

Attachment 11 – HBITS Contract (Forms)

These forms are being included in draft form as an attachment to the Solicitation to provide Bidders with an understanding of the entire HBITS process if awarded a Contract. It will be posted to the OGS Website upon award of the resulting Contracts for use by the Authorized Users (also referred to as “Agencies”), the OGS HBITS Team and/or the Contractors.

Form 1: Task Order Request Form

Request Date:	
Agency Name:	
Agency Contact Person(s):	
Agency Contact Email:	
Agency Contact Phone Number:	
Has Agency received the necessary internal Agency (management) approval(s) to support this Position(s)?	
Has Agency received PTP approval from OITS to support this Position(s), if applicable?	
Has Agency received DOB approval to support this Position(s), if applicable?	
Will Federal Funding be used to pay (in whole or in part) for this Position(s)? (Per Section XX)	
Is this a request for the NYS Department of Labor? (Per Section XX)	
Is this a Project/Program specific Position?	
If YES, list the Project/Program Name:	
Provide a short description of the Position:	
Provide a list of the day to day tasks to be performed by the Selected Candidate:	
Is this a new or existing Position(s)?	
Number of Position(s) being requested: (Maximum of 5 per Section XX)	
Position Job Title: (Per XX link)	
Position Skill Level: (Per XX link)	
Number of Form 2 Candidate Responses allowed per Contractor, per Position? (1 or 2 per Section XX)	
Target Start Date: (30 Business Days minimum and 90 Calendar Days maximum from date of request)	
Engagement Length in Months: (2 to 30 per Section XX)	

Is this a Full or Part-Time Position? (Full-Time is 40 Hours Per Week)	
If Part-Time, enter approximate number of hours per week:	
What are the daily work hours? (Note if negotiable or list preferred start and end time):	
Where is the Home Base Region? (Per XX link)	
Where is the physical work office located?	
What type of software is typically used by the Agency?	
What type of hardware is typically used by the Agency?	

Position Mandatory Qualification

(Insert Position Job Title and Skill Level):	Pass/Fail OGS HBITS Determination
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Position Requested Qualifications

Requested Qualification Number	Requested Qualification	Points Assigned for Meeting Qualification (Always 75% of Max Points)	Maximum Points Assigned for Exceeding Qualification (Max Points)
	Notes to Agency: <ul style="list-style-type: none"> Points assigned will change depending on the number of Qualifications submitted There is no requirement to have 10 Qualifications. Below is a Sample only. Only Number of Months is an allowable unit of measurement for experience. 		
1.	Sample: X Months of Experience in Y doing Z	7.5	10
2.	Sample: X Months of Experience in Y doing Z	7.5	10
3.	Sample: X Months of Experience in Y doing Z	7.5	10
4.	Sample: X Months of Experience in Y doing Z	7.5	10
5.	Sample: X Months of Experience in Y doing Z	7.5	10
6.	Sample: X Months of Experience in Y doing Z	7.5	10
7.	Sample: X Months of Experience in Y doing Z	3.75	5
8.	Sample: X Months of Experience in Y doing Z	3.75	5
9.	Sample: Bachelor's Degree	3.75	5
10.	Sample: Project Management Professional Certification	3.75	5
Requested Documentation	SAMPLE: "Please submit copy of resume, certificate, degree, etc."	0	0
Requested Qualifications Must Always Total 80 Points for Maximum Score		60	80
Interview Must Always Total		20	
Total Score		100	

Additional Information Requests:

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Are there additional security requirements for the Authorized User?	
If YES, include the additional security requirements:	
Will additional training potentially be required during the Engagement?	
If YES, provide description of anticipated training:	
What type and/or manner, of knowledge transfer is requested during the Engagement?	
Is travel anticipated during the Engagement?	
If YES, list anticipated frequency and locations for travel:	

