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| New York State Department of Taxation and Finance Logo |

**Request for Proposals**

**24-100**

**Real Property Appraisal Services**

**Attachments**

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# Attachment 1 – Bidder’s Checklist

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| --- | --- |
| **Volume One** | |
| **Tab 1 – Executive Summary** | |
| **Tab 2 –** **Qualifying Requirements** | |
|  | Attachment A – Bidder Attestation Response Form |
|  | Attachment B – Qualifying Requirements Response Form |
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|  | | Attachment C – Technical Requirements Response Form |
|  | | Project Plan (See **Section 4.2.2**) |
|  | | List of appraisal reports (See **Section 4.3.2**) |
|  | | Organizational Chart (See **Section 4.4.5**) |
|  | Provide resumes (See **Section 4.4.6**) |
| **Volume Two** | |
| **Tab 1 –****Cover Letter** | |
|  | Cover Letter, including:  The complete name and address of the Bidder  The Federal or Taxpayer Identification Number of the Bidder  The ten-digit Vendor File ID number (if available)  An affirmation that the Proposal is binding for the required period (180 days) indicated in RFP **Section 9.1.7**. |
|  | Official authorized signature to bind the Bidder to Proposal provisions |
|  | Bidder-Proposed Changes to Contract Terms, if applicable (See **Section 9.2.18**) |
|  | Request for Exemption from Disclosure, if applicable (See **Section 9.2.19)** |
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|  | Exhibit D – Minority and Women-Owned Business Enterprises – Equal Employment Opportunity Policy Statement |
| **Volume Three** | |
|  | Attachment 19 – Financial Response Form |

**Attachment 2 – Offerer Understanding of, and Compliance with, Procurement Lobbying Guidelines**

New York State Finance Law 139-j(6)(b) requires the DTF seek written affirmation from all Offerers as to the Offerer’s understanding of, and agreement to comply, with the DTF procedures relating to permissible contacts during a Government Procurement pursuant to subdivision three of this section.

Procurement Description, Contract or Bid Number:

**RFP 24-100 Real Property Appraisal Services**

|  |  |  |
| --- | --- | --- |
| Offerer Name |  |  |
| Offerer Address: |  |  |
| Telephone Number: |  |  |
| Email Address: |  |  |
|  |  |  |

Offerer affirms it has read, understands and agrees to comply with the Guidelines of the New York State Department of Taxation and Finance relative to permissible contacts as required by the State Finance Law 139-j(3) and 139-j(6)(b).

|  |  |  |
| --- | --- | --- |
| By *(signature)*: |  |  |
| Name *(please print)*: |  |  |
| Title *(please print)*: |  |  |
| Date: |  |  |
|  |  |  |

# Attachment 3 – Diversity Practices Questionnaire

**Note: Points will not be awarded based on your company’s status as a certified MWBE firm, monies spent within your own firm, or training provided to your own employees. All points awarded will be based on the information provided in response to the questions herein pertaining to efforts made toward New York State certified MWBE firms.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_firm or company (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives?

**Yes ☐ or No ☐**

If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

2. What percentage of your company’s gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company’s clients or customers?

3. What percentage of your company’s overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company’s clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as suppliers/contractors?[[1]](#footnote-1)

4. Does your company provide technical training[[2]](#footnote-2) to minority and women-owned business enterprises?

**Yes ☐ or No ☐**

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority and women-owned business enterprise mentor-protégé program?

**Yes ☐ or No ☐**

If Yes, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company’s commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority and women-owned business enterprises in its non-government procurements?

**Yes ☐ or No ☐**

If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

7. Does your company have a formal minority and women-owned business enterprise supplier diversity program?

**Yes ☐ or No ☐**

If Yes, provide documentation of program activities and a copy of policy or program materials.

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority and women-owned business enterprises if selected as the successful respondent?

**Yes ☐ or No ☐**

If Yes, complete the attached **MWBE** **Utilization Plan (Attachment 4)**.

