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NEW YORK STATE
**OCCUPATIONAL SAFETY AND HEALTH
HAZARD ABATEMENT BOARD**

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November 30, 2009

Dear Grant Applicant:

The Hazard Abatement Board (HAB) is pleased to announce the 2010 Request for Proposal (RFP) for Occupational Safety and Health Training and Education Grants. This year, the RFP may be obtained free of charge from the HAB's internet site, www.labor.state.ny.us/hab. You may also contact Program staff at 518-457-7629 to request a copy be mailed to your address. The 2010 RFP will be available on the internet or for distribution by mail on December 7, 2009. Please note that under the 2010 RFP grants will be awarded for a 12-month contract term running from August 1, 2010 through July 31, 2011.

This year the Board intends to place an added emphasis on evidence of some risk assessment in determining the need for training for which funding is being requested. This will not require an elaborate plan but should include how you determined the need (i.e. Safety Consultation, Workers Comp. data, Safety Committee input, etc.) This information should be clearly and concisely explained in Project Narrative Section 1, questions 1-3.

We have also established a listserv electronic mailing list for all of you interested in receiving notices of Board Meetings, pertinent information and issuance of future RFP's. To enroll on this list please go to www.labor.state.ny.us/hab and simply click on the "Subscribe to the HAB E-mail List".

Your response to the 2010 RFP must be received by the HAB staff not later than 5pm, New York Time on January 29, 2010 or be postmarked by such date in accordance with the proposal submittal instructions set forth in the RFP. No consideration will be given to grant applications that fail to meet this submittal deadline.

Thank you for your interest in Safety and Health.

Sincerely,

Robert F. Carpenter
Chairman, Hazard Abatement Board

NEW YORK STATE

TRAINING AND EDUCATION PROGRAM

ON

OCCUPATIONAL SAFETY AND HEALTH

HAZARD

ABATEMENT

BOARD

2010

REQUEST FOR PROPOSALS

(RFP)

PROGRAM INFORMATION

TABLE OF CONTENT

<u>SUBJECT</u>	<u>PAGE</u>
A. CONTRACT AWARD PROCESS	1
B. APPLICATION INFORMATION	2
Eligible Applicants	2
Projects To Be Supported	2
Projects Not Supported	3
Expenses Not Covered	4
Project Duration	5
Application Submission	5
Questions Concerning This RFP	5
C. EVALUATION CRITERIA	5
First Level Review	5
Project Impact	6
Project Design	7
Project Experience and Administrative Capability	8
Second Level Review	8
Method of Award	9
Reservation Clause	10
D. CONTRACT INFORMATION	10
Legal Requirements	10
Contract	10
Workers' Compensation and Disability Benefits	11
Terms and Conditions	12
Reimbursement	12
Advances for Not-For-Profit Grantees	13
Equipment Purchases	13
Development of Educational Material	14
Contract Changes	14
Reporting Requirements	14
Monitoring	15
Auditing	15
Equal Opportunity Requirements	16
Acceptance of RFP Terms and Costs of Preparation	17

Article 29 of the New York State Labor Law established a *TRAINING AND EDUCATION PROGRAM ON OCCUPATIONAL SAFETY AND HEALTH* (“the Program”) and charged the New York State Occupational Safety and Health Hazard Abatement Board (“the Board”) with the responsibility for awarding funds to eligible grantees. Under subdivision (15) (f) of Section 27-a of the Labor Law, the New York State Department of Labor (“the Department”, “grantor”, or “staff”) provides staff services to the Board.

The goal of the Program is to promote safe and healthful conditions in the workplace through training, education, and other proven preventive programs designed to:

- identify, evaluate, and control safety and health hazards in the workplace;
- encourage voluntary compliance with occupational safety and health regulations;
- foster activities by employers and employees intended to prevent workplace accidents, injuries and illnesses; and
- make employers and employees more aware of the New York State Right-to-Know Law and other regulations which mandate training and education on toxic substances in the workplace.

A. CONTRACT AWARD PROCESS

A notice of Request for Proposals (RFP) is posted annually in the New York State Register. Interested parties may obtain RFP packages at www.labor.state.ny.us or by calling us at 518-457-7629. Completed applications must be returned to the Occupational Safety and Health Training and Education (OSH T&E) Office by the designated date and time. All qualified applications go through a two-level review process. The first-level review is done by staff; second-level review is done by the Board. In first-level review staff review and evaluate all timely submissions, following uniform criteria established by the Board and applicable regulations. Staff then forward their evaluations and recommendations to the Board members for second level review and award. In second-level review the Board members review the applications, as detailed in the second level review of the Evaluation section of the RFP and make their awards. After the Board makes their awards, staff notify applicants whether or not they received a grant. **PLEASE NOTE:** Grants awarded pursuant to this RFP will be provisional awards only. Such provisional awards are based strictly on the availability of funds appropriated to the Department of Labor for the OSH T & E Program.

Successful applicants will be contacted to begin contract negotiations and contract development once the award letters are issued. Once contracts are in place and programs underway, staff monitor contractor performance to ensure compliance with all contract provisions. In addition, contractors are subject to fiscal audits and program monitoring by OSH T&E staff and the Office of the State Comptroller.

B. APPLICATION INFORMATION

ELIGIBLE APPLICANTS

Article 29 identifies five categories of eligible applicants:

- * 1. Public and Private Employers;
- 2. Labor Organizations or their Federations;
- 3. Trade Associations;
- 4. Non-profit Organizations;
- 5. Educational Institutions.

*(Must employ one or more beyond self-employment)

The Board strongly encourages joint labor-management applications. Other joint applications will be considered.

A State agency will be considered for funding if the proposed project will train county, local, or private sector employees as well as the agency's own employees.

PROJECTS TO BE SUPPORTED

Typical Training and Education activities which can be funded under the grant program include, but are not limited to, the following:

- general or hazard-specific training on how to identify, evaluate and control employee exposure to workplace hazards;
- activities intended to improve the effectiveness of labor-management safety and health committees;
- programs designed specifically to reduce workplace accidents by teaching lockout/tagout procedures, safe electrical work practices, methods of working safely in confined spaces, etc., where not readily available from NYSDOL;
- programs addressing ergonomic and repetitive motion problems
- programs emphasizing disease prevention through control of carcinogens and other toxic chemicals, physical hazards such as noise, heat and vibration, or biological hazards such as hepatitis B virus and tuberculosis bacteria;

- instruction of employees and employers on their rights and responsibilities under the New York State Right-to-Know Law and OSHA/Public Employees Safety and Health (PESH) standards on Hazard Communication, chemical hazards in laboratories, and specific substances such as lead, benzene, and asbestos, etc.;
- programs which help resolve unique and unusually difficult job safety and health problems, such as the threat of assault on the job.