**Form 1:
Task Order Request Form**

Request Date:	Enter date Form 1 submitted to OGS
Agency Name:	Enter Agency responsible for the payment of the Task Order
Agency Contact Person(s):	Enter contact person(s) specific to this Task Order for use by the OGS HBITS Team and Contractors.
Agency Contact Email:	Enter email address of contact person(s) identified above
Agency Contact Phone Number:	Enter phone number of contact person(s) identified above
Has Agency received the necessary internal Agency (management) approval(s) to support this Position(s)?	Enter YES NOTE: By responding YES to this question, the Agency is attesting to the fact that the necessary internal approvals have been received prior to the submission of this Task Order Request. Proof does not need to be submitted to the OGS HBITS Team.
Has Agency received PTP approval from OITS to support this Position(s), if applicable?	<u>Executive Agencies, excluding OITS</u> Enter YES NOTE: By responding YES to this question, the Agency is attesting to the fact that the necessary PTP approval has been received prior to the submission of this Task Order Request. Proof does not need to be submitted to the OGS HBITS Team. <u>Nonexecutive Agencies and OITS</u> Enter N/A
Has Agency received DOB approval to support this Position(s), if applicable?	<u>Executive Agencies</u> Enter YES NOTE: By responding YES to this question, the Agency is attesting to the fact that the necessary DOB approval has been received prior to the submission of this Task Order Request. Proof does not need to be submitted to the OGS HBITS Team. <u>Nonexecutive Agencies</u> Enter N/A
Will Federal Funding be used to pay (in whole or in part) for this Position(s)? (Per Section XX)	Enter YES or NO
Is this a request for the NYS Department of Labor? (Per Section XX)	Enter YES or NO
Is this a Project/Program specific Position?	Enter YES or NO
If YES, list the Project/Program Name:	Enter Project/Program name. <i>For example:</i> "SFS", "Connections", "WIC".

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Provide a short description of the Position:	Enter a short description of the Position. NOTE: This should not include day to day tasks of the Position or desired traits and/or experience of the Candidate.
Provide a list of the day to day tasks to be performed by the Selected Candidate:	Enter a descriptive and specific description of the day to day tasks expected to be performed by the Candidate. NOTE: This should not be a description of the Position and should not include any desired traits and/or experience of the Candidate.
<hr/>	
Is this a new or existing Position(s)?	Enter NEW (if the Position is newly created) or EXISTING (if it is an existing Position)
Number of Position(s) being requested: (Maximum of 5 per Section XX)	Enter 1, 2, 3, 4 or 5
Position Job Title: (Per XX link)	Enter the specific Job Title being requested. This must match the Job Title of the Position Mandatory Qualification below. NOTE: If Skill Level is Expert, the Agency must provide a justification for the need of an expert in a separate Microsoft Word document to be submitted with the Form 1 Request.
Position Skill Level: (Per XX link)	Enter the specific Skill Level being requested. This must match the Skill Level of the Position Mandatory Qualification below.
Number of Form 2 Candidate Responses allowed per Contractor, per Position? (1 or 2 per Section XX)	Enter 1 or 2.
Target Start Date: (30 Business Days minimum and 90 Calendar Days maximum from date of request)	Enter valid date that is no earlier than 30 Business Days (excluding Holidays) and no later than 90 calendar days from the date the Form 1 Request was submitted.
Engagement Length in Months: (2 to 30 per Section XX)	Enter 2 through 30 months. This must be stated in terms of whole months and/or in increments of .25 (to represent approximately 1 week). NOTE: Per Section XX, the Engagement Length is used when determining the expiration of a Task Order, which begins on the date of the first Selected Candidate was onboarded. NOTE: If the Agency has a pre-determined expiration date, the Engagement Length should be carefully estimated to ensure that the Engagement does not expire too early.
Is this a Full or Part-Time Position? (Full-Time is 40 Hours Per Week)	Enter FULL-TIME (if for a 40-hour work week only) or PART-TIME (if for a work week of less than 40 hours, including a 35 or 37 ½ hour work week)
If Part-Time, enter approximate number of hours per week:	Enter N/A (if position is Full-Time) Enter the number of hours anticipated per work week if Part-Time.
What are the daily work hours? (Note if negotiable or list preferred start and end time):	Enter the anticipated daily work hours of the Candidate.

	NOTE: The hours must account for a ½ hour or greater lunch period and be able to support Part or Full-Time selected above. For example: If the position is listed as Full Time, the Daily Work Hours might be listed as "Between 7:30 AM – 9:00 AM and 4:00 PM and 5:30 PM, with ½ hour lunch."
Where is the Home Base Region? (Per XX link)	Enter 1, 2 or 3
Where is the physical work office located?	Enter the Building Name, Full Street Address, City, State and Zip Code of Candidates expected work location.
What type of software is typically used by the Agency?	Enter the type of Software typically used by the Agency. This Field may not be left blank. For example: "IBM" or "Agency is primarily an IBM shop".
What type of hardware is typically used by the Agency?	Enter the type of Hardware typically used by the Agency. This Field may not be left blank. For example: "Unisys" or "Agency is primarily a Unisys shop".