**Note:** All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

**Signature of Owner/Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF                             )  ss:

On the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 202\_, before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_\_\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

# Attachment 4 – MWBE 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) under the contract. Attach additional sheets if necessary. Making false representations or including information evidencing 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 preform commercially useful functions may not be counted toward MWBE utilization.**

**Offerer’s Name:**       **Federal Identification No.:**

**Address:**       **Solicitation No.:**

**City, State, Zip Code:**       **Project No.:**

Telephone No.: **M/WBE Goals in the Contract:** MBE      % WBE      %

Region/Location of Work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | |  | |
| **6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFERER MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).** | | | | | | |
| **PREPARED BY (Signature):**        **DATE:**  **NAME AND TITLE OF PREPARER (Print or Type):**  SUBMISSION OF THIS FORM CONSTITUTES THE OFFERER’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. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT. | | | **TELEPHONE NO.:** | **EMAIL ADDRESS:** | | |
| **FOR M/WBE USE ONLY** | | | |
| **REVIEWED BY:** | | | **DATE:** |
| **UTILIZATION PLAN APPROVED:**  YES  NO Date:  **Contract No.:**       **Project No. (if applicable):**  **Contract Award Date:**  **Estimated Date of Completion:**  A**mount Obligated Under the Contract:**  **Description of Work:**  **NOTICE OF DEFICIENCY ISSUED:**  YES  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NOTICE OF ACCEPTANCE ISSUED:**  YES  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Attachment 5 – Staffing Plan**

**Instructions on Page 2 of this form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Solicitation No.:** | **Reporting Entity:** | **Report includes Contractor’s/Subcontractor’s:**  Work force to be utilized on this contract  Total work force | | | |
| **Offerer’s Name:** | | Offerer  Subcontractor | | | |
| **Offerer’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 Gender | | | Work force by  Race/Ethnic Identification | | | | | | | | | |  | | | | |
| Total  Male  (M) | Total  Female  (F) | | White | | Black | | Hispanic | | Asian | | Native American | | Disabled | | | Veteran | |
| (M) | (F) | (M) | (F) | (M) | (F) | (M) | (F) | (M) | (F) | (M) | | (F) | (M) | (F) |
| Officials/ Administrators |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Professionals |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Technicians |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Sales Workers |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Office/Clerical |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Craft Workers |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Laborers |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Service Workers |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Temporary /Apprentices |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Totals |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PREPARED BY (*Signature*):** | **TELEPHONE NO.:**  **EMAIL ADDRESS:** | | **DATE:** |
| **NAME AND TITLE OF PREPARER (*Print or Type*):** | | **Submit completed with bid or proposal M/WBE 101 (Rev 11/08)** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Instructions:** All Offerers and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (M/WBE 101) 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 and/or subcontractor’s total work force, the Offerer 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 and/or subcontractor’s total work force, the Offerer shall complete this form for the contractor’s and/or subcontractor’s total work force. | | | | | | | | |
| **Instructions for completing:** | | | |  |  |  | |  |
|  | 1. Enter the Solicitation number that this report applies to along with the name and address of the Offerer. 2. Check off the appropriate box to indicate if the Offerer completing the report is the contractor or a subcontractor. 3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerers’ total work force. 4. Enter the total work force by EEO job category. 5. Break down the anticipated total work force by gender and enter under the heading ‘Work force by Gender’ 6. Break down the anticipated total work force by race/ethnic identification and enter under the heading ‘Work force by Race/Ethnic Identification’. Contact the OM/WBE Permissible contact(s) for the solicitation if you have any questions. 7. Enter information on disabled or veterans included in the anticipated 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 form, 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** | Male or Female | | | | | |
|  | |  | **M/WBE 101 (Rev 11/08)** | | | | | |

**Attachment 6 – Vendor Responsibility Response Form**

|  |  |
| --- | --- |
| Bidder’s Name: |  |

The Bidder and its Subcontractor (engineering firm) must complete a Vendor Responsibility Questionnaire. The Bidder and its Subcontractor are invited to file the required Vendor Responsibility Questionnaire online via the OSC New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep). For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us). Bidders opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact one of the Department’s designated contacts.

Please check one of the following:

A Vendor Responsibility Questionnaire has been filed online and has been certified/updated within the last six months.

A Vendor Responsibility Questionnaire is attached to this Proposal.

NOTE: If a Vendor Responsibility Questionnaire has been filed online and has not been certified within the last six months, the Bidder must either update/recertify the online questionnaire or submit a new paper Vendor Responsibility Questionnaire.