PROJECTS NOT SUPPORTED

The Program will not fund the following activities:

- development of academic curricula for the education of occupational safety and health professionals or support personnel;
- activities which support degree programs, safety engineer certificate programs or extended academic programs designed to provide professional level credentials; however, grantees are permitted to award certificates of completion to individuals who receive training or education funded by this Program;
- scientific research;
- activities involving driver training or truck CDL Training. Powered Industrial Truck (PIT) or forklift training is allowable;
- activities which promote safety and health but are not related to occupational safety and health hazards, including, but not limited to, CPR or First Aid Training;
- political activities or devices directed to a member of any State or local legislature or the United States Congress;
- activities which incur costs before the starting date or after the ending date of a fully executed contract; **(NOTE: AN AWARD BY THE BOARD DOES NOT CONSTITUTE A FULLY EXECUTED CONTRACT UNTIL IT IS APPROVED BY THE OFFICE OF THE STATE COMPTROLLER);**
- activities which are part of an ongoing program already funded by the applicant;
- the purchase of land (or any interest therein), and/or the acquisition/construction of buildings;
- development costs for curriculum and/or materials that will not actually be utilized for training during the grant period;

- development of curriculum or materials where adequate curriculum and materials are already available;
- newsletters, factsheets, or other publications which do not solely provide information directly related to improving workplace safety and health. Items related to labor vs. management issues and political disputes are not appropriate material to be covered in grant-funded publications. Items related to court actions may be appropriate if they address the impact of the decision on safety and health in the workplace within New York State. Publication of court decisions in jurisdictions whose laws do not apply in New York State would not be appropriate. Items reporting on an entity's victory in a specific court action are not appropriate.

EXPENSES NOT COVERED

Funds for the following expenditures will not be allowed:

- wages paid to workers while in training;
However, if an employer uses employees in a train-the-trainer approach, the wages of those employees (TRAINERS) who will be trained as trainers may be charged for the actual hours they are being trained to conduct formal training and for the hours they are actually conducting formal training for fellow employees. The hours charged must be reasonable and documented. Also, training by these trainers must take place during the grant period.
- refreshments provided during training programs;
- stipends paid to trainees;
- indirect or overhead rates;
- severance pay;
- awards of cash, trophies or the like;
- accrued leave time;
- purchase, rental or use of cellular telephones, pagers or beepers;
- audit Services;
- fringe benefits are allowable in accordance with the organization's actual cost or approved rate, but grant funding will only reimburse up to a maximum rate of 40% of staff salaries charged to the contract. Fringe benefits in excess of 40% of staff salaries are the responsibility of the applicant.

PROJECT DURATION

Projects are funded for 12 months through contracts which run from August 1, 2010 through July 31, 2011.

APPLICATION SUBMISSION

Please refer to the Application Forms and Instructions included in this Request for Proposals for copies of all required grant application forms and instructions on their completion and submission.

QUESTIONS CONCERNING THIS RFP

Frequently Asked Questions related to the program can be found at the Board's website www.labor.state.ny.us/hab. Bidders may submit typed questions via electronic mail to SHHAB@labor.state.ny.us, or by mail to the address provided in the RFP Application Processing instructions. Questions regarding the RFP will be accepted until 5PM (New York Time) on December 18, 2009. Answers to all questions received by this date will be posted on the Board's website www.labor.state.ny.us/hab no later than December 23, 2009. Prospective bidders may obtain a hard copy of the questions and answers upon request.

C. EVALUATION CRITERIA

All applications shall be subject to a two level review process as described below.

1. First Level (Staff) Review.

The staff evaluation (First Level Review) process will take into consideration the target group or high-risk population to be reached by the proposed project. Applicants must describe how the target group or high-risk population will be served. Examples of a target group or high-risk population include, but are not limited to, the following:

- industries, workplaces or occupations in which employees are exposed to serious health hazards, such as toxic chemicals, high noise levels or infectious disease agents;
- industries, occupations or other specific groups of workers with elevated injury and illness rates;
- new or inexperienced workers such as teenagers.

Uniform criteria established by the Board is used to evaluate all grant applications. Careful consideration will be given to first time applicants and projects that directly impact the employees of small business. Since the process is competitive, applicants must provide a clear and complete description of their proposed projects, addressing each of the elements listed.

The following are considered when assessing the effect the proposed project will have on preventing injuries and illnesses in a particular high-risk population or target group.

PROJECT IMPACT

Incidence of Injuries and Illnesses

- the numbers, types and rates of injuries and illnesses which have been documented;
- the actual or potential exposure levels to health hazards which have been documented;
- the specificity of the data to the target group.

Severity of Injuries and Illnesses

- the extent to which the project will prevent death or serious physical harm.

Number to Receive Training

- how many people will receive training under the grant (number of supervisors, non-supervisors).

Potential for Affecting Larger Groups

- how will information gained from the training be disseminated to others in the organization;
- the extent to which different forms of outreach will be used.

PROJECT DESIGN

Appropriateness of the Educational Strategy

- the clarity and specificity of observable objectives, learning activities and performance monitoring techniques (what will the trainees do, not do or do differently);
- the extent to which the educational strategy takes into account the relevant characteristics of the target group (educational level, language spoken, prior training and experience, etc.);
- the extent to which the project and course materials are tailored to the target group;
- the extent to which the combination of lectures, discussions, demonstrations, field exercises, etc., is appropriate to the material being taught and job responsibilities of the target group;
- the technical and professional expertise of current or proposed staff, consultants or other sub-contractor in relation to the services to be provided, as indicated by resumes, minimum qualifications for hiring and position descriptions.

Uniqueness of Project

- extent to which the proposed project will address unique or unusually difficult problems.

Involvement of the Target Group

- the methods by which participant input was solicited in developing the application and by which participant feedback will continue to be incorporated into the project design.

Relevance to the Needs of the Target Group

- the efforts to identify and analyze the target group's safety and health training needs;
- the relevance of the proposed project to the target group's identified needs;
- the cause and effect relationship of accidents/health issues for the target group;

- the need for behavior modification that may be necessary;
- the corrective measures to decrease the severity or incidence rate of injury

PROJECT EXPERIENCE AND ADMINISTRATIVE CAPABILITY

Evaluation Methodology to Measure Program Effectiveness

- the detail and specificity of the applicant's plan to evaluate project effectiveness;
- the appropriateness of the methodology used to measure achievement of project objectives.

Ability to Plan and Implement Program/Expertise of Program Staff

- the extent to which the applicant has demonstrated effectiveness in planning, implementing and operating occupational safety and health training and education projects or similar activities designed specifically for employees or employers.

Financial Integrity/Reasonableness of Budget Components

- the applicant's managerial expertise and fiscal responsibility, as demonstrated by the variety and complexity of current or recent programs administered;
- the reasonableness and accuracy of each budget component in relation to the proposed project activities;
- reasonableness of cost in relation to proposed number of hours of training, numbers to be trained, complexity of training, etc.