Position Mandatory Qualification

<p>Enter the Job Title selected for the Position and the associated Job Title Definition.</p> <p>Enter the Skill Level selected for the Position and the associated Required Experience.</p> <p>Items above are located at XX link.</p> <p>NOTE: The Job Title and Skill Level of the Position Mandatory Qualification must match the Job Title and Skill Level chosen above.</p> <p>SAMPLE: Software Analyst Studies the software application domain, prepares software requirements, and specification documents. Liaises between the software users and the software developers. Conveys the demands of software users to the developers. Skills include: Working knowledge of software technology; Computer programming experience/expertise; General business knowledge; Problem solving/reduction skills; Interpersonal relation skills; Flexibility and adaptability</p> <p>Senior 60 - 84 months</p>	<p>Pass/Fail OGS HBITS Determination</p>
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Position Requested Qualifications

Requested Qualification Number	Requested Qualification	Points Assigned for Meeting Qualification (Always 75% of Max Points)	Maximum Points Assigned for Exceeding Qualification (Max Points)
1.	<p>Notes to Agency:</p> <ul style="list-style-type: none"> Points assigned will change depending on the number of Qualifications submitted There is no requirement to have 10 Qualifications. Below is a Sample only. Only Number of Months is an allowable unit of measurement for experience. <p>Sample: X Months of Experience in Y doing Z</p>	7.5	10

Commented [KT(1): Agency will determine each Requested Qualification of the Position.

The number of months experience assigned to any Requested Qualification should not exceed the number of months experience of the selected Skill Level.

Each Requested Qualification must be measurable and quantifiable. **For example:** "36 months experience in writing SQL Code" NOT "3 years of strong knowledge in SQL"

The Requested Qualifications must not be written to specifically target a Candidate and/or include any desired traits and/or specific experience of a specific Candidate.

Commented [KT(2): Assign a Point Value to each Requested Qualification for *Meeting Qualification* for an overall total of 60 points. The assigned Point Value for each Requested Qualification must be 75% of the Point Value assigned for *Exceeding Qualification*.

Commented [KT(3): Assign a Point Value to each Requested Qualification for *Exceeding Qualification* for an overall total of 80 points.

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2.	Sample: X Months of Experience in Y doing Z	7.5	10
3.	Sample: X Months of Experience in Y doing Z	7.5	10
4.	Sample: X Months of Experience in Y doing Z	7.5	10
5.	Sample: X Months of Experience in Y doing Z	7.5	10
6.	Sample: X Months of Experience in Y doing Z	7.5	10
7.	Sample: X Months of Experience in Y doing Z	3.75	5
8.	Sample: X Months of Experience in Y doing Z	3.75	5
9.	Sample: Bachelor's Degree	3.75	5
10.	Sample: Project Management Professional Certification	3.75	5
Requested Documentation	Sample: Please submit copy of resume, certificate, degree, etc.	0	0
Requested Qualifications Must Always Total 80 Points for Maximum Score		60	80
Interview Must Always Total		20	
Total Score		100	
Additional Information Requests:			
Are there additional security requirements for the Authorized User?	Enter YES or NO		
If YES, include the additional security requirements:	If YES, enter additional security requirements for the Engagement If NO, enter N/A		
Will additional training potentially be required during the Engagement?	Enter YES or NO		
If YES, provide description of anticipated training:	If YES, provide anticipated training If NO, enter N/A		
What type and/or manner, of knowledge transfer is requested during the Engagement?	Enter a detailed and specific type and/or manner of Knowledge Transfer that is being requested during the Engagement		
Is travel anticipated during the Engagement?	Enter YES or NO		
If YES, list anticipated frequency and locations for travel:	If YES, list frequency and locations of travel If NO, enter N/A		

Commented [KT(4): Enter any documentation that you would like submitted with the Form 2 (such as resume, certificate, degree, etc). Per the Contract, these additional documents are not required to be submitted with the Form 2, therefore, no points value may be assigned. In addition, the Agency cannot use any submitted documents during 3A Scoring.

Directions: This chart must be completed in its entirety and submitted with all new Form 1 (Task Order) Requests.

