**TEACHER OPPORTUNITY CORPS (TOC)**

**A New York State My Brothers’ Keeper Initiative**

**2016-2021**

**ANNOUNCEMENT OF FUNDING OPPORTUNITY**

Legislative Authority: The Teacher Opportunity Corps (TOC) was initially established under Chapter 53 of the Laws of 1987. This announcement, includes essential components of the initial TOC program in the “My Brother’s Keeper Initiative” and is intended to assist institutions in applying for Teacher Opportunity Corps grant/contracts for 2016-2021, as funded under the 2016-17 State Budget.

Purpose/Goal: The purpose of TOC is to increase the participation rate of historically underrepresented and economically disadvantaged individuals in teaching careers.

TOC Programs will:

* include instructional strategies designed to meet the learning needs of students placed at risk;
* incorporate the use of mentors and other high quality support systems for pre-service and new teachers that are designed to ensure a lasting and positive effect on classroom performance;
* reflect current research on teaching and learning; culturally and linguistically relevant teaching; youth development; restorative practices; and STEM concentrations at the elementary, middle & high school levels;
* integrate a clinically rich pre-service model with a 10 month internship experience and includes partnerships with high- needs schools to help them address the recurrent teacher shortage areas; and
* foster retention in teaching of highly qualified individuals who value diversity and equity.

Funding: The allocation for 2016-2021 is expected to be $3,000,000 annually.

The project period will be from September 1-August 31, subject to the continuation of the State Appropriation.

Institutional Eligibility: Only New York State public and independent degree-granting colleges and universities that have a teacher preparation program approved by the State Education Department may submit applications for this grant opportunity.

Matching Requirements: A minimum 15% match of approved TOC grant contract is required. The matching requirement may be met through the institution’s own resources, private sources, other government sources, and/or in-kind services. Other State funds may be used in this match, with the exception of state grant funds from another educational opportunity program, but may not duplicate services provided.

Important Dates: Full proposals must be postmarked by **8/22/16**; submit one original and two (2) paper copies (both the narrative application and the budget/budget narrative) as well as one electronic copy of the complete application on CD or flash drive.

Q & A Questions regarding this grant must be e-mailed to [TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov) by 7/28/16. A Question and Answers Summary will be posted at: [http://www.nysed.gov/NYSMBK](http://www.nysed.gov/nysmbk) no later than 8/8/16. Webinar will be held on 7/20/16.

SED reserves the right to modify or amend the RFP upon completion of the webinars and the question and answer period. Please monitor the website links for any notice of modification or amendment to the RFP

Notice of Intent The Notice of Intent (NOI) is not a requirement for submitting a complete application by the application date; however, NYSED strongly encourages all prospective applicants to submit an NOI to ensure a timely and thorough review and rating process. A non-profit applicant’s NOI will also help to facilitate timely review of their prequalification materials. The notice of intent is a simple email notice stating your organization’s (use the legal name) intent to submit an application for this grant. Please also include your organization’s NYS Vendor ID. The due date is 8/12/16. Please send the NOI to [TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov).

For Information and New York State Education Department

Not-for-profit Application Office of Access, Equity, and Community Engagement Services

Submission, Contact: 89 Washington Avenue/ Room 505W

Albany, New York 12234

[TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov)

For-profit Application New York State Education Department

Submission: Attn: Teacher Opportunity Corps

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Program Start Date & Coverage of Expenditures:

The beginning date for TOC contract activities is September 1, 2016 – August 31, 2021. Only expenses incurred during this period will be eligible for coverage with state TOC funds.

# **The University of the State of New York**

**THE STATE EDUCATION DEPARTMENT**

**Office of Access, Equity, and Community Engagement Services**

**89 Washington Avenue/ Room 505W**

**Albany, NY 12234**

**Guidelines**

**For Submission of**

**Teacher Opportunity Corps Proposals**

**For the Period 2016-2021**

THE UNIVERSITY OF THE STATE OF NEW YORK

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**Definitions of Important Terms**

**Academic Year**: The two regular semesters, three trimesters, or required equivalent arrangement normally occurring between August and June.

**Cost of attendance:** For the purposes of ensuring full need packaging, the cost of attendance includes all costs associated with institutional attendance of a full-time student, including but not limited to additional fees, housing, meal plan, and associated ancillary costs.

**Domicile**: For the purposes of NYS residency determination for TOC, a permanent residence or domicile shall mean the person’s legal home. A person may have more than one residence; however they will have one domicile or permanent residence. The permanent residence or domicile (rather than the temporary residence) controls the jurisdiction for taxation and for the exercise of legal rights.

**Economically Disadvantaged**: For the purpose of TOC, a student who is economically disadvantaged means a student who meets the criteria set forth in section 27-1.1 of the Rules of the Board of Regents. A student is considered economically disadvantaged if he or she is a member of a household where the total annual income of such household is equal to or less than 185 percent of the amount under the annual United States Department of Health and Human Services poverty guidelines for the applicant’s family size. Federal poverty guidelines are published annually by the Department of Health and Human Services in the Federal Register. <http://aspe.hhs.gov/poverty/>

* If utilizing economically disadvantaged as a participation criteria, institutions of higher education (IHEs) sponsoring TOC Projects are expected to seek applicants whose life patterns are characterized by economic disadvantage. These Indicators may include evidence that the student and/or the student’s family has endured long-term economic deprivation, membership in a group underrepresented in higher education, a history of high unemployment rates, a record of inadequate schooling, and/or little or no accumulation of assets.
* All economic eligibility documentation for TOC must be provided consistent with the information and documentation utilized for the preparation of the FAFSA and for consideration under the NYS Tuition Assistance Program (TAP).
* The eligibility standards set forth in this section apply only at the time of admis­sion as a first-time student in TOC.
* Once ad­mitted, a student may continue to receive supportive services as needed, even if the family income rises above the current eligibility standards. However, a student's economic status must be reviewed under a federally recog­nized needs analysis system each year and appro­priate adjust­ments made in the student's financial aid package.
* Responsibility for Documentation - It is the joint responsibility of the TOC program and the institution’s chief financial aid officer to verify that all first-time program students who are not a member of an underrepresented group are economically eligible and that all of the appropriate documentation to verify this eligibility is on hand. The institution is responsible and will be held accountable for this documentation.
* Reference to the family income scale need not be made if the student falls into one of the following categories, and documentation is available:
  + The student's family is the recipient of: (1) Family Assistance Program Aid; or (2) Safety Net Assistance through the New York State Office of Temporary and Disability Assistance, or a county department of social services; or (3) family day care payments through New York State Office of Children and Family Services Assistance, or a county department of social services; or
  + The student is living with foster parents who do not provide support for college, and no monies are provided from the natural parents; or
  + The student is a ward of the State or a county; or
  + The student is enrolled or was enrolled in a State Sponsored Opportunity Program (i.e., EOP, HEOP, SEEK, College Discovery).

**Eligible Applicants**: eligible applicant means a New York State located public or independent degree-granting postsecondary institution (IHE) that offers a teacher preparation program approved by the NY State Education Department. In order for any proposal to receive consideration, the applicant for your TOC RFP application must be the degree granting institution. The Application Cover Page should only list the degree granting institution as the applicant.

**Eligible Student**: To be eligible for TOC, a student must be a resident of New York who is **either** from a group historically underrepresented in the teaching field, economically disadvantaged, or satisfies the requirements of the Third Priority found in Section VIII. Participant Eligibility. An eligible student must also demonstrate interest in and a potential for a teaching career and be enrolled in a registered teacher preparation program at the undergraduate or graduate level. To be eligible, the student must also:

* Be a graduate of a recognized high school or have a state approved equiva­lency diploma.
* If a graduate student, be a graduate of a regionally accredited college or university.
* Be in good academic standing, enrolled full time in an approved program of study, as defined by the Regents (<http://www.nysed.gov/heds/IRPSL1.html>).

**Full-Time Equivalent (FTE)**: is a way to measure a worker's involvement in a project, or a student's enrollment at an educational institution.

* **Staff:** Full-time equivalent for staff is defined as the percent effort for each activity and/or service provided by the worker. An FTE of 1.0 means that the person is equivalent to a full-time worker and spends 100% of his or her time on the project; an FTE of 0.5 signifies that the worker spends half-time of his or her time serving the project.
* **Student:** Full-time equivalent academic status for a TOC participant is defined by the standards set forth at each institution to determine or calculate full-time enrollment on that campus.

**Headcount:** Refers to the number of unduplicated, full-time student participants enrolled and receiving services in a program during any given fiscal year.

**Historically Underrepresented**: For the purpose of this RFP, historically underrepresented in the teaching field includes: American Indian and Alaskan Native; Asian; Native Hawaiian and Pacific Islander; Black/African American; and Hispanic/Latino. 2015 NYS teacher certification data identifies each of these groups as underrepresented.

**Independent Student**: For purposes of economic eligibility for TOC, an independent student means a student who:

1. is 24 years of age or older by December 31st of the program year; or
2. is an orphan or ward of the court. (A student is considered independent if he or she is a ward of the court or was a ward of the court until the individual reached the age of 18); or
3. is a veteran of the Armed Forces of the United States who has engaged in the active duty in the United States Army, Navy, Air Force, Marines, or Coast Guard and was released under a condition other than dishonorable; or
4. is a married individual; or
5. has legal dependents other than a spouse; or
6. is a student for whom a campus financial aid administrator has made a satisfactory documented determination of independence by reason of other extraordinary circumstances.

**Institutional Match:** The total amount of funds that the institution contributes towards TOC for the purposes of administering TOC. The matching requirement may be met through the institution’s own resources, private sources, other government sources, and/or in-kind services. Other State funds may be used in this match, with the exception of state grant funds from another educational opportunity program, but may not duplicate services provided.

**New York State Residency**: a resident of New York State according to the criteria found in NYS Education Law section 661(5).

**Partner School:** Each applicant IHE must have an MOA partnership agreement with at least one Focus school or Priority school. A listing of Priority Schools and Focus Schools may be found in Attachment VII (posted with this RFP as a separate file).

**Program Year:** For purposes of these Guidelines, expenditures and activities occurring between Sept 1 and August 31 of the following year constitute a program year.

**Students with Disabilities**: A student with any physical or mental impairment that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. “Substantially limited” generally means that a person is unable to perform a major life activity that the average person in the general population can perform. Mitigating or corrective measures such as medication or corrective lenses may be considered when determining whether a person is substantially limited.

**TOC-SED:** New York State’s primary coordination and administration unit for the Teacher Opportunity Corps; housed under SED’s Office of Higher Education.

**TOC Student**: A matriculated and active member of a participating TOC project. Active shall be defined as having applied for and been accepted in TOC at the institution and participation in TOC activities.

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**TEACHER OPPORTUNITY CORPS (TOC)**

**GUIDELINES**

**For the Submission of Grant Proposals**

**For Fiscal Year 2016-21**

**I. APPLICATION GUIDANCE**

Please adhere to the following instructions.

**New Prequalification Requirement**

The State of New York has implemented a new statewide prequalification process (described in <http://www.grantsreform.ny.gov/Grantees>) designed to facilitate prompt contracting for not-for-profit vendors. All not-for-profit vendors are required to pre-qualify by the grant application deadline. This includes all currently funded not-for-profit institutions that have already received an award and are in the middle of the program cycle. The pre-qualification must be completed by all not-for-profit organizations by the application due date in order to qualify for an award under this grant. Please find additional information and instructions regarding this requirement in section XVI of this RFP.

