



June 4, 2020

ADDENDUM #2

Re: NeON Works Program Technical Assistance RFP
EPIN: 78120P0001

Dear Prospective Proposer:

Pursuant to Section 3-02 (i) of the Procurement Policy Board (PPB) Rules, the Department of Probation (DOP) is issuing **Addendum #2** to the NeON Works Program Technical Assistance Request for Proposals (RFP) PIN 78120P0001.

CHANGES TO RFP

THE FOLLOWING CHANGES ARE MADE TO THE RFP DOCUMENT:

1. REVISIONS TO ATTACHMENT 3- Schedule B M/WBE Utilization Form

Pursuant to this addendum, a revised Schedule B M/WBE Utilization Form, Attachment 3, has replaced the previous Attachment 3, to revise the category/breakdown goals. All proposers must use this new Attachment 3 in place of the one provided at RFP release.

Part 1: M/WBE Participation Goals

Contract Overview (To be completed by contracting agency)

APT E-Pin# _____ FMS Project ID# _____
 Project Title _____ Agency PIN# _____
 Contracting Agency _____ Bid/Proposal Response Date _____
 Agency Address _____ City _____ State _____ ZIP _____
 Contact Person _____ Title _____
 Telephone _____ Email _____

Project Description (attach additional pages if necessary)

Bidder or proposer is required OR is not required to specifically identify the contact information of all M/WBE firms they intend to use as a subcontractor on this contract, including the M/WBE vendor name, address and telephone number in the space provided below in Part 2 Section 4.

M/WBE Participation Goals for Services

Enter the percentage amount for each category or for an unspecified Goal.

Prime Contract Industry: _____

Category and Breakdown:

Unspecified _____ %
 Black American _____ %
 Hispanic American _____ %
 Asian American _____ %
 Women _____ %

Total Participation Goals _____ %
Line 1

Part 2: M/WBE Participation Plan

(To be completed by the bidder/proposer unless granted a full waiver, which must be submitted with the bid/proposal in lieu of this form)

Section 1: Prime Contractor Contact Information

Tax ID# _____ FMS Vendor ID# _____
 Business Name _____ Contact Person _____
 Business Address _____ City _____ State _____ ZIP _____
 Telephone _____ Email _____

Section 3: Contractor M/WBE Utilization Plan

Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation. Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:

- As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor: MBE WBE
- As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.
- As a non-M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable.

Section 2: M/WBE Utilization Goal Calculation

Prime Contractor Adopting Agency Participation Goals
For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals.

Total Bid/Proposal Value \$ _____
multiplied by **x**
 Total Participation Goals _____ %
(Line 1 above)

Calculated M/WBE Participation Amount \$ _____
Line 2

OR

Prime Contractor With Partial Waiver Approval Adopting Revised Participation Goals
For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Revised M/WBE Participation Goals.

Total Bid/Proposal Value \$ _____
multiplied by **x**
 Total Revised Participation Goals _____ %

Calculated M/WBE Participation Amount \$ _____
Line 3

Section 4: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? _____ %

Enter a brief description of the type(s) and dollar value of subcontracts for all services you plan to subcontract if awarded this contract, along with the anticipated start and end dates for such subcontracts. For each item, indicate whether the work is designated for participation by an M/WBE. Where the contracting agency's solicitation has indicated a requirement that the bidder or proposer specifically identify the contact information of all M/WBEs they intend to use on this contract, vendors must also include the M/WBE vendor name, address and telephone number in the space provided below. Use additional sheets if necessary.

Description of Work	Start Date (MM/YY)	End Date (MM/YY)	Planned \$ Amount	Designated for M/WBE		M/WBE Vendor Name	M/WBE Address	M/WBE Telephone
				Y	N			
1. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
2. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
3. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
4. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
5. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
6. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
7. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
8. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
9. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -
10. _____	/	/	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	() -

Section 5: Vendor Certification and Required Affirmations

- I hereby:
1. acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
 2. affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;
 3. agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
 4. agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such Goals are modified by the Agency; and
 5. agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or if a partial waiver is obtained or such Goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature _____ Date _____

Print Name _____ Title _____

Reference 2

Agency/Organization _____ Contract # _____

Reference Contact _____ Telephone _____ Email _____

Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____

Prime Contract description

Did the vendor perform as a Prime Contractor or as a Subcontractor? Prime Contractor Subcontractor

Was the Prime Contract subject to any Goals? City M/WBE Goals State Goals Federal Goals No Applicable Goals

Did the Prime Contractor meet Goal requirements? Yes No N/A

If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.

_____ \$ _____

Reference 3

Agency/Organization _____ Contract # _____

Reference Contact _____ Telephone _____ Email _____

Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____

Prime Contract description

Did the vendor perform as a Prime Contractor or as a Subcontractor? Prime Contractor Subcontractor

Was the Prime Contract subject to any Goals? City M/WBE Goals State Goals Federal Goals No Applicable Goals

Did the Prime Contractor meet Goal requirements? Yes No N/A

If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.

_____ \$ _____

Reference 4

Agency/Organization _____ Contract # _____

Reference Contact _____ Telephone _____ Email _____

Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____

Prime Contract description _____

Did the vendor perform as a Prime Contractor or as a Subcontractor? Prime Contractor Subcontractor
Was the Prime Contract subject to any Goals? City M/WBE Goals State Goals Federal Goals No Applicable Goals
Did the Prime Contractor meet Goal requirements? Yes No N/A

If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain _____

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____
Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.
\$ _____

Reference 5

Agency/Organization _____ Contract # _____

Reference Contact _____ Telephone _____ Email _____

Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____

Prime Contract description _____

Did the vendor perform as a Prime Contractor or as a Subcontractor? Prime Contractor Subcontractor
Was the Prime Contract subject to any Goals? City M/WBE Goals State Goals Federal Goals No Applicable Goals
Did the Prime Contractor meet Goal requirements? Yes No N/A

If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain _____

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____
Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.
\$ _____

Vendor Certification

Identify/list all the work areas you intend on subcontracting on the current anticipated contract for which you are submitting this waiver request.

I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith. I further affirm that the work that I did not list as work that will be subcontracted on this contract for which I am submitting this waiver request is work that I have performed on past contracts and will not subcontract if awarded this contract.

Signature _____ Date _____

Print Name _____ Title _____

<p>Approvals (for Agency completion only)</p> <p>ACCO Signature _____ Date _____</p> <p>CCPO Signature _____ Date _____</p>	<p>Waiver Determination</p> <p><input type="checkbox"/> Full Waiver Approved</p> <p><input type="checkbox"/> Waiver Denied</p> <p><input type="checkbox"/> Partial Waiver Approved</p> <p>Revised Participation Goal _____ %</p>
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