Agency Contact Information	
Agency and Business Unit where Position is Located	
Name of Person Responsible for Approving Candidate Time Sheet	
Direct Phone Number	
Email Address	
Agency and Business Unit Responsible for Payment	
Name of Person Responsible for Approving Invoices/Billing Payments	
Direct Phone Number	
Email Address	

Form 2: Candidate Response Form

Task Order #:				
Contractor Name:				
Should an individual other than the Contract Administrator/ Secondary Contact indicated in XX be contacted about this Candidate?				
If YES, provide the Contact Name for this Response:				
Contact Phone #:				
Contact E-mail:				
Candidate Full Name:				
Is the Candidate a US Citizen (Yes or No)?				
If YES, list the full first name as depicted on the State Driver's license or governmental identification:				
If Yes, list the full last name as depicted on the Driver's license or governmental identification:				
If NO, list the full first name as depicted on the Visa/Passport (No abbreviations or other derivations are allowed):				
If No, list the full last name as depicted on the Visa/Passport (No abbreviations or other derivations are allowed):				
Visa/Passport #:				
Type of Visa:				
What date was the Pre-Interview conducted (MM/DD/YYYY)?				
Does the Candidate anticipate any absences during the engagement (Yes or No)?				
If YES, list the start and end dates of each absence?				
Candidate Interview dates (Cannot be earlier than 7 business days after due date of Form 2):				
Is Candidate free from any non-compete agreement for the purposes of this Contract?				
Employment Status of Candidate (Direct Employee, Independent Contractor or Subcontractor(s) Employee):				
If SUBCONTRACTOR EMPLOYEE, the chart below MUST be completed:				
Subcontractor Name	Subcontractor Address	Is Sub-Contractor an MWBE or SDVOB? (Enter Designation or N/A)	Is subcontractor an SBE? (Enter Yes or No)	Is Subcontractor paying Hourly Wage Rate for Candidate? (Enter Yes or No)
Project/Program:				
Job Title:				
Skill Level:				

Region:		
Mandatory Qualification		Pass/Fail
Provide a detailed description of how the Candidate meets the Mandatory Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.		Leave This Cell Blank
Qualification Number	Requested Qualifications:	Max Points Assigned
1.	Sample: X Months of Experience in Y doing Z	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
2.	Sample: X Months of Experience in Y doing Z	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
3.	Sample: X Months of Experience in Y doing Z	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
4.	Sample: X Months of Experience in Y doing Z	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
5.	Sample: X Months of Experience in Y doing Z	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
6.	Sample: X Months of Experience in Y doing Z	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
7.	Sample: X Months of Experience in Y doing Z	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
8.	Sample: X Months of Experience in Y doing Z	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
9.	Sample: Bachelor's Degree	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
10.	Sample: Project Management Professional (PMP)	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
Req. Docs.	Sample: Please provide a copy of the Candidates Resume with the Form 2	0

Requested Qualifications Must Total				80
Interview Must Total				20
Total Score				100
References (Optional)				
	<u>Name</u>	<u>Company</u>	<u>Phone</u>	<u>E-Mail</u>
Reference #1				
Reference #2				
Reference #3				
Additional Information Requests:				
Can the Candidate meet the additional security requirements requested (<i>Note All That Apply</i>)?				
If YES or NO, provide relevant information:				
Can the Candidate meet the additional training potentially required during the Engagement?				
Can the Candidate meet the type and/or manner of knowledge transfer requested during the Engagement?				
Can the Candidate meet the travel anticipated during the Engagement?				

Contractor Certification:

By submission of this Candidate, the Contractor has verified the previous employment of the Candidate and agrees that this information may be verified by the OGS HBITS Team through randomly selected validation with the Contractor.

**Form 2:
Candidate Response Form**

Task Order #:		Sample: HBITS-XX-1XXXX (Do not alter)		
Contractor Name:		Response Required - Contractor Holder Name		
Should an individual other than the Contract Administrator/ Secondary Contact indicated in XX be contacted about this Candidate?		Response Required - Yes or No		
If YES, provide the Contact Name for this Response:		If YES, Response Required		
Contact Phone #:		If YES, Response Required		
Contact E-mail:		If YES, Response Required		
Candidate Full Name:		Response Required - Enter Complete Candidate Name)		
Is the Candidate a US Citizen (Yes or No)?		Response Required - Yes or No		
If YES, list the full first name as depicted on the State Driver's license or governmental identification:		If YES, Response Required		
If Yes, list the full last name as depicted on the Driver's license or governmental identification:		If YES, Response Required.		
If NO, list the full first name as depicted on the Visa/Passport (No abbreviations or other derivations are allowed):		If NO, Response Required		
If No, list the full last name as depicted on the Visa/Passport (No abbreviations or other derivations are allowed):		If NO, Response Required		
Visa/Passport #:		If NO, Response Required		
Type of Visa:		If NO, Response Required		
What date was the Pre-Interview conducted (MM/DD/YYYY)?		Response Required - Enter Valid Date (Form 2 will be rejected if invalid or blank)		
Does the Candidate anticipate any absences during the engagement (Yes or No)?		Response Required - Yes or No		
If YES, list the start and end dates of each absence?		If YES, Response Required		
Candidate Interview dates (Cannot be earlier than 7 business days after due date of Form 2):		Response Required		
Is Candidate free from any non-compete agreement for the purposes of this Contract?		Response Required – Yes or No (Form 2 will be rejected if blank or NO)		
Employment Status of Candidate (Direct Employee, Independent Contractor or Subcontractor(s) Employee):		Response Required - Direct Employee, Independent Contractor or Subcontractor(s) Employee (Form 2 will be rejected if response is altered or field is blank)		
If SUBCONTRACTOR EMPLOYEE, the chart below MUST be completed:		If SUBCONTRACTOR(S), Response Required in Chart Below (Form 2 will be rejected if SUBCONTRACTOR(S) is selected above and Chart is incomplete or blank)		
Subcontractor Name	Subcontractor Address	Is Sub-Contractor an MWBE or SDVOB? (Enter Designation or N/A)	Is subcontractor an SBE? (Enter Yes or No)	Is Subcontractor paying Hourly Wage Rate for Candidate? (Enter Yes or No)