2. Second Level (Board) Review.

In addition to the preceding criteria, the second level Board review considers the geographic distribution and coverage of groups at risk that will be achieved by the proposals approved for funding. To avoid duplication, the Board encourages local organizations which belong to regional or statewide bodies (i.e., trade associations, union district or regions, etc.) to coordinate their applications with the larger unit so that efficient use of grant funds can be maximized.

The Board will give priority attention to the submission of grant proposals that are directly related to reducing the types of employee injuries that are most common in the workplace and have been specifically designed based on the conduct of workplace safety and health risk assessments. The U.S. Bureau of Labor Statistics also publishes workplace accident and injury statistics for New York State, see <http://stats.bls.gov/> for details. The Board will make every attempt to distribute available grant funds to the maximum number of entities and strongly encourages “first time” applications, especially from small businesses.

The Board may also consider items such as:

- Prior Performance under HAB grants
- High Risk Industries
- Unskilled workers in high risk jobs
- Small Businesses (less than 250 employees)
- Lack of availability of training without grant funding
- Other resources available to provide the training
- Availability to a geographic area that might not otherwise receive services
- Cost reasonableness and effectiveness in relation to training proposed
- Topic relevance to workers safety and health issues
- Compliance with Worker Protection issues
- First time applicants
- Completeness of the proposal

METHOD OF AWARD

- Applications shall be evaluated on the basis of best value. Cost shall constitute 25% of the total staff score at the first level review.
- Two evaluation committees shall be comprised of staff. One committee shall evaluate cost and administrative criteria. A second committee which consists of Safety and Health Professional Staff shall evaluate the technical criteria.

At the second level review, the Board will consider the combined committees evaluation in determining the needs and appropriate allocation of resources for the award of grants. In addition, the Board will consider the criteria noted above in determining the final awards. In accordance with Labor Law Article 2 Section 27-a (15)(b), a majority vote of the Board is required for award.

RESERVATION CLAUSE

The Board reserves the right to exercise the following prerogatives:

- To not make any awards under this application.
- To waive or modify any minor irregularities or technicalities in proposals. This will in no way modify the RFP documents or excuse the bidder from full compliance with its requirements.
- To allow reductions by the Board to proposals at any time before the award is made if such action is in the best interest of the State.

D. CONTRACT INFORMATION REFER TO ATTACHED APPENDICES

LEGAL REQUIREMENTS

The bidder will be bound by the provisions of the following attachments:

- Appendix A - Standard clauses for New York State Contracts
- Appendix C - General Terms and Conditions
- Appendix E - Terms and Conditions Applicable to Training and Education Programs

CONTRACT

- By submitting a proposal the successful applicant agrees to incorporate the RFP, by reference, as part of the resulting contract. The applicant must complete all information required in the application.
- The Board may award a contract for any or all parts of a proposal and may negotiate contract terms and conditions to meet agency program requirements consistent with the RFP.
- Award of contract is subject to contract negotiation and approval of such contract by the Office of State Comptroller.

WORKERS COMPENSATION AND DISABILITY BENEFITS

Compliance with requirement for workers' compensation and disability benefits insurance coverage: After receipt of a contract award letter, each successful bidder must provide the Department with proof of compliance with New York State workers' compensation and disability insurance coverage requirements set forth in Sections 57 and 220(8) of the Workers' Compensation Law.

To comply with the coverage provisions of Section 57 businesses must be legally exempt from obtaining workers' compensation insurance coverage; or obtain such coverage from insurance carriers; or be self-insured or participate in an authorized group self-insurance plan. All successful bidders must provide one of the following forms to the Department:

- WC/WB 100 Affidavit for New York entities and any out of state entities with no employees, that New York State workers' compensation and/or disability benefits insurance coverage is not required (affidavit must be notarized and stamped as received by the NYS Workers' Compensation Board (WCB))
- WC/WB 101 Affidavit that an out-of-state or foreign employer working in New York State does not require specific New York State workers' compensation and/or disability benefits insurance coverage (affidavit must be notarized and stamped as received by WCB)
- C-105.2 Certificate of workers' compensation insurance (business' insurance carrier should be able to provide this form to the Department)
- SI-12 Certificate of workers' compensation self-insurance (business contacts the WCB's self-insurance office at 518-402-0247)
- GSI-105.2 Certificate of participation in workers' compensation group self-insurance (business' group self-insurance administrator should be able to provide this form to the Department).

To comply with the coverage provisions of Section 220(8) businesses may: be legally exempt from obtaining disability insurance coverage; obtain such coverage from insurance carriers; or be self-insured. All successful bidders must provide one of the following forms to the Department:

- WC/WB-100 (noted above)
- WC/WB-101 (noted above)
- DB-120.1 Certificate of disability benefits insurance
- DB-820/829 Certificate/Cancellation of insurance (business' insurance carrier should be able to provide these forms to the Department)
- DB-155 Certificate of disability benefits self-insurance (business contacts the WCB's self-insurance office at 518-402-0247).

Contracts will not be forwarded to the successful bidders until they have provided the Department with proof of compliance with workers' compensation and disability insurance coverage requirements set forth above.

TERMS AND CONDITIONS

Occupational Safety and Health Training and Education contracts are subject to all standard New York State terms and conditions. Some of the most relevant provisions are summarized below.

REIMBURSEMENT

All contractors will be reimbursed on the basis of supporting documentation attached to vouchers which identify the costs incurred. Vouchers must be presented for payment every 30 days during the contract's duration; the final voucher must be submitted within 60 days of the expiration of the contract. Supporting documentation includes, but is not limited to, invoices, receipts, canceled checks, and computer printouts of salaries and fringe benefits. The contractor's financial administration of the grant will be considered in evaluating subsequent grant applications.

Invoices from consultants must be on letterhead and must show the nature of the services rendered, dates of service, rates of pay and total payment.

For-profit contractors must have the fiscal ability and cash flow to incur program costs pending reimbursement.

Profit cannot be made by the grantee through use of Hazard Abatement Board (HAB) funds.

ADVANCES FOR NOT-FOR-PROFIT GRANTEES

In addition to the reimbursement process described above, not-for-profit contractors are eligible to apply for a 3-month advance of their award. The following items must be submitted to receive an advance:

- a statement from a certified public accountant which certifies that the contractor's bookkeeping practices have been reviewed within the past twelve months and meet generally acceptable accounting principles;
- a copy of a fidelity bond which covers all persons who will handle funds granted by the State; such bond shall be at least equal to or greater than the maximum amount of the advance and indicate that the NYS Dept of Labor is named as co-insured;
- a completed "Standard Voucher" (AC 92) with a letter requesting advance payment; and
- a statement signed by the Chairman of the Board of Directors, Chief Operating Officer, or other appropriate chief executive official, accepting responsibility for operation of this program. In addition, this statement must certify that all Federal and State (including Unemployment Insurance Taxes) and local taxes resulting from operation of this program will be paid and that no past taxes are due and owing.