**Required Signature(s)**

The original signature of the President/Chief Executive Officer (or designee) of the institution must appear on the Application Cover Page (Attachment I).

**Partnership Agreements**

Applicant information for all partnership agreements must be provided. A signed memorandum of agreement (MOA) is required for all **partner schools.** The original signature of all **partnership** agreements must appear on the MOA. **A SIGNED MEMORANDUM OF AGREEMENT (MOA) IS REQUIRED FOR AT LEAST ONE PARTNER SCHOOL AND MUST BE PROVIDED AS A PART OF THE INITIAL APPLICATION. AN APPLICATION THAT IS SUBMITTED WITHOUT THE SIGNED MOA WITH THE PARTNER SCHOOL WILL NOT BE CONSIDERED FOR FUNDING.**

**Number of Copies**

Please submit **one original and two** copies of the full proposal, as well as one electronic copy of the complete application on CD or flash drive, to TOC-SED postmarked by 8/22/16**.**

**Questions and Answers**

Please submit all questions via email by 7/28/16, to [TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov) A Questions and Answers summary will be posted at: [http://www.nysed.gov/NYSMBK](http://www.nysed.gov/nysmbk) no later than 8/8/16.

**Non-Mandatory Notice of Intent**

The Notice of Intent (NOI) is not a requirement for submitting a complete application by the application date; however, NYSED strongly encourages all prospective applicants to submit an NOI to ensure a timely and thorough review and rating process. A non-profit applicant’s NOI will also help to facilitate timely review of their prequalification materials. The notice of intent is a simple email notice stating your organization’s (use the legal name) intent to submit an application for this grant. Please also include your organization’s NYS Vendor ID. The due date for the NOI is 8/12/16. Please send the NOI to [TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov).

**Due Date**

Applicants are responsible for making sure the application package is complete and sent so that the package is postmarked by 8/22/16.

**Checklist**

Please use the Application Checklist to ensure that you send a complete application package.

**II.** **INTRODUCTION**

The Teacher Opportunity Corps (TOC) was initially established under Chapter 53 of the Laws of 1987. This announcement is intended to assist institutions in applying for Teacher Opportunity Corps grant/contracts and to explain the changes in the focus and impact of the program. These grant contracts will support and help recruit, retain, and train economically disadvantaged **or** historically underrepresented participants as certified public school teachers to better address the needs of students placed at risk. Targeted activities will allow participants to improve their content knowledge and classroom practice in order to help students achieve academically.

**III.** **PURPOSE**

The purpose of TOC is to increase the participation rate of historically underrepresented and economically disadvantaged individuals in teaching careers. TOC’s intent is to provide training that:

* includes instructional strategies designed to meet the learning needs of students placed at risk;
* incorporates the use of mentors and other high quality support systems for pre-service and new teachers that are designed to ensure a lasting and positive effect on classroom performance;
* reflects current research on teaching and learning; culturally and linguistically relevant teaching; and STEM concentrations at the elementary, middle & high school levels;
* integrates a clinically rich pre-service model with a 10 month internship experience and includes partnerships with high- needs schools to help them address the recurrent teacher shortage areas; and
* fosters retention in teaching of highly qualified individuals who value diversity and equity.

**IV.** **RATIONALE**

2015 Data on the numbers of certified teachers in New York State show that males and ethnic/racial minorities are noticeably underrepresented in the teaching field. Less than 25% of certified teachers in New York State are male (24.1%), and the representation of ethnic and racial minorities constitutes less than 20% collectively (American Indian .2%, Asian 2.6%, African American 8.4%, Latino 7.4%, and Pacific Islander .008%). Data on students in teacher education programs do not suggest that these numbers are likely to change. Statewide in 2013-2014, only 24.13% of students enrolled in teacher preparation programs and only 22.89% of teacher preparation program completers are male. Likewise, the underrepresentation of racial and ethnic minorities in the numbers of enrolled students and program completers mirrors the overall lack of diversity in the currently certified population. Among enrolled students in teacher preparation programs in 2013-2014 only .25% are American Indian, 4.5% are Asian, 9.33% are African Americans, 14.49% are Latino, and .5% are Pacific Islander. When looking at teacher preparation program completers the numbers are even more discouraging, with .2% American Indian, 4.23% Asian, 7.8% African American, 13.8% Latino, and .73% Pacific Islander.

Additionally, a 1997 New York City Board of Education study compared high achieving and low achieving elementary schools with similar student characteristics and found that "teacher qualifications accounted for more than 90 percent of the variation in student achievement in mathematics and reading." (Education Week *Special* *Report: Quality of Teaching).* The study also indicates that urban and poor rural districts have more difficulty than affluent districts in attracting and retaining the best-qualified teachers.

The Teacher Opportunity Corps is part of the State Education Department's effort to not only recruit and retain more people from underrepresented groups into the teaching field, but by doing so, to help resolve the shortage of teachers who are both qualified and prepared to teach students that have been placed at risk in severely underserved areas.

**V.** **MISSION AND PRINCIPLES**

High quality training as envisioned here refers to rigorous and relevant content, as well as to strategies and organizational supports that foster the development of new teachers who will bring positive attitudes to the teaching and learning environment. Partnerships among schools and the communities they reside in, higher education institutions, and other entities are essential in developing these supports for teachers and prospective teachers and for fostering a commitment to life-long learning. Furthermore, training and development are likely to be most effective when part of a system-wide effort to prepare, recruit, select and retain teachers.

Effective TOC projects will provide instructional and enrichment activities that:

* increase the participation rate of historically underrepresented and economically disadvantaged individuals in teaching careers, through successful recruitment, support, and retention.
* focus on the high performance of all students as the central measure of effective teaching;
* enable participants to develop content area expertise while implementing effective classroom strategies that address the needs of at-risk students;
* reflect the best available research and practices in teaching, teaming and leadership;
* provide participants with supplemental classroom experiences to plan strategies and to observe and teach students that have been placed at risk;
* cultivate support systems within and outside the school building that promote and sustain implementation of strategies to address the needs of students that have been placed at risk; and
* are planned and implemented in conjunction with participating Priority and/or Focus school partners.

Teacher Opportunity Corps services must include, but are not limited to, the following:

* Recruitment and Retention of teacher program students who are from groups underrepresented in the teaching field.
* Tuition support
* Field placements and internships exclusively with Focus and Priority schools with a TOC partnering MOA. (Do not include student teaching experiences required by the institution for the fulfillment of degree requirements.)
* Collaboration with the partnering school to provide mentoring during the **first** year of teaching after participation in the Corps.
* Courses which address pedagogy, motivation, and other factors related to teaching of students who are at risk.

# Counseling

# Tutoring

* + Classroom management
  + School resource allocation

**VI.** **INSTITUTIONAL ELIGIBILITY**

Only New York State public and independent degree-granting colleges and universities that have a teacher preparation program approved by the State Education Department may submit applications.

**VII.** **PARTNERSHIP AGREEMENTS**

Each institution of higher education (IHE) applicant **must establish formal cooperative agreements** with appropriate academic content area departments and with the appropriate representative from a designated Priority or Focus school building(s).

These partnerships are to be arranged with schools with high concentrations of economically disadvantaged students.

A listing of eligible partner Priority Schools and Focus Schools may be found in Attachment VII (posted with this RFP as a separate file).

A memorandum of agreement (MOA), signed by both the IHE and the partner school, is required **as part of the application process** between the applicant IHE and at least one Priority or Focus school. Additional MOAs may be added after the award process is complete or as the program expands. **A SIGNED MEMORANDUM OF AGREEMENT (MOA) IS REQUIRED FOR AT LEAST ONE PARTNER SCHOOL AND MUST BE PROVIDED AS A PART OF THE INITIAL APPLICATION. AN APPLICATION THAT IS SUBMITTED WITHOUT THE SIGNED MOA WITH THE PARTNER SCHOOL WILL NOT BE CONSIDERED FOR FUNDING.** Each MOA must outline the specific services, materials, and/or fiscal resources that will be provided. A sample MOA is provided in Attachment VI.

**VIII.** **PARTICIPANT ELIGIBILITY**

To be eligible for TOC, a student must be a resident of New York who is **either** from a group historically underrepresented in the teaching field, economically disadvantaged, or satisfies the requirements of the Third Priority found in Section VIII. Participant Eligibility. An eligible student must also demonstrate interest in and a potential for a teaching career and be enrolled in a registered teacher preparation program at the undergraduate or graduate level. To be eligible, a student must also be:

* A graduate of a recognized high school or have a state approved equiva­lency diploma.
* If a graduate student, a graduate of a regionally accredited college or university
* All students must be in good academic standing, enrolled full time in an approved program of study, as defined by the Regents (<http://www.nysed.gov/heds/IRPSL1.html>).

Teacher Opportunity Corps projects must recruit and serve participants in the following Priority order:

* **First Priority** given to individuals who have been historically underrepresented and underserved in the teaching profession. For the purpose of TOC, these groups include individuals who are American Indian and Alaskan Native; Asian; Native Hawaiian and Pacific Islander; Black/African American; and Hispanic/Latino.
* **Second Priority** given to individuals who are economically disadvantaged, as defined above.
* **Third Priority** given to any other individual who is **not** historically underrepresented in teaching **nor** economically disadvantaged. Appropriate evidence of the rationale and justification for each applicant admitted to the Corps in this category must be provided by the institution and approved by TOC-SED. Institutional rationale/justification **must** include the following:
* evidence of effectiveness and results of efforts to recruit Priority 1 and 2 participants,
* a description of the recruitment and selection process for Priority 1 and 2 participants, and
* a statement illustrating how the inclusion of Priority 3 participants will fulfill the legislative intent of the Teacher Opportunity Corps.

**IX.** **TOC OBJECTIVES AND KEY STRATEGIES**

It is important to note that all funded projects must conduct the required objectives within the project period dates specified.

To meet these objectives, all TOC projects must implement strategies that address the intent of the TOC goals and priorities, consistent with RFP Section V. Mission and Principles. These objectives and key strategies are to be explained in the charts provided in TOC Attachment II. A chart is provided for each objective.

**Objective 1: Develop collaborative relationships that increase the number of students from underrepresented groups who enroll in and complete teacher preparation programs**. Plan for the recruitment of economically disadvantaged and/or historically underrepresented students who meet the eligibility as TOC participants; institutional efforts to enroll more students in competi­tive programs of study leading to teacher certification; institutional plans improving TOC participant academic success & development; and plans for TOC participant engagement, retention, and graduation. The completed proposal document should reflect a cohesive program.

**Objective 2: Provide sustained, intensive and high-quality instructional and enrichment activities addressing the needs of TOC participants to become successful teachers for at-risk students.**

Plan, organize, and implement program models/components that enable TOC participants to develop effective classroom strategies in assisting at-risk students to graduate from high school as college and career ready. Provide comprehensive in-school classroom training for all TOC participants. Evaluate, replicate, and disseminate proven strategies that prepare, retain, and support teachers of students at risk. The completed proposal document should reflect a cohesive program.

**Objective 3: Provide strong academic content and effective strategies and practices that value equity and diversity and increase the ability of TOC participants to meet the needs of students at-risk.**

Provide specific coursework that enables TOC participants to acquire the academic content necessary to teach students at-risk and apply successful classroom methodologies that incorporate equity practices. Provide coursework and field experiences that focus on strategies to implement content materials and methods which remove all barriers that may limit student success. Provide coursework that reflects recent research in best practices, such as inquiry based learning, brain compatible learning, etc. Provide a continuum of services that support TOC participants in acquiring the skills, attitudes, and knowledge necessary to teach students at-risk. Provide field experiences and school partnerships that link mentors with all TOC participants that continue upon completion of their program(s) of study and during the first year of full-time teaching assignment.

