# Announcement of Funding Opportunity

Title: 2018-2023 Clinically-Rich Intensive Teacher Institute in

Bilingual Education and English to Speakers of Other Languages

(CR-ITI-BE/ESOL)

|  |  |
| --- | --- |
| **Purpose of Grant** | The New York State Education Department (NYSED) Office of Bilingual Education and World Languages (OBEWL) is seeking proposals for the creation of a Clinically-Rich Intensive Teacher Institute (CR-ITI) in Bilingual Education (BE) and/or English to Speakers of Other Languages (ESOL) program, addressing the shortage of certified bilingual and ESOL teachers throughout New York State (NYS). |
| **Project Period** | The contract(s) resulting from this RFP will be for a term anticipated to begin July 1, 2018 and to end June 30, 2023. |
| Eligible Applicants | The eligible applicants are Institutions of Higher Education (IHE) that have a NYS certified program in Bilingual Education leading to a bilingual extension, and/or English to Speakers of Other Languages (ESOL) program leading to a certification in ESOL and that are located in New York State. The IHEs must collaborate with LEA partners to select mentor- teachers to work with candidates. A signed Memorandum of Understanding (MOU) is required between the IHE and the collaborating LEA(s). |
| **Amount of Funding** | Up to ten Institutions of Higher Education (IHEs) around the state will be selected for this CR-ITI-BE/ESOL program: five (5) in NYC and five (5) in Rest of State (ROS). Each IHE will receive an award of $110,000 per year for five years. It is expected that these funds will be available each year subject to continued funding by the NYSED Budget.  The distribution of funding was determined by the number of English Language Learners (ELLs)/Multilingual Learners (MLLs) students in each region. |
| **Application Due Date and Mailing Address** | Submit one (1) original and three (3) copies of the application, and a  copy saved on a flash drive, postmarked by **January 10, 2018** to:  New York State Education Department  Attn: Tanya Amodio-Kovacs  Office of Bilingual Education and World Languages  505 EB West  89 Washington Avenue  Albany, NY 12234 |
| Questions and Answers | All questions must be submitted via E-Mail to [CRITIRFP@nysed.gov](mailto:CRITIRFP@nysed.gov) by **December 1, 2017**. A complete list of all Questions and Answers will be posted to [P-12 Grant Opportunities website](http://www.p12.nysed.gov/funding/currentapps.html) no later than **December 15, 2017**. |
| **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 is **December 19, 2017**. Please send the NOI to [CRITIRFP@nysed.gov](mailto:CRITIRFP@nysed.gov) |

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation in its educational programs, services and activities. Portion of any publication designed for distribution can be made available in a variety of formats, including Braille, large print or audiotape, upon request. Inquiries regarding this policy of nondiscrimination should be directed to the Department’s Office for Diversity, Ethics, and Access, Room 530, Education Building, Albany, NY 12234.

2018-2023 Clinically-Rich Intensive Teacher Institute in

Bilingual Education and English to Speakers of Other Languages

(CR-ITI-BE/ESOL)

## **Application Guidance**

### Background

### Students in New York State (NYS) are multilingual and multicultural. According to 2016-2017 school year data, of the approximately 2.6 million public school students in NYS, 8.8% are English Language Learners (ELLs)/Multilingual Learners (MLLs) which is over 245,000 ELLs/MLLs in NYS. In NYS, the linguistic diversity of our families makes up over 200 languages. Multilingual Learners are a diverse group of students of different backgrounds, cultural context and academic experiences.

### An essential element necessary for successful programs for ELL/MLL students, as well as a requirement of the Elementary & Secondary Education Act (ESEA)[[1]](#footnote-1) is highly qualified bilingual and ESOL teachers. A shortage of properly certified bilingual and ESOL education teachers continues to be a challenge in NYS, particularly in New York City, in the Big Four school districts (Buffalo, Rochester, Syracuse, and Yonkers) and in school districts with large numbers of ELLs/MLLs. The Department is committed to working with IHEs across the state to create increased opportunities for programs that aim to prepare teachers in the fields of BE and ESOL therefore addressing the shortage of teachers in these areas.

### The CR-ITI-BE/ESOL program, which has been in existence for over 10 years, has provided the opportunity for many graduate students to receive certification in ESOL and to complete the requirements for the BE extension. The CR-ITI-BE/ESOL program’s main initiative is to provide ELLs/MLLs with highly qualified and certified teachers in the areas of Bilingual Education (BE) and English as a New Language (ENL).

### Teacher preparation, programming, and instruction are a part of the New York State Education Department’s (NYSED’s) ongoing commitment to ELLs/MLLs and a part of the Department’s overarching and steadfast mission to ensure that all students attain the highest level of academic success and language proficiency and become college and career ready.

### Deliverables and/or Project Description

### In partnership with participating NYS IHEs, the Department will oversee the implementation of programs conducted by IHEs that lead to 20 graduate students per year/per IHE receiving ESOL certification or Bilingual extensions, in selected districts around the state: five in the NYC region and five throughout the rest of the state.

### NYSED is seeking programs that collaborate with LEA partners to select mentor- teachers to work with candidates. Mentor-teachers must receive formal mentor training, including training in the New York State Mentoring Standards approved by the Board of Regents. Collaboration between the IHE and the LEA will be required for the training process of the mentor teacher.

### The successful applicants will work with staff of the NYS Education Department’s Office of Teaching Initiatives, Office of Bilingual Education and World Languages (OBEWL), Regional Bilingual Education Resource Networks (RBERNs), Boards of Cooperative Educational Services (BOCES), Local Education Agencies (LEAs), and other Institutions of Higher Education (IHEs) that participate in the program to ensure accomplishment of overall program goals.

**Program Requirements**

Participating IHEs will provide clinically rich bilingual and/or ESOL programs. Research identifies the following components of a clinically rich teacher preparation program. SED has modeled its application on these components:

1. Establish a clinically-rich program that includes the following components: Coursework, Summer Institute, Monthly Professional Development / Mentoring Cohort Meetings, and practicum aligned to the New York State Next Generation P-12 Learning Standards.
2. Establish guidelines for the course work (curriculum) requirements to submit to Office of College and University Evaluation at NYSED for final approval (See Attachment B).
3. Rigorous recruitment of candidates and intensive candidate selection criteria. IHEs shall engage in outreach to the public, partnering school districts, Regional Bilingual Education Resource Networks (RBERNs), Boards of Cooperative Educational Services (BOCES), etc., to identify and recruit qualified candidates;
4. Create a website to publicize the program and share relevant information with potential participants, school districts, and other stakeholders.
5. Establish guidelines for the nomination process for participants in the Bilingual and/or ESOL program. IHEs must ensure that all participating students must have a signed agreement with a district to work for two years full-time as a BE or ESOL teacher after completing the CR-ITI-BE/ESOL program.
6. Enrollment of 20 candidates/year in rigorous graduate level course work leading to a Bilingual extension and/or ESOL certification that includes learning theory, research and content
7. Collaboration for rigorous selection and training of the mentor-teacher.
8. Guided classroom practice through an internship with an effective educator.
9. Support of partnerships through on-going professional development for mentor-teachers.
10. Successful applicants must meet a 90% participating students completion rate (see Program Completer Target section).
11. Develop and maintain current data on all program related information and all participating students throughout the grant-contract period and report to NYSED on candidate progress, completion, and certification rates.
12. Provide technical assistance to the participating candidates in the areas of certification, coursework requirements, and CR-ITI-BE/ESOL requirements;
13. Integration of technology.
14. Continued support to candidates for the first years upon successful completion of the program.[[2]](#footnote-2)
15. Participate in bi-annual meetings as prescribed by NYSED, with OBEWL staff

### Project Funding

Up to ten Institutions of Higher Education (IHEs) around the state will be selected for this CR-ITI-BE/ESOL program: five (5) in NYC and five (5) in Rest of State (ROS). Each IHE will receive an award of $110,000 per year for five years. It is expected that these funds will be available each year subject to continued funding by the NYSED Budget.