**Attachment 7 – Designation of Prime Contact Response Form**

The Bidder designates the following individual as the prime contact for this Proposal and acknowledges that this individual is authorized to respond on behalf of the Bidder. This designation will last for the entire evaluation process and contract negotiations. Any request for change in the designated contact must be submitted in writing to the issuing officer designated in this RFP and must be accompanied by an updated form.

|  |  |  |
| --- | --- | --- |
| Bidder Name |  |  |
| Address: |  |  |
| Prime Contact Name: |  |  |
| Title: |  |  |
| Email Address: |  |  |
| Phone Number: |  |  |
| Fax: |  |  |
| Authorized Signature: |  |  |
| Printed Name: |  |  |
| Title: |  |  |
| Date: |  |  |
|  |  |  |

**Attachment 8 – Non-Collusive Bidding Certification**

In accordance with Section 139-d of the State Finance Law:

1. By submission of this bid, the Bidder and each person signing on behalf of the Bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
2. The prices in this bid 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 Bidder or with any competitor;
3. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and
4. No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
5. A bid shall not be considered for award nor shall any award be made where (a), (1), (2), and (3) above have not been complied with; provided however, that if in any case the Bidder cannot make the foregoing certification, the Bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where (a), (1), (2), and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid was made, or his/her designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a Bidder has published price lists, rates, or tariffs covering items or services being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same prices being bid, does not constitute a disclosure within the meaning stated above.

The Bidder certifies adherence to all conditions in the Non-Collusive Bidding Practices subsection of this RFP.

|  |  |  |
| --- | --- | --- |
| Bidder Name |  |  |
| Bidder Address: |  |  |
| Authorized Signature: |  |  |
| Name: |  |  |
| Title: |  |  |
|  |  |  |

**Attachment 9 – Offerer Disclosure of Prior Non-Responsibility Determinations**

New York State Finance Law §139-k(2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. This information must be collected in addition to the information that is separately obtained pursuant to State Finance Law §163(9). In accordance with State Finance Law §139-k, an Offerer must be asked to disclose whether there has been a finding of non-responsibility made within the previous four (4) years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law § 139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such contact does not fall within one of the exemptions).

As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offerer fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with State Finance Law, no Procurement Contract shall be awarded to any Offerer that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offerer is necessary to protect public property or public health safety, and that the Offerer is the only source capable of supplying the required article of procurement within the necessary timeframe. See State Finance Law §§139-j (10)(b) and 139-k(3).

A Governmental Entity must include a disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of proposals or bid documents or specifications or contract documents, as applicable, for procurement contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract. It shall be submitted to the Governmental Entity conducting the Governmental Procurement.

Procurement Description, Contract or Bid Number:

**RFP 24-100 Real Property Appraisal Services**

|  |  |  |
| --- | --- | --- |
| Offerer Name |  |  |
| Offerer Address: |  |  |
| Phone Number: |  |  |
| Email Address: |  |  |
| Name and Title of Person Submitting This Form: |  |  |
|  |  |  |

1. Has any New York State agency or authority made a finding of non-responsibility regarding the Offerer in the last four (4) years? (Please circle):

No  Yes

If “Yes” please answer the following questions:

1. Was the basis for the finding of the Offerer’s non-responsibility due to a violation of State Finance Law 139-j? (Please circle):

No  Yes

1. Was the basis for the finding of the Offerer’s non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No  Yes

1. If you responded “Yes” to Questions 1, 2 or 3, please provide details regarding the finding of non-responsibility below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Government Entity: | |  | | |  |
| Date of Finding of Non-responsibility : | | |  | |  |
| Facts Underlying Finding of Non-Responsibility (Add additional pages as necessary): | | | |  |  |
|  | | | | |

1. Has any New York State agency or authority terminated a procurement contract with the Offerer due to the intentional provision of false or incomplete information? (Please circle):

No  Yes

If “Yes” to Question 5, please provide details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Government Entity: |  | | |  |
| Date of Termination or Withholding of Contract : | |  | |  |
| Basis of Termination or Withholding of Contract: | | |  |  |

**Offerer certifies that all information provided to the DTF with respect to State Finance Law 139-k is complete, true and accurate.**

|  |  |  |
| --- | --- | --- |
| Authorized Signature: |  |  |
| Name: |  |  |
| Date: |  |  |

**Attachment 10 – Offerer Certification of Compliance with State Finance Law 139-k(5)**

New York State Finance Law 139-k(5) requires that every Procurement Contract Award subject to the provisions of State Finance Law 139-k or 139-j shall contain a certification by the Offerer that all information provided to the procuring Government Entity with respect to State Finance Law 139-k is complete, true and accurate.