**Objective 4: Establish and maintain partnerships to maximize TOC resources and increase student/program success.**

Identify and leverage other public and private resources available for the same purpose and with the same focus. Provide a forum to elicit input and feedback from graduates, mentors, and school personnel. Establish a planning agenda to address key issues, plans, strategies, and performance of the TOC program and local teaching needs.

**X. PROJECT EXPECTATIONS**

All institutions awarded a TOC grant will:

* Accomplish all project activities within the approved proposal period;
* Outline and execute a plan to improve the recruitment, retention, and graduation of teacher preparation program students from groups underrepresented in the teaching field;
* Outline and execute a plan to improve the recruitment, retention, and graduation of males in teacher preparation programs;
* To provide the necessary training and supportive services that assist TOC students in succeeding academically;
* Prepare all TOC participants to make the connection between coursework and classroom instruction, curriculum development and alignment to support college and career readiness;
* Help TOC participants develop strategies to teach students with a broad range of cultural backgrounds, English Language Learners, students with disabilities, and students with other special learning needs.
* Prepare all TOC participants to develop and implement curricula using materials and resources from a wide variety of cultures, learning styles, etc.; and
* Provide new teachers with ongoing support systems that promote strong classroom management skills and sustain life-long learning.

**XI.** **FUNDING LIMITATIONS and Method of Determining Award Amounts**

Institutions may submit more than one proposal only if the institution has two or more geographically separate and separately operating campuses, both of which will be operating a TOC project.

The maximum amount of funding that may be requested in any one application will be determined by the minimum number of TOC participants (headcount) the project commits to serve/and serves contractually on an annual basis. The number of students will be based on the “unduplicated count,” which is the number of eligible students participating in TOC. Funding will be provided at a rate not to exceed $6,500 per student.

The maximum request for any TOC project will be $325,000 per year, based upon a minimum TOC head count of 50 students. The minimum size of a TOC project is 5 students with an award of $32,500.

All funding requests will be reviewed at the time of proposal submission. If certain costs cannot be supported by TOC funds, the expenses will be removed from the proposed budget and the budget will be scored accordingly.

**Method of Determining Award Amounts**:

The funds in the appropriation will be distributed to successful applicants according to the process indicated below. The proposals will be rated numerically, with a maximum possible score of 100 points: 80 points for the Narrative Application and 20 points for the Budget/Budget Narrative. Scores are recorded to two decimal places.

## Awarding of Funds to Non-Profit Institutions

* 1. The Narrative Application scores will be determined by two reviewers.
  2. The budget and budget narrative of each application will also be reviewed and scored by both reviewers.
  3. The final score used for rank ordering the applications will be the average of the two reviewers’ scores for the total of the narrative application and the budget/budget narrative.
     1. If, however, the two reviewer’s scores show a discrepancy of more than 15 points, the proposal will go to a third reviewer. After the third review, the mathematical average of all three reviewer’s scores will be the final score.
     2. The final application score must be at least 60 points for an application to be considered for funding. Failure to meet this requirement will disqualify a proposal from further consideration.
     3. In the event of a tie score, the tie breaker will be the highest score on the Program Objectives, Strategies, Activities, Services And Performance Measures/Data Sources section of the scoring rubric in the Narrative Application.
     4. If the scores remain tied after this step, a second tiebreaker will be the highest score on the Recruitment and Retention section of the scoring rubric in the Narrative Application.
  4. New York State is divided into ten Regents Higher Education Regions (found here: <http://www.highered.nysed.gov/kiap/documents/RegentsRegions2009.pdf>). The highest ranking applicant in each region with a passing score will be funded at the amount of their request, pending modification of the budget if it includes unallowable expenses.
  5. The remaining funds will be pooled into a single statewide sum to be awarded to the remaining eligible unfunded applicants in rank order by final application statewide score. This process should result in at least one program per region and should also support those meritorious applications competing on a statewide basis.
  6. If there are funds remaining that will not fully support funding the next highest application in the statewide ranking, that applicant will be given the opportunity to receive a partial award. If an eligible applicant chooses not to accept the partial award, the next eligible applicant will be contacted.

## Awarding of Funds to For-Profit Institutions:

* 1. A maximum of $325,000 will be set aside for the highest ranking for-profit applicants statewide providing that they receive a passing score of 48 points or more on the Narrative Application (valued at 80 points total).
  2. The Narrative Application of each proposal will be reviewed and scored and those applicants who receive at least 48 points on the Narrative Application will move on to the cost review phase of the award process. Those who receive less than 48 points in the Narrative Application will be eliminated from further consideration.
  3. For for-profit applicants, the 20 points available for the financial portion of the application will be awarded pursuant to a formula. This calculation will be computed by the Contract Administration Unit upon completion of the technical scoring by the technical review panel.
  4. The financial score will be determined based on the following criteria:
     1. Fifteen (15) points will be awarded pursuant to a formula that measures cost per student. It is calculated by dividing the total amount of TOC funds requested from NYSED by the number of students proposed to be served by the applicant per year (unduplicated number of students/headcount). This calculation will be computed by the Contract Administration Unit upon completion of the narrative scoring by the TOC proposal review panel.
     2. The submitted budgets will be awarded points pursuant to a formula which awards the highest score of fifteen (15) points to the budget that reflects the lowest cost per student. As noted in the Funding Limitation section, a program may not exceed $6,500 cost per student. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the lowest cost per student submitted. The resulting percentage is then applied to the maximum point value of fifteen (15) points.
     3. Similarly, five (5) points will be awarded for the highest institutional match (calculated from the Composite budget) per total amount of TOC funds requested from NYSED. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the highest institutional match. The resulting percentage is then applied to the maximum point value of five (5) points.
  5. The aggregate score of both the Narrative Application (technical) and Budget/Budget Narrative (cost) will be calculated for each proposal that has passed the technical review stage.
  6. The contract(s) issued pursuant to this RFP will be awarded to the for-profit applicant whose aggregate technical and cost score is the highest among all the for-profit proposals rated, and then the next highest-ranked for-profit applicant, and the next, until there are insufficient funds to award the next ranked for-profit applicant in full. These applicants will be funded at the amount of their request, pending modification of the budget if it includes unallowable expenses.
  7. In the event of a tie score, the contract will be awarded to the applicant whose budget component reflects the lowest overall cost.
  8. If there are no eligible for-profit applicants, these funds revert to the non-profit allocation method.
  9. If funds remain after the awarding the for-profit applicants, those funds revert to the not for-profit allocation method.
  10. Programs administered by for-profit institutions are subject to the same operational controls and guidelines as those for other awardees.

**For an increase in available funding:**

If new or additional funding becomes available, and NYSED chooses to distribute this funding to applicants of this current RFP, NYSED will allocate the funds in this order by:

1. Making whole any funded programs that have received a partial award;
2. Approving awards, in rank order, for eligible applicants who received passing scores, but who did not rank high enough to receive the initial funding;
3. Allocating funds among already awarded programs. NYSED will offer awarded programs the opportunity to serve additional students based on the per student maximum request amounts outlined in this Funding Limitations section of the RFP. This opportunity will be offered to all awarded programs that have not fallen below 95% of their enrollment goal, according to the most recently submitted rosters of students. Maximum request amounts will be established by distributing funding proportionally (based on total annual budget) to those institutions that accept the opportunity to serve additional students.

**For a decrease in available funding:**

A decrease in funding for any subsequent funding year will result in a proportional reduction to all funded projects based on total annual budget.

**Shortfalls in enrollment goals:**

In program years 2 through 5, the TOC award recipient institution will furnish TOC-SED with a roster of students enrolled in its program as of February 15. This roster is due March 15. The number of students listed in this roster will be compared against the number of students proposed to be served in the RFP’s 2016-2017 Proposed Budget. If the current roster is less than 95% of the number set forth in the proposed budget, the grantee’s budget will be proportionally diminished by the amount of the percentage of the deficiency from the proposed budget. For example: if the actual roster is 94% of the projected number, the grantee’s budget will be reduced by 6% in the year of the deficiency.

**XII. BUDGET**

Budgeted costs must be in compliance with applicable State and federal laws and regulations and the Department’s Fiscal Guidelines. These guidelines are available online at the following URL: <http://www.oms.nysed.gov/cafe>.

Information about the categories of expenditures and general information on allowable costs, applicable cost principles and administrative regulations are available in the Fiscal Guidelines for Federal and State Aided Grants at [http://www.oms.nysed.gov/cafe/guidance/guidelines.html](http://www.oms.nysed.gov/cafe/guidance/guidelines.html%20).

The budget should be reasonable and appropriate to cover program expenses.

For more information, visit the website

<http://www.oms.nysed.gov/cafe/guidance/faqs.html>

* 1. Use of Funds

1. Activities funded under a TOC award will be administered according to a written agreement between the State Education Department and the participating institution.

2. Amendments to the proposal during the course of the year that involve changes in the manner in which TOC funds are expended must have prior written approval from the TOC-SED, and may require approval by the Office of the State Comptroller. Expenses for activities not included in the approved budget will not be reimbursed by the State.

B. Allowable Expenses

Allowable costs include the following:

1. To reimburse the institution (IHE) for **no more than 50 percent of the tuition and fees, including room and board, charged for the regular academic program billed directly by the IHE**. Awardees may request tuition reimbursement on a schedule that is consistent with the institution’s standard tuition collection processes. For example, if an awardee collects tuition from students prior to the start of each semester, and after the end of the previous semester, that institution will request tuition reimbursement for that particular semester during that same time period. Budgeted tuition costs must be based upon the actual student FTE of TOC students currently enrolled in the institution for that semester. Tuition Assistance (including room and board) should be recorded on the FS-10 budget form under category **Code 40 Purchased Services**.
2. Program services such as professional and nonprofessional salaries, summer salary for faculty, and stipends to teacher mentors who are classified as staff should be recorded appropriately under **Code 15 or Code 16**. Costs of consultants, stipends to teacher mentors who are not classified as staff, and other academic or school clinical contractual services should be recorded under **Code 40 Purchased Services**. The rate for fringe benefits cannot exceed the actual rate paid by the institution for each employee and should be recorded under **Code 80** Employee Benefits.
3. TOC-related travel expenditures for project personnel including TOC participants for the purposes of clinical field experiences, and recruitment and retention activities should be recorded under **Code 46 Travel Expenses**.
4. Teacher licensing examination fees and preparation classes needed for such examinations should be captured under category **Code 40 Purchased Services**.
5. Supplemental Financial Assistance to include: Textbooks and instructional materials for TOC participants only, with a limitation of $500 per year, should be recorded under **Code 40 Purchased Services**.
6. Administrative and instructional supplies and materials (including textbooks and instructional materials, instructional or administrative computer software and computers, lab equipment, etc.) recorded under **Code 45 Supplies and Materials**.
   1. When durable goods (to include computer equipment) are purchased with TOC-SED funds, it is the responsibility of the institution to ensure that the Equipment Inventory Form is completed and that a copy is submitted to the TOC-SED.
   2. If a program closes, any durable goods purchased with TOC-State funds must be released for transfer to another TOC program so that the durable goods continue to support TOC students.
   3. TOC-SED staff will assist College staff in arranging the transfer of such durable goods;
7. Indirect costs at no more than 8% are allowed.