### Project Period

The contract(s) resulting from this RFP will be for a term anticipated to begin July 1, 2018 and to end June 30, 2023.

### Eligible Applicants

Each application must be submitted by an eligible Institution of Higher Education (IHE), as lead applicant, in partnership with at least one eligible Local Education Agency (LEA), as defined below.

Eligible IHEs with NYS certified programs in Bilingual Education leading to a bilingual extension, and/or English to Speakers of Other Languages (ESOL) program leading to a certification in ESOL.

Eligible LEA - a public school district within New York State that had at least 500 English Language Learners/Multilingual Learners enrolled in the 2016- 2017 school year (See Attachment A) or multiple districts that collectively meet the n-size of 500 English Language Learners/Multilingual Learners.

An **eligible partnership** is a partnership between an IHE and an eligible LEA, and defined through a signed Memorandum of Understanding (MOU) (Attachment D). An IHE may partner with more than one LEA. An eligible partnership may, ***in addition to the LEA partner***, include other not-for-profit organizations or Boards of Cooperative Educational Services (BOCES) with historical evidence of success in education that provide services supporting ESOL or Bilingual teacher certification and/or mentor-teacher development.

The applicant:

1. Must receive and administer the grant funds and submit the required reports to account for the use of grant funds
2. Must be an active member of the partnership, except where State University of New York (SUNY) or City University of New York (CUNY) Research Foundations are the applicant/fiscal agent. In such case, the SUNY or CUNY campus will be considered the active lead IHE
3. Cannot act as a flow-through for grant funds to pass to other partners and third parties
4. Is PROHIBITED from sub-granting funds to other recipients. A sub-grant occurs when the applicant delegates programmatic decision-making or responsibility for achieving program goals to a third party. The applicant is fully responsible for compliance with program requirements and achievement of program objectives.
5. Is permitted to sub-contract for services with other partners or consultants to provide services that the applicant cannot provide itself but are part of the program objective.
6. Shall take full responsibility for the acts and omissions of its partners and subcontractors. Nothing in the partnership agreement or subcontract shall impair the rights of NYSED under its agreement with the applicant. No contractual relationship shall be deemed to exist between the partner/subcontractor and NYSED.
7. Is responsible for the performance of any service provided by the partners, consultants, or other organizations and must plan and coordinate the roles and responsibilities of each participant.

**Consortium Arrangements for CR-ITI-BE/ESOL Applications**

Eligible IHEs may form a consortium with each other to apply for this grant. In order to do so, consortium partners must sign an agreement with the fiscal agent that specifically outlines all services each consortium member agrees to provide, and the consortium must meet the following requirements:

1. The consortium must designate one of the eligible IHEs to serve as the applicant and fiscal agent for the grant. All other consortium members must be eligible IHE’s.
2. In the event a grant is awarded to a consortium, the grant or grant contract will be prepared in the name of the applicant agency/fiscal agent, not the consortium, since the group is not a legal entity.
3. The applicant agency/fiscal agent must meet the following requirements:
   1. Must be an eligible grant recipient as defined by statute;
   2. Must receive and administer the grant funds and submit the required reports to account for the use of grant funds;
   3. Must require consortium partners to sign an agreement with the fiscal agent that specifically outlines all services each consortium member agrees to provide.
   4. Must be an active member of the partnership/consortium, except where SUNY or CUNY Research Foundations are the fiscal agent.
   5. Cannot act as a flow-through for grant funds to pass to other recipients.
   6. Is PROHIBITED from sub granting funds to other recipients. A sub-grant occurs when the applicant delegates programmatic decision-making or responsibility for achieving program goals to a third party. The applicant is fully responsible for compliance with program requirements and achievement of program objectives.
   7. The fiscal agent is permitted to contract for services with other consortium partners or consultants to provide services that the fiscal agent cannot provide itself but are part of the program objective.
   8. Must be responsible for the performance of any services provided by the consortium members, partners, consultants, or other organizations and must plan and coordinate the roles and responsibilities of each participant.

**Mandatory Application Requirements**

* **The IHEs must collaborate with LEA partners to select mentor-teachers to work with candidates. A signed Memorandum of Understanding (MOU) is required between the IHE and the collaborating LEA(s). If an agreement is not submitted, the application will be disqualified. If a MOU is not signed by all parties to the agreement, it will not be evaluated for scoring purposes and the application will be disqualified.**

**CR-ITI-BE/ESOL Staffing Requirements, Qualifications and Responsibilities**

The applicant must designate a CR-ITI-BE/ESOL Program Director who will oversee implementation and management of all components of this program and serve as the liaison with the NYSED Office of Bilingual Education and World Languages (OBEWL) office. The Program Director must have a Master’s degree or above in a field related to BE and/or ESOL education, with a minimum of six years of higher education experience in BE and/or ESOL education.

The staff will be the responsibility of the organization that is the grant recipient. Staff should have expertise in the education of English Language Learners/Multilingual Learners and teacher certification in the areas of ESOL and/or bilingual education. They should also understand the New York State Next Generation P-12 Learning Standards and content area subjects through native language and/or English as a New Language turnkey training. All staff should be knowledgeable about the State and federal laws and regulations affecting English Language Learners/Multilingual Learners.

### New Prequalification Requirement

The State of New York has implemented a new statewide prequalification process (described on the [Grants Reform website](http://www.grantsreform.ny.gov/Grantees)) designed to facilitate prompt contracting for not-for-profit vendors. All not-for-profit vendors must complete the prequalification process by the grant application deadline in order to be considered for an award under this RFP. This includes all currently funded not-for-profit institutions that have already received an award and are in the middle of the program cycle. Please review the additional information regarding this requirement in the Prequalification for Individual Applications section below.

### Allowable Expenditures

$300 per credit hour, for 15 credits per participant (See Attachment C) *Each IHE must serve 20 students per year (see Program Completer Target section below);*

A maximum of $20,000 per year for administering the program

* + Professional and non-professional salaries;
  + Employee benefits;
  + Purchased services. Please note that subcontracting costs for direct services are limited to 30% of the total budget (not including tuition assistance);
  + Supplies, materials, and printing directly related to the project. All computer equipment and software must be compatible with Microsoft Office Suite;
  + Travel expenses for employees and consultants (travel costs must adhere to the established New York State travel rates). Maximum allowable rates can be accessed at: <http://www.gsa.gov>; and
  + Indirect cost (sum of direct costs x the applicant agency’s indirect cost rate up to 8%. See the FS-10 form for additional information regarding indirect costs. Tuition should be excluded from the Modified Direct Cost Base.)