**Offerer Certification**

I certify that all information provided to the DTF with respect to State Finance Law 139-k is complete, true and accurate.

|  |  |  |
| --- | --- | --- |
| Offerer’s Signature: |  |  |
| Date: |  |  |

Procurement Description, Contract or Bid Number:

**RFP 24-100 Real Property Appraisal Services**

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Title: |  |  |
| Offerer Name: |  |  |
| Offerer Address: |  |  |
| Email Address: |  |  |
| Phone Number: |  |  |
|  |  |  |

**Attachment 11 – Public Officers Law Form**

Disclosure of business or professional activities by state officers and employees and party officers.

**§ 73. Business or professional activities by state officers and employees and party officers.**

4. (a) No statewide elected official, state officer or employee, member of the legislature, legislative employee or political party chairman or firm or association of which such person is a member, or corporation, ten per centum or more of the stock of which is owned or controlled directly or indirectly by such person, shall (i) sell any goods or services having a value in excess of twenty-five dollars to any state agency, or (ii) contract for or provide such goods or services with or to any private entity where the power to contract, appoint or retain on behalf of such private entity is exercised, directly or indirectly, by a state agency or officer thereof, unless such goods or services are provided pursuant to an award or contract let after public notice and competitive bidding. This paragraph shall not apply to the publication of resolutions, advertisements or other legal propositions or notices in newspapers designated pursuant to law for such purpose and for which the rates are fixed pursuant to law.

1. Is the Bidder a New York State officer, employee, or party officer?

YES  NO

1. Are any of the members of Bidder’s firm or corporation, who own or control ten per centum or more of stock, a New York State officer, employee, or party officer?

YES  NO

1. Is the proposed subcontractor (if applicable) a New York State officer, employee, or party officer?

YES  NO

Bidder affirms it has read, understands and agrees to comply with the Guidelines of Public Officers Law § 73 (4)(a).

|  |  |  |
| --- | --- | --- |
| By *(signature)*: |  |  |
| Name: |  |  |
| Title: |  |  |
| Date: |  |  |
|  |  |  |

**Attachment 12 – Public Officers Law – Post Employment Restrictions**

By signing below and submitting a proposal to this RFP, the signatory certifies, for and on behalf of the Bidder, that:

1. He/she/they has read and understands the provisions applicable to post employment restrictions affecting former State officers and employees, available using the link\* below:
2. Public Officers Law § 73(8)(a)(i), (the two-year bar); and
3. Public Officers Law § 73(8)(a)(ii), (the life-time bar);
4. Submission of this proposal does not violate either provision;
5. He/she/they is familiar with or has made diligent inquiry of, the Bidder's relevant employees, and agents;
6. No violation shall occur by entering into a contract or in performance of the contractual services;
7. This certification is material to the proposal; and
8. He/she/they understands that the Department intends to rely on this certification.

The Bidder shall fully disclose to the Department, within its proposal and on a continuing basis, any circumstances that affect this certification or the Bidder’s ability to comply with the cited laws. Bidders shall address any questions concerning §73(8) of the Public Officers Law to:

New York State

Commission on Ethics and Lobbying in Government  
540 Broadway   
Albany, NY 12207   
Telephone #: (518) 408-3976

|  |  |  |
| --- | --- | --- |
| By *(signature)*: |  |  |
| Name: |  |  |
| Title: |  |  |
| Date: |  |  |
|  |  |  |

*\*Click on this link:* [*Public Officers Law, Article 4*](http://public.leginfo.state.ny.us/menuf.cgi)*. When the page opens, click on “Laws of New York”. On the next page, select “PBO Public Officers”. When this page opens, select “Article 4 – (60 - 79) POWERS AND DUTIES OF PUBLIC OFFICERS” and see Sections 73 (8-a)(i) and 73 (8-a)(ii).*

# Attachment 13 – Listing of Proposed Subcontractors Form

Complete this form for the Subcontractor requirement as requested in **Section 9.2.17.** The Bidder must identify all Subcontractors to be utilized for any resultant Contract, their Employer Identification Number (EIN) and the services that they will perform.

|  |  |  |
| --- | --- | --- |
| **Subcontractor Name** | **EIN** | **Services to be Performed** |
|  |  |  |
|  |  |  |
|  |  |  |

*Expand form if necessary.*

**Attachment 14 – Encouraging Use of New York State Businesses in Contract Performance**

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the State and nation. In recognition of their economic activity and leadership in doing business in New York State, Bidders for the Contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the Contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders need to be aware that all authorized users of the Contract will be strongly encouraged to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, Bidders are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York’s infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor’s optimal performance under the Contract, thereby fully benefitting the public-sector programs that are supported by associated procurements.

