



# Office of Children and Family Services

New York State  
Office of Children & Family Services

## MASTER CONTRACT FOR GRANTS APPLICATION

**Instructions and examples  
for awards \$50,000 and over**

Please note: In the example shown  
each page is a separate example  
within itself and is to provide assistance  
in contract development

**Send completed grant application and all required attachments to:**

New York State Office of Children and Family Services  
Bureau of Contract Management  
Legislative Grants Unit Capital  
View Office Park  
52 Washington Street – Room 202 South  
Rensselaer, New York 12144-2796

If you have any questions,  
Please call the Bureau of Contract Management at  
(518) 473-5682

## MASTER CONTRACT FOR GRANTS FACE PAGE

(Enter requested information for the items listed below)

### **Contractor Identification Numbers**

Enter organization's 10-digit New York State vendor identification number;

Enter the organization's nine-digit federal tax identification number (EIN). If the organization does not have a federal EIN, instructions on how to obtain one can be found on the following Internal Revenue Service website: <http://www.irs.gov>.

If applicable, enter organization's nine-digit Data Universal Numbering System (DUNS) number. If the organization does not have a DUNS number it must obtain one immediately through Dun and Bradstreet at [www.dnb.com](http://www.dnb.com)

### **Contractor SFS Payee Name**

For proper execution of a contract, enter the organization's name exactly as it appears in the New York State Office of the State Comptroller's Statewide Financial System (SFS).

### **Contractor DOS Incorporated Name**

Enter the organization's name exactly as it appears on the Certificate of Incorporation or most recent amendment.

### **Contractor Primary Mailing Address**

Enter the organization's address for the physical location of the organization, including floor number and the zip code.

### **Current Contract Term**

Enter the anticipated start and end dates for the term of the contract. The term must incorporate the period of time whereby contract funds will be spent and services will be provided. The organization must not have other contracts for the same project, with overlapping terms and duplicate budget items. Consult the **award notification letter** to determine the earliest date for which the contract term can start. When selecting a contract term, allow sufficient time (approximately 120 days) for the contract execution/approval process. Any organization requesting a retroactive start date is hereby advised that money spent in anticipation of entering into a contract with the New York State Office of Children and Family Services (OCFS) is done so at the risk of said organization.

### **Contractor Status**

Please (X) the appropriate areas for the organization.

### **Contract Funding Amount**

Enter the amount of the award as indicated in the award notification letter.

### **Multi-Year Term**

LEAVE BLANK

## SIGNATURE PAGE

The signature page is where the individual authorized to sign on behalf of the corporation formally signs the agreement certifying that the contractor agrees to the terms and conditions set forth in the agreement and certifying that the information provided is true and correct.

### **Contractor**

Name must be the organization's legally incorporated name **exactly** as it appears on the Certificate of Incorporation or most recent amendment. Include signature, print or type the signer's name and title below the signature, and enter the date signed.

### **State Agency**

Do **NOT** enter any information in this section. It is for state agency use only.

### **Notarization For Contractor**

The authorized individual must sign his/her name in front of a notary public and the notary must complete the notarization information on the **same day** that the signature page is signed.

***One original, notarized signature page MUST be submitted with the application.***

**All signatures must be original signatures in blue ink; signature stamps and photocopies of signatures will NOT be accepted.**

Frequently there are problems with the signature page, causing significant delays in the approval process. Some of the more common problems are listed below:

- The organization name is incorrect (must be exactly as it appears on the Certificate of Incorporation);
- Unauthorized signatory (must be a person who is listed as authorized to sign in Attachment C-1 *Summary of Organizational Information*, under "XV. Contact Persons");
- Information is entered prior to signature, making it appear as though signature and notary dates are different, the signature page must be signed and notarized on the same date;
- Notary information is incomplete;
- Notary's commission has expired.

**Please double-check the accuracy of the information on the signature page before submitting the application.**

## ATTACHMENT B-1 EXPENDITURE BASED BUDGET

When developing the budget, include all expenses necessary for running the project as described in Attachment C, *Workplan Summary*, for the project term (i.e., staffing, administrative costs, supplies, rent). For example, if the contract term is twelve months, the budget should show all expenses associated with running the project for a twelve-month period. If the contract term is less than a year, the expenses associated with running the project must be prorated to correspond with the length of the term.

“This Contract” may cover only some of the costs of the project. The expenses not covered by “This Contract” which are necessary to complete the project are covered by “Other Funding.” The budget must provide information on all projected expenses for the contract term and identify from which source of funding they will be paid, “This Contract,” or “Other Funding” or a combination of the two. See the examples for a complete budget.

### **B-1 Budget Expense Summary**

All projected expenses associated with the project and the type of funding will be listed here. Each of the dollar amounts entered on this summary are first determined by completing the individual expense details on the following pages. Complete the expense details first, then copy the totals forward to this summary. Please double check to make sure the figures are copied accurately. **Always round figures to the nearest dollar** (see examples).