### Reporting

1. Interim Report

The interim report will be due on or before December 1 of each year. The interim report will be used to determine progress toward deliverables. The first interim report will be due on or before December 1, 2018. It must include the following information:

* + - 1. Summary of programmatic learning to date as it relates to training teachers in ESOL or Bilingual Education;
      2. Number of teacher candidates and mentor-teachers who began each year;
      3. Description of actual clinical experience as implemented and any program or curriculum changes made as described in original application
      4. Evidence of teacher candidate learning using formative or summative assessments of skills and knowledge as described in original application;
      5. Program improvement data for program reflection of year one that will be used to frame following years;
      6. Program evaluation data as determined by NYSED and applicant;
      7. Actual expenditures and anticipated final year expenditures;
      8. Personnel changes; and/or
      9. Faculty qualifications and loads.

1. Final Report

The final report will be due on or before July 30 of each year, in compliance with required procedures and timelines as specified by OBEWL. The first final report will be due on or before July 30, 2019. The last final report will be due on or before July 30, 2023. Format and required information for the final year report will be similar to that of the interim report. NYSED reserves the right to require additional information. At a minimum, it must include the following information:

1. Summary of programmatic learning to date as it relates to training teachers in ESOL or Bilingual Education;
2. Number of candidates who completed the program each year;
3. Description of actual clinical experience as implemented and any program or curriculum changes made as described in original application
4. Evidence of teacher candidate learning using formative or summative assessments of skills and knowledge as described in original application;
5. Program improvement data for program reflection of year one that will be used to frame the following contractual year;
6. Program evaluation data as determined by NYSED and applicant;
7. Actual expenditures and final year expenditures;
8. Personnel changes; and/or
9. Faculty qualifications and loads.

The Program Director will be responsible for timely and accurate submission of all required reports. Payments to the applicants will be based upon successful completion of all required reports and deliverables as outlined in the application.

**Work Plan**

The CR-ITI-BE/ESOL programs will be required to submit an annual work plan for each subsequent contractual year due on the last day of May prior to the beginning of each contract year.

The work plan will outline how CR-ITI-BE/ESOL will accomplish its goals and objectives. The proposed goals and objectives must be aligned with NYS’s Regulations of the Commissioner Parts 154-2 and 154-3, and the federal Elementary & Secondary Education Act (ESEA)[[3]](#footnote-3). The annual work plan must include:

* The project goals to which resources and activities will be directed;
* The year one work plan must cover the period from July 1, 2018 to June 30, 2019 and include specific measurable and quantifiable objectives for the first year’s goals, and broad objectives for the following years;
* The certification (e.g. ESOL, bilingual, ESOL/Bilingual, ESOL/Special Education or Bilingual/Special Ed) projected number of persons who will be served by each activity and whether the activity will serve bilingual education teachers, ESOL teachers or both groups; and
* A timeline for the beginning and completion of each activity.

The interim and annual evaluation reports should describe the status of program implementation, and operate in compliance with any reporting requirements, as may be required by NYSED.

**Program Completer Target**

Applicants must meet a 90% candidate program completion rate as proposed in their application by the end of each year, or a financial penalty will be imposed.

If the grantee does not meet the 90% program completer target, the grantee’s budget will be proportionally reduced by the difference between 90% and the actual completion rate, up to the total amount of the final payment.

For example: If the proposed program planned to enroll 20 candidates and at the end of the year 18 candidates completed the program that would satisfy the 90% program completer target requirement because 18 is 90% of 20. If, however, only 17 (85%) of the candidates completed the program, the final payment would be reduced by 5% (90% - 85%). Completion means students completing *all* *coursework* necessary for certification that is offered by the IHE in this registered CR-ITI program. So if the candidate takes a few courses but doesn’t complete the courses required for certification SED will not pay for the courses for that candidate.

If the grantee fails to meet the 90% program completer target two years in a row, NYSED may terminate the contract. The foregoing is not meant to limit NYSED’s termination rights in the contract.

**Budget and Budget Narrative**

The CR-ITI-BE/ESOL programs will be required to submit budget and budget narrative for each subsequent contractual year due on the last day of May prior to the beginning of each contract year.

The funds for this grant program are provided through State sources. 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 on the [NYSED website](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 [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html).

The budget should be reasonable and appropriate to cover program expenses. All budgets will be subject to review and modification in the grant-making process. Budgets must be submitted using whole dollar amounts only.

**Program Evaluation:**

Institutions shall agree to participate fully in any research-based evaluation conducted by NYSED or an external party authorized by NYSED.

**Program Collaboration with Other Entities**

NYSED/OBEWL will work collaboratively with selected IHEs in developing and implementing all activities to recruit highly qualified bilingual education and ESOL teachers who are knowledgeable and committed to promoting high academic standards for ELLs/MLLs aligned to the New York State Next Generation P-12 Learning Standards. At minimum NYSED/OBEWL staff will:

* Review and approve IHE annual work plans and budgets to ensure that the work is consistent with the requirements;
* Meet approximately two (2) times a year as prescribed by NYSED, to update and evaluate plans;
* Review reports (Interim/Final);
* Participate in meetings; and
* Review professional development activities.

### Accessibility of Web-Based Information and Applications

### Any documents, web-based information and applications development, or programming delivered pursuant to the contract or procurement, will comply with New York State Education Department IT Policy NYSED-WEBACC-001, Web Accessibility Policy as such policy may be amended, modified or superseded, which requires that state agency web-based information, including documents, and applications are accessible to persons with disabilities. Documents, web-based information and applications must conform to NYSED-WEBACC-001 as determined by quality assurance testing. Such quality assurance testing will be conducted by NYSED employee or contractor and the results of such testing must be satisfactory to NYSED before web-based information and applications will be considered a qualified deliverable under the contract or procurement.

### Application Submission Instructions

**Technical Proposal/Narrative**  **(80 points)**

Provide a comprehensive description of the proposed project.   Be clear, precise and adhere to the following required format. The narrative will be reviewed in accordance with the following points and according to the Technical Proposal/Narrative Rubric.

PROGRAM NARRATIVE FORMAT

The *Program Narrative* document must:

* present a cohesive document with each individual section related to all other sections
* respond to requirements of the program narrative below and have corresponding headings in the narrative
* not exceed 25 pages double spaced on all sides with 1” margins, on 8 ½” X 11” size pages (organization chart and other submission documents are not counted toward this page limit)
* be in Arial 12 font
* display the name of the institution in the top right corner of each page
* number all pages

Technical Proposal/Narrative-- no more than 25 pages

If the Technical Proposal/Narrative and Budget exceed the page limit, the excess pages will not be read by the reviewers. Do not include any attachments or addenda that have not been specifically requested with the application.

