May 1, 2016
- B. October 25, 2016
- C. April 30, 2016
- D. May 2, 2016



Assignor

- An STS removing the remaining funds off the contract with the original vendor
- Cover letter explaining the reason for the assignment



Assignee

- An STS adding the funding to the contract with the new vendor
- Assignment Agreement
- Terms & Conditions per the original contract
- Appendix A
- Vendor Responsibility Documents

You must keep the same Contract Number. SFS will assign a new Contract ID.



Purchase Orders



QUESTION #7

True or False:

When submitting a purchase order (OP) transaction to OSC for approval, I only need to submit an STS and the vendors bid.

- A) True
- B) False



When submitting a purchase order (OP) transaction to OSC for approval, I only need to submit a STS and the vendors bid.

A. True

B. False

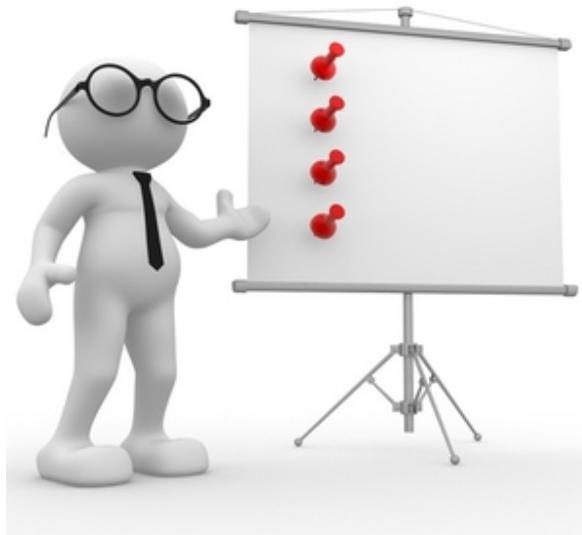


Purchase Orders

- OP transactions require submission of the same documentation required for a standard contract.
- **Exception:** No signed agreement by all parties
 - ***Upon approval,*** OSC will provide the agency a printout of the OP transaction's Contract Page.
- The Expire Date of the OP will be the last day of the fiscal year associated to the funds being used.



Summary



- Single Transaction Summary or Purchase Order
- Procurement Record Checklist
- Contract
- Bid Tab
- Blank Solicitation
- Contractor Reporter Ad or Approved Exemption
- List of Bidders Invited to Participate
- Miscellaneous Documents
- Original Winning Proposal, Bid or Quote
- Rejected Bids, Proposal and Protest Letters



Resources





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- V. Chart of Accounts (COA) Governance
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- IX. Federal Grants
- X. Guide to Vendor/Customer Management
- XI. Procurement and Contract Management
- XI-A. Purchasing
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guide to
FINANCIAL OPERATIONS

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Your search for "procurement record checklist" returned 207 result(s).

[XI.15.A Competitive Grants Procurement Record](#)

XI.15.A Competitive Grants Procurement Record For competitive grants, documentation concerning the procurement process and the decisions made during that process ("the Procurement Record") must be submitted to the Office of the State Comptroller (OSC) for review in advance of the contracts for the program. OSC approval of the Procurement Record must be obtained before an agency submits the program contracts to OSC. Pre-approval of the Procurement Record is intended to reduce the amount of time needed for OSC review of grant contracts.
[XI/15/A.htm](#)

[XI.2.E Agency Submission of Contract](#)

XI.2.E Agency Submission of Contract Once a State agency has determined that a contract transaction is subject to prior approval by the Office of the State Comptroller (OSC) as detailed in Section 2.A - Thresholds of this Chapter, the agency selects the appropriate Audit Type. The Statewide Financial System (SFS) uses the Audit Type to determine whether the transaction will be routed to OSC for prior approval, and if so, to which audit team in OSC's Bureau of Contracts (BOC) it will be directed. BOC uses the Audit Type to route received documents to the correct audit team.
[XI/2/E/E.htm](#)

[XI.18.B Procurement Lobbying Act](#)

XI.18.B Procurement Lobbying Act On August 23, 2005, the Legislative Law and the State Finance Law (SFL) were amended to include provisions for the regulation of attempts to influence State and other governmental entity procurement contracts. Sections 139-j and 139-k of the SFL impose procurement record requirements relating to lobbying on procurement contracts. For state agencies and public authorities whose contracts are subject to the State Comptroller's approval, the Office of the State Comptroller (OSC) will examine the contract package to ensure that these requirements are included in the procurement record.
[XI/18/B.htm](#)

[XI.11.G Equipment Acquisition](#)

XI.11.G Equipment Acquisition The purpose of this section is to provide guidance to state agencies on the procurement of equipment, including:
[XI/11/G.htm](#)

[XI.6.A Quick Contracting–Commodity, Printing, Miscellaneous Services and Equipment](#)



Additional links

➤ GFO

- <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

➤ Bid Protest Decisions

- <http://wwe1.osc.state.ny.us/Contracts/decisionsearch.cfm>

➤ Open Book

- <http://wwe2.osc.state.ny.us/contracts/contractsearch.cfm>

➤ Training Resources

- <http://www.osc.state.ny.us/agencies/outreach/index.htm>



Questions



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