C. Non-Allowable Expenses

1. Funds are not available for rental of office or meeting space, storage facilities, equipment, fixtures or communication cost (phone, postage, and/or electronic communication cost).
2. Funds cannot be used for items which previously had been assumed by the institution. The purpose of a TOC award is to supplement rather than supplant monies previously or presently allocated to TOC related activities.
3. TOC funds are intended to establish new efforts or to enrich or expand existing ones. They may not be used to supplant funding of other existing efforts.
4. TOC funds cannot be used to pay for the salary or stipend of the TOC Director’s Supervisor or someone designated as a Principal Investigator for the grant contract.
5. Funds may not be used for purposes other than those described in the approved grant contract.
6. Funds may not be used for cultural enrichment or other social activities.
7. State TOC funds cannot be used for organizational dues or items not specifically allowed under the categories identified above.

E. Transfer of Funds

1. Budget transfers of more than 10 percent in any category must be submitted as a budget amendment. Form FS-10-A: Proposed Amendment for a Federal or State Project must be used to request a budget amendment and must be submitted to TOC-SED for review. All FS-10-A forms must be submitted anytime between the start date of any funding year and July 31st of that year. Funds should not be expended until the budget amendment has been approved in writing. If the amount of the modification is equal to or greater than ten percent of the total value of the contract, the modification will require the prior approval of the Office of the State Comptroller.

2. Funds up to 10 percent of line categories may be transferred between approved line categories without prior written approval. However, TOC-SED must be informed in writing of all amendments made to an approved budget within 30 days of each occurrence, but no later than July 31st of the program year.

F. Institutional Funds

1. Matching Funds

A minimum 15 percent match of the approved TOC grant is required. The matching requirement may be met through the institution's own resources, private sources, other governmental sources, and/or in-kind services. Other State funds may be used in this match, with the exception of state grant funds from another educational opportunity program, but may not duplicate services provided. All matching contributions must be used for activities related exclusively to the TOC project, and institutional accounts must be structured to reflect this contribution by the appropriate line item.

2. Program Support

The institution must provide sufficient space and other resources for the effective operation of the program.

3. Institutional Obligation

Institutions approved for funding will have an obligation to honor the institutional amount committed in support of the program in each budget category. This obligation will be reflected in the approved budget agreed to by the State Education Department and the institution. The budget may be amended during the year following the procedures stated in Section XIV. *Budget: E. Transfer of Funds.*

G. TOC Payment Schedule

Please refer to the **FISCAL GUIDELINES FOR FEDERAL AND STATE AIDED GRANTS at:**

<http://www.oms.nysed.gov/cafe/guidance/guidelines.html>

**XIII. PROJECT SCHEDULE**

A. Operation Dates

For year one, projects may begin as early as Sept. 1, 2016 but must be completed by August 31, 2017. Expenses incurred prior to September 1, 2016 or after August 31, 2017, will not be reimbursed. **The subsequent four years will be funded at the same level as was awarded for year one, subject to the continuation of the State Appropriation, the maintenance of student headcount, and successful performance of the institution.**

B. Required Reports

Each institution receiving a TOC grant will be required to submit a Final Report to TOC-SED. The Final Report will provide information about all project operations and expenditures and identify project accomplishments for the 2016-2017 program year. The Final Report annually will be due at the completion of the program (no later than September 30). A format for the Report will be provided by TOC-SED.

**XIV.** **PREQUALIFICATION REQUIREMENT**

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](http://www.grantsreform.ny.gov).

**Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway by 5:00 PM on the proposal due date of August 22, 2016 cannot be evaluated. Such proposals will be disqualified from further consideration**.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](http://www.grantsreform.ny.gov/sites/default/files/docs/VENDOR_POLICY_MANUAL_V.2_10.10.13.pdf) on the Grants Reform Website details the requirements and an [online tutorial](http://grantsreform.ny.gov/youtube) are available to walk users through the process.

1. **Register for the Grants Gateway**.

* On the Grants Reform Website, download a copy of the [Registration Form for Administrator](http://grantsreform.ny.gov/sites/default/files/RegistrationFormforAdministratorfillable.pdf). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov) . If you do not know your Password please click the [Forgot Password](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/PersonPassword2.aspx?Mode=Forgot) link from the main log in page and follow the prompts.

1. **Complete your Prequalification Application.**

* Log in to the [Grants Gateway](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx).  **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
* Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
* Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
* Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

1. **Submit Your Prequalification Application**

* After completing your Prequalification Application, click the ***Submit Document Vault*** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

* If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
* Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity**

**XV. Minority and Women-Owned Business Enterprise (M/WBE) Participation Goals Pursuant to Article 15-A of the New York State Executive Law**

***The following M/WBE requirements apply when an applicant submits an application for grant funding that exceeds $25,000 for the full grant period.***

***All forms referenced here can be found in the M/WBE Documents section at the end of this RFP.***

All applicants are required to comply with NYSED’s Minority and Women-Owned Business Enterprises (M/WBE) policy. Compliance can be achieved by one of the three methods described below. Full participation by meeting or exceeding the M/WBE participation goal for this grant is the preferred method.

M/WBE participation includes services, materials, or supplies purchased from minority and women-owned firms certified with the NYS Division of Minority and Women Business Development. Not-for-profit agencies are not eligible for this certification. For additional information and a listing of currently certified M/WBEs, see

<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

The M/WBE participation goal for this grant is 30% of each applicant’s total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as total budget, excluding the sum of funds budgeted for:

1. direct personal services (i.e., professional and support staff salaries) and fringe benefits;

2. rent, lease, utilities and indirect costs, if these items are allowable expenditures;

3. portion of purchased services used for stipends, student tuition, and supplemental financial assistance; and

4. student room and board.

For multi-year grants, applicants should use the total budget for the full multi-year term of the grants in the above calculation. The M/WBE Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for this grant application.

M/WBE participation does not need to be the same for each year of a multi-year grant.

All requested information and documentation should be provided at the time of submission. If this cannot be done, the applicant will have thirty days from the date of notice of award to submit the necessary documents and respond satisfactorily to any follow-up questions from the Department. Failure to do so may result in loss of funding.

**METHODS TO COMPLY**

An applicant can comply with NYSED’s M/WBE policy by one of three methods:

1. Full Participation - This is the preferred method of compliance. Full participation is achieved when an applicant meets or exceeds the participation goals for this grant.

COMPLETE FORMS:

M/WBE Goal Calculation Worksheet

M/WBE Cover Letter

M/WBE 100 Utilization Plan

M/WBE 102 Notice of Intent to Participate

2. Partial Participation - Partial Request for Waiver - This is acceptable only if good faith efforts to achieve full participation are made and documented, but full participation is not possible.

COMPLETE FORMS:

M/WBE Goal Calculation Worksheet

M/WBE Cover Letter

M/WBE 100 Utilization Plan

M/WBE 101 Request for Waiver

M/WBE 102 Notice of Intent to Participate

M/WBE 105 Contractor’s Good Faith Efforts

3. No Participation - Request for Complete Waiver - This is acceptable only if good faith efforts to achieve full or partial participation are made and documented, but do not result in any participation by M/WBE firm(s).

COMPLETE FORMS:

M/WBE Goal Calculation Worksheet

M/WBE Cover Letter

M/WBE 101 Request for Waiver

M/WBE 105 Contractor’s Good Faith Efforts

**GOOD FAITH EFFORTS**

Applicants must make a good faith effort to solicit NYS certified M/WBE firms as subcontractors and/or suppliers to achieve the goals for this grant. Solicitations may include, but are not limited to: advertisements in minority and women-centered publications; solicitation of vendors found in the NYS Directory of Certified Minority and Women-Owned Business Enterprises (see <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>); and the solicitation of minority and women-oriented trade and labor organizations.

Good faith efforts include actions such as setting up meetings or announcements to make M/WBEs aware of supplier and subcontracting opportunities, identifying logical areas of the grant project that could be subcontracted to M/WBE firms, and utilizing all current lists of M/WBEs who are available for and may be interested in subcontracting or supplying goods for the project.

Applicants should document their efforts to comply with the stated M/WBE goals and submit this with their applications as evidence. Examples of acceptable documentation can be found in form M/WBE 105, Contractor’s Good Faith Efforts. NYSED reserves the right to reject any application for failure to document “good faith efforts.”

**REQUEST FOR WAIVER**

When full participation cannot be achieved, applicants must submit a Request for Waiver (M/WBE 101). Requests for Waivers must be accompanied by documentation explaining the good faith efforts made and reasons they were unsuccessful in obtaining M/WBE participation.

NYSED reserves the right to approve the addition or deletion of subcontractors or suppliers to enable applicants to comply with the M/WBE goals, provided such addition or deletion does not impact the technical proposal and/or increase the total budget.

All payments to Minority and Women-Owned Business Enterprise subcontractor(s) should be reported to the NYSED M/WBE Program Unit using the M/WBE 103 Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be found at

[www.oms.nysed.gov/fiscal/MWBE/forms.html](http://www.oms.nysed.gov/fiscal/MWBE/forms.html).

NYSED’s M/WBE Coordinator is available to assist applicants in meeting the M/WBE goals. The Coordinator can be reached at [MWBE@mail.nysed.gov](mailto:MWBE@mail.nysed.gov).

**Equal Employment Opportunity Reporting (EEO) Pursuant to Article 15-A of the New York State Executive Law**

Applicants must complete and submit form EEO 100: Staffing Plan.

**XVI. APPLICATION INSTRUCTIONS**

Interested institutions must submit one original and two copies of the application for funding as well as one electronic copy of the complete application on CD or flash drive. **The original must be clearly identified and signed.** An application for funding requires the original signature of the Chief Executive Officer (or designee) of the institution on the Application Cover Page (Attachment I). **Not for profit applications** for funding **must be postmarked on or before August 22, 2016** to:

New York State Education Department

Office of Access, Equity, and Community Engagement Services

89 Washington Avenue/ Room 505W

Albany, NY 12234

**For Profit applications** for funding must be postmarked on or before **August 22, 2016** and mailed to:

New York State Education Department

Teacher Opportunity Corps RFP

Contract Administration Unit

Room 501W EB

89 Washington Avenue

Albany, NY 12234

An application for funding meets the deadline requirement if it has a legible postmark, shipping label, invoice or receipt from the U.S. Postal Service or a commercial carrier bearing the date of August 22, 2016 or earlier. Private metered postmarks **will not** be accepted as proof of meeting the required deadline. Hand delivered applications must be received at the TOC-SED office by 5:00 p.m. on or before August 22, 2016**.**

Proposals that do not meet the deadline requirement will **not** be considered.

A complete application for funding consists of the following items in the order indicated:

A. Application Cover page (Attachment I)

B. Application Checklist (Attachment V)

C. Table of Contents

D. Narrative that covers, in order, the information requested in Section XVIII

E. Objectives Matrix (Attachment II)

F. TOC 2016-2017 Proposed Budget (Attachment III)

G. Budget Narrative

H. FS-10 budget form (Attachment V)

I. Completed Payee Information Form, if applicable (Attachment V)

J. Signed Memoranda of Agreement (MOA) (Attachment VI)

K. Completed M/WBE forms and documentation (adjustments to these forms may be required based upon the final award)

**XVII.** **NARRATIVE FORMAT**

The proposal narrative should describe the 2016-2021 proposed activities in full detail, including the overall goals, planning, implementation, and evaluation of all proposed activities. **It should not be more than 20 double-spaced pages in a** **minimum 10 point font**,and all information requested in this section (excluding resumes, memoranda of agreement, course descriptions and the FS-10) should be contained within the narrative portion of the proposal. The narrative should present a cohesive document, with each individual section related to all other sections, and should adhere to the format indicated below. The name of the institution should appear in the top right corner of each page. A specific format is required for the information requested in Attachment II**.** This information should be provided on Attachment IIand be included in the 20 page limit. Single-spacing may be used on Attachment IIprovided that the typeface or font is at least 10 point size. Failure to adhere to these guidelines or to include required information may be reflected in the scoring.