EQUIPMENT PURCHASES

Any equipment purchased with project funds is the property of the NYS Department of Labor and shall be returned to the Department at the conclusion of the contract unless otherwise agreed to by the Department. In general, the purchase of equipment will not be approved unless it is demonstrated that the equipment is necessary for the direct provision of the training and is not reasonably available from other sources.

An equipment certification form must be filed for every piece of equipment purchased with project funds. Equipment purchased shall be labeled as property of the NYS Department of Labor.

If a grantee wishes to purchase an item that is available to the State as surplus, the staff will arrange to provide the item in lieu of its purchase by the grantee. All equipment must be purchased in compliance with the applicable State Laws, Rules and Regulations, and the grantee must have documentation which shows that price information was solicited from several vendors.

DEVELOPMENT OF EDUCATIONAL MATERIAL

As program training materials are developed, one copy of each draft, etc., must be forwarded to the OSH T&E Unit for review. At the end of the contract period, the contractor will supply the OSH T&E Unit, at no cost, with one hard copy (and electronic if available) of all training materials produced and ownership of the materials will be in accordance with Appendix E.

All materials produced must bear the legend "Produced through a grant from the New York State Hazard Abatement Board Occupational Safety and Health Training and Education Program (Contract Number)".

Appropriate acknowledgement shall be given to the HAB in any publications, training announcement, meeting or training session which is funded in whole or in part through the grant.

CONTRACT CHANGES

Any change to the program or budget as described in the executed contract will require **PRIOR APPROVAL** by the State. A formal contract modification may be necessary.

REPORTING REQUIREMENTS

The grantee will be required to file progress reports, at least quarterly, which outline activities, detail actual services delivered in comparison with services contractually required, and provide other pertinent information in a prescribed format on attainment of contract objectives. In all periodic (now quarterly) program reports to the grantor, the grantee shall detail the actual services delivered in comparison with the services contractually required under the grant. Late submission of reports may cause delays in processing vouchers for advance or reimbursement payments. A contractor's compliance with applicable reporting requirements will be considered in evaluating subsequent award requests.

Training schedules citing training sessions to occur during the following month shall be submitted to the Department before the beginning of each month.

MONITORING

The staff will monitor compliance with contract provisions through on-site visits by program staff to verify fiscal data, program progress, and technical correctness of training.

The grantor shall be permitted unrestricted entry to training and education sessions conducted by the grantee and/or any subcontractor(s) of the grantee for the purpose of monitoring same to determine satisfactory compliance with the purposes and objectives of the grant, and said entry may be without prior notification to the grantee and/or subcontractor.

In all periodic (now quarterly) program reports to the grantor, the grantee shall detail the actual services delivered in comparison with the services contractually required under the grant.

The grantee acknowledges that a written assessment/evaluation of the grant program will be made by the grantor at the end of the contract period and will be used in determining the rating of the grantee as an application in the succeeding year.

AUDITING

Contractors and subcontractors are subject to fiscal audits by the Department's Independent Audit Bureau and the Office of the State Comptroller. The purpose of the audit is to assure that all costs incurred were necessary and reasonable and in compliance with contract terms and conditions. The contractor and subcontractor must maintain all documents, records and accounts to support program activities and expenditures for six years after the closeout of the contract.

As a condition of any subcontract, a proposed subcontractor or consultant of the grantee must expressly agree to be audited by the grantor to the extent of its performance under the grant, said audit being unrestricted as to policies and/or procedures other than those established by the grantor in its request for proposals, and all such policies and/or procedures shall be expressly accepted by the contractor or consultant as compliant with standards promulgated by the Comptroller of the State of New York.

The grantor expressly reserves the right to audit any and all funding sources of the grantee to ensure that payment requests will not duplicate reimbursement of cost and services received from other sources.

EQUAL OPPORTUNITY REQUIREMENTS

Under Article 15-A of the Executive Law, contractors shall not discriminate against any employee or applicant for employment on the basis of race, creed, color, sex, national origin, age, disability, or marital status. Contractors receiving grants of \$25,000 or more shall also:

- undertake or continue existing programs of affirmative action;
- obtain statements of nondiscrimination and cooperation from each employment agency, labor union, or authorized worker representative with which there is an agreement, if requested;
- include an equal employment opportunity clause in all advertisements and solicitations for employees hired to work under the contract;
- assure that certified Minority and Women-owner Business Enterprises (MWBEs) are given the opportunity for meaningful participation in contract performance.

Separate goals will be established for the participation of minority and of women-owned business enterprises, both for the Occupational Safety and Health Training and Education Program as a whole and for individual contracts. The program-wide goals will be expressed as a percentage of all grant funds available; the individual contract goals will be expressed as a percentage of all grant funds available; the individual contract goals may be higher or lower, depending on the specifics of each project.

Prior to executing the contract, each grantee awarded \$25,000 or more will negotiate with Program staff to establish individual goals for employing MWBEs as subcontractors (i.e., consultants) or as providers of services, supplies, equipment, or materials. The contractor must make a good faith effort to fulfill these goals, and document such efforts. Such goals shall be at least 6.0 percent for MBE and 5.0 percent for WBE.

Partial or total waivers of goal requirements may be granted with proper justification. However, even contractors who negotiate “zero” goals are expected to seek out and consider certified MWBEs as subcontractors.

ACCEPTANCE OF RFP TERMS AND COSTS OF PREPARATION

The State of New York shall not be responsible for any costs incurred by the applicant in the application preparation or in activities related to the review of this application.

An application indicates acceptance of the provision and conditions contained in this RFP by submitting an application.

NEW YORK STATE

TRAINING AND EDUCATION PROGRAM

ON

OCCUPATIONAL SAFETY AND HEALTH

**HAZARD
ABATEMENT
BOARD**

APPLICATION FORMS AND INSTRUCTIONS

**PROPOSALS MUST BE SUBMITTED IN A SEALED
ENVELOPE LABELED "HAB OSH T&E APPLICATION"**

***Grant applications must be received at the OSH T&E Office by 5 P.M.,
New York Time on January 29, 2010 or be postmarked by such date in
accordance with the proposal submittal instructions***

APPLICATION PROCESSING

SUBMITTAL INFORMATION

A completed grant application using the 2010-11 forms, consists of **FOUR SETS** of the forms which must be submitted in the order shown below. The forms in an application packet are as follows:

Grant Application Cover Sheet*	HAB TE – 100
Project Summary	HAB TE – 101
Potential Conflict of Interest Disclosure	HAB TE – 101.3
State Certifications	
Responsibility Questionnaire	
Training Grant Management Summary	
Project Narrative	HAB TE – 102.1 & 102.2
Budget Summary	HAB TE – 110
Detailed Budget (Eight Pages)	HAB TE – 110.1 – 110.8
Budget Narrative (Pages 1-4)	HAB TE – 144

* At least one copy of the "Grant Application Cover Sheet" must be signed by the Chief Executive Officer of the applicant organization in **BLUE INK**. The remaining signature pages may be photocopies.