### **B-1. Budget Expense Summary**

Expense Category	Other Funding	This Contract	Total Project
<b>B-3.</b> Personnel expenses	\$ 16,500	\$13,960	\$ 30,460
<b>B-4.</b> Fringe benefits and payroll taxes	\$ 3,400	\$ 2,644	\$ 6,044
<b>B-5.</b> Equipment and supplies	\$ 800	\$ 7,879	\$ 8,679
<b>B-6.</b> Contractual and consultants	\$ 7,049	\$ 711	\$ 7,760
<b>B-7.</b> Other expenses	\$ 4,806	\$ 806	\$ 5,612
<b>Total project expenses</b>	<b>\$ 32,555</b>	<b>\$ 26,000</b>	<b>*\$ 58,555</b>

**\*Total Project Expenses must equal Total Revenues Listed in B-2.**

## **B-2. Anticipated Revenue to Support Project**

The sources of funds used to support the project are identified in this summary. Only the funds that support this particular project for the length of the contract term are shown here, not the total income for the organization. The dollar amount shown in B-1, "Budget Expense Summary," must equal the dollar amount shown in this summary for B-2, "Anticipated Revenue to Support Project."

The name of the source of funds other than this contract should be listed under "Source of Funds." The amount of applicable funding from that source should be shown under "Amount."

**LDSS Funding** is grants or ongoing funding from the local department of social services.

**Grants** are all grants received for the project.

**Grants: This Award – NYS Legislative Member Item** refers specifically to this award.

**Grants: Other** may include government grants as well as funds from private foundations. Please list each by name.

**Cash Donations** are any funds the organization receives from general fund raising campaigns.

**Fees for Services** are the fees the organization may charge for the services provided under this project, e.g., day care, counseling, parenting classes.

## **B-2. Anticipated Revenue to Support Project**

<b>Item</b>	<b>Source of Funds</b>	<b>Amount</b>
LDSS funding		\$ 4,000
<b>Grants: This Award</b>	<b>NYS Legislative Member Item</b>	\$ 26,000
Grants: Other:		\$
Cash donations		\$
Fees for services	Weekly fees	\$ 28,555
Total revenues		<b>*\$ 58,555</b>

**\*Total Revenues must equal Total Project Expense Listed in B-1.**

### **B-3. through B-9. - Overview**

Sections B-3 through B-9 are referred to as **expense details**. The total amount of each expense detail will be shown as in the appropriate budget line in B-1, Budget Expense Summary.

When determining what items to charge to this project, remember that a claim for Expenses must be supported by documentation. Consider limiting the budget categories charged to "This Contract" when possible for ease in reporting at a later date. The first two expense details are personnel related: "Salaried Employees and Hourly Employees", and "Fringe Benefits Expense." They require certain calculations and that each employee be listed. The remaining three expense details can all be completed in the same manner since the forms have identical components: "Equipment and Supplies," "Contractual and/or Consultants," and "Other Expenses Detail." Computations and hourly wages may have cents in them, however, when entering numbers in "This Contract," "Other Funding," or "Total Project." **Round figures to the nearest dollar.**

#### **This Contract**

Enter the dollar amount of any or all costs to be paid for by this contract, for each of the individual expense categories that apply.

#### **Other Funding**

Enter the dollar amount of any or all costs to be paid for from funds other than this contract, for each of the expense categories that apply (examples: cash donations, LDSS funding, fees for services, other grants).

#### **Total Project**

For each individual expense category, please add **across** the funding sources, and enter the total in this field.

#### **Total\***

Please enter the column totals here, by adding **down** each individual expense category ("This Contract," "Other Funding," and "Total Project"). All dollar amounts from this line are to be copied to B-1 "Budget Expense Summary."

In expense details B-5 through B-7, the following information is required:

#### **Explanation**

Enter a description of individual costs for each category of expense listed. Include an explanation of how these costs will be used in the project.

#### **Computation**

List each individual cost and explain how these costs were determined. For example, 25 percent of the rental costs for the program are supported by this contract. If your contract term rental costs total \$100,000, then the computation would show  $\$100,000 \times 25\% = \$25,000$ .

### **B-3. Personnel Expense Detail**

Employees who should be included on this form: are those who will be paid in full or in part from “This Contract.” Include employees who are vital to the project, but may be paid completely from “Other Funding.” Any key personnel listed in Section D-6 “Key Personnel Profile” must be included in the budget.

#### **To complete the form**

- List the name and job title of each person to be paid from this contract.
- For salaried employees, enter the “Annual Salary.”
- For hourly employees, enter the “Hourly Wage.”
- For “Hours on Project,” enter the number of hours expected to be spent on the project.

Salaries include persons whose pay is determined on a basis other than hourly, e.g., weekly, bi-weekly, monthly, annually. Hourly Wages include those people whose pay is determined on an hourly basis.