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects Bidders to provide maximum assistance to New York businesses in their use of the Contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

Bidders can demonstrate their commitment to the use of New York State businesses by responding to the question below:

**Will New York State Businesses be used in the performance of the Contract resulting from this RFP?**

Yes  No

|  |  |  |
| --- | --- | --- |
| *If yes, please identify the New York State businesses that will be used and attach identifying information* | | |
|  | | |
|  |  |  |
| By *(signature)*: |  |  |
| Name: |  |  |
| Title: |  |  |
| Date: |  |  |
|  |
|  |

**Attachment 15 – Vendor Assurance of No Conflict of Interest or Detrimental Effect**

The Bidder offering to provide services pursuant to this RFP attests that its performance of the services outlined does not and will not create a conflict of interest with, nor position the Bidder to breach, any other contract currently in force with the State of New York.

Furthermore, the Bidder attests that it will not act in any manner that is detrimental to any State project on which the Bidder is rendering services. Specifically, the Bidder attests that:

1. The fulfillment of obligations by the Bidder, as proposed in the response, does not violate any existing contract or agreement between the Bidder and the State;
2. The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Bidder has with regard to any existing contract or agreement between the Bidder and the State;
3. The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not compromise the Bidder’s ability to carry out its obligations under any existing contract between the Bidder and the State;
4. The fulfillment of any other contractual obligations that the Bidder has with the State will not affect or influence its ability to perform under any contract with the State resulting from this solicitation;
5. During the negotiation and execution of any contract resulting from this solicitation, the Bidder will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any contract which results from this solicitation, the Bidder will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Bidder, nor any former officer or employee of the Bidder who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Bidder has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the

official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

The Bidder should note that the State recognizes that conflicts may occur in the future because a Bidder may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| By *(Signature):* | |  | | Name: |  |
| Date: |  | Title: | |  |

**This form must be signed by an authorized executive or legal representative.**

**Attachment 16 – EO 177 Certification**

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

* all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
* employers with fewer than four employees in all cases involving sexual harassment; and,
* any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

|  |  |  |
| --- | --- | --- |
| Contractor : |  |  |
|  |  |  |
| By *(signature)*: |  |  |
| Name: |  |  |
| Title: |  |  |
| Date: |  |  |

**This form must be signed by an authorized executive or legal representative.**

**Attachment 17 – Sexual Harassment Prevention Certification**

State Finance Law §139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training to all its employees and that such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law.

|  |  |  |
| --- | --- | --- |
| **Check one:** | |  |
|  | By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law. |  |
|  | OR |  |
|  | If the Bidder cannot make the above certification, the Bidder must provide a signed statement with their bid detailing the reasons therefor. |  |

|  |  |  |
| --- | --- | --- |
| Offerer’s Name: |  |  |
| By *(signature)*: |  |  |
| Name: |  |  |
| Title: |  |  |
| Date: |  |  |
|  |  |  |

***This form must be signed by an authorized executive or legal representative.***

**Attachment 18 – EO 16 Certification**

Executive Order No. 16 provides that “all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia.” The complete text of Executive Order No. 16 can be found [here](https://www.governor.ny.gov/executive-order/no-16-prohibiting-state-agencies-and-authorities-contracting-businesses-conducting)[[3]](#footnote-3).

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

As defined in Executive Order No. 16, an “entity conducting business operations in Russia” means an institution or company, wherever located, conducting any commercial activity in Russia or transacting business with the Russian Government or with commercial entities headquartered in Russia or with their principal place of business in Russia in the form of contracting, sales, purchasing, investment, or any business partnership.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.

2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion.)