**Technical Proposal/Narrative (80 Points)**

1). Program Summary (total 8 points)

Briefly summarize your proposed program including how the IHE and LEA will collaborate on this clinically rich teacher program to improve supply of effective ESOL and Bilingual Education teachers. Include details of how the program will improve effectiveness of teacher candidates in ESOL and Bilingual Education.

2). Program Elements (total 32 points)

2A: Selection of teacher candidates (8 points):

* Describe how the admission requirements, standards and process will lead to recruitment and rigorous selection of a high-caliber, diverse group of candidates.
* Describe how the program will ensure that candidates are committed to completing the program and teaching for two years in ESOL or Bilingual Education.

2B: Selection of mentor-teachers, and training of mentor-teachers (12 points):

* Describe the recruitment and selection of mentor-teachers, including assessing their teaching practice using the NYS Mentoring Standards, and ensuring that mentor-teachers have demonstrated positive impact on student achievement results in their own classrooms.
* Describe the initial training program of the mentor-teacher and tools used to ensure mentor-teachers improve their abilities to coach and develop other teachers. Include the roles of LEA and IHE and any other partners if applicable in this training program. Describe the on-going professional development that will be offered through the partnerships to mentor-teachers.
* In describing selection, training, and professional development of mentor-teachers, address each of the following:
  + How will the IHE and LEA ensure that mentor-teachers are implementing the New York State Next Generation P-12 Learning Standards in their own classrooms?
  + How will the IHE and LEA ensure that mentor-teachers are skilled in using multiple forms of student assessment data to inform their lesson planning, and daily instruction?
  + How will the IHE and LEA ensure that the mentor-teachers are skilled in special knowledge and skills for ESOL or Bilingual Education addressed by this program?

2C: Program Curriculum (12 points):

* Whether pre-existing or new coursework, describe how the coursework offered by the proposed program(s) will prepare teacher candidates to:
  + have positive impact on their students’ learning;
  + use multiple sources of student learning data to inform instruction;
  + understand and implement the New York State Next Generation P-12 Learning Standards in their classrooms;
  + develop the knowledge and skills required for ESOL or Bilingual Education;
  + differentiate instruction based on needs, learning styles and cultural differences of their students;
  + engage constructively with parents and community members.
* Describe how technology will be incorporated into the program to prepare and enhance the practices of the candidates and to positively impact student learning. If applicable, how is the IHE incorporating distance education instruction into their proposed program? How will the program incorporate video of teacher candidates practice and/or exemplary teacher practice into coaching and developing teacher candidates?
* Describe how the IHE will prepare candidates for the new Teacher Performance Assessment.

3. Organizational capacity and program sustainability (total 40 points)

3A: Year One Work Plan (8 points):

* Identify which entity within the IHE will administer the program and the resources (including contributions) that will be provided to build the capacity and sustain the program.
* Include the first year activities from July 1, 2018 to June 30, 2019. Describe timelines, responsibilities and milestones to be undertaken by each partner (IHE, LEA and partnering organization if applicable) to develop and launch the program.
* Describe the process for overseeing the project plan, adjusting activities and timelines as needed, and ensuring ongoing communication amongst partners and key staff.

3B: Overall Project Plan (8 points):

* Include all activities and milestones from July 1, 2018 through June 30, 2023. Describe timelines, responsibilities and milestones to be undertaken by each partner (IHE, LEA and partnering organization if applicable) to develop and launch the program.
* Describe the process for overseeing the project plan, adjusting activities and timelines as needed, and ensuring ongoing communication amongst partners and key staff.

3C: Demonstrated organizational capacity and track record of partners (20 points):

* Staff Organization Chart: Provide an organization chart that delineates the lines of authority among the members of the CR-ITI-BE/ESOL staff to each other. Include the position of CR-ITI-BE/ESOL within the host agency. Indicate the lines of supervision related to the overall agency staff.
* Program Staff: Provide a description for each staff position.

1. Describe the qualifications for each position;
2. Describe the duties and responsibilities for each staff member; and
3. Provide qualifications and resume of persons employed for each position.

* Demonstrate track record including data or research evidence of the IHE’s ability to produce candidates who enter full-time teaching with a high level of teaching skill and are able to have a positive impact on the achievement of their ELL/MLL students. Include evidence of candidates who have graduated from the IHE’s program and have been teaching in their new ESOL or Bilingual certification for at least two years.
* Demonstrate track record of the LEA(s) of recruiting and developing new teachers to reach a high level of practice and have positive impact on student learning.
* Describe history of collaboration between (an) LEA(s) and the IHE around other initiatives to recruit, develop, retain or train effective teachers, especially in shortage certification areas. Provide evidence of the results of these initiatives.

3D: Program Assessment (4 points):

* Applicants will be required to provide data and narrative reports to NYSED about the program during and after the grant period to support an independent evaluation of all the programs awarded under this grant. In addition to NYSED’s evaluation, describe how the IHE and LEA(s) will collaborate to gather data and assess the results of the program during and after the grant period.

**Budget (20 Points)**

To illustrate plans for the use of grant funds, applicants must submit the following items:

* Budget Narrative for year 1 (July 1, 2018 through June 30, 2019) – no more than 3 pages
* a FS-10 budget for year one and
* Multi-year budget summary (See attachment E for the budget summary form).

The budget narrative will include a complete description of how the CR-ITI-BE/ESOL will use the funding allocation to support the recruitment, retention, certification and increase of highly qualified certified Bilingual and ESOL teachers, as well as other necessary expenditures, such as administrative costs, equipment, travel and materials.

The budget narrative must describe any in-kind services that will be provided by the applicant.

The budget must provide a breakdown of all staffing, including title, full or part-time status, and the costs associated with staff salary and benefits.

The FS-10 should provide a projection of how the requested funds will be used and should demonstrate that the proposed expenditures are appropriate, reasonable and necessary to support the project activities and goals.

Budgeted items must be reasonable in cost and necessary for the project in order to receive the maximum points.  Any non-allowable, excessive or inappropriate items in the budget will be eliminated.  Grantees will not be allowed to substitute new items for those that have been eliminated. Further adjustments may be made to include negotiated reductions in specified program costs.

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 [NYSED website](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 [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html) .

**Review**

Each eligible proposal will be reviewed by at least two reviewers. Each reviewer will score the proposal according to the indicated point criteria in the Technical Proposal Narrative and the Budget using the Proposal Evaluation Rubric.  If individual scores are more than 15 points apart, another reviewer will score the application. The two scores closest in numeric value will be averaged to calculate the final average score of the application. If the third reviewer’s score is equal to the average of the two original scores, the third reviewer’s score will become the final score.

**Method of Award**

Proposals that receive a final average score of 60 percent (60%) or more will be considered for funding. Proposals will be ranked by score from highest to lowest. Awards will be made regionally to the five (5) highest ranking fundable applicants in NYC region and the five (5) highest ranking fundable applicants in the Rest of State region. Should any unallocated statewide funds remain, the partnership with the next highest score in the state will receive an award. In the event of a tie score, the application proposal with the higher cumulative score on section two “Program Elements” will be ranked higher.