NOTE: WHEN COMPLETING THE BUDGET FORMS, PLEASE ROUND AMOUNTS TO THE NEAREST DOLLAR.

An application can be sent via the U.S. Postal Service, express mail delivery service, or hand delivered. **TELEFAXED AND E-MAILED DOCUMENTS WILL NOT BE ACCEPTED.** Any postage or delivery costs are the applicant's responsibility. The Board takes no responsibility for any third party error in the delivery of applications (e.g. U.S. Post Office, Federal Express, UPS, courier, etc).

A completed application packet should be sent to the:

Hazard Abatement Board
Occupational Safety and Health Training and Education Program
HAB OSH T&E APPLICATION
State Office Campus, Building 12 – Room 166
Albany, New York 12240

Application packets **must be received** at the address shown by 5 p.m., New York Time on **January 29, 2010 or be postmarked by such date in accordance with the proposal submittal instructions.**

NOTE: Application packets sent via the U.S. Postal Service or by DHL Express (DHL), Federal Express (FedEx) or United Parcel Service (UPS) will be considered timely filed if postmarked on or before the January 29, 2010 due date and properly addressed to the address shown above.

Rules for determining postmark date

U.S. Postal Service

The U.S. Postal Service postmark **must be legible**. It is the grant applicant's responsibility to ensure that the postmark is legible. Applications received after the due date by U.S. Postal Service mailing which do not contain a legible postmark will be rejected as untimely.

DHL, FedEx and UPS

DOL will follow the rules set forth in New York State Department of Taxation and Finance Publication 55, Designated Private Delivery Services, to determine the postmark date of application packets delivered by DHL, FedEx or UPS. Grant applicants may find these rules at

www.tax.state.ny.us/pdf/publications/general/pub55.pdf - 2009-02-19

REVIEW PROCESS

Since the review process begins immediately, any revisions, addenda or support letters which arrive after the deadline will not be considered. Therefore, applicants are advised to append all letters of support to their proposals at the time of submission.

NOTE: All applicant organizations are screened for violations of the New York Labor Law and non-payment of New York State Unemployment Insurance tax.

When all applications have been reviewed, recommendations are forwarded to the Board for a vote. Each applicant will be formally notified of the Board's determination.

Enclosed you will find a packet entitled "Program Information" (HAB TE-1) which should answer most of your questions. If you still need further information, you may contact HAB Staff at the address shown above or by calling (518) 457-7629.

Attached you will find copies of all required grant application forms for the Occupational Safety and Health Training and Education Program.

**STATE OF NEW YORK
HAZARD ABATEMENT BOARD
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM**

GRANT APPLICATION COVER SHEET

1. Applicant Organization:		2. Federal Employer Identification Number:	
Street Address: 			
City, State, Zip: 			
Telephone: ()	Fax: ()	E-Mail Address:	
3. Mailing Address of Applicant Organization: (If different from street address) 			
4. NYS Employer Registration Number: 			
5. If Not-for-Profit, Charities Registration Number: _ _ - _ _ - _ _			
6. CATEGORY OF APPLICANT		<input type="checkbox"/> Public Employer	
<input type="checkbox"/> Private Employer		<input type="checkbox"/> Joint Labor /Management	
<input type="checkbox"/> Labor Organization or Federation		<input type="checkbox"/> Educational Institution	
<input type="checkbox"/> Trade Association		<input type="checkbox"/> Non-Profit Organization Not In Any Other Category	
7. Total amount of funds requested: \$		8. Location Of Program Operations	
9. Name & Title of Project Director:		Telephone ()	
THE APPLICANT ATTESTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE			
10. Chief Executive Officer or Designee:		Title of Person with Signatory Authority:	
11. Signature:		12. Date	

SEE INSTRUCTIONS ON REVERSE

Instructions For Completing The
GRANT APPLICATION COVER SHEET

1. NAME AND STREET... enter the full name of the applicant organization and the complete street address including the zip code.
 2. FEDERAL EMPLOYER IDENTIFICATION... enter the nine digit federal identification number assigned to the applicant organization, usually starts with 11 or 13.
 3. MAILING ADDRESS... enter the mailing address of your organization, if different from the address entered in Item 1.
 4. NYS EMPLOYER REGISTRATION... enter the number issued by the NY State Department of Taxation and Finance to each employer doing business in New York; if your organization has no employees in NY State, enter "N/A" in this item.
 5. CHARITIES REGISTRATION... enter the number issued by the NY Department of State or number of exempt status. Private sector employers should enter "N/A" in this item.
 6. CATEGORY OF APPLICANT... select the one category that best matches the kind of organization completing the application.
- NOTE:** A "Joint Labor/Management" proposal must have appropriate supporting documentation appended to the grant application; co-sponsors must be listed in the appropriate item on the "Project Summary" form.
- "Non-profit" applies only to applicants which do not fit into any of the other categories for purposes of this grant application.
7. TOTAL FUNDS REQUESTED... the total amount requested in the grant application (round numbers are sufficient).
 8. LOCATION OF PROJECT OPERATIONS... enter the city or town in which program administration and project director is centered.
 9. PROJECT DIRECTOR... responsible for daily operations and liaison responsibilities with the Department of Labor.
 10. CHIEF EXECUTIVE OFFICER OR DESIGNEE... person with designated authority to sign contract.
 11. SIGNATURE... original form must have the signature of the Chief Executive Officer or the designee in BLUE INK; photocopies of the original form may be used for the other three copies.
 12. DATE... month, date and year form is signed by the Chief Executive Officer or designee.

STATE OF NEW YORK
HAZARD ABATEMENT BOARD
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM
PROJECT SUMMARY

1. Write a brief summary of your project goals and the strategies you will use to achieve them;

1. Write a brief summary of your project goals and the strategies you will use to achieve them; indicate your specific target population(s) for each goal/objective.

(Please limit your response to the space provided; if additional space is needed, use plain white 8 ½"x11" paper limiting your response to no more than 2 pages.)

2. PLEASE LIST COUNTY OR COUNTIES THAT PROGRAM WILL SERVE

3. IS THIS PROJECT A JOINT VENTURE? IF SO, INDICATE CO-SPONSOR(S)

4. APPLICANT DESCRIPTION *(Please indicate total number of employees and web address if available)*

(Please limit your response to the space provided; if additional space is needed, use plain white 8 ½"x11" paper limiting your response to no more than 2 pages.)

SEE INSTRUCTIONS ON REVERSE

Instructions For Completing The PROJECT SUMMARY

Statements should be as brief as possible to allow presentation of the entire summary on a single sheet. If more space is required, you may use plain white 8 ½" x 11" paper. A more extensive presentation of goals and objectives, target population, and topics will be required on the "Project Narrative" form (HAB TE-102).

1. GOALS – State the overall aim of the project; if a project has more than one goal, list each as succinctly as possible; for example, "To protect maintenance workers from the harmful effects of occupational asbestos exposure".