2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services within Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)

3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalties of perjury that they are knowledgeable about the Vendor’s business and operations and that the answer provided herein is true to the best of their knowledge and belief.

|  |  |  |
| --- | --- | --- |
| Vendor Name: |  |  |
| By *(signature)*: |  |  |
| Name: |  |  |
| Title: |  |  |
| Date: |  |  |

**Attachment 19 – Financial Response Form**

The Bidder must complete **Attachment 19** in strict compliance with RFP **Section 8, Financial Requirements**. A Bidder’s failure to provide a complete pricing response will result in the Bidder’s proposal being deemed non-responsive. The Bidder must provide all pricing information requested on this **Attachment 19** and must not modify or change the Attachment. Any pricing information or add-on costs that do not conform to the presentation allowed on this **Attachment 19** cannot be evaluated, will be disregarded as extraneous, and cannot be charged to the Department after award of a Contract. The proposed cost must be inclusive of labor costs, overhead, materials, profit, and all other expenses related to the Agreement.

|  |  |
| --- | --- |
| **1. Total Cost for the Fixed Cost Portion of the Project (See RFP Section 8.1.)**  \* Attach a detailed cost breakdown to substantiate the total not-to-exceed fixed cost. The cost breakdown must include job titles, hours of each title, and any other cost items. The job titles in the cost breakdown must be from the job titles proposed in the Professional Services Hourly Rates Schedule. | |
| **Not-to-Exceed Cost for the Fixed Cost Portion of the Project:** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| \* Detailed cost breakdown is attached. | *(Please check to confirm attachment.)* |

|  |  |  |
| --- | --- | --- |
| **2. Professional Services Hourly Rates Schedule (See RFP Section 8.1, 8.2, 8.3, 8.6, and 8.7.)**  Fill in the Bidder’s job titles and hourly rates for all titles that will be used in the project.  Fill in “0” for any rows that will not be used. Add rows if needed. | | |
| **Contract Job Title** | **Bidder’s Job Title** | **Hourly Rate** |
| Lead Appraiser |  |  |
| Appraiser |  |  |
| Project Manager |  |  |
| Senior Financial Analyst |  |  |
| Financial Analyst |  |  |
| Senior Civil Engineer (Licensed) |  |  |
| Civil Engineer |  |  |
| Office Manager |  |  |
| Accountant |  |  |
| Clerical Support |  |  |

|  |  |
| --- | --- |
| **3. Expert Witness Cost (See RFP Section 8.4.)** | |
| **Contract Job Title** | **Per Day Rate** |
| Lead Appraiser |  |
| Senior Civil Engineer (Licensed) |  |
| Other |  |

By signature below, the Bidder affirms understanding of, and agreement to comply with, the mandatory financial provisions of **Section 8. Financial Requirements**.

|  |  |
| --- | --- |
| Bidder Name: |  |
| Authorized Representative: |  |
| Representative’s Signature: |  |
| Title: |  |
| Date: |  |

**Attachment A – Bidder Attestation Response Form**

This form is for the Attestation requirement as specified in **Section 3.2. Attestation,**  **Section 6. Insurance Requirements,** and **Section 7 Secrecy Requirements.**

**The Bidder’s signature below indicates the Bidder has read, understands and agrees to comply with the requirements and provide the Services as specified in this RFP. The Bidder certifies that all information provided in connection with its Proposal is true and accurate.**

|  |  |
| --- | --- |
| Bidder Name: |  |
| Authorized Representative: |  |
| Representative’s Signature: |  |
| Title: |  |
| Date: |  |