Determine the amount of salary or hourly wage allocable to the “Total Project.” Finally, determine the amounts to be paid by “This Contract” and by “Other Funding.” All columns must be completed for each employee listed.

After computing each line item, add down each of the three columns: “This Contract,” “Other Funding,” and “Total Project.” Transfer the totals to B-1, “Budget Expense Summary.”

### **B-4. Fringe Benefits Expense Detail**

The program is required to pay mandatory employer payroll taxes – Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Worker’s Compensation – for all employees. Additional fringe benefits such as pension, health, life or dental insurance may also be provided. The total fringe benefits and payroll taxes chargeable to this contract cannot exceed the NYS Office of the State Comptroller’s rate of 45.24 percent. When determining the amounts of Fringe Benefits, keep in mind the following:

The percentage of fringe benefits allocated to “Total Project” cannot be greater than the percentage of Salaries/Hourly Wages charged to the project, but a lower percentage may be allocated. To continue the example from B-3, if the project director spends 50 percent of his/her time on the project, only 50 percent of the total fringe benefits may be allocated to the project for the nine-month contract term.

**B-3. Personnel Expense Detail** (Must include Personnel listed in D)

<b>Salaried Employees</b> <b>(Include Name, Title, and Annual Salary)</b>	<b>Total Salary Contract Term</b>	<b>% of Time on Project</b>	<b>Other Funding</b>	<b>This Contract</b>	<b>Total Project</b>
Sharon Johnson Project Director \$20,000	\$ 20,000	37.5%	\$ 0	\$ 7,500	\$ 7,500
Ben McCarthy Head Teacher \$16,000	\$ 16,000	75%	\$ 11,500	\$ 500	\$ 12,000
Zoe Harrison Assistant Teacher \$ 13,334	\$ 13,334	75%	\$ 5,000	\$ 5,000	\$ 10,000
<b>Hourly Employees</b> <b>(Include Name and Title)</b>	<b>Hourly Wages</b>	<b>Hours on Project</b>			
Substitute Teacher - 3 Year Old Group	\$ 6.00	160			
<b>Total personnel expenses</b> <b>(Transfer totals to B-1.)</b>			<b>\$ 16,500</b>	<b>\$ 13,960</b>	<b>\$ 30,460</b>

**B-4. Fringe Benefits and Payroll Taxes** (Not to exceed 45.24 percent.)

	<b>Other Funding</b>	<b>This Contract</b>	<b>Total Project</b>
<b>Total fringe benefits and payroll taxes</b> <b>(Transfer totals to B-1.)</b>	<b>\$ 3,400</b>	<b>\$ 2,644</b>	<b>\$ 6,044</b>



## **B-5. Equipment and Supplies Expense Detail**

Equipment is any non-consumable, tangible property having a useful life of more than one year. Items costing more than \$1,000 are considered equipment. For items costing \$5,000 and over, three written bids in response to written specifications are required. For items costing between \$1,001 and \$5,000, three telephone bids are required. The bids must be attached to the contract. The amount of the bid selected should be in the budget. If bids have not yet been secured, include a statement that the bids will be provided prior to submitting a claim for reimbursement.

In the Computation indicate the cost for each item of equipment. Allocate the desired amounts to "This Contract" and "Other Funding."

After each line item is computed, add down each of the three columns: "This Contract," "Other Funding," and "Total Project." Transfer the totals to B-1, "Budget Expense Summary."

If the Legislative Intent of the award does not specify the purchase of equipment, some purchases may not be allowable without prior legislative approval. Occasionally, the Legislature is asked to clarify the intent if the circumstances warrant. If there are any questions on this matter, please call us at (518) 473-5682.

Supplies are those items that will be consumed during the life of the project. They may include office supplies, program supplies, janitorial supplies, etc. Items costing \$1,000 or less are considered supplies.

In the Computation, provide costs for each type of item. If buying large ticket items that do not qualify as equipment (\$1,000 or less per item, for example, office furniture) please provide "per item" prices. If purchasing consumable supplies you need not provide as much detail (for example, file folders, copy paper, pens, etc. may be grouped together and listed as Consumable Office Supplies, without the need for a per item cost). Enter the total amount for each item in the "Total Project" column. Allocate the desired amounts to "This Contract" and "Other Funding."

After each line item is computed, add down each of the three columns: "This Contract," "Other Funding" and "Total Project." Transfer the totals to B-1, "Budget Expense Summary."

## B-5. Equipment and Supplies Expense Detail

(Attach 3 price quotes/bids for single items costing more than \$1,000.)