A. Application Cover Page

B. Executive Summary (1 page max)

This section summarizes the proposal’s purpose, scope, outcomes and methodology used.

C. Organizational Background (Who section):

This section should include:

1. An overview and brief description of the applicant institution.

2. This section should explain why your organization is qualified to be a TOC institution;

3. A brief history, accomplishments, qualifications, and experience in preparing teachers from underrepresented groups and serving the needs of underrepresented and at risk populations.

D. Need and Cooperative Relationships (Why section)

* Identify the need explaining why the institution seeks to operate TOC and the students it is seeking to recruit. This section should include:
* Why does your institution want to be a part of TOC?
  + Community description, poverty, education and other information that describes or relates to your target population and the objectives of your proposal.
* Provide a description of the roles and responsibilities of local education agencies, school district(s), and all other parties who will participate in the project. Specify how each collaborating party will contribute to the project.
  + Memorandum of Agreement (MOA) that describe collaborations **must** be attached.
* Describe the institution's plans to coordinate and integrate Teacher Opportunity Corps activities into a systematic approach of enhancing teacher preparation programs.
* Describe any cooperative relationships with other departments within the institution that will provide services to TOC students.

E. Program Objectives, Strategies, Activities, Services and Performance Measures/Data Sources (How section)

**Use the forms provided in Attachment II: Program Objectives, Strategies, Activities, Services and Performance Measures/Data Sources**

**Objective 1:** Develop collaborative relationships that increase the number of students from underrepresented groups who enroll in and complete teacher preparation programs.

**Objective 2:** Provide sustained, intensive and high-quality instructional and enrichment activities addressing the needs of TOC participants to become successful teachers for at-risk students.

**Objective 3:** Provide strong academic content and effective strategies and practices that value equity and diversity and increase the ability of TOC participants to meet the needs of at-risk students.

**Objective 4:** Establish and maintain partnerships to maximize TOC resources and increase student/program success.

For each objective, be sure to address the following:

* **Objectives and Strategies**
  + List specific objectives to be accomplished. Objectives must support the TOC objectives and key strategies and should be measurable. Objectives should be focused on improving the preparation of teachers of students who are at-risk, and on increasing the number of individuals from historically underrepresented groups who enter teaching careers. Each of the TOC objectives listed should be addressed.
* **Activities and Services**
  + List and describe each activity and service that supports the achievement of each objective. Expectations for project activities and services are described in RFP Section V. Mission and Principles. Include required, TOC-specific courses, the level of each course, and the credits provided. (Courses identified should not include those that have traditionally been required by the institution to fulfill degree and/or teacher certification requirements.)

# **Staff Responsible:** Indicate staff responsible for the implementation of each activity or service.

* **Timeframe:** Indicate the start and end dates, the timeframe, and the duration of each activity or service.
* **Measures/Data Sources:** For each objective, describe the performance measures/data sources that will assess its efficacy. Indicate the populations to be served and the tools and instruments that will be used.

F. Recruitment

1. Describe all strategies and activities that will be used to recruit and select participants at both the graduate and undergraduate level. Include a description of the population that is anticipated to participate in the TOC program and a plan to prioritize recruitment into TOC consistent with the priorities of the RFP as described in Section VIII. Participant Eligibility.

2. A plan to improve the recruitment, retention, and graduation of teacher preparation program students who are selected for TOC;

3. A plan that identifies retention mechanisms to provide necessary training and supportive services that assist TOC students in succeeding academically;

4. A plan that identifies retention mechanisms to prepare all TOC participants to make the connection between coursework and classroom instruction, curriculum development and alignment to support college and career readiness

5. A plan that identifies retention mechanisms help to develop strategies to teach students with a broad range of cultural backgrounds, English Language Learners, students with disabilities, and students with other special learning needs, and to develop and implement curricula using materials and resources from a wide variety of cultures, learning styles, etc.

6. A plan that identifies retention mechanisms that provide new teachers with ongoing support systems that promote strong classroom management skills and sustain life-long learning.

G. Project Staffing and Management

1. Describe a management plan that will assure the effective completion of project activities given the fiscal and other resources available.

2. Provide an organization chart which indicates the management structure of the program within the institution and the reporting line for the project director and all other staff.

**Note: TOC programs must operate under the aegis of departments, schools or divisions of education. Direct involvement of education faculty is required**.

3. Briefly describe all professional staff positions (full-time and part-time, paid and volunteer) that will be assigned directly to the project. Define role and scope of designated positions. Include the TOC staff positions that have coordinating responsibilities for the major components of the program (e.g., admissions, financial aid, counseling, tutoring, evaluation, budgeting, reporting).

4. List the names and titles of all full-time and part-time professional and instructional staff for the project. Provide current resumes for all professionals in the project.

H. Budget and Budget Narrative **(Not-for Profits Only)**

1. Indicate the proposed expenditures for the project on Attachment III: TOC 2016-2017 Proposed Budget. The attachment must provide complete information and indicate all proposed expenditures from TOC, institutional and other source funds. Budget narrative expenditures descriptions (including descriptions of institutional and other source contributions) must follow the general format of Attachment III: TOC 2016-2017 Proposed Budget using the same sequence of categories and code numbers. The budget justifications must be clear and appropriate. Please also submit a completed FS-10: Proposed Budget for a Federal or State Project with this application. See Attachment V for additional information.The budget must be appropriate, consistent with the scope of services, reasonable, cost effective and the staffing pattern is appropriate for the services to be offered.

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

3. The proposal demonstrates how the expenditures and activities are supplemental to and do not supplant or duplicate services currently provided.

Budget **(For-profit Only)**

The submitted budget will be awarded points as follows:

a. Fifteen (15) points will be awarded pursuant to a formula that measures cost per student. It is calculated by dividing the total amount of TOC funds requested from NYSED by the number of students proposed to be served by the applicant per year (unduplicated number of students/headcount). This calculation will be computed by the Contract Administration Unit upon completion of the narrative scoring by the TOC proposal review panel.

b. The submitted budgets will be awarded points pursuant to a formula which awards the highest score of fifteen (15) points to the budget that reflects the lowest cost per student. As noted in the Funding Limitation section, a program may not exceed $6,500 cost per student. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the lowest cost per student submitted. The resulting percentage is then applied to the maximum point value of fifteen (15) points.

c. Five (5) points will be awarded for the highest institutional match (calculated from the Composite budget) per total amount of TOC funds requested from NYSED. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the highest institutional match. The resulting percentage is then applied to the maximum point value of five (5) points.

**A SIGNED MEMORANDUM OF AGREEMENT (MOA) IS REQUIRED FOR AT LEAST ONE PARTNER SCHOOL AND MUST BE PROVIDED AS A PART OF THE INITIAL APPLICATION. AN APPLICATION THAT IS SUBMITTED WITHOUT THE SIGNED MOA WITH THE PARTNER SCHOOL WILL NOT BE CONSIDERED FOR FUNDING.**

**XVIII. DEBRIEFING, AWARD, PROTEST PROCEDURES**

**Debriefing Procedures**

All applicants may request a debriefing within fifteen (15) calendar days of receiving notice of non-award from NYSED. Applicants may request a debriefing on the selection process regarding this Grant by emailing the request to [TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov).

A summary of the strengths and weaknesses of the application, as well as recommendations for improvement will be emailed back to the applicant within ten (10) business days.

**Award Protest Procedures**

Applicants who receive a notice of non-award may protest the NYSED award decision subject to the following:

1. The protest must be in writing and must contain specific factual and/or legal allegations setting forth the basis on which the protesting party challenges the contract award by NYSED.

2. The protest must be filed within ten (10) business days of receipt of a debriefing letter. The protest letter must be filed with:

NYS Education Department

Contract Administration Unit

89 Washington Avenue

Room 501W EB

Albany, NY 12234

3. The NYSED Contract Administration Unit (CAU) will convene a review team that will include at least one staff member from each of NYSED’s Office of Counsel, CAU, and the Program Office. The review team will review and consider the merits of the protest and will decide whether the protest is approved or denied. Counsel’s Office will provide the applicant with written notification of the review team’s decision within seven (7) business days of the receipt of the protest. The original protest and decision will be filed with OSC when the contract procurement record is submitted for approval and CAU will advise OSC that a protest was filed.

4. The NYSED Contract Administration Unit (CAU) may summarily deny a protest that fails to contain specific factual or legal allegations, or where the protest only raises issues of law that have already been decided by the courts.

**XIX. NYSED’S RESERVATION OF RIGHTS**

NYSED reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency’s sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications of proposals;
6. Use proposal information obtained through site visits, management interviews and the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it may become available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Waive any requirements that are not material;
11. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
12. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
13. Utilize any and all ideas submitted in the proposals received;
14. Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 90 days from the bid opening;
15. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer’s proposal and/or to determine an offerer’s compliance with the requirements of the solicitation;
16. Request best and final offers.

**XX. CONTRACT TERMS AND CONDITIONS**

Individual awards issued under this grant RFP will require that the awardee enter into a grant contract, the form of which is contained in an attachment to this RFP. In addition to being signed by the awardee and NYSED Counsel, the contract will need to be submitted for review and approval by the NYS Attorney General and the Office of the State Comptroller. All provisions of this RFP are subordinate to the terms and conditions of the grant contract. The contents of this RFP, any subsequent correspondence related to final contract negotiations, and such other stipulations as agreed upon may be made a part of the final contract developed by NYSED.

# **XXI. VENDOR RESPONSIBILITY**

State law requires that the award of state contracts be made to responsible vendors. Before an award is made to a not-for-profit entity, a for-profit entity, a private college or university or a public entity not exempted by the Office of the State Comptroller, NYSED must make an affirmative responsibility determination. The factors to be considered include: legal authority to do business in New York State; integrity; capacity- both organizational and financial; and previous performance. Before an award of $100,000 or greater can be made to a covered entity, the entity will be required to complete and submit a Vendor Responsibility Questionnaire. School districts, Charter Schools, BOCES, public colleges and universities, public libraries, and the Research Foundation for SUNY and CUNY are some of the exempt entities. For a complete list, see:

<http://www.osc.state.ny.us/vendrep/resources_docreq_agency.htm>.

NYSEDrecommends that vendorsfile the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/vendor_index.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller’s Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact NYSED or the Office of the State Comptroller’s Help Desk for a copy of the paper form.

**Subcontractors:**

For vendors using subcontractors, a Vendor Responsibility Questionnaire and a NYSED vendor responsibility review are required for a subcontractor where:

* the subcontractor is known at the time of the contract award;
* the subcontractor is not an entity that is exempt from reporting by OSC; and
* the subcontract will equal or exceed $100,000 over the life of the contract

# **XXII. WORKERS’ COMPENSATION COVERAGE AND DEBARMENT**

New York State Workers’ Compensation Law (WCL) has specific coverage requirements for businesses contracting with New York State and additional requirements which provide for the debarment of vendors that violate certain sections of WCL. The WCL requires, and has required since introduction of the law in 1922, the heads of all municipal and State entities to ensure that businesses have appropriate workers’ compensation and disability benefits insurance coverage *prior* to issuing any permits or licenses, or *prior* to entering into contracts.