# Attachment B – Qualifying Requirements Response Form

|  |  |  |
| --- | --- | --- |
| **Qualifying Experience Information** | | |
| **Bidder Name:** |  | |
| 2. 3. **Qualifying Experience**       1. The Bidder must submit information and references for one (1) project that meets the Qualifying Requirement 3.1.3 to demonstrate its prior experience of appraisal services specific to the special franchise property that is consistent with the scale and scope of this project. The information provided will be verified by the Department. **The Bidder is solely responsible for providing contact information of client references that are readily available to be contacted by the Department and will respond to questions.** If the Department does not receive a response from a reference it seeks to verify, the Department will provide the Bidder one opportunity, with a deadline, to assist DTF in obtaining cooperation from the reference that has not responded. If the Department is unable to confirm a qualifying experience reference, the Proposal may be deemed non-responsive and removed from further consideration.   The Bidder may submit the information of a second reference contract that meets the Qualifying Requirement 3.1.3 as an alternative reference in the event that the primary reference fails to respond to DTF outreach.   * + 1. The Bidder must submit information to demonstrate the lead appraiser who prepares the appraisal report is licensed in New York as a Certified General Real Estate Appraiser or has the functionally equivalent license from another state. If certified outside of New York, temporary reciprocal NYS approval for this assignment is required from the NYS Department of State.   The Bidder must submit information to demonstrate that the lead appraiser has experience testifying in court.  **Response Requirement**  The Bidder must submit the required information for reference project(s) demonstrating it meets **Qualifying Requirement 3.1.3**. The Bidder must complete and submit **Attachment B – Qualifying Requirements Response Form**, providing all information requested therein to demonstrate the required qualifications. | | |
|  | | |
|  | | |
|  | | |
| **3.3.1 Reference Client (Primary)** | | |
| **Client Business Name:** | |  |
| **Client Address:** | |  |
| **Contact Person:** | |  |
| **Contact Job Title** | |  |
| **Contact Phone Number:** | |  |
| **Contact Email Address:** | |  |
| **Project Title:** | |  |
| **Project Start Date:** | |  |
| **Project End Date:** | |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise for meeting the Qualifying Requirements outlined in Section 3.3.1.** | |  |
| **3.3.1 Alternate Reference Client (Optional)** | | |
| **Client Business Name:** | |  |
| **Client Address:** | |  |
| **Contact Person:** | |  |
| **Contact Job Title** | |  |
| **Contact Phone Number:** | |  |
| **Contact Email Address:** | |  |
| **Project Title:** | |  |
| **Project Start Date:** | |  |
| **Project End Date:** | |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise for meeting the Qualifying Requirements outlined in Section 3.3.1.** | |  |
| |  | | --- | | **3.3.2 Response** | | | |
| *Expand field or attach additional sheets as needed.* | | |
| **END OF ATTACHMENT B** | | |

**Attachment C – Technical Requirements Response Form**

The Bidder should submit a comprehensive response for each subsection outlined in Section 4.

|  |
| --- |
| * 1. **Methodological Approach**   Bidders will be evaluated and scored on information provided in response to their detailed methodological approach. |
| * + 1. In responding to methodological approach, the Bidder should robustly articulate their plan with respect to: * Research and understanding of regulated utility companies and their primary approach to value; * Data collection and data preparation, particularly as it relates to data sources planned to be used, understanding of the data generating process, data anomalies and any other identified or perceived issues with the collection or application of data in the analysis and how the Bidder intends to address such issues; * A report outline or shell, such as a redacted appraisal report with specific presentation of appraisal methodology that will be utilized within this appraisal report; and * A summary of the quality control and review process that the Bidder will use throughout the project.   **Response Requirement (20 Points):**  The Bidder should complete and submit **Section 4.1.1** of **Attachment C – Technical Requirements Response Form.** |
| *Expand field or attach additional sheets as needed.* |

|  |
| --- |
| * 1. **Project Management Methodology**   Bidders will be evaluated and scored on information provided in response to their project management methodology, |
| * + 1. The Bidder should describe its project management methodology.   **Response Requirement (5 Points):**  The Bidder should complete and submit **Section 4.2.1** of **Attachment C – Technical Requirements Response Form.** |
| *Expand field or attach additional sheets as needed.* |
| * + 1. The Bidder shouldprovide a project plan indicating how each milestone will be achieved in accordance with **Section 2. Scope of Services**.   **Response Requirement (5 Points):**  The Bidder should provide a detailed project plan as an attachment. |
| *(Provide a detailed project plan as an attachment.)* |

|  |
| --- |
| * 1. **Firm Experience**   Bidders will be evaluated and scored on their experience and references.  The Proposal should demonstrate the Bidder’s experience and expertise consistent with the scope and scale of this project. The Department is especially interested in the Bidder’s capacities and experience in special franchise property. |
| * + 1. The Bidder should describe its experience and expertise consistent with the scope and scale of this project.   **Response Requirement (15 Points):**  The Bidder should complete and submit **Section 4.3.1** of **Attachment C – Technical Requirements Response Form**. |
| *Expand field or attach additional sheets as needed.* |
| * + 1. The Bidder should provide a list of appraisal reports it has completed that are similar in scope to this RFP. Such list should contain the title of the report, topic of report, date of completion, and client for whom the report was conducted.   **Response Requirement (5 Points):**  The Bidder should provide a list, use attachment as needed. |
| *Provide a list, use attachment as needed.* |