<b>Explanation</b>			
Purchase of new 22 cubic foot refrigerator		Not the lowest quote, so reasons for selection are included.	
Phone Quotes: →			
Lowe's	\$1,050 *Selected for free delivery/warranty		
Sears	\$1,100		
Appliance Outlet	\$ 900		
<p>The items in supplies are necessary for administrative support, to maintain the cleanliness of the center, to provide program supplies for learning and to provide a nutritious breakfast, lunch and snack for each child each day. This project is funding one of four classrooms in the center. ¼ of the total expenses for the 9-month term will be allocated to this project.</p>			
<b>Computation (List each item separately)</b>	<b>Local Share</b>	<b>This Contract</b>	<b>Total Project</b>
New Refrigerator	\$ 0	\$ 1,050	\$ 1,050
Office supplies	\$ 0	\$ 330	\$ 330
Janitorial supplies	\$ 0	\$ 650	\$ 650
Classroom supplies	\$ 0	\$ 909	\$ 909
Kitchen supplies	\$ 0	\$ 340	\$ 340
Food	\$ 800	\$ 4,000	\$ 4,800
Building supplies	\$ 0	\$ 600	\$ 600
<b>Total equipment and supplies expenses</b> <b>(Transfer totals to B-1.)</b>	<b>\$ 800</b>	<b>\$ 7,879</b>	<b>\$ 8,679</b>

## **B-6. Contractual and Consultants Expense Detail**

Contractual services include any costs that have a formal or informal contract such as rental of real estate, lease of equipment, insurance, payroll services, janitorial services and general contracting services. Include documentation for these costs, e.g., a lease.

If contractual services are to be paid for by "This Contract," include documentation for contracts, such as the real estate lease or insurance policy. If the cost is paid for entirely by "Other Funding," no documentation need be attached. If documentation is not available, include a reasonable estimate along with the basis for the calculation used to determine the cost.

In the computation, list each contract along with the cost in the "Total Project." Allocate the desired amounts to "This Contract" and "Other Funding."

After each line item is computed, add down each of the three columns: "This Contract," "Other Funding" and "Total Project." Transfer the totals to B-1, "Budget Expense Summary."

Consultants are self-employed individuals who are not supervised by your organization. They perform jobs as they determine appropriate, according to general descriptions provided in written agreements. Since they are not employees, they are responsible for their own mandatory fringe benefits, i.e., employer share of Social Security, Workers' Compensation and SUI, and are responsible for remitting their own state and federal income taxes.

In the Computation, indicate how each consultant will be paid, e.g. \$20/hour x 80 hours *or* 6 days at \$75/day. The total amount of the consultant agreement(s) should be put in the "Total Project" column. Allocate the desired amounts to "This Contract" and "Other Funding."

After each line item is computed, add down each of the three columns: "This Contract," "Other Funding" and "Total Project." Transfer the totals to B-1, "Budget Expense Summary."

**B-6. Contractual and Consultants Expense Detail** (Attach copies of signed agreements.)

<b>Explanation</b>			
<p>The following are administrative costs necessary to operate the center. The costs shown are ¼ of the total centers' costs for a 9-month period because this project is funding one of four classrooms in the center. Only a contract for the copier lease is attached since all other contracts are supported solely from other funding.</p> <p>Bookkeeper prepares accounts payable, tax deposits and required tax forms.</p>			
<b>Computation (List each item separately)</b>	<b>Local Share</b>	<b>This Contract</b>	<b>Total Project</b>
ADP Payroll	\$ 250	\$ 0	\$ 250
ADI Security	\$ 200	\$ 0	\$ 200
Xerox Copier Service	\$ 49	\$ 351	\$ 400
Bugs Away Exterminating →	\$ 50	\$ 0	\$ 50
Allstate Building Insurance	\$ 3,500	\$ 0	\$ 3,500
Big Bank Mortgage Co.	\$ 3,000	\$ 0	\$ 3,000
Bookkeeper: \$40 per day x 1 day per month x 9 months (Consultant Agreement Attached)	\$ 0	\$ 360	\$ 360
<b>Total contractual and consultants expenses</b> <b>(Transfer totals to B-1.)</b>	<b>\$ 7,049</b>	<b>\$ 711</b>	<b>\$ 7,760</b>

Listed to illustrate types of contracts. You may have only 1 or 2 or

## B-7. Other Expense Detail

This section should include any costs that do not fit into the other expense categories. Examples include travel, postage, telephone, utilities, conference fees, advertising and stipends.

Travel may be for staff or clients, and may not exceed NYS established rates (mileage rate is determined by the published IRS rate.) For lodging information, contact the Office of Children and Family Services for a guide on allowable per diem rates). Show the calculation used e.g., 8 bus tokens @ \$1.00 each to visit clients, etc.

In the computation, list each type of cost and indicate any calculation (40 percent of total utility costs, etc.), along with the cost in the "Total Project." Allocate the desired amounts to "This Contract" and "Other Funding."

After each line item is computed, add down each of the three columns: "This Contract," "Other Funding" and "Total Project." Transfer the totals to B-1, "Budget Expense Summary."

## B-7. Other Expenses Detail (Travel, utilities, postage, etc. Include compensation for each item of expense.)

<b>Explanation</b>			
Travel to and from training workshops to fulfill the mandatory training requirements for licensing at the county Child Care Council.			
	→	This expense is included because it relates to the project description	
The following are other administrative costs necessary to operate the facility. The costs shown are ¼ of the total expense for the 9-month contract term.			
	→	All costs must have a basis for allocation	
<b>Computation (List each item separately)</b>	<b>Local Share</b>	<b>This Contract</b>	<b>Total Project</b>
Mileage: \$.315 x 30 miles x 3 trips x 2 teachers	\$ 59	\$ 0	\$ 59
Parking	\$ 6	\$ 0	\$ 6
Postage	\$ 90	\$ 0	\$ 90
Utilities (Approximately \$550 per month)	\$ 4,194	\$ 806	\$ 5,000
Telephone	\$ 360	\$ 0	\$ 360
Conference Fees	\$ 52	\$ 0	\$ 52
Advertising	\$ 45	\$ 0	\$ 45
<b>Total equipment and supplies expenses</b> <b>(Transfer totals to B-1.)</b>	<b>\$ 4,806</b>	<b>\$ 806</b>	<b>\$ 5,612</b>

## **B-8. Donations**

Donations may be space, equipment, supplies, etc. that are integral components of your project, but are not charged to the project. They may be donated from another area of your organization or from another agency, organization or individual.

## **B-8. Donations**

**Please describe any *non-money* donations to the proposed project, including but not limited to, equipment or space.**

Parent donations of books, toys, etc.

## **B-9. Volunteer Services**

Volunteer services refers to individuals donating their time. The services may be professional in nature, such as a social worker or an accountant. They may be non-professional in nature, such as a peer counselor, a mentor or field trip chaperone.

## **B-9. Volunteer Services**

**Please describe any volunteer services need to run the proposed project.**

A graduate student in special education from the local university observes children in the classrooms one hour per week. She works with classroom teachers in identifying and assessing special needs children and making appropriate referrals.

# Budget Example for Equipment Purchase Only

## B-1. Budget Expense Summary

Expense Category	Other Funding	This Contract	Total Project
B-3. Personnel expenses	\$ 0	\$ 0	\$ 0
B-4. Fringe benefits and payroll taxes	\$ 0	\$ 0	\$ 0
B-5. Equipment and supplies	\$ 1,000	\$ 25,000	\$ 26,000
B-6. Contractual and consultants	\$ 0	\$ 0	\$ 0
B-7. Other expenses	\$ 0	\$ 0	\$ 0
<b>Total project expenses</b>	<b>\$ 1,000</b>	<b>\$ 25,000</b>	<b>*\$ 26,000</b>

## B-2. Anticipated Revenue to Support Project

Item	Source of Funds	Amount
LDSS Funding		
<b>Grants: This Award</b>	<b>NYS Legislative Member Item</b>	<b>\$ 25,000</b>
Grants: Other:		
Cash donations	Fundraising	\$ 1,000
Fees for services		
<b>Total revenues</b>		<b>*\$ 26,000</b>

**\*Total Revenues must equal Total Project Expenses Listed in B-1.**

## B-5. Equipment and Supplies Expense Detail (Attach 3 price quotes/ bids for single items costing more than \$1,000.)

Explanation			
One heavy-duty 15-passenger van with removable seats. Three (3) bids have been obtained and submitted with the accepted bid noted. Bids attached.			
Computation (List each item separately.)	Local Share	This Contract	Total Project
One (1) heavy-duty 15-passenger van that alternates as a cargo van (with seats removed) for up to 3,000 pounds payload	\$ 1,000	\$ 25,000	\$ 26,000
<b>Total Equipment and Supplies Expenses</b> <b>(Transfer totals to B-1.)</b>	<b>\$ 1,000</b>	<b>\$ 25,000</b>	<b>\$ 26,000</b>

## **ATTACHMENT C – WORKPLAN SUMMARY**

The Workplan Summary is where the organization provides comprehensive, detailed information on the services/project that it will be providing with this grant. When completing this section, address major expenditures planned in the Expenditure Based Budget (Attachment B-1) and ensure that the following points have been addressed with specifics:

### **Project Name**

Enter the name of the project being funded by this award.

### **Contractor SFS Payee Name**

Enter the organization's name exactly as it appears in the New York State Office of the State Comptroller's Statewide Financial System.

### **Contract Period**

Enter the anticipated start and end dates for the period described in this summary (may be the same as contract term start and end dates).

### **Summary**

Provide an overview of the project including goals, tasks, desired outcomes and performance measures in the space provide. Additional pages may be added if required.

## **ATTACHMENT C – WORKPLAN DETAIL**

Provide details for objectives, budget category/deliverable (if applicable), tasks, and performance measures planned in the Expenditure Based Budget (Attachment B-1).



## SUMMARY OF ORGANIZATIONAL INFORMATION

### **Award # and Award Amount**

Enter the award number and the amount of the legislative award as shown in the award letter.

### **I. Incorporated Agency Name**

Enter the organization's legally incorporated name exactly as it appears on the Certificate of Incorporation or most recent amendment. (Attach Certificate of Incorporation and all amendments unless submitted under a previous application/contract). If the organization is not incorporated, it must do so with the Department of State, instructions can be found on the following NYS Department of State website, <http://www.dos.ny.gov/corps/index.html>

### **II. Project Title**

Enter the project title; refer to the Initiative Form that was attached to the award letter for information about the project for which this award is intended.

### **III. New York State Vendor ID - NEW**

All vendors doing business with NYS are **required** to be registered with the NYS Vendor Management System. For information on managing vendor records or obtaining a NYS Vendor ID visit the NYS Office of the State Comptroller's website at <http://www.osc.state.ny.us/vendors>. For information on the Statewide Financial System, visit: [www.sfs.ny.gov](http://www.sfs.ny.gov). (click on "Vendor Support")

### **IV. Amount of OCFS Funds Requested**

Enter the dollar amount of your legislative award as shown in the award letter.

### **V. Proposed Dates of Project**

Enter the start and end dates for the term of this contract. Be sure you have no other OCFS contracts or contracts for the same project with overlapping terms and duplicate budget items.

### **VI. Address**

Enter the address(es) for the organization and indicate with "X" any and all categories that apply to each address listed.

### **VII. Federal Tax Identification Number or Municipality**

Enter the organization's nine-digit employer identification number (EIN). If the organization does not have a federal EIN, instructions on how to obtain one can be found on the following Internal Revenue Service website, <http://www.irs.gov/businesses/small/article/0,,id=98350,00.html>

### **VIII. Does the Business Entity have a Data Universal Numbering System (DUNS) Number?**

Enter the organization's nine-digit Data Universal Numbering System (DUNS) number. If the organization does not have a DUNS number it must obtain one immediately through Dun and Bradstreet @ <http://www.dnb.com>

### **IX. Business Entity Type**

Check "Yes" if the description applies to the organization; Check "No" if it does not apply to the organization. Please answer each item.

### **X. Business Entity Type (Not-For-Profit/(MCBO)**

Check "Yes" if the description applies to the organization; Check "No" if it does not apply to the organization.

**XI. Charities Registration Number**

Enter the organizations NYS charities registration number; the NYS charities registration number is not a federal or state tax-exempt number.

**XII. Attorney General's Charities Bureau Required Annual Written Reports**

Check "Yes" if all required periodic or annual written reports have been filed with the NYS Office of the Attorney General's charities bureau. Check "No" if they have not been filed.

**XIII. Congressional/Legislative District Information**

Complete if known

**XIV. County**

Enter county of organization.

**XV. Contact Person(s)**

Enter the names, daytime telephone numbers and email addresses, indicate with an "X" any individuals that are authorized to sign both contract signature documents and vouchers. Indicate "V" for vouchers only or "C" for contracts only to limit an individual's authorization to sign either vouchers or contracts. An email address is required, if a personal email address is not available, the organization's shared email address should be provided.

## NON-DISCRIMINATION/NON-SECTARIAN COMPLIANCE

Organizations that contract with OCFS are prohibited by the Human Rights Law from limiting or denying access to services on the basis of age, race, creed, color, national origin, sex or disability. This form is used to determine the organization's degree of compliance with laws and regulations regarding discrimination. Refer to the Certificate of Incorporation (original and amendments) to answer each of the following questions correctly.

Enter the organization's name exactly as it appears on the Certificate of Incorporation or most recent amendment.

a-g. Answer each question "Yes" or "No."

h. Define the specific target population i.e., to whom the organization will provide services.

i. Explain what the organization will do if people outside the target population request services. For example, will the organization refer them to another service provider?

j. Answer "Yes" or "No."

If you have answered "Yes" to any of the questions (a) through (e) or question (g), use the space provided on the form to justify why the organization should still be funded.

### **Organization Information**

Check "Yes" if the description applies to the organization; "No" if it does not apply to the organization. Please answer each item.

As established by the New York State Office of the State Comptroller:

Non-Profit Organization is an incorporated organization chartered for other than profit-making activities.

Women-Owned Business Enterprise is a non-profit organization controlled by a board of directors which consists of at least 51 percent women.

Minority Business Enterprise is a non-profit organization controlled by a board of directors, which consists of at least 51 percent minority individuals.

Small Business Concern is a business which is resident in New York State, independently owned and operated, not dominant in its field, and employs one-hundred or less persons.

## Non-Discrimination/Non-Sectarian Compliance (example)

Agency: XYZ Child Care Center, Inc.

- |  | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| a. According to the Certificate of Incorporation, are the organization's purposes sectarian? (For example, is the organization a corporation organized under the religious corporation law or a corporation which has a corporate purpose to serve a particular religious group or to promote the doctrine of a particular religion in general?) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Are any of the proposed services in your project sectarian in nature?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Does the organization have as its goal the furthering of any sectarian purpose?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Are the services to be provided by sectarian staff? (e.g., clergy)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Are services being delivered in a building owned by a sectarian organization?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Are services direct educational services in connection with a school?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Will the proposed services be provided on the basis of race, religion, color, national origin or sex?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

h. What is the target population of the organization?

e.g., Single parent families, low income working families and at risk families

i. What will the organization do if individuals who are not part of your target population ask for services?

e.g., Refer to an appropriate agency

j. Will the organization serve, either through direct services or referrals, all who request assistance?

**If the answer(s) to any of the questions a-e, or question g, are "Yes," then justify why you should be funded below.**

### ORGANIZATION INFORMATION

For statistical purposes, check yes or no for each of the following items as it relates to your organization. (See instructions and examples.) **Leave no blanks.**

<b>Non-Profit Organization</b>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>Women-Owned Business</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>Minority Business</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<b>Municipality</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>Small Business</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES**Board Of Directors Profile**  
**Not-For-Profit Organizations**  
**INSTRUCTIONS FOR BOARD OF DIRECTORS PROFILE FORM**

The *Board of Directors Profile* form, OCFS-4552, must be completed and **signed by the board of directors' chairperson**. This includes name, address, email, current occupation and employer, length of service and position on the board and board chairperson's signature and date.

The outlined points noted below must be followed with regard to the board of directors for not-for-profit organizations.

- **For the purposes of this Request for Proposal, the number of members on the board of directors must not be less than five (3).**
- Be sure ALL columns are filled in for each board member; list both occupation and employer for each board member. If one or more board members are retired or otherwise not employed (e.g., a community volunteer or homemaker), please note that status in the second column as well as their previous or current occupation. If the board member is self-employed, the name and nature of their business must be included.
- Where the corporation is licensed by OCFS to operate residential facilities for victims of domestic violence, no board member (including non-voting, ex-officio members) of the corporation may be a paid employee of the applicant organization. This provision is non-waivable and applies even if the contract in question is for an activity other than the operation of a residential facility for victims of domestic violence. If the *Board of Directors Profile* submitted lists a paid employee as a member of the board of directors, the contract cannot be approved until that individual is removed from the *Board of Directors Profile*.
- No paid employee of a corporation requiring OCFS approval to incorporate may sit on the agency's board, **except that the CEO of a voluntary child-caring agency may be a non-voting member of the board**. There is no waiver available for this scenario. If the Board of Directors Profile for a voluntary child-caring agency lists a paid employee other than the CEO as a member of the board, the contract cannot be approved until that individual is removed from the Board of Directors Profile.
- Board members must avoid transactions involving the applicant organization in which they personally benefit or which create the appearance that they could personally benefit. Board members who are employed by government organizations must avoid situations in which they could use their official position or capacity for the benefit of the applicant organization or which create the appearance that they could use their official position or capacity for the benefit of the applicant organization. As such, social services district or other county employees, membership on a corporation's board of directors will be examined. OCFS will determine whether a conflict of interest or appearance of impropriety exists and how, if at all, it can be rectified such that the individual can remain a board member.
- For any board member employed by the local social services district or other county government agency whose board of directors services presents a potential conflict of interest or appearance of impropriety, a letter must be submitted with this application from the county ethics board, county attorney or other appropriate local entity, stating that their service on the board does not constitute a conflict or otherwise violate applicable ethics provisions. OCFS will review the information submitted and advise the applicant organization accordingly. OCFS may request additional information in instances in which the potential for a conflict of interest or appearance of impropriety arises.
- You can attach a board listing using a different form, as long as you use the OCFS form as your first page, enter "See attached list" under number 1, and enter your agency name, date, and board chairperson's signature on the OCFS form.
- If you attach a board listing using a different form, make sure all the required information on the OCFS form is conveyed on the attached form.

## Board of Directors Profile-Not-for-Profit Corporations (example)

Listed are the current members of the board of directors of this corporation. No member of the board of directors or any firm or entity with which such board member is associated, is at the time of this application, or will be thereafter, an employee of or paid consultant or contractor of the corporation.

On the 6th day of June, 2005 the board of directors of this corporation duly adopted or passed a resolution authorizing the corporation to enter into this agreement.

Name and Address	Position on Board and Term	Current Occupation	Non-Voting Member
Albert Gordon 100 Madison Street Albany, New York 12000	Chairperson 3 Years	C.P.A.	
Pamela Foster 46 Brookview Road Albany, New York 120000	Vice President 3 Years	Elementary School Principal	
James Hayes 65 Fourth Street Albany, New York 12000	Secretary 3 Years	Retired	
Cynthia Blake 260 Central Avenue, Apt. 6C Albany, New York 12000	Treasurer 3 Years	Financial Consultant	
Donna Brown 56 Western Boulevard Albany, New York 12000	Member 1 Year	Homemaker	
Kevin Lawrence 1 Riverside Road Albany, New York 12000	Member 1 Year	Social Worker	
Kenneth Drake 24 Dillenbeck Avenue Albany, New York 12000	Member 1 Year	Teacher	

\_\_\_\_\_  
Date

\_\_\_\_\_  
[**Board chairperson must sign here**]  
Chairperson, Board of Directors

## KEY PERSONNEL PROFILE

The purpose of this form is to demonstrate the staffing levels for the project as well as the amount of time the organization's key personnel will spend on the project. Key personnel include the following:

- Individual(s) responsible for the management of the contract.
- Direct service workers (including hourly employees), e.g., social workers, teachers, psychologists, etc.
- Administrative staff overseeing the project and supporting the project

Enter the name and title of the staff person and list the job duties for the *position* and provide the name and title of the supervisor for each employee listed.

Attach additional pages to this form if necessary.

**KEY PERSONNEL PROFILE (must relate to Expenditure Based Budget)(example)**

<b>Name and Title</b>	<b>Job Duties</b>	<b>Name and Title of Supervisor</b>
Sharon Johnson, Project Director	Contract management, preparation of quarterly reports program supervision, staff training, implementation of curriculum, record-keeping	Deborah Sullivan, Executive Director
Ben McCarthy, Head Teacher	Record attendance, serve meals, prepare lesson plans, present lessons, supervise all activities, attend meetings and training, train and supervise assistance teacher	Sharon Johnson, Project Director
Zoe Harrison, Assistant Teacher	Assist head teacher in all aspects of child supervision, meal service, nap time, outdoor play, maintenance of classroom and materials	Ben McCarthy, Head Teacher



## **ATTACHMENT D PAYMENT AND REPORTING SCHEDULE**

Attachment D is the part of the contract that discusses the general payment schedule and procedure for budget revisions, this document is a boilerplate, no action is necessary.

Legislative Member Item Grants are state-funded only.

### **REQUIRED Electronic Payments and Substitute Form W-9**

The Governor's Office of Taxpayer Accountability has issued a directive that all state agency and state authority contracts, grants and purchase orders executed after February 28, 2010 shall require vendors, contractors and grantees to accept electronic payment (epay).

Please note, the contractor payee name and address provided to the NYS Office of the State Comptroller (OSC) for the epay program must match exactly the contractor name and address retained by the VMU and the contractor's contract with the New York State Office of Children and Family Services. If these do not match, a check is printed and mailed to the payee as registered in the VMU.

Vendors should also file a Substitute Form W-9 with their Electronic Payment Authorization Form.

### **REQUIRED NYS Office of the State Comptroller Vendor ID**

All vendors doing business with the State of New York are required to register with the OSC's Vendor Management Unit (VMU) to be assigned and receive a vendor ID. As the state moves forward with the Statewide Financial System, the vendor ID will be used for all communications and payment.

To receive the vendor ID, vendors must provide the following information to the VMU:

- Substitute Form W-9, which includes the taxpayer identification number
- Business name
- Business contact person

Vendors will be provided with an OSC vendor ID and access to the vendor portal where their information can be updated as necessary.

More information concerning these new requirements, including forms and contracts for questions, can be found at the following links:

#### **Substitute Form W-9**

<http://www.osc.state.ny.us/agencies/gbull/g240.htm>

#### **EPAY**

<http://www.osc.state.ny.us/vendors/epayments.htm>

#### **Vendor ID**

<http://www.osc.state.ny.us/vendors>.

#### **Statewide Financial System (click on "Vendor Support")**

[www.sfs.ny.gov](http://www.sfs.ny.gov).

## CONSULTANT AGREEMENT

Submit a **consultant agreement** only if a consultant will be providing services during this project and will be paid from this award. A blank consultant agreement form is included in the contract package. This form is to be used only if no signed consultant agreement exists. If one exists, please submit a copy of the agreement with the completed contract package.

*Note: The consultant agreement term must be within the contract term.*

**Consultant Agreement (example)**

I, Terry Hunter, agree to provide the services described below on a consultant basis to XYZ Child Care Center, Inc.

\_\_\_\_\_. It is understood that as a consultant, no taxes or fringe benefits of any kind are being withheld by the agency names above.

**Description of Service** (attach workplan if appropriate):

I, Terry Hunter, will prepare accounts payable, tax deposits and required tax forms.

**Date(s) of Service:**

The bookkeeping services will be provided one day per month, during the first week of each month.

**Cost of Service and Payment Schedule:**

<u>Hours Per Session</u>	<u>Frequency of Payment</u>	<u>Number of Sessions</u>	<b>x</b>	<u>Rate of Pay</u>	<u>Total Amount</u>
8	Monthly	9		\$40	\$360

**Term of this agreement:**

9/15/2005 – 6/14/2006

\_\_\_\_\_  
**(Consultant signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Printed name)**

\_\_\_\_\_  
**(Agency signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Printed name)**