Workers’ compensation requirements are covered by WCL Section 57, while disability benefits are covered by WCL Section 220(8). The Workers’ Compensation Benefits clause in Appendix A – STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS states that in accordance with Section 142 of the State Finance Law, a contract shall be void and of no force and effect unless the contractor provides and maintains coverage during the life of the contract for the benefit of such employees as are required to be covered by the provisions of the WCL.

Under provisions of the 2007 Workers’ Compensation Reform Legislation (WCL Section 141-b), any person, or entity substantially owned by that person: subject to a final assessment of civil fines or penalties, subject to a stop-work order, or convicted of a misdemeanor for violation of Workers’ Compensation laws Section 52 or 131, is barred from bidding on, or being awarded, any public work contract or subcontract with the State, any municipal corporation or public body for one year for each violation. The ban is five years for each felony conviction.

**PROOF OF COVERAGE REQUIREMENTS**

The Workers’ Compensation Board has developed several forms to assist State contracting entities in ensuring that businesses have the appropriate workers’ compensation and disability insurance coverage as required by Sections 57 and 220(8) of the WCL.

***Please note – an ACORD form is not acceptable proof of New York State workers’ compensation or disability benefits insurance coverage***.

**Proof of Workers’ Compensation Coverage**

To comply with coverage provisions of the WCL, the Workers’ Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate workers’ compensation insurance coverage:

* **Form C-105.2** – Certificate of Workers’ Compensation Insurance issued by private insurance carriers, or **Form U-26.3** issued by the State Insurance Fund; or
* **Form SI-12**– Certificate of Workers’ Compensation Self-Insurance; or **Form GSI-105.2** Certificate of Participation in Workers’ Compensation Group Self-Insurance; or
* **CE-200**– Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage.

**Proof of Disability Benefits Coverage**

To comply with coverage provisions of the WCL regarding disability benefits, the Workers’ Compensation Board requires that a business seeking to enter into a State contract must submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate disability benefits insurance coverage:

* **Form DB-120.1** - Certificate of Disability Benefits Insurance; or
* **Form DB-155**- Certificate of Disability Benefits Self-Insurance; or
* **CE-200**– Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage.

For additional information regarding workers’ compensation and disability benefits requirements, please refer to the New York State Workers’ Compensation Board website at: [http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp](http://wcb.ny.gov/content/main/Employers/busPermits.jsp). Alternatively, questions relating to either workers’ compensation or disability benefits coverage should be directed to the NYS Workers’ Compensation Board, Bureau of Compliance at (518) 486-6307.

**XXIII. PUBLICITY**

All materials developed in whole or in part with the support of TOC funds, including publicity releases and program announcements, will include the following statement:

Support for the development and production of this material was provided by a grant under the Teacher Opportunity Corps administered by the New York State Education Department.

**XXIV. CORRESPONDENCE**

# All correspondence, requests for information, and questions concerning the Teacher Opportunity Corps should be addressed to:

# New York State Education Department

# Office of Access, Equity, and Community Engagement Services

89 Washington Avenue/ Room 505W

Albany, New York 12234

[TOCRFP@nysed.gov](mailto:TOCRFP@nysed.gov)

**A SIGNED MEMORANDUM OF AGREEMENT (MOA) IS REQUIRED FOR AT LEAST ONE PARTNER SCHOOLS AND MUST BE PROVIDED AS A PART OF THE INITIAL APPLICATION. AN APPLICATION THAT IS SUBMITTED WITHOUT THE SIGNED MOA WITH THE PARTNER SCHOOL WILL NOT BE CONSIDERED FOR FUNDING.ATTACHMENT I**

**Application Cover Page**

**TEACHERS OPPORTUNITY CORPS**

**FISCAL YEARS 2016-2017 through 2020-2021**

Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regents Higher Education Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting Proposal (name/title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Annual TOC Participants/Unduplicated Head Count: FTE \_\_\_\_\_\_\_\_\_\_

Provide a listing of the registered Teacher Preparation Program certification areas

Signature of Institution Chief Administrator (or designee)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby certify that I am the President or authorized contracting officer of the applicant institution. The signature of the President or authorized contracting officer serves as certification that the institution agrees, if funded, to operate TOC within the letter and spirit of all appur­tenant legislation and rules (including the TOC Guidel­ines for the Submission of Proposals); that the State funds requested will be used for a new, con­tinued or expanded program for students who are historically underrepresented in the teaching field or economic­ally disad­vantaged and seeking to enter the teaching field; that the students benefiting from the funds are New York State residents who have attained a high school diploma or a New York State general equiva­lency certifi­cate or the equivalent; that all activities supported by grant funds will, to the extent possible, be accessible by persons with disabilities; and that contract monies will not be used to supplant or duplicate funds allocated by the institution or an outside source for the support of the program.* *I further certify that the information contained in this application is, to the best of my knowledge, complete and accurate and any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws, application guidelines and instructions, Assurances, Certifications, and the terms and conditions outlined in the Master Grant Contract, and that the requested budget amounts are necessary for the implementation of this program. I understand that this application constitutes an offer and, if accepted by the NYSED or renegotiated to acceptance, will form a binding agreement. I also agree that immediate written notice will be provided to NYSED if at any time I learn that this certification was erroneous when submitted, or has become erroneous by reason of changed circumstances.*

**Attachment II**

**Instructions for Completing Program Objectives, Strategies, Activities, Services and Performance Measures/Data Sources**

1. Each of the 4 identified TOC Objectives should be addressed.

Complete one sheet for each objective.

1. Provide all the information requested in each column of the Objectives, Strategies, Activities Matrix (1-5).
2. Funded projects should include strategies that are currently used as well as any new strategies proposed for 2016-2017.
3. Definitions:

**•** **Strategies:** Describe the process or method TOC projects will use to achieve the TOC objective indicated on the form (how).

**•** **Activities/Services:** Indicate what TOC project will do to accomplish the TOC objective indicated on the form (action/work).

**•** **Staff Responsible:** Indicate the staff who will be responsible. Use the title(s) for individuals listed.

* **Performance Measure:** Indicate measurable elements that will indicate accomplishment of the TOC objective listed on the form.

**•** **Data Source:** Indicate where the data elements are located/drawn from.

**•** **Timeframe:** Indicate the timeframe(s) for each item listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOC-Attachment II Objective 1 Instructions for Completing Objectives, Strategies, Activities Matrix**  ***Objective 1:* Develop collaborative relationships that increase the number of students from underrepresented groups who enroll in and complete teacher preparation programs**. | | | | |
| **Strategies** | **Activities/Services** | **Staff Responsible** | **Timeframe** | **Performance Measures/Data Sources** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOC-Attachment II Objective 2 Instructions for Completing Objectives, Strategies, Activities Matrix**  ***Objective 2:* Provide sustained, intensive and high-quality instructional and enrichment activities addressing the needs of TOC participants to become successful teachers for at-risk students.** | | | | |
| **Strategies** | **Activities/Services** | **Staff Responsible** | **Timeframe** | **Performance Measures/Data Sources** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOC-Attachment II Objective 3 Instructions for Completing Objectives, Strategies, Activities Matrix**  ***Objective 3:* Provide strong academic content and effective strategies and practices that value equity and diversity and increase the ability of TOC participants to meet the needs of at-risk students.** | | | | |
| **Strategies** | **Activities/Services** | **Staff Responsible** | **Timeframe** | **Performance Measures/Data Sources** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Objective 4:* Establish and maintain partnerships to maximize TOC resources and increase student/program success.**  **TOC-Attachment II Objective 4 Instructions for Completing Objectives, Strategies, Activities Matrix** | | | | |
| **Strategies** | **Activities/Services** | **Staff Responsible** | **Timeframe** | **Performance Measures/Data Sources** |
|  |  |  |  |  |

**Attachment III**

**Number of Students to be Served:\_\_\_\_\_\_\_\_\_\_**

**TOC 9/1/16-8/31/17 PROPOSED BUDGET**

**Number of Students Served:**

ROUND CENTS TO THE NEAREST DOLLAR

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Line**  **No.** | **Expenditure Category** | **Code** | **TOC**  **(1)** | **Institution**  **(2)** | **Other Sources**  **(3)** | **TOTAL**  **(4)** |
| 1 | **Salaries for Professional Personnel** | 15 |  |  |  |  |
| 2 | **Salaries for Non-Professional**  **Personnel** | 16 |  |  |  |  |
|  | a. Clerical/Secretarial |  |  |  |  |  |
|  | b. Student Assistants |  |  |  |  |  |
|  | c. Other |  |  |  |  |  |
| 3 | **Purchased Services** | 40 |  |  |  |  |
| 4 | **Supplies & Materials** | 45 |  |  |  |  |
|  | a. Instructional |  |  |  |  |  |
|  | b. Other |  |  |  |  |  |
| 5 | **Travel Expenses** | 46 |  |  |  |  |
|  | a. Student/Programmatic |  |  |  |  |  |
|  | b. Staff/Administrative |  |  |  |  |  |
| 6 | **Employee Benefits** | 80 |  |  |  |  |
|  | a. Professional % |  |  |  |  |  |
|  | b. Clerical/Secretarial % |  |  |  |  |  |
|  | c. Student Assistants % |  |  |  |  |  |
|  | d. Other % |  |  |  |  |  |
| 7 | **SUBTOTAL of Lines 1-6** |  |  |  |  |  |
| 8 | **Indirect Cost** | 90 |  |  |  |  |
| 9 | **Equipment** | 20 | XXXXXXXXX |  |  |  |
| 10 | **GRAND TOTAL (Lines 7 - 9)** |  |  |  |  |  |

ROUND CENTS TO THE NEAREST DOLLAR.

The minimum 15% Matching Funds must be reported in Columns 2 and or 3.

Attachment IV

Application Checklist

# Listed below are the required documents for a complete application package, in the order that they should be submitted. Use this checklist to ensure that your application submission is complete and in compliance with application instructions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Documents** | | **Checked-Applicant** | **Checked-SED** | |
| Application Cover Page with Original Signature of Chief Executive/Administrative Officer | |  |  | |
| Application Checklist | |  |  | |
| Table of Contents | |  |  | |
| Proposal Narrative | |  |  | |
| Objectives Matrix | |  |  | |
| TOC 2016-2017 Proposed Budget | |  |  | |
| Budget Narrative | |  |  | |
| FS-10 Budget EXCEL Version (signature required) <http://www.oms.nysed.gov/cafe> | |  |  | |
| Payee Information Form (if applicable) <http://www.oms.nysed.gov/cafe/forms/PIform.pdf> | |  |  | |
| Signed Memoranda of Agreement (MOA) | |  |  | |
| Worker’s Compensation Documentation (encouraged) | |  |  | |
| Disability Benefits Documentation (encouraged) | |  |  | |
| Is the applicant prequalified, if required? (While no documentation is required with the application, the applicant may be required to prequalify in order to be eligible for this grant opportunity) | |  |  | |
| M/WBE Documents Package (original signatures required)  Full Participation  Request Partial Waiver  Request Total Waiver | | | | |
|  | Full Participation | Request Partial Waiver | | Request Total Waiver |
| Calculation of M/WBE Goal Amount |  |  | |  |
| M/WBE Cover Letter |  |  | |  |
| M/WBE 100 Utilization Plan |  |  | | N/A |
| M/WBE 102 Notice of Intent to Participate |  |  | | N/A |
| M/WBE 105 Contractor’s Good Faith Efforts | N/A |  | |  |
| M/WBE 101 Request for Waiver Form | N/A |  | |  |
| EE0 100 Staffing Plan |  |  | |  |
| **SED Comments:**  Has the applicant complied with the application instructions?  Yes  No  SED Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**ATTACHMENT V**

**Budget Form (FS-10)**

Applicants must submit a FS-10 budget with this application, for the initial 12 month project period of September 1, 2016 - August 31, 2017. The 12 month budget will be reviewed and scored.