Budgets will be adjusted to eliminate any non-allowable, excessive or inappropriate expenditure. Further adjustments may be made to include negotiated reductions in specified program costs.

### Entities’ Responsibility

Projects must operate under the jurisdiction of the local board of education, or other appropriate governing body, and are subject to at least the same degree of accountability as all other expenditures of the local agency. The local board of education, or other appropriate governing body, is responsible for the proper disbursement of, and accounting for project funds. Written agency policy concerning wages, mileage and travel allowances, overtime compensation, or fringe benefits, as well as State rules pertaining to competitive bidding, safety regulations and inventory control must be followed. Supporting or source documents are required for all grant related transactions entered into the local agency’s recordkeeping systems. Source documents that authorize the disbursement of grant funds consist of purchase orders, contracts, time and effort records, delivery receipts, vendor invoices, travel documentation and payment documents.

Supporting documentation for grants and grant contracts must be kept for at least six years after the last payment was made unless otherwise specified by program requirements. Additionally, audit or litigation will “freeze the clock” for records retention purposes until the issue is resolved. All records and documentation must be available for inspection by State Education Department officials or its representatives.

For additional information about grants, please refer to the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html) .

### Requirements for Funding

**Payee Information Form/NYSED Substitute W-9** – The [Payee Information Form](http://www.oms.nysed.gov/cafe/forms/PIform.pdf) 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 specifics 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.

### PREQUALIFICATION FOR INDIVIDUAL APPLICATIONS

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 1/10/18 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 at [prequal@nysed.gov](mailto:prequal@mail.nysed.gov) 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.**

### Debriefing Procedures

All unsuccessful applicants may request a debriefing within fifteen (15) calendar days of receiving notice from NYSED. Bidders may request a debriefing letter on the selection process regarding this RFP by submitting a written request to the Fiscal Contact person at:

NYS Education Department

Contract Administration Unit

89 Washington Avenue

Room 501W EB

Albany, NY 12234

The Fiscal Contact person will make arrangements with program staff to provide a written summary of the proposal’s strengths and weaknesses, as well as recommendations for improvement. Within ten (10) business days, the program staff will issue a written debriefing letter to the bidder.

### Contract Award Protest Procedures

Applicants who receive a notice of non-award or disqualification 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 or disqualification letter. The protest letter must be filed with:

NYS Education Department

Contract Administration Unit

Attn: Adam Kutryb

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 bidder 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.

### 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 the [NYS MWBE Directory](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 each year of the grant. Discretionary non-personal service budget is defined as total annual budget, excluding the sum of funds budgeted for:

1. direct personal services (i.e., professional and support staff salaries), fringe benefits, the portion of purchased services used for tuition; and

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

The M/WBE Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for this grant application.

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](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 104G Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be requested at [MWBEGrants@nysed.gov](mailto:MWBEGrants@nysed.gov).

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

### Contract Terms and Conditions

### Grant awards to non-profit and for-profit organizations 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.

### 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 becomes 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) to request best and final offers.

### 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 [OSC's website](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](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the [VendRep System online](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 [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the [VendRep website](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

### 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](http://www.wcb.ny.gov/content/main/Employers/Employers.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.

2018-2023 Clinically-Rich Intensive Teacher Institute in

Bilingual Education and English to Speakers of Other Languages

(CR-ITI-BE/ESOL)

Application Cover Page

Agency Code

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name Applicant agency: | Name and Title of Contact Person: | |
| Address:  City: Zip Code:  County: | Telephone: | |
| Fax: | |
| E-Mail: | |
| I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, and the Master Grant Contract and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. | | |
| Original Signature of Chief Administrative Officer (**in blue ink**) | | Typed Name of Chief Administrative Officer: |
| Date: | | |

## **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 Administrative Officer | |  | |  | |
| [Payee Information Form](http://www.oms.nysed.gov/cafe/forms/PIform.pdf) (if applicable) | |  | |  | |
| Application Checklist | |  | |  | |
| Signed MOU between IHE and LEA(s) (Attachment D) | |  | |  | |
| Proposal Narrative | |  | |  | |
| [FS-10 Budget](http://www.oms.nysed.gov/cafe) (signature required) | |  | |  | |
| Budget Narrative | |  | |  | |
| Multi-Year Budget Summary | |  | |  | |
| 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 | | | | | |
|  | **Forms Required** | | | | |
| Type of Form | 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 and Instructions | N/A | |  | |  |
| **EE0 100** Staffing Plan and Instructions |  | |  | |  |
| **SED Comments:**  Has the applicant complied with the application instructions?  Yes  No  SED Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

## **M/WBE Documents**

**M/WBE Goal Calculation Worksheet**

**RFP Number and Title: GC18-010 Clinically Rich Intensive Teacher Institute**

**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 tuition; indirect costs; rent, lease, and utilities, if these are allowable expenditures.

**Please complete the following table to determine the dollar amount of the M/WBE goal for the current project year.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Category** | **Amount budgeted for items excluded from M/WBE calculation** | **Totals**  **(Current FS-10 totals)** |
|  | **Total Budget** |  |  |
|  | **Professional Salaries** |  |  |
|  | **Support Staff Salaries** |  |  |
|  | **Fringe Benefits** |  |  |
|  | **Portion of Purchased Services used for Tuition** |  |  |
|  | **Indirect Costs** |  |  |
|  | **Rent/Lease/Utilities** |  |  |
|  | **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**  **=M/WBE goal amount** |  |  |

**This form is only for use in the Clinically Rich Intensive Teacher Institute grants. It may not be used with any other grant program.**

**This form is only for use in the RFP# GC14-012 (2014-2021 P-TECH) grant application. It may not be used with any other grant program.**

**M/WBE COVER LETTER**

**Minority & Woman-Owned Business Enterprise Requirements**

**NAME OF GRANT PROGRAM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**

**RFP#/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@nysed.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**

**Attachment A**

Districts with an Enrollment of more than 500 English Language Learners/Multilingual Learners in the 2016-17 School Year