OBJECTIVES – List the specific strategies for attaining project goals; for example, "To train workers to recognize work situations with potential asbestos exposure, and to follow accepted work practices using appropriate personal protective equipment".

2. LOCATION – County or counties that program will serve.
3. IS THIS PROJECT A JOINT VENTURE? – Enter the complete name(s) and address(es) of the co-sponsor(s), including mailing address(es) if applicable.
4. APPLICANT DESCRIPTION – Provide a brief summary of your organization, describing the composition and number of employees, the trend in size over the past 5 years, the length of its existence, and the geographic area and type of clientele served. Also, please provide your Company's web site address.

**STATE OF NEW YORK
HAZARD ABATEMENT BOARD**

OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM

POTENTIAL CONFLICT OF INTEREST DISCLOSURE

Below is a list of the members of the New York State Occupational Safety and Health Hazard Abatement Board and their business affiliations. Indicate in the space below any past contacts or dealings you or your organization has had with these individuals which may give rise to an actual or potential conflict of interest, or the appearance of a conflict of interest, with respect to this grant application.

Chairman
Robert Carpenter, Jr.
Chairman of the Board
Community Mutual Insurance Company
PO Box 325
Schodack, NY 12063

Franklin E. Mirer, PhD
Professor, Environmental &
Occupational Health
Hunter College, CUNY
425 E. 25th Street
New York, NY 10010

Robert Gollnick
former Director
NYS Dept. of Labor
Division of Safety and Health
45 Levan Street
Kingston, NY 12401

Ann Marie Taliercio
President
Unite-HERE Local150
615 West Genesee Street
Syracuse, NY 13204

Gerald Skrzeczkowski
Vice President Emeritus
OPEIU
2175 William Street
Buffalo, NY 14206

Have you had any contact(s) with the members of the Board YES NO

If yes, please list any past contacts or dealings you have had with these individuals; you may use the front and back of this sheet and/or continue on a blank, 8 ½" x 11" sheet of white paper.

Organization

Signature

Date

Print Name

Title

Prospective or current grantees may not engage in any oral, written or electronic communication with an HAB member under circumstances where a reasonable person would infer that the communication was intended to influence the HAB member's vote on the grantee's application for funding. Grantees are advised that such communication will be reported in writing by such Board member to the Chairman and the Commissioner of Labor. Prospective and current grantees who knowingly and willfully violate this provision may be disqualified from receiving an award under this RFP.

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his or her knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit to bid for the purpose of restricting competition.

I, the undersigned, attest under penalty of perjury that I am an authorized representative of the Bidder/Contractor and that the foregoing statements are true and accurate.

Signature of Authorized Representative

Title _____

Date _____

RESPONSIBILITY QUESTIONNAIRE 10/20/09

INSTRUCTIONS:

Please complete this form answering every question. A "Yes" answer to questions 1-23 requires a written explanation attached to the questionnaire and submitted on company letterhead signed by an officer of the company.

QUESTIONS:

Within the past five years, has your firm, any affiliate, any principal, owner or officer or major stockholder (10% or more shares) or any person involved in the bidding or contracting process been the subject of any of the following:

- (1) a judgment or conviction for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?

Yes No

- (2) a criminal investigation or indictment for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?

Yes No

- (3) an unsatisfied judgment, injunction or lien obtained by a government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any local, state or federal government agency?

Yes No

- (4) an investigation for a civil violation for any business related conduct by any local, state or federal agency?

Yes No

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

- (5) a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including, but not limited to fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
- Yes No
- (6) a local, state or federal suspension, debarment or termination from the contracting process?
- Yes No
- (7) a local, state or federal contract suspension or termination for cause prior to the completion of the term of a contract?
- Yes No
- (8) a local, state or federal denial of a lease or contract award for non-responsibility?
- Yes No
- (9) an agreement to voluntary exclusion from bidding/contracting?
- Yes No
- (10) an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal contract or lease?
- Yes No
- (11) a local, state or federal determination of a willful violation of any prevailing wage law or a violation of any other labor law or regulation?
- Yes No
- (12) a sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?
- Yes No
- (13) a denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status?
- Yes No

- (14) a rejection of a low bid on a local, state or federal contract for failure to meet statutory affirmative action or MWBE requirements on a previously held contract?
- Yes No
- (15) a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local government laws?
- Yes No
- (16) an Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?
- Yes No
- (17) a rejection of a bid on a New York contract or lease for failure to comply with the MacBride Fair Employment Principles?
- Yes No
- (18) a citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of
- federal, state or local health laws, rules or regulations
 - unemployment insurance or workers' compensation coverage or claim requirements
 - ERISA (Employee Requirement Income Security Act)
 - federal, state or local human rights laws
 - federal or state security laws
 - federal INS and Alienage laws
 - Sherman Act or other federal anti-trust laws?
- Yes No
- (19) a finding of non-responsibility by an agency or authority due to the failure to comply with the requirements of Tax Law Section 5-a?
- Yes No

ADDITIONAL QUESTIONS

(20) Has the vendor been the subject of agency complaints or reports of contract deviation received within the past two years for contract performance issues arising out of a contract with any federal, state or local agency? If yes, provide details regarding the agency complaints or reports of contract deviation received for contract performance issues.

Yes No

(21) Does the vendor use, or has it used in the past five (5) years, an Employee Identification No., Social Security No., Name, DBA, trade name or abbreviation different from that listed on your mailing list application form? If yes, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such company and d/b/a on a separate piece of paper and attach to this response.

Yes No

(22) During the past three years, has the vendor failed to file returns or pay any applicable local, state or federal government taxes?

Yes No

If yes, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount the company failed to file/pay and the current status of the liability: _____

(23) During the past three years, has the vendor failed to file returns or pay New York State Unemployment Insurance?

Yes No

If yes, indicate the years the company failed to file/pay the insurance and the current status of the liability:

(24) Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates within the past seven years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates, regardless of the date of filing?

Yes No

If yes, indicate if this is applicable to the submitting vendor or one of its affiliates: _____

If it is an affiliate, include the affiliate's name and FEIN:

Provide the court name, address and docket number:

Indicate if the proceedings have been initiated, remain pending or have been closed: _____

If closed, provide the date closed: _____

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions to make a determination regarding the award of a contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- Is under a duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

_____ Name of Business	_____ Signature of Officer
_____ Address	_____ Typed Copy of Signature
_____ City, State, Zip	_____ Title

Principal place of business if different from address listed above (include complete address):

TOTAL CONTRACT HOURS

EXPLANATIONS (If any):