|  |
| --- |
| * 1. **Staff Experience and Qualifications**   Bidders will be evaluated and scored on their staff’s experience and qualifications. The Bidder demonstrates proposed staff has the qualifications, knowledge, and ability to perform required Services as described in **Section 2. Scope of Services** by providing information for evaluation.  The Bidder should: |
| * + 1. Identify the lead appraiser, the primary point of contact (Project Manager, if different from the lead appraiser), the licensed engineer(s), and other proposed staff. |
| *Expand field or attach additional sheets as needed.* |
| * + 1. Identify the licensed Civil Engineer(s) from the Subcontractor. The Department prefers the Civil Engineer(s) are licensed in New York State. The Department will also evaluate, but will give less weight to, Civil Engineer(s) not licensed in New York State. Please indicate the state in which the proposed Civil Engineer(s) are licensed. |
| *Expand field or attach additional sheets as needed.* |
| * + 1. Indicate the availability of the primary point of contact for on-site or telephone meetings. |
| *Expand field or attach additional sheets as needed.* |
| * + 1. Detail procedure(s) to replace the lead appraiser and the primary point of contact if they leave the firm or is otherwise unavailable and describe the Bidder’s ability to bring in additional highly-capable Personnel, if required, including the typical speed at which such Personnel could be provided\*. |
| *Expand field or attach additional sheets as needed.* |
| * + 1. Provide an organizational chart, including all individuals to be assigned to the project; the chart should depict the Contract Title (see **RFP Attachment 19 – Financial Response Form, 2. Professional Services Hourly Rates Schedule**) and the Bidder’s corresponding job title for each individual. |
| Provide (use attachments if needed): |
| **Response Requirement (**Requirements 4.4.1 through 4.4.5 are collectively worth **10 points**.**):**  The Bidder should complete and submit **Sections 4.4.1** through **4.4.5** of **Attachment C – Technical Requirements Response Form** above, providing all information requested therein. |
| * + 1. Provide resumes and describe experience, including number of years at current firm and all prior relevant employment, for staff that would be directly involved in providing Services.   **Response Requirement (3 Points):**  The Bidder should complete and submit **Section 4.4.6** of **Attachment C – Technical Requirement Response Form**, providing all information requested therein for this requirement. |
| Provide resumes and describe experience (use attachments if needed): |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * + 1. Provide one (1) client reference contact which can validate the experience of the proposed lead appraiser.   **Response Requirement (2 Points):**  The Bidder should complete and submit **Section 4.4.7** of **Attachment C – Technical Requirements Response Form**, providing all information requested therein for this requirement. | | | | |
| **Reference Contact:** | **Client Name** | **Contact Name/Title** | **Contact Phone** | **Contact Email** |
|  |  |  |  |
| **\*Note:**  The Department expects the lead appraiser, Project Manager, and licensed Civil Engineer(s) (“Personnel”) for the selected Bidder to be assigned to this project for the entire Contract term to ensure continuity of knowledge and service levels.  The Contractor shall not transfer or replace Personnel unless such transfer or replacement is at the State’s request or due to a bona fide promotion, illness, family leave, disability, termination of employment, or other circumstance beyond the Contractor’s reasonable control.  Prior to any permitted transfer of Personnel to another position, the Contractor should provide the State with at least thirty (30) days’ notice of such transfer. In the event of an emergency where thirty (30) days’ notice is not possible, the Contractor will provide notice to the State as soon as the emergency circumstances become known. No staffing decisions regarding the addition or removal of Contractor staff from the project will be made without the State’s prior consent and approval. Replacement Personnel must be of equal or superior qualifications as the previously assigned Personnel.  The State reserves the right to screen and approve or deny all Personnel assigned to this project. The Contractor must ensure that all Personnel assigned to this project are sufficiently experienced and proven in providing the specific Services requested and that all work provided meets high quality standards as deemed appropriate. | | | | |
| **END OF ATTACHMENT C** | | | | |

1. Do not include onsite project overhead. [↑](#footnote-ref-1)
2. Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable. [↑](#footnote-ref-2)
3. https://www.governor.ny.gov/executive-order/no-16-prohibiting-state-agencies-and-authorities-contracting-businesses-conducting [↑](#footnote-ref-3)