The applicant must complete the FS-10 Budget Form. Budgeted costs must be in compliance with applicable State and federal laws and regulations and the Department’s Fiscal Guidelines. These guidelines, as well as the FS-10 form, are available online at the following URL: <http://www.oms.nysed.gov/cafe>. The FS-10 must bear the original signature of the Chief School/Administrative Officer.

Information about the categories of expenditures and general information on allowable costs, applicable cost principles and administrative regulations are available in the Fiscal Guidelines for Federal and State Aided Grants at [http://www.oms.nysed.gov/cafe/guidance/guidelines.html](http://www.oms.nysed.gov/cafe/guidance/guidelines.html%20).

The budget should be reasonable and appropriate to cover program expenses.

For more information, visit the website

<http://www.oms.nysed.gov/cafe/guidance/faqs.html>

**Complete a Payee Information form/NYSED Substitute W-9 as necessary**

Payee Information Form/NYSED Substitute W-9 – The Payee Information Form is a packet containing the Payee Information Form itself and an accompanying NYSED Substitute W-9. The NYSED Substitute W-9 may or may not be needed from your agency. Please follow the specific instructions provided with the form. The Payee Information Form is used to establish the identity of the applicant organization and enables it to receive federal (and/or State) funds through the NYSED. A Payee Information (or PI) form is required from grant/Request for Proposals applicants that have not previously received grant funding from the Department. The form is submitted with the grant application. A new form must also be submitted when an agency's payment address changes. The form may also be found at: <http://www.oms.nysed.gov/cafe/forms/>.

**ATTACHMENT VI**

**SAMPLE**

**(Insert Name) College and (Insert Name) School**

**Teacher Opportunity Corps Service Agreement**

This cooperative agreement reflects the overall commitment as well as the specific responsibilities and the roles of the (insert Name) College Teacher Opportunity Corps and (insert name) School to enhance the preparation of prospective teachers. The purpose of this partnership is to prepare and support educators to help all students achieve high standards of learning and development.

**Up front Planning Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIFIC ROLES AND RESPONSIBILITIES**

The partnership of the (Insert Name) College and the (insert name) School entails the following:

|  |  |
| --- | --- |
| **The (insert Name) College Teacher Opportunity Corps agrees to:** | **The (insert Name) School agrees to:** |
| [List all activities/services/etc. that the college will provide to the partnership. This may include items such as the following:]  sample   * Offer at least one education course /semester that addresses the needs of the at-risk student * Obtain teacher input in the planning of professional development activities * Consult on a regular basis with appropriate school personnel about the progress of each TOC participant * When distributing, promoting or publicizing TOC activities, attribute sponsorship and provision of grant funds to NYSED-Collegiate and Pre-Professional Programs Unit | [List all activities/services/etc. that the organization will provide to the partnership. This may include items such as the following:]   * Identify, recommend and support non-certified teachers in Title I schools in the following ways: * Provide release time for above-identified individuals to participate in class activities * Assist the college by providing such services as mentoring, classroom observation, etc. * Provide college staff access to classrooms in order to track the improvement in instructional practices and procedures * Provide designated space for project activities |

**Name of Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**

**Project Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

**Name, Title, Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name, Title, Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE NOTE THAT THESE ACTIVITIES ARE FOR EXAMPLE ONLY. THE AGREEMENT FOR YOUR PROGAM SHOULD REFLECT THE SPECIFICS OF YOUR PROGRAM AND YOUR PARTNERS. ALL ACTIVITIES/SERVICES, ETC. THAT ARE PERTINENT TO YOUR PROJECT SHOULD BE INCLUDED.**

**ATTACHMENT VII**

A listing of eligible partner schools is posted with this RFP as a separate file. Each applicant IHE must have an MOA partnership agreement with at least one Focus school or Priority school.

ATTACHMENT VIII

**M/WBE Goal Calculation Worksheet**

**Project Name: TEACHER OPPORTUNITY CORPS (TOC) A New York State My Brothers’ Keeper Initiative 2016-2021**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The M/WBE participation goal is 30% of each grantee’s total discretionary non-personal service budget. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries); fringe benefits; the portion of the budget in purchased services representing stipends, student tuition, and financial assistance; indirect costs; room and board, if these are allowable expenditures.

**Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Category** | **Amount budgeted for items excluded from M/WBE calculation** | **Totals** |
|  | **Total Budget** |  |  |
|  | **Professional Salaries** |  |  |
|  | **Support Staff Salaries** |  |  |
|  | **Fringe Benefits** |  |  |
|  | **Portion of Purchased Services used for Stipends, Student Tuition, and Supplemental Financial Assistance** |  |  |
|  | **Indirect Costs** |  |  |
|  | **Student Room and Board** |  |  |
|  | **Sum of lines 2, 3, 4, 5, 6 and 7** |  |  |
|  | **Line 1 minus Line 8** |  |  |
|  | **M/WBE Goal percentage (30%)** |  | **0.30** |
|  | **Line 9 multiplied by Line 10 =MWBE goal amount** |  |  |

**M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements**

**This form is only for use with the 2016-2021 TEACHER OPPORTUNITY CORPS (TOC) Program. It may not be used with any other grant program.**

**TEACHER OPPORTUNITY CORPS (TOC) Program**

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED’s participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

**🞎** Full Participation – No Request for Waiver (PREFERRED)

**🞎** Partial Participation – Partial Request for Waiver

**🞎** No Participation – Request for Complete Waiver

|  |
| --- |
| By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder’s firm contractually. |
| Typed or Printed Name of Authorized Representative of the Firm |
| Typed or Printed Title/Position of Authorized Representative of the Firm |
| Signature/Date |

**M/WBE UTILIZATION PLAN**

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

Bidder/Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PREPARED BY (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| REVIEWED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_  UTILIZATION PLAN APPROVED YES/NO DATE \_\_\_\_\_\_\_\_\_\_  NOTICE OF DEFICIENCY ISSUED YES/NO DATE \_\_\_\_\_\_\_\_\_\_  NOTICE OF ACCEPTANCE ISSUED YES/NO DATE \_\_\_\_\_\_\_\_\_\_ |

NAME AND TITLE OF PREPARER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*print or type)*

TELEPHONE/E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**M/WBE 100**

**M/WBE SUBCONTRACTORS AND SUPPLIERS**

**NOTICE OF INTENT TO PARTICIPATE**

|  |
| --- |
| INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application. |
| Bidder/Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative of Bidder/Applicant’s Firm Print or Type Name and Title of Authorized Representative of Bidder/Applicant’s Firm  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**  Name of M/WBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**   |  | | --- | |  |   **DESIGNATION:** \_\_\_\_MBE Subcontractor \_\_\_\_WBE Subcontractor \_\_\_\_ MBE Supplier \_\_\_\_WBE Supplier |
|  |
| **PART C - CERTIFICATION STATUS (CHECK ONE):**  \_\_\_\_\_ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).  \_\_\_\_\_\_ The undersigned has applied to New York State’s Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.  **THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT’S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The estimated dollar amount of the agreement $\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Representative of M/WBE Firm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Printed or Typed Name and Title of Authorized Representative |

**M/WBE 102**

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

PROJECT/CONTRACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Bidder/Applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (Company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Telephone Number)

do hereby submit the following as *evidence* of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor’s solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;

(4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;

(5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;

(6) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and women-owned business enterprises.

(7) Describe any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women- owned business enterprises for this procurement.

Submit additional pages as needed.

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

Authorized Representative Signature

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

Date

**M/WBE 105**

**M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION**

**PROJECT NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Representative) (Title) (Bidder/Applicant’s Company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

**ESTIMATED**

**DATE** **M/WBE NAME PHONE/EMAIL TYPE OF WORK BUDGET REASON**

1.

2.

3.

4.

5.

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.)

\_\_\_\_\_\_\_**A.** Did not have the capability to perform the work

\_\_\_\_\_\_\_**B**. Contract too small

\_\_\_\_\_\_\_**C.** Remote location

\_\_\_\_\_\_\_**D.** Received solicitation notices too late

\_\_\_\_\_\_\_**E.** Did not want to work with this contractor

\_\_\_\_\_\_\_**F.** Other (give reason) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Authorized Representative Signature**  **Date** **Print Name**

**M/WBE 105A**

**REQUEST FOR WAIVER FORM**

|  |  |
| --- | --- |
| **BIDDER/APPLICANT NAME:** | **TELEPHONE:**  **EMAIL:** |
| **ADDRESS:** | **FEDERAL ID NO.:** |
| **CITY, STATE, ZIPCODE:** | **RFP#/PROJECT NO.:** |

**INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.**

|  |  |
| --- | --- |
| **BIDDER/APPLICANT IS REQUESTING (check all that apply):** | |
| * **MBE Waiver** - A waiver of the MBE goal for this procurement is requested. * **Total 🞎 Partial \_\_\_\_\_\_\_%** | * **WBE Waiver** - A waiver of the WBE goal for this procurement is requested. * **Total 🞎 Partial \_\_\_\_\_\_\_%** |
| * **Waiver Pending ESD Certification**   (check here if subcontractor or supplier is not certified M/WBE, but an application for certification has been filed with Empire State Development)  Subcontractor/Supplier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

PREPARED BY (*Signature*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-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/OR PROPOSAL DISQUALIFICATION.**

|  |  |
| --- | --- |
| NAME OF PREPARER: | **FOR AUTHORIZED USE ONLY** |
| TITLE OF PREPARER:  TELEPHONE:  EMAIL: | REVIEWED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **WAIVER GRANTED 🞎 YES 🞎 NO**  🞎 TOTAL WAIVER 🞎 PARTIAL WAIVER  🞎 ESD CERTIFICATION WAIVER 🞎 NOTICE OF DEFICIENCY  🞎 CONDITIONAL WAIVER COMMENTS: |

**M/WBE 101**

**REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS**

**When completing the Request for Waiver Form, please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1-11, as listed below. If a Waiver Pending ESD Certification is requested, please see Item 11 below. Copies of the following information and all relevant supporting documentation must be submitted along with the request.**

1. A statement setting forth your basis for requesting a partial or total waiver.

2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.

3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.

4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.

5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.

6. Provide copies of responses made by certified M/WBEs to your solicitations.

7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.

8. Provide documentation of any negotiations between you, the Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations goals.

9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

10. Provide the name, title, address, telephone number and email address of the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.