Instructions for Completing the TRAINING & GRANT MANAGEMENT SUMMARY

- A. **Training Sessions Charged to the Grant:** Provide the following information for each Course to be offered and charged to the Grant (one course per line listing additional topics on a plain sheet of paper):
- 1 Training Topic - Name of the Course to be offered.
 - 2 Number of Sessions - How many Training Sessions will be run.
 - 3 Number of Hours per Session - Length (in hours) for each session.
 - 4 Number of Instructors/Session.
 - 5 Total Direct Training Hrs - No. of Sessions x Hrs./ Session (Col. 2 x Col. 3). *
 - 6 Billable Training Hours- Total Direct Tr. Hrs. x No. of Instructors (Col. 4 x Col. 5). *
 - 7 Number of Trainees per Session -Number of Trainees in each Session.
 - 8 Total Number of Trainees- (Column 2 x Column 7). *
- B. **Training Related Activity:** (i.e.: travel, scheduling, risk assessment, program planning, etc.) (one activity per line listing additional activities on a plain sheet of paper if needed.)
- 1 Type of Training Related Activity – 1 item per line.
 - 2 Hours per Activity per Week.
 - 3 Times Offered per Grant Year – How many weeks/Yr. will this be done.
 - 4 Total Hrs. of Training Related Activity – (Col. 2 x Col. 3). *
- C. **Other Grant Activity:** (if applicable and charged to the contract): List each type of other Grant Activity to be conducted under the contract (one item per line adding lines if necessary):
- 1 Type of Other Grant Activity- Name the activity to be done,
 - 2 Hours per Activity per Week.
 - 3 Times Offered per Grant Year- How many weeks per year will this be done.
 - 4 Total Hrs. of Other Grant Activity - (Column 2 x Column 3). *
- D. **Explanations (if any):** Provide any explanations you feel will better represent the functions to be conducted under the Grant.

*** To Assist You in the Completion of these Forms, an Excel Version (with formulas) of this Form and Budget Forms are available on the HAB Web Site.**

PROJECT NARRATIVE
Section I
PROJECT NEED AND DESIGN

Answer the following questions for each proposed activity/deliverable. When the answer to any question is applicable to all activities, just answer once and indicate it applies to all. Failure to complete and clearly answer the following specific questions will adversely affect your chances of receiving an award.

1. What is the activity, and which target groups and hazards are addressed?
2. How did you determine that the target group needs this activity?
3. How will you ensure adequate numbers of people are trained?
4. Please provide completed Training and Grant Management Summary. If needed, narrative may be provided for clarification.
5. What education, training, and communication techniques will be used, who will provide them and where?
6. What specific attitudes, skills, and knowledge will each person get as a result of the activity?
7. How will you find out if each person got the intended attitudes, skills and knowledge?
8. How will you find out whether the activity reduced the incidence/severity of occupational illnesses and injuries?
9. What are the estimated total and per person cost of the activity to be charged to this grant, and how did you determine whether the benefit of the activity is worth the cost?
10. How did you determine that the activity would not duplicate occupational safety and health resources that are already available?

Instructions For Completing The PROJECT NARRATIVE

Section I PROJECT NEED AND DESIGN

1. Examples of common activities are classroom or on the job training sessions, technical assistance, workplace evaluations, newsletter/materials development and distribution etc.
2. Describe briefly how you identified your target group and training topics, common ways are through surveys, evaluations, etc.
3. Briefly describe how recruitment for sessions will be conducted and who will be responsible for recruitment and publicity.
4. If needed, provide narrative to support and/or clarify numbers provided in the Training and Grant Management Summary. (It is not necessary to restate numbers already appearing in the Summary.)
5. Detail training techniques to be used including lecture, videos, demonstrations, multi-media presentations, hands-on-exercises, interactive computer presentations, workplace observations, etc. Also, who will provide the training, staff or outside consultants. Provide resumes if trainers have been determined or minimum specifications, if trainers are not yet determined.
6. As a result of attending the activity, what impact will the activity have on the individual? What will they be able to **do, not do, or do differently** to improve workplace safety? Be specific and detail the observable goals or actions you expect.
7. What evaluation methodologies will be used to test that desired outcomes are achieved? These may include observation, interview, pre and post testing, competency testing or a variety of other follow-up methods.
8. What methods will you use to evaluate the success of the project as a whole, with regards to its overall impact on your organization or target population?
9. Provide how you arrived at your estimated cost and how did you determine that the cost of the activity was determined to be reasonable.
10. What steps were taken to ensure that activities planned and materials to be developed do not duplicate existing resources that are already available?

PROJECT NARRATIVE

Section II

PROJECT EXPERIENCE AND ADMINISTRATIVE CAPABILITY

1. List any occupational safety and health training and education projects your organization has conducted and briefly describe how the goals and objectives were met.
2. Describe your organization's fiscal management expertise, specifically referring to any experience administering government contracts.
3. Has your organization had prior HAB Grants? _____ yes _____ no

Please list any HAB grants since the 2006-07 Program year.

<u>Year</u>	<u>Amount</u>	<u>Topics of Training</u>	<u>Measurable Outcome of Training</u>
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Instructions For Completing The

PROJECT NARRATIVE

Section II

Project Experience

1. List any occupational safety and health training and education projects your organization has conducted, and briefly describe the project outcome(s).
2. Describe your organization's fiscal management expertise, specifically referring to any experience administering government contracts.
3. Please list HAB grants your organization has had beginning with the 2006-07 Program Year to present.

**NEW YORK STATE HAZARD ABATEMENT BOARD
BUDGET SUMMARY**

CATEGORY OF EXPENSES	REQUESTED AMOUNTS
A. STAFF SALARIES	
B. STAFF FRINGE BENEFITS	
C. CONTRACTED SERVICES	
D. STAFF TRAVEL	
E. EQUIPMENT	
F. SPACE/UTILITIES	
G. OTHER OPERATING EXPENSES	
H. MISCELLANEOUS PARTICIPANT EXPENSES	
TOTAL BUDGET	

*Note: An alternative set of these Budget forms in excel is also available at www.labor.state.ny.us/hab . Please submit these forms or the excel version, but not both.

DETAIL BUDGET PAGE (2)

B. STAFF FRINGE BENEFITS

(1)	(2)
JOB TITLE	REQUESTED AMOUNT
TOTAL STAFF FRINGE BENEFITS	

DETAIL BUDGET PAGE (3)

C. CONTRACTED SERVICES

(1)	(2)
TYPE/DESCRIPTION OF SERVICE	REQUESTED AMOUNT
TOTAL CONTRACTED SERVICES	

DETAIL BUDGET PAGE (4)

D. STAFF TRAVEL

(1)	(2)
DESCRIBE	REQUESTED AMOUNT
TOTAL STAFF TRAVEL	

DETAIL BUDGET PAGE (5)

E. EQUIPMENT

(1)	(2)
TYPE/DESCRIPTION OF EQUIPMENT	REQUESTED AMOUNT
TOTAL EQUIPMENT	

DETAIL BUDGET PAGE (6)

F. SPACE/UTILITIES

(1)	(2)
DESCRIPTION OF EXPENSES	REQUESTED AMOUNT
TOTAL SPACE/UTILITIES	

DETAIL BUDGET PAGE (7)

G. OTHER OPERATING EXPENSES

(1)	(2)
TYPE DESCRIPTION OF OPERATING EXPENSES	REQUESTED AMOUNT
<u>TELEPHONE</u>	
<u>POSTAGE</u>	
<u>INSURANCE/BONDING</u>	
<u>PRINTING/PHOTOCOPYING</u>	
<u>ADVERTISING</u>	
<u>CONSUMABLE SUPPLIES</u>	
OTHER (please list):	
TOTAL OTHER OPERATING EXPENSES	

DETAIL BUDGET PAGE (8)

H. MISCELLANEOUS PARTICIPANT EXPENSES

(1)	(2)
TYPE/DESCRIPTION OF EDUCATIONAL MATERIAL	REQUESTED AMOUNT
<u>TRAINING MATERIALS</u>	
<u>TESTING MATERIALS</u>	
OTHER (please list):	
TOTAL MISCELLANEOUS PARTICIPANT EXPENSES	

CONTRACT BUDGET NARRATIVE/JUSTIFICATION

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION IN SUPPORT OF THE BUDGET. Explain how you calculated or estimated each item.