|  |  |
| --- | --- |
| **District** | **Total** |
| NYC GEOG DIST #24 - QUEENS | 15336 |
| NYC GEOG DIST #20 - BROOKLYN | 14624 |
| NYC GEOG DIST #10 - BRONX | 13638 |
| NYC GEOG DIST # 9 - BRONX | 9922 |
| NYC GEOG DIST #25 - QUEENS | 8419 |
| NYC GEOG DIST #30 - QUEENS | 8238 |
| NYC GEOG DIST # 6 - MANHATTAN | 7282 |
| NYC GEOG DIST #21 - BROOKLYN | 7097 |
| BRENTWOOD | 7008 |
| BUFFALO | 6079 |
| NYC GEOG DIST # 2 - MANHATTAN | 5998 |
| NYC GEOG DIST #15 - BROOKLYN | 5924 |
| NYC GEOG DIST #27 - QUEENS | 5914 |
| NYC GEOG DIST #12 - BRONX | 5521 |
| NYC GEOG DIST #11 - BRONX | 5260 |
| NYC GEOG DIST #28 - QUEENS | 5087 |
| NYC GEOG DIST # 8 - BRONX | 4660 |
| NYC GEOG DIST #22 - BROOKLYN | 4650 |
| ROCHESTER | 4454 |
| NYC GEOG DIST #31 – STATEN ISLAND | 4161 |
| SYRACUSE | 4056 |
| NYC GEOG DIST # 7 - BRONX | 3852 |
| YONKERS | 3624 |
| NYC GEOG DIST #19 - BROOKLYN | 3598 |
| EAST RAMAPO | 3446 |
| HEMPSTEAD | 3282 |
| NYC GEOG DIST #26 - QUEENS | 2865 |
| NYC GEOG DIST #17 - BROOKLYN | 2837 |
| NYC GEOG DIST #29 - QUEENS | 2800 |
| NYC GEOG DIST #32 - BROOKLYN | 2682 |
| CENTRAL ISLIP | 2497 |
| NYC GEOG DIST #14 - BROOKLYN | 2283 |
| UTICA | 1993 |
| WESTBURY | 1952 |
| NEWBURGH | 1698 |
| UNIONDALE | 1649 |
| FREEPORT | 1591 |
| NYC GEOG DIST # 4 - MANHATTAN | 1554 |
| RIVERHEAD | 1543 |
| PORT CHESTER-RYE | 1469 |
| NYC GEOG DIST # 5 - MANHATTAN | 1379 |
| NEW ROCHELLE | 1377 |
| NYC GEOG DIST # 3 - MANHATTAN | 1317 |
| NYC GEOG DIST # 1 - MANHATTAN | 1250 |
| NYC GEOG DIST #18 - BROOKLYN | 1219 |
| ALBANY | 1207 |
| WHITE PLAINS | 1191 |
| HAVERSTRAW-STONY POINT | 1143 |
| SOUTH HUNTINGTON | 1112 |
| NYC GEOG DIST #13 - BROOKLYN | 1093 |
| PATCHOGUE-MEDFORD | 1047 |
| MIDDLETOWN | 1027 |
| HUNTINGTON | 1007 |
| ROOSEVELT | 993 |
| COPIAGUE | 935 |
| WYANDANCH | 835 |
| MOUNT VERNON | 785 |
| PEEKSKILL | 764 |
| AMITYVILLE | 735 |
| BAY SHORE | 656 |
| HICKSVILLE | 639 |
| LAWRENCE | 620 |
| GLEN COVE | 616 |
| NYC GEOG DIST #23 - BROOKLYN | 601 |
| WILLIAM FLOYD | 596 |
| BEDFORD | 593 |
| OSSINING | 564 |
| LONGWOOD | 544 |
| MIDDLE COUNTRY | 542 |
| PORT WASHINGTON | 524 |
| SOUTH COUNTRY | 520 |
| HAMPTON BAYS | 512 |

**Attachment B**

**CLINIALLY-RICH INTENSIVE TEACHER INSTITUTE – Bilingual Education (CR-ITI-BE)**

**GENERAL EDUCATION TEACHERS:**

**BILINGUAL EDUCATION EXTENSION *(15 credits)***

|  |  |  |
| --- | --- | --- |
|  | **COURSE TITLES** | **COURSE DESCRIPTIONS** |
| **I** | **Foundations, Theory and Practice of Bilingual General and Special Education**  **(3 credits)** | Foundations, theory and practice of bilingual general and special education, multicultural perspectives in education, including an overview of linguistics and English grammar. |
| **II** | **Curriculum, Assessment and Methods of Teaching English as a Second Language in General and Special Education**  **(3 credits)** | Methods, materials and assessment criteria used to teach English as a New Language to English Language Learners/Multilingual Learners including those with disabilities, at the elementary and secondary levels to meet the New York State P-12 English Language Arts Learning Standards and assessment requirements in the state of New York. |
| **III** | **Curriculum, Assessment and Methods of Teaching Native Language Arts in General and Special Education**  **(3 credits)** | Methods, materials and assessment criteria used to teach native language arts to English Language Learners/Multilingual Learners including those with disabilities, at the elementary and secondary levels to meet the New York State P-12 English Language Arts Learning Standards and assessment requirements in the state of New York. |
| **IV** | ***(Content Area – Level I)***  **Second Language Acquisition and Literacy Development in Core Subject Areas for Second Language Learners**  **(3 credits)** | Fundamentals of the second language acquisition process and its impact on literacy development in core subject areas, including interdisciplinary practices that incorporate the four basic skills: listening, speaking, reading, and writing in native language arts and in English through English to Speakers of Other Languages methodologies, with a focus on reading and writing in the core subjects of Mathematics, Science, and Social Studies, as indicated in the New York State P-12 Learning Standards. |
| **V** | ***(Content Area – Level II)***  **Methods of Teaching Core Subject Areas in the Native Language and English**  **(3 credits)** | Methods, materials and assessment criteria used to teach core subject areas in the native language and English to English Language Learners/Multilingual Learners including those with disabilities. Focus should be given to meet the language arts modalities (listening, speaking, reading and writing) for Native Language and English as a New Language instruction in the content areas of Mathematics, Science, and Social Studies, as indicated in the New York State P-12 Learning Standards. |

**CLINICALLY-RICH INTENSIVE TEACHER INSTITUTE – Bilingual Education (CR-ITI-BE)**

**GENERAL EDUCATION TEACHERS:**

|  |  |  |
| --- | --- | --- |
|  | **COURSE TITLES** | **COURSE DESCRIPTIONS** |
| **I** | **Foundations, Theory and Practice of Bilingual General and Special Education**  **(3 credits)** | Foundations, theory and practice of bilingual general and special education, multicultural perspectives in education, including an overview of linguistics and English grammar. |
| **II** | **Methods of Teaching English as a Second Language in General and Special Education**  **(3 credits)** | Methods, materials and assessment criteria used to teach English as a New Language to English Language Learners/Multilingual Learners including those with disabilities, at the elementary and secondary levels to meet the New York State P-12 English Language Arts Learning Standards and assessment requirements in the state of New York. |
| **III** | **Curriculum, Instruction and Assessment in English as a Second Language in General and Special Education**  **(3 credits)** | In-depth study of the curriculum, instruction and assessment in English as a New Language instruction of English Language Learners/Multilingual Learners including those with disabilities, to meet the New York State P-12 English Language Arts Learning Standards and assessment requirements in the state of New York. |
| **IV** | ***(Content Area – Level I)***  **Second Language Acquisition and Literacy Development in Core Subject Areas for Second Language Learners**  **(3 credits)** | Fundamentals of the second language acquisition process and its impact on literacy development in core subject areas, including interdisciplinary practices that incorporate the four basic skills: listening, speaking, reading, and writing in English through English to Speakers of Other Languages methodologies, with a focus on reading and writing in the core areas of Mathematics, Science, and Social Studies, as indicated in the New York State P-12 Learning Standards. |
| **V** | ***(Content Area – Level II)***  **Methods of Teaching English as a Second Language in Core Subject Areas**  **(3 credits)** | Methods, materials and assessment criteria used to teach core subject areas in English to English Language Learners/Multilingual Learners, including those with disabilities. Focus should be given to meet the language arts modalities (listening, speaking, reading and writing) for English as a New Language instruction in the content areas of Mathematics, Science, and Social Studies, as indicated in the New York State P-12 Learning Standards. |

**TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES *(15 credits)***

**Attachment C**

**CLINICALLY-RICH INTENSIVE TEACHER INSTITUTE IN**

**BILINGUAL EDUCATION AND TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES**

**(CR-ITI-BE/ESOL)**

**TUITION ASSISTANCE CHART PER PARTICIPANT BY PROGRAM TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of ITI Program** | **Tuition Assistance** | **Number of Participating Students** | **Credits/Semesters Required** | **Total**  **Amount Paid for Completion of Program**  **(Maximum)** |
| **Graduate Level** | **$300 per credit** | **20 per year** | **15 credits** | **$90,000 per year** |
| **Administrative Cost for each IHE** | **$20,000 per year** | **20 per year** | **Coordination of Clinically Rich Program** | **$20,000 per year** |
|  |  |  |  | **$110,000 per year for each IHE** |

*The graduate level component of the CR-ITI-BE/ESOL program requires completion of a 15-credit sequence to obtain either a Bilingual Education extension or an ESOL certification. The CR-ITI-BE/ESOL pays $300 per credit to the selected IHE for each candidate accepted into the program, for a total of $4,500 per student.*

**Attachment D**

**Memorandum of Understanding (MOU)**

INSTRUCTIONS: Provide a completed Attachment D with the application. A signed Memorandum of Understanding (MOU) is required between the IHE and the collaborating LEA(s). **If an agreement is not submitted, the application will be disqualified. If a MOU is not signed by all parties to the agreement, it will not be evaluated for scoring purposes and the application will be disqualified**.

***TEMPLATE***

***[INSERT Name of Sponsoring Institution(s)]***

and the participating partner for the

**Clinically Rich Intensive Teacher Institute in**

**[Bilingual (CR-ITI-BE) or ESOL (CR-ITI-ESOL)]**

***[INSERT name and address of each LEA partner]***

This cooperative agreement reflects the overall commitment of each of the partners, as well as details the specific roles and responsibilities, services, materials, and/or fiscal resources each partner will provide to enhance the preparation of graduate teachers. The purpose of this partnership is to prepare and support graduate teachers to help all students achieve high standards of learning and development.

This MOU must include the following:

* The roles of each partner in the recruitment, preparation, and mentoring of candidates;
* The selection and evaluation criteria and recruitment process for mentor-teachers;
* A commitment to actively recruit and select candidates who demonstrate excellence in content, and possess a sincere intent to serve as teachers; and
* The various types of assessments that will be used to evaluate candidates throughout the program, and how such assessments will be utilized to prescribe study and authentic, real-world experiences that will enable candidates to develop the knowledge, understanding, and skills necessary to successfully meet the requirements of the program, provide effective teaching in high-need schools, and to obtain certification upon completion of the program.

**[*Insert name of Institution(s) of Higher Education (IHE)*] and its school/department of education agree to:**

*[INSTRUCTION to IHE: Please summarize the roles and responsibilities of this partner in the design, implementation, and evaluation of the pilot program as described fully in the program narrative; as well as the specific services, materials, and/or fiscal resources to be provided by this partner. Provide a plan which shall include, but not be limited to, setting selection criteria, the recruitment and training processes for mentor-teachers, and developing plans to provide professional development programs based on research and best practices for mentors and teachers. Include a commitment for all candidates to complete a Teacher Performance Assessment.]*

**Partner(s) agree(s) to:**

*[INSTRUCTION to LEAs: Please summarize the roles and responsibilities of this partner in the design, implementation, and evaluation of the pilot program as described fully in the program narrative; as well as the specific services, materials, and/or fiscal resources to be provided by this partner.*

*Please include a plan to provide up to one continuous school year of mentored clinical experience by the assigned mentor-teacher for the candidate and support by a team comprised of program faculty, teachers and administrators at the school and, if applicable, the superintendent. The plan must include a commitment to enable all candidates to complete a Teacher Performance Assessment in the context of the clinical residency.]*

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

Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***(In blue ink)***

Partner or LEA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or Authorized Administrator Name and Title:

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

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

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(In blue ink)***

***(Add signature lines for additional partners as necessary)***

**Attachment E**

*Multi-Year Budget Summary for the Use of GRANT FUNDS ONLY*

Project Period: 7/1/18-6/30/23

| **SUBTOTAL**  **(FS-10 Code)** | **YEAR 1**  **7/1/18– 6/30/19** | **YEAR 2**  **7/1/19– 6/30/20** | **YEAR 3**  **7/1/20– 6/30/21** | **YEAR 4**  **7/1/21–6/30/22** | **YEAR 5**  **7/1/22– 6/30/23** | **TOTAL** |
| --- | --- | --- | --- | --- | --- | --- |
| Professional Salaries -15 |  |  |  |  |  |  |
| Support Staff Salaries - 16 |  |  |  |  |  |  |
| Purchased Services Tuition Reimbursement - 40 |  |  |  |  |  |  |
| Purchased Services Other - 40 |  |  |  |  |  |  |
| Supplies and Materials - 45 |  |  |  |  |  |  |
| Travel Expenses -46 |  |  |  |  |  |  |
| Employee Benefits - 80 |  |  |  |  |  |  |
| Indirect Cost - 90 |  |  |  |  |  |  |
| BOCES Services - 49 |  |  |  |  |  |  |
| Minor Remodeling 30 |  |  |  |  |  |  |
| Equipment -20 |  |  |  |  |  |  |
| **Grant Total** |  |  |  |  |  |  |

**This form should reflect all funds requested for your proposal summarized for each year of the project period.**

**Proposal Evaluation Rubric**

**2018-2023 Clinically-Rich Intensive Teacher Institute in Bilingual Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant:** | | | **Date:** |
| **Reviewer**  **Initials** | **Review**  **Completed:** | **Total Score (out of 100):** | |

Rating Guidelines:

Very Good - 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 - Unclear and non-specific. Limited information is provided about approach and strategies. Lacks focus and detail.

