# RFP #24-009: Implementation of Continuous Improvement Technical Assistance in Target Districts and Identified Schools Cost Proposal Form

**September 1, 2024 – August 31, 2029**

**Name of Bidder:**

Daily rates for deliverables must include all costs incurred by the bidder (except travel) for performing the deliverable, including:

* Total Staff Cost (including any fringe benefits)
* Total Purchased Services (e.g., non-employee consultants, subcontractors)
* Total Non-Personal Services (e.g., content supplies and materials, etc.)
* Indirect Costs

Do not include any employee or subcontractor/consultant travel costs with each deliverable. All travel expenses should be included only in the last section of this form (Travel). Travel expenses must be in accordance with the approved NYS rates, available at U.S. [General Services Administration](https://www.gsa.gov/travel/plan-book/per-diem-rates?gsaredirect=portalcategory) website.

Vendors should be prepared to show how they arrived at the amounts listed in each column for each activity should they be subject to audit by NYSED or the NYS Office of the State Comptroller. The financial criteria portion of the RFP will be scored based upon the grand total of the project budget.

|  |  |
| --- | --- |
| Deliverable A: Direct Coaching/Support (includes Virtual and In-Person support) | |
| **Cost per contractual day of Direct Coaching/Support** | **Total cost for all school and district**  **support work: 8,400 days X cost per day** |
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| Deliverable B: Whole Group Convenings (includes Virtual and In-Person) | |
| **Cost per contractual day of whole group convenings** | **Total cost for whole group convenings: 1,615 days X cost per day** |

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| Deliverable C: SSP Training (in-person in Brooklyn, NY) | | |
| **Cost per day of SSP Training** | **Days projected\* (minimum 15, maximum 21)** | **Total cost (daily cost X days projected)** |
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\* Please indicate the projected number of days this will involve based on SSP experience and anticipated annual turnover. If more than 40 percent of the approved consultants from the vendor organization, including subcontractors, have limited experience with the NYSED Supplemental Supports, then the Fall 2024 orientation shall take place across five (5) days, instead of three (3). In subsequent years, if more than 40 percent of the vendor-supplied SSPs have limited experience with the NYSED Supplemental Supports, then the training shall take place across four (4) days instead of three (3). (See definition of “limited” in the Overview of Deliverables section of the RFP.)

|  |  |
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| Travel | |
| **Employee and Subcontractor/Consultant**  **Travel** | **Amount** |
| Total Employee Travel |  |
| Total Subcontractor/Consultant Travel |  |
| Total Cost |  |

*Subcontracting is limited to thirty percent (30%) of the total contract budget. Subcontracting is defined as non- employee direct personal services and related incidental expenses, including travel.*

# COST PROPOSAL SUMMARY

**Implementation of the Diagnostic Tool for School and District Effectiveness**

|  |  |
| --- | --- |
| TOTAL PROJECT BUDGET | TOTAL COST |
| Deliverable A: Direct Coaching/Support |  |
| Deliverable B: Whole Group Convenings |  |
| Deliverable C: SSP Training |  |
| Employee and Subcontractor/Consultant Travel |  |
| **TOTAL PROJECT BUDGET** |  |

## The Financial Criteria portion of the RFP will be scored based upon the total five-year project budget.

Vendor Name:

Vendor Representative Signature:

Printed Name:

Title:

Date:

### RFP# : 24-009

**Subcontracting Form**

**Bidder Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Subcontractor | M/WBE\* | Entity Type | Work Description | Year 1 Cost | Multi-Year Cost (including Year 1) |
|  | * MBE | * For Profit |  |  |  |
| * WBE | * Not –For- Profit |
|  | * MBE | * For Profit |  |  |  |
| * WBE | * Not –For- Profit |
|  | * MBE | * For Profit |  |  |  |
| * WBE | * Not –For- Profit |
|  | * MBE | * For Profit |  |  |  |
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| * WBE | * Not –For- Profit |
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| * WBE | * Not –For- Profit |
|  | * MBE | * For Profit |  |  |  |
| * WBE | * Not –For- Profit |
|  |  |  |  | Total Multi-Year Subcontracting Costs | $0 |

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|  |  | Total Multi-Year Project Budget | $0 |
|  |  | Total Multi-Year Subcontracting Costs divided by Total  Multi-Year Budget  (%)\*\* | $0 |
| \*Indicate whether the subcontractor is a Minority or Women–Owned Business Enterprise. Leave box blank if subcontractor is neither. | | | |
| \*\*Subcontracting is limited to thirty percent (30%) of the total contract budget. | | | |

**RFP# : 24-009**

**MWBE Purchases Form**

**Bidder Name:**

**Table 1: Minority Business Enterprise (MBE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Vendor | Type of Services or Supplies | Year 1 Cost | Multi-Year Cost  (including Year 1) |
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| Total MBE Costs | | | $0 |
| Total Budget | | | $0 |
| Total MBE Costs divided by Total Budget (%) | | | $0 |

**Table 2: Women-Owned Business Enterprise (WBE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Vendor | Type of Services or Supplies | Year 1 Cost | Multi-Year Cost  (including Year 1) |
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| Total WBE Costs | | | $0 |
| Total Budget | | | $0 |
| Total WBE Costs divided by Total  Budget (%) | | | $0 |