11. Copy of notice of application receipt issued by Empire State Development (ESD).

**NOTE: Unless a Total Waiver has been granted, Bidder/Applicant will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by NYSED, to determine M/WBE compliance.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | |  | | | | | | |  | Telephone: | | | | |  | |  | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | |  | Federal ID No.: | | | | | | |  | |  | | | | | | | | | | | |
| City, State, ZIP: | | |  | | | | | | |  | Project No: | | | | | | |  | |  | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  |  | |  | |  |  |  |  |
| Report includes: | | |  |  |  |  |  |  |  |  |  | | | | | | |  | |  | |  |  |  | |  | |  |  |  |  |
|  | Work force to be utilized on this contract OR | | | | | | |  |  |  |  | |  | | | | |  | |  | |  |  |  | |  | |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |
|  | Applicant’s total work force | | | | | | |  |  |  |  | |  | | | | | | | | | |  | | | | | | | | |
| **Enter the total number of employees in each classification in each of the EEO-Job Categories identified.** | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  |  |  |  |
| EEO - Job Categories | | | | | Total Work Force | Race/Ethnicity - report employees in only one category | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | Female | | | | | | | | | |
| Male | Female | White | African-American or Black | Native Hawaiian or Other Pacific Islander | | Asian | | | American Indian or Alaska Native | | Two or More Races | | Disabled | | Veteran | White | African-American | | Native Hawaiian or Other Pacific Islander | | Asian | American Indian or Alaska Native | Two or More Races | Disabled | Veteran |
| Executive/Senior Level Officials and Managers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| First/Mid-Level Officials and Managers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Professionals | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Technicians | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Sales Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Administrative Support Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Craft Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Operatives | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Laborers and Helpers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| Service Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
| TOTAL | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |  |
|  | | | |  | | | | | | | |  | | |  | |  | |  | |  | | | | | | | | | | |
| PREPARED BY (*Signature*): | | | |  | | | | | | | |  | | | DATE: | |  | |  | |  | | | | | | | | | | |
| NAME AND TITLE OF PREPARER:  **EEO 100** | | | | | (Print or type) | | | | | | |  | | | TELEPHONE/EMAIL: | | | | | | |  | | | | | | | | | |
| **STAFFING PLAN INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| **Instructions for Completing:** | | | | | | | |  |  |  |  | | |  | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| 1. | | Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant’s total work force. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | Enter the total work force by EEO job category. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBE Coordinator, mwbe@mail.nyused.gov, if you have any questions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| **RACE/ETHNIC IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. The race/ethnic categories for this survey are: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| • | | **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | | **Disabled** -Any person who has a physical or mental impairment that substantially limits one or more major life activity; 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EEO 100**

**Teacher Opportunity Corps**

**2016-2021 Funding Application**

**Evaluation Rubric**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant: | | | |
| Reviewer’s Initials: | Review Completed: | Funding Requested: | Score: |

**Evaluation Process**

Reviewers are asked to evaluate each technical component as listed in the RFP on a scale provided for each component. In all sections, raters may choose to give a score between any two listed numbers if they feel that a score falls between those two numbers. Reviewers will review applications independently and keep applications and scores confidential. Reviewer comments are required to support the score given in each section.

**Rating Guidelines:**

Excellent- Specific and comprehensive. Complete, detailed and clearly

articulated information as to how the criteria are met. Well-

conceived and thoroughly developed ideas.

Good- General but sufficient detail. Adequate information as to how

the criteria are met, but some areas are not fully explained

and/or questions remain. Some minor inconsistencies and

weaknesses.

Fair- Sketchy and non-specific. Criteria appear to be minimally

met, but limited information is provided about approach and

strategies. Lacks focus and detail.

Poor- Does not meet the criteria, fails to provide information, provides information that

requires substantial clarification as to how the criteria are met.

Not Found (N/F)- Does not address the criteria or simply restates the criteria.

**Organizational Background** **(6 points)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The proposal provides an overview and brief description of the applicant institution, and its teacher preparation program | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
| **2** | **1.5** | **1** | **.5** | **0** |
| The proposal provides a brief history, accomplishments, qualifications, and experience in preparing teachers from underrepresented groups and serving the needs of underrepresented and at risk populations | **4** | **3** | **2** | **1** | **0** |
| Comments: Score ( ) out of 6 | | | | | |

**Need and Cooperative Relationships** **(10 points)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
| Proposal describes the need explaining why the institution seeks to operate TOC and the students it is seeking to recruit. | **4** | **3** | **2** | **1** | **0** |
| Proposal provides a description of the roles and responsibilities of local education agencies, school district(s), and all other parties who will participate in the project. Specify how each collaborating party will contribute to the project. | **2** | **1.5** | **1** | **.5** | **0** |
| Proposal describes the institution’s plans to coordinate and integrate Teacher Opportunity Corps activities into a systematic approach of enhancing teacher preparation programs. | **2** | **1.5** | **1** | **.5** | **0** |
| Proposal describes cooperative relationships with other departments within the institution that will provide services to TOC students. | **2** | **1.5** | **1** | **.5** | **0** |
| Comments: Score ( ) out of 10 | | | | | |

**Program Objectives, Strategies, Services and Performance Measures/Data Sources (40 points)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective 1:** Proposal outlines strategies to develop collaborative relationships that increase the number of students from underrepresented groups who enroll in and complete teacher preparation programs (reviewed from the chart) | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
|  |  |  |  |  |
| Does the applicant clearly identify the Strategies employed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant clearly identify the Activities/Services provided to accomplish the objective | **3** | **2.25** | **1.5** | **.75** | **0** |
| Does the applicant identify the responsible Staff and Time frame needed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant identify the Performance measures and Data Sources used to verify that the objective has been achieved | **3** | **2.25** | **1.5** | **.75** | **0** |
| Comments: Objective 1 Score ( ) out of 10 | | | | | |
| **Objective 2:** Proposal outlines strategies to provide sustained, intensive and high-quality instructional and enrichment activities addressing the needs of TOC participants to become successful teachers for at-risk students  (reviewed from chart) | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
|  |  |  |  |  |
| Does the applicant clearly identify the Strategies employed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant clearly identify the Activities/Services provided to accomplish the objective | **3** | **2.25** | **1.5** | **.75** | **0** |
| Does the applicant identify the responsible Staff and Time frame needed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant identify the Performance measures and Data Sources used to verify that the objective has been achieved | **3** | **2.25** | **1.5** | **.75** | **0** |
| Comments: Objective 2 Score ( ) out of 10 | | | | | |
| **Objective 3:** Proposal outlines strategies to provide strong academic content and effective strategies and practices that value equity and diversity and increase the ability of TOC participants to meet the needs of at-risk students.  (reviewed from chart) | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
| Does the applicant clearly identify the Strategies employed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant clearly identify the Activities/Services provided to accomplish the objective | **3** | **2.25** | **1.5** | **.75** | **0** |
| Does the applicant identify the responsible Staff and Time frame needed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant identify the Performance measures and Data Sources used to verify that the objective has been achieved | **3** | **2.25** | **1.5** | **.75** | **0** |
| Comments: Objective 3 Score ( ) out of 10 | | | | | |
| **Objective 4:** Proposal outlines strategies to establish and maintain partnerships to maximize TOC resources and increase student/program success.  (reviewed from chart) | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
|  |  |  |  |  |
| Does the applicant clearly identify the Strategies employed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant clearly identify the Activities/Services provided to accomplish the objective | **3** | **2.25** | **1.5** | **.75** | **0** |
| Does the applicant identify the responsible Staff and Time frame needed to accomplish the objective | **2** | **1.5** | **1** | **.5** | **0** |
| Does the applicant identify the Performance measures and Data Sources used to verify that the objective has been achieved | **3** | **2.25** | **1.5** | **.75** | **0** |
| Comments: Objective 4 Score ( ) out of 10 | | | | | |
| **Total of Objectives 1-4 Scores**  Objective 1 Score ( )  Objective 2 Score ( )  Objective 3 Score ( )  Objective 4 Score ( )    Total Score ( ) out of 40 | | | | | |

**Recruitment and Retention (19 points)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
| Proposal describes the population that is anticipated to participate in the applicant’s TOC program and the applicant’s plan to prioritize recruitment into TOC consistent with the priorities of the RFP as described in Section VIII. Participant Eligibility. Proposal describes the strategies and activities that will be used to improve the recruitment, retention, and graduation of teacher preparation program students identified for TOC. | **7** | **5.25** | **3.5** | **1.75** | **0** |
| Proposal identifies retention mechanisms to provide necessary training and supportive services that assist TOC students in succeeding academically. | **3** | **2.25** | **1.5** | **.75** | **0** |
| Proposal identifies retention mechanisms to prepare all TOC participants to make the connection between coursework and classroom instruction, curriculum development and alignment to support college and career readiness | **3** | **2.25** | **1.5** | **.75** | **0** |
| Proposal identifies retention mechanisms help to develop strategies to teach students with a broad range of cultural backgrounds, English Language Learners, students with disabilities, and students with other special learning needs, and to develop and implement curricula using materials and resources from a wide variety of cultures, learning styles, etc. | **3** | **2.25** | **1.5** | **.75** | **0** |
| Proposal identifies retention mechanisms that provide new teachers with ongoing support systems that promote strong classroom management skills and sustain life-long learning. | **3** | **2.25** | **1.5** | **.75** | **0** |
| Comments: Score ( ) out of 19 | | | | | |

**Project Staffing and Management (5 points)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
| Proposal describes the role and scope of all professional staff positions that will be assigned directly to the project with a list of all full and part-time instructors and other professionals to be assigned to the project. | **2.5** | **1.875** | **1.25** | **.625** | **0** |
| Proposal describes a management plan that will assure effective completion of project activities given the fiscal and other resources and includes an organization chart that indicates the reporting lines for the project director and all other staff, as well as providing the management structure of the program within the host institution. | **2.5** | **1.875** | **1.25** | **.625** | **0** |
| Comments: Score ( ) out of 5 | | | | | |

**Budget/Budget Narrative (20 points) Not-for-profits Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **N/F** |
| The Proposed Budget, FS-10, and Budget Narrative provide complete information and indicate all proposed expenditures from TOC, institutional and other source funds. The budget is appropriate and consistent with the scope of the services. | **5** | **3.75** | **2.5** | **1.25** | **0** |
| Proposed expenditures are reasonable and cost effective. | **5** | **3.75** | **2.5** | **1.25** | **0** |
| Each salaried position is identified by title, anticipated salary amount and the time contribution to the TOC Program. Indicate the per diem or hourly rate for each consultant identified under the Purchased Services Category. Provide the unit rate or estimate for all services or items. | **5** | **3.75** | **2.5** | **1.25** | **0** |
| The proposal demonstrates how the expenditures and activities are supplemental to and do not supplant or duplicate services currently provided. | **5** | **3.75** | **2.5** | **1.25** | **0** |
| Comments: Score ( ) out of 20 | | | | | |

**For-profit Applications:**

The financial score will be determined as follows:

a. Fifteen (15) points will be awarded pursuant to a formula that measures cost per student. It is calculated by dividing the total amount of TOC funds requested from NYSED by the number of students proposed to be served by the applicant per year (unduplicated number of students/headcount). This calculation will be computed by the Contract Administration Unit upon completion of the narrative scoring by the TOC proposal review panel.

b. The submitted budgets will be awarded points pursuant to a formula which awards the highest score of fifteen (15) points to the budget that reflects the lowest cost per student. As noted in the Funding Limitation section, a program may not exceed $6,500 cost per student. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the lowest cost per student submitted. The resulting percentage is then applied to the maximum point value of twenty (20) points.

c. Five (5) points will be awarded for the highest institutional match (calculated from the Composite budget) per total amount of TOC funds requested from NYSED. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the highest institutional match. The resulting percentage is then applied to the maximum point value of five (5) points. **Scoring**

Organizational Background ( ) out of 6

Need & Cooperative Relationships ( ) out of 10

Program Objectives, Strategies, Activities, Services

And Performance Measures/Data Sources ( ) out of 40

Recruitment and Retention ( ) out of 19

Project Staffing and Management ( ) out of 5

Budget/Budget Narrative (Not-for-profits only) ( ) out of 20

Total Score: ( ) out of 100

Additional Comments: