



**Office of Children  
and Family Services**

OFFICE OF THE  
SUPERINTENDENT  
RECEIVED

C: Ms. Long  
Ms. [Signature]

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Acting Commissioner

2018 AUG 31 P 4: 29

August 28, 2018

Dr. Edwin M. Quezada  
Superintendent of Schools  
Yonkers City School District  
One Larkin Center - 4th Floor  
Yonkers, NY 10701

**Re: RFP#2018-12 Empire State After School Program  
Grants Gateway Application # CFS01-ESAP18-2018-00101**

Dear Mr. Quezada:

I am pleased to inform you that your organization's proposal submitted in response to the New York State Office of Children and Family Services (OCFS) RFP#2018-12 Empire State After School Program Request for Proposals has been selected for an award. This award and any contract that is developed as a result of it is subject to the continued availability of funding and **contingent upon approval of the Office of the State Comptroller and the relevant budget office.**

Contract Term: 9/1/2018-8/31/2022  
Annual Contract Periods: 9/1-8/31  
Total Contract Value: \$3,200,000  
Annual Award Amount: \$800,000

**NOTE: It is imperative that you begin the contract development process immediately so that the contract is approved in a timely manner.**

**Contract Management System**

Your agency is required to use OCFS' web-based Contract Management System (CMS) to manage contract development activities. Information on how to obtain user IDs and how to use CMS can be found online at <http://ocfs.ny.gov/main/bcm/CMSContractorManual.pdf>.

**Contract Due Date:** In the CMS schedule, you will be given 15 calendar days to fully develop the contract. This will require that all relevant documentation be submitted in a timely manner. If the contract is not completely and correctly developed within the scheduled number of calendar days, OCFS will notify you in writing that any interest payments that may have otherwise been due as a result of exceeding the prompt contracting timeframes, as described in Article XI-B of the State Finance Law, will be suspended from the day after the scheduled due date for your contract development until the contract documents are

submitted. **Failure to provide information required for contract development and approval may also delay your contract execution date.**

**Important:** If your organization does not currently have access to CMS, or if you need to update users, it is important to complete the CMS Authorization Form and return it to OCFS immediately. The Authorization Form and instructions are attached for your convenience.

**Helpful Hint:** Use Internet Explorer when using CMS. CMS does not work in any other internet browser. Also, when uploading documents in CMS, upload them as a PDF to prevent any errors.

### **Contracting Guides**

Please refer to the attached documents to assist you with the contracting process:

- CMS Authorization Form
- OCFS Agency Contact Information
- Executive Order 177 Certification

### **OCFS Contacts**

Your OCFS Program Manager will be contacting you concerning the contract development process, and will provide specific timeframes that you must adhere to while processing your contract documents to avoid any negative impact on the contracting process. In the meantime, please refer to the Contracting Guides and CMS instructions referenced above.

It is **important** that you read **all** the information referred to in this document and use the attachments that are sent to you. We recommend that you share this email with any staff that will be assisting you in the contract development process (program, fiscal, etc.). Future communications from OCFS will be primarily to the "CONUSER" and "CONSIG" that you enroll in the CMS schedule. There will only be one person assigned to each role in the CMS schedule. It is recommended that you designate at least two individuals with these roles, staff with the "CONUSER" role can develop the contract and "CONSIG" users can sign the contract.

Again, congratulations on your award. We look forward to working with you.

Sincerely



Derek J. Holtzclaw  
Deputy Commissioner for Administration

Attachments

cc: Cristina Jarufe-Instructional Budget Analyst

## Program Contacts

### OCFS Division of Child Care Services Staff:

Name & Title	Telephone	Email
Robert Korycinski, Director of Administrative Operations	518-474-9454	<a href="mailto:Robert.Korycinski@ocfs.ny.gov">Robert.Korycinski@ocfs.ny.gov</a>
Larry Carpenter, Program Supervisor	518-474-9454	<a href="mailto:Larry.Carpenter@ocfs.ny.gov">Larry.Carpenter@ocfs.ny.gov</a>

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CONTRACT MANAGEMENT SYSTEM (CMS)  
AUTHORIZATION FORM**

- The purpose of this form is to add, inactivate and modify users who have online CMS accounts.
- Sign-on ID #s and temporary passwords will be emailed to individual staff receiving CMS role designations

TODAYS DATE  / /	CONTRACT NUMBER(S)  <i>*Please note that the authorization for CMS accounts is not contract specific. If you would like to designate the below user(s) as a primary user for the indicated role, add the contract number and a brief narrative in the space provided</i>
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**Organization Information**

Legal Name:		
Doing Business As (DBA) Name (if applicable):		
Federal ID:	Municipal Code (if applicable):	OSC Vendor ID (if applicable):
Street Address 1:		
Street Address 2:		
City:	State:	Zip:

**Definition of Roles**

**Contract, Program Report, Claim Developer [CONUSER]** - Responsible for many contract related data entry tasks, such as completing online program reports and/or entering claim information online (*\*Claim Developer is not an authorized signer for claims or contracts*).

**Contract Signatory [CONSIG]** - Responsible for signing contracts on behalf of your organization.

**Contract Claim Signatory [CLAIMSIG]** - Responsible for signing claims on behalf of your organization and submitting them to OCFS

**Contract Viewer [CONVIEWER]** – This role gives users basic read-only access to contract specific information.

**Contractor User Role Designation**

1. Name:	Title	<input type="checkbox"/> Check here if this individual already has a CMS account
Email Address*	Phone Number: ( )	
<input type="checkbox"/> <b>Activate user</b> Check this box to create a CMS user account <input type="checkbox"/> <b>Inactivate user</b> Check this box to disable a CMS user account <input type="checkbox"/> <b>Archive Staff in the CMS Vendor File</b> Check this box if a person is no longer with your agency	<p style="text-align: center;"><b>Check all that apply</b></p> <input type="checkbox"/> Contract, Program Report or Claim Developer [CONUSER] <input type="checkbox"/> Contract Signatory [CONSIG] <input type="checkbox"/> Contract Claim Signatory [CLAIMSIG] <input type="checkbox"/> Contract Viewer [CONVIEWER]	

**This section is to be completed by the Head of the Organization or Chief Administrative Officer (i.e. Executive Director/CEO).**

I hereby authorize the Contract Developer identified above to develop contracts online using CMS (or to be disabled as indicated), the identified Claim Signatory identified above to electronically log and sign contract claims (or be disabled as indicated) and also authorize the Contract Signatory identified above to electronically sign contracts (or to be disabled as indicated) on behalf of our organization.

Name of Head of Agency:
Title:
Email Address*:
Phone Number:
Signature:
Date: / /

\*This should be an individual email address. Confidential User ID information will be emailed to this address.

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM FOR THE ON-LINE CONTRACT MANAGEMENT SYSTEM (CMS)

### Organization Information

All fields on the form must be completed; the only exceptions are the DBA Name and Municipal Code.

An organization chart must be submitted which indicates where the organization head or the chief administrative officer and the contract developer and signatory appear in relation to the Board of Directors and the organization.

- ✓ Municipal Code - The municipal code is used only for municipal organizations. If it does not apply, the box would be left blank. Questions regarding municipal codes should be directed to the OCFS Contract Manager.
- ✓ OSC Vendor ID – If available, enter your organization's OSC Vendor ID. This ID is issued by the vendor management unit (VMU) as part of the OSC vendor registration process.
- ✓ Legal Name – Enter as it appears on the Articles of Incorporation or Business Certification.
- ✓ Federal ID – Enter your 9 digit federal ID; please do not enter any dashes (-).
- ✓ State – New York is automatically filled in by default. If different, delete and enter the appropriate state.

### Contract Developer, Contract Signatory and Claim Signatory, Contract Viewer Information

- ✓ Email Address – This should be an individual email address. The confidential username will be emailed to this address. The password will be provided separately. A company email address accessible by multiple persons should not be used. Confidential communication between OCFS and the Contract Developer and Contract Signatory regarding this account will be sent to this address.
- ✓ Phone Number (Mandatory) – If there is a problem with the email address, OCFS will call this number to resolve any issues with the account.
- ✓ Please designate the user role(s). Check the Contract Developer, Contract Signatory, Contract Claim Signatory, and/or Contract Viewer box to indicate the type of account(s) you are authorizing OCFS to create or inactivate. Note that OCFS recommends that at least two contract developers, contract signatories, and contract claim signatories be assigned for each organization.
- ✓ Check the appropriate box to either activate an account (create a user role), inactivate an account (terminate user access), and/or archive a staff person from the CMS vendor file (i.e., if a person is no longer with your organization).

Signed authorization form(s) must be received before an organization can use CMS; please return the form(s) with an original signature via US mail to:

**New York State Office of Children and Family Services  
Bureau of Contract Management  
52 Washington Street  
South Building, Room 202  
Rensselaer, New York 12144-2796**

Also, please forward an electronic copy to your OCFS program liaison via email.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**EO 177 CERTIFICATION**

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

**Generally, the Human Rights Law applies to:**

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and,
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

In accordance with Executive Order No. 177, Contractor hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Contractor: \_\_\_\_\_  
Signed By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_