Poor - Does not meet the criteria, fails to provide information, provides inaccurate information, or provides information that requires substantial clarification as to how the criteria are met.

|  |  |  |
| --- | --- | --- |
| Eligibility for Scoring | Yes | No |
| A signed Memorandum of Understanding (MOU) is required between the IHE and the collaborating LEA(s). If an agreement is not submitted, the application will be disqualified. If a MOU is not signed by all parties to the agreement, it will not be evaluated for scoring purposes and the application will be disqualified. | Eligible | Ineligible |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Summary (total 8 points)** | **Very**  **Good** | **Good** | **Fair** | **Poor** |
| 1) Program Summary  The program summary describes the following:   * The collaboration between the IHE and LEA on this clinically rich teacher program to improve supply of effective ESOL and/or Bilingual Education teachers * How the program will make efforts to improve effectiveness of teacher candidates in ESOL and/or Bilingual Education | 4  4 | 3  3 | 2  2 | 1  1 |
| **Comments: Score ( ) out of 8** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Elements (total 32 points)** | **Very**  **Good** | **Good** | **Fair** | **Poor** |
| 2A) Selection of teacher candidates   * The applicant describes how the admission requirements, standards and process will lead to recruitment and rigorous selection of a high-caliber, diverse group of candidates. * The applicant describes how the program will ensure that candidates are committed to completing the program and teaching for two years in ESOL or Bilingual Education. | 4  4 | 3  3 | 2  2 | 1  1 |
| 2B) Selection of mentor-teachers, and training of mentor-teachers   * The applicant describes the recruitment and selection of mentor-teachers, including assessing their teaching practice using the NYS Mentoring Standards, and ensuring that mentor-teachers have demonstrated positive impact on student achievement results in their own classrooms. * The initial training program of the mentor-teacher and tools used to ensure mentor-teachers improve their abilities to coach and develop other teachers is described. The applicant describes the on-going professional development that will be offered through the partnerships to mentor-teachers. The roles of LEA and IHE and any other partners if applicable in this training program are described. * The applicant addresses each of the following:   + How the IHE and LEA will ensure that mentor-teachers are implementing the New York State Next Generation P-12 Learning Standards in their own classrooms   + How the IHE and LEA will ensure that mentor-teachers are skilled in using multiple forms of student assessment data to inform their lesson planning, and daily instruction   + How the IHE and LEA will ensure that the mentor-teachers are skilled in special knowledge and skills for ESOL or Bilingual Education addressed by this program | 4  4  4 | 3  3  3 | 2  2  2 | 1  1  1 |
| 2C) Program Curriculum   * The applicant describes how pre-existing or new coursework offered by the proposed program(s) will prepare teacher candidates to:   + have positive impact on their students’ learning;   + use multiple sources of student learning data to inform instruction;   + understand and implement the New York State Next Generation P-12 Learning Standards in their classrooms;   + develop the knowledge and skills required for ESOL or Bilingual Education;   + differentiate instruction based on needs, learning styles and cultural differences of their students;   + engage constructively with parents and community members. * The applicant describes how technology will be incorporated into the program to prepare and enhance the practices of the candidates and to positively impact student learning. The applicant describes how the program incorporates video of teacher candidates practice and/or exemplary teacher practice into coaching and developing teacher candidates. * The applicant describes how the IHE will prepare candidates for the Teacher Performance Assessment. | 4  4  4 | 3  3  3 | 2  2  2 | 1  1  1 |
| **Comments: Score ( ) out of 32** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organizational Capacity and Program Sustainability (total 40 points)** | **Very**  **Good** | **Good** | **Fair** | **Poor** |
| 3A) Year One Work Plan   * The applicant includes the first year activities from July 1, 2018 to June 30, 2019.The applicant describes timelines, responsibilities and milestones to be undertaken by each partner (IHE, LEA and partnering organization if applicable) to develop and launch the program. The applicant identifies which entity within the IHE will administer the program and the resources (including contributions) that will be provided to build the capacity and sustain the program. * The applicant describes the process for overseeing the project plan, adjusting activities and timelines as needed, and ensuring ongoing communication amongst partners and key staff. | 4  4 | 3  3 | 2  2 | 1  1 |
| 3B) Overall Project Plan   * The plan includes all activities and all milestones from July 1, 2018 through June 30, 2023. The applicant describes timelines, responsibilities and milestones to be undertaken by each partner (IHE, LEA and partnering organization if applicable) to develop and launch the program. * The applicant describes the process for overseeing the project plan, adjusting activities and timelines as needed, and a plan for ensuring ongoing communication amongst partners and key staff. | 4  4 | 3  3 | 2  2 | 1  1 |
| 3C) Demonstrated Organizational Capacity and Track Record of Partners   * The applicant included an Organization Chart that delineates the lines of authority among the members of the CR-ITI-BE/ESOL staff to each other. This chart includes the position of CR-ITI-BE/ESOL within the host agency, and indicates the lines of supervision related to the overall agency staff. * The applicant included the description for each staff position, the duties and responsibilities for each staff member, and the qualifications and resume of persons employed for each position. * The application demonstrated their track record including data or research evidence of the IHE’s ability to produce candidates who enter full-time teaching with a high level of teaching skill and are able to have a positive impact on the achievement of their ELL/MLL students.   The proposal includes evidence of candidates who have graduated from the IHE’s program and have been teaching in their new ESOL or Bilingual certification for at least two years.   * This section demonstrates track record of the LEA of recruiting and developing new teachers to reach a high level of practice and have positive impact on student learning. * The applicant describes a history of collaboration between an LEA(s) and the IHE around other initiatives to recruit, develop, retain or train effective teachers, especially in shortage certification areas. The applicant provides evidence of the results of these initiatives. | 4  4  4  4  4 | 3  3  3  3  3 | 2  2  2  2  2 | 1  1  1  1  1 |
| 3D) Program Assessment  Applicant described how the IHE and LEA(s) will collaborate to gather data and assess the results of the program during and after the grant period. | 4 | 3 | 2 | 1 |
| **Comments: Score ( ) out of 40** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget (total 20 points)**  *This section describes proposed expenditures that are appropriate, reasonable and necessary to support the project activities and goals. The expenditures and activities are supplemental to and do not supplant or duplicate services currently provided.* | | | | |
| **Criteria** | **Very**  **Good** | **Good** | **Fair** | **Poor** |
| Expenditures are reasonable and necessary to support the recruitment, retention, certification and increase of highly qualified certified Bilingual and ESOL teachers, as well as other necessary expenditures, such as administrative costs, equipment, travel and materials. | 5-4 | 3 | 2 | 1 |
| The budget provides a breakdown of all staffing, including title, full or part-time status, and the costs associated with staff salary and benefits. It describes any in-kind services that will be provided by the applicant. | 5-4 | 3 | 2 | 1 |
| The budget items are clear and obvious about how the proposed expenditures will be used to support the project activities and contribute to the program goals. | 5-4 | 3 | 2 | 1 |
| Budget items are supplemental to and do not supplant expenses and activities supported by other funding sources. | 5-4 | 3 | 2 | 1 |
| **Comments: Score ( ) out of 20** | | | | |

**Total Score Technical Proposal/Narrative: Score ( ) out of 80**

**Total Score Budget/Narrative: Score ( ) out of 20**

**Total Proposal Score: ( ) out of 100**

1. Every Student Succeeds Act (ESSA) reauthorizes the 1965 Elementary and Secondary Education Act (ESEA) and replaced No Child Left Behind (NCLB). New York State is working with the United States Department of Education to solidify a plan for the implementation of the new law. [↑](#footnote-ref-1)
2. National Council for Accreditation of Teacher Education (2010), *Transforming Teacher Education Through Clinical Practice: A National Strategy to Prepare effective Teachers.* Washington DC: www.ncate.org/publications [↑](#footnote-ref-2)
3. Every Student Succeeds Act (ESSA) reauthorizes the 1965 Elementary and Secondary Education Act (ESEA) and replaced No Child Left Behind (NCLB). New York State is working with the United States Department of Education to solidify a plan for the implementation of the new law. [↑](#footnote-ref-3)