A. STAFF SALARIES:

For each Staff Member in the proposal, provide a breakdown (Direct Training Hours, Technical Assistance/Program Planning Hours, and Grant Administration Hours) of the activities performed and the number of hours spent weekly on each activity. Please provide resumes for trainers or minimum qualifications for position

B. FRINGE BENEFITS:

Fringe Benefits should be budgeted in line with the Agency's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements, however, fringe benefits may not exceed 40% of staff salaries proposed. If budget fringe benefits represent an exception to standard policy, please explain basis. (Note: Severance pay cannot be supported with grant funds.)

C. CONTRACTED SERVICES:

For all subcontractors, relating to program activities, attach a copy of the subcontract. If subcontract is not available but the subcontractor has been determined, indicate the subcontract's name, provide Trainer Resumes, the anticipated outcomes, and the projected budget, (cost per hour, per course). When subcontracting details are not known, include a brief narrative of each service to be subcontracted, include minimum qualifications for trainers and the affiliated organization for the trainers.

D. STAFF TRAVEL EXPENSES:

Any exceptional staff travel costs must be justified below. In addition, no out of state travel costs are allowed unless specifically detailed and approved below. Staff travel costs should be budgeted in line with the standard Agency travel policy or NYS Comptroller guidelines.

E. EQUIPMENT:

Please provide a justification for any exceptional equipment purchase/rental costs as related to the program needs. State procurement procedures and considerations for purchase/rentals. Complete attached inventory list for any equipment previously purchased with HAB funds.

F. SPACE/UTILITIES

Please indicate whether the property is owned or rented.

Owned

Rented

G. OTHER OPERATING EXPENSES

Please provide an estimated budget by general type of expense. Any type of expense outside of those standard allowable categories listed on HAB TE 110.7 must be listed as extraordinary and fully explained/justified. In addition, any significant or exceptional dollar amounts included should be explained in line with programmatic requirements.

		Estimated Budget
Allowable categories:	Telephones	_____
	Postage	_____
	Insurance/Bonding	_____
	Printing/Photocopy	_____
	Advertising	_____
	Supplies	_____
Other Extraordinary Categories (List):		

APPENDIX E

OCCUPATIONAL SAFETY AND HEALTH Terms and Conditions Applicable to Training and Education Programs

Notwithstanding any term or condition to the contrary contained in **APPENDIX C**, the following terms and conditions shall apply to any contract with the New York State Department of Labor for training and education programs on occupational safety and health:

1. The intent of the grantee to utilize any subcontractor(s) must be disclosed to the grantor at the time of application and the identify of any subcontractor(s) or consultant(s) so utilized must be provided to the grantor, together with all such further information required under Section X of APPENDIX C, prior to any disbursements under the grant to such subcontractor(s) or consultant(s).

The Board may authorize a grantee or subcontractor to accept services from another grantee or subcontractor if:

- It is fully disclosed in the RFP application as to what service will be provided and by whom it will be provided;
- It is adequately documented that the use of this service will provide superior training services than could be provided by the applicants staff;
- The individual who will provide the service and the organization that they represent must ensure that reimbursement is only received from the State under one grant. If the grantee by which the person is employed chooses to provide the service without charge to the other entity, reasonable and documented charges may be reimbursed under their grant. If the organization receiving the services pays for the services only they may be reimbursed for the reasonable and documented cost under their grant;
- In any case of grantee accepting services from another grantee both grantees must notify their respective NYSDOL Grant Manager, in advance of the activities that will take place;
- Where a training session is conducted under these situations, only one grantee may count the participants as trained under their grant;
- This exemption may only be granted at the time of review of the original application. The Board will not consider requests during the program year and only the Board may grant this exemption.

Nothing herein shall prevent a grantee from utilizing the services provided by the OSHA certified training center for the New York Region solely to obtain OSHA certification for its agents so that they may provide training under the grant. This exemption shall only apply where an OSHA certified course of instruction is required for the grantee's agent to conduct the required training as an essential element of the program being funded by the grant.

2. Pursuant to the direction of the grantor, the grantee shall maintain sign-in sheets to record attendance at any meeting relating to the grant, including training and education sessions, and submit same to the grantor.
3. The grantor shall be permitted unrestricted entry to training and education sessions conducted by the grantee and/or any subcontractor(s) of the grantee for the purpose of monitoring same to determine satisfactory compliance with the purposes and objectives of the grant, and said entry may be without prior notification to the grantee and/or subcontractor.
4. No administrative costs incurred by the grantee in the preparation of the grant application shall be subject to reimbursement by the grantor, and no funds disbursed under the grant shall be utilized to defray such costs. Only the actual costs incurred by the grantee which are directly attributable to performance of the terms of the grant shall be eligible for reimbursement.
5. In all periodic (now quarterly) program reports to the grantor, the grantee shall detail the actual services delivered in comparison with the services contractually required under the grant.
6. Grantee acknowledges that a written assessment/evaluation of the grant program will be made by grantor at the end of the contract period and will be used in determining the rating of grantee as an application in the succeeding year.
7. Program Reporting Responsibilities

Contractor will provide a monthly progress report and a quarterly written report furnishing information on activities completed, numbers of persons trained and technical assistance responses provided.

8. Additional Responsibilities

The contractor shall provide timely notice of training and other program events to the Department of Labor for monitoring purposes.

As program materials are developed, one copy of each shall be forwarded to the Department of Labor. By the end of the contract period, the contractor will have supplied the Department of Labor, at no cost, with one copy of all training materials produced. All such materials shall bear the legend, "Produced through a grant from the New York State Department of Labor Occupational Safety and Health Training and Education Program." This does not mean that the material is endorsed by the Department.

9. Copyrights

Grantor shall have the right to copy any training material developed with under this grant, and is hereby granted a perpetual, non-transferable, royalty free license.

Grantee may charge no more than a nominal fee to users for the use of materials developed with funds, such fee to cover only the cost of reproduction and distribution of such materials.