Project/Program:		Sample: Medical Marijuana (Do not alter)
Job Title:		Sample: Programmer (Do not alter)
Skill Level:		Sample: Senior (Do not alter)
Region:		Sample: 1 (Do not alter)
Mandatory Qualification	Sample: (Do not alter)	Pass/Fail
	<p>Programmer Creates computer software. May specialize in one area of computer software or may write code for many kinds of software.</p> <p>Senior (60 – 84 months) Candidate is able to work independently, without assistance and provides leadership for others. May have an advanced education.</p>	
Provide a detailed description of how the Candidate meets the Mandatory Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.		Leave This Cell Blank
Qualification Number	Requested Qualifications:	Max Points Assigned
1.	Sample: X Months of Experience in Y doing Z. (Do not alter).	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
2.	Sample: X Months of Experience in Y doing Z. (Do not alter).	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
3.	Sample: X Months of Experience in Y doing Z. (Do not alter).	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
4.	Sample: X Months of Experience in Y doing Z. (Do not alter).	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
5.	Sample: X Months of Experience in Y doing Z. (Do not alter).	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
6.	Sample: X Months of Experience in Y doing Z. (Do not alter).	10
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
7.	Sample: X Months of Experience in Y doing Z. (Do not alter).	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
8.	Sample: X Months of Experience in Y doing Z. (Do not alter).	5

Commented [KT(1)]: Do not Alter Points Assigned

Commented [KT(2)]: Valid Dates of employment must be provided and shall include the number of months experience. For example: May 2015 – July 2016 (14 months). Any invalid or missing dates will not be counted towards experience.

Commented [KT(3)]: This text must be deleted and the Contractor provide a detailed explanation of how the Candidate meets the Requested Qualification. If this field is blank, incomplete, unclear or a "cut and paste", no Points will be given towards meeting the 48 Points necessary to pass the Requested Qualifications review.

Commented [KT(4)]: Same as above

Commented [KT(5)]: Same as above

Commented [KT(6)]: Same as above

Commented [KT(7)]: Same as above

Commented [KT(8)]: Same as above

Commented [KT(9)]: Same as above

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	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
9.	Sample: X Months of Experience in Y doing Z. (Do not alter).	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
10.	Sample: X Months of Experience in Y doing Z. (Do not alter).	5
	Provide a detailed description of how the Candidate meets the Requested Qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), references, and any additional applicable information.	Leave This Cell Blank
Req. Docs.	Sample: Please provide a copy of the Candidates Resume with the Form 2 (Do not alter).	0
Requested Qualifications Must Total		80
Interview Must Total		20
Total Score		100
References (Optional)		
	Name	Company
		Phone
		E-Mail
Reference #1		
Reference #2		
Reference #3		
Additional Information Requests:		
Can the Candidate meet the additional security requirements requested (Note All That Apply)?	Response required – If there are no additional security requirements on Form 1, enter N/A. If there are additional security requirements, enter YES or NO.	
If YES or NO, provide relevant information:	If YES or NO - Response required	
Can the Candidate meet the additional training potentially required during the Engagement?	Response required – Yes, No or N/A	
Can the Candidate meet the type and/or manner of knowledge transfer requested during the Engagement?	Response required – Yes or No	
Can the Candidate meet the travel anticipated during the Engagement?	Response required – Yes, No or N/A	

Commented [KT(10)]: Same as above

Commented [KT(11)]: Same as above

Commented [KT(12)]: Same as above

Commented [KT(13)]: Completion of this Section is optional

Contractor Certification:

By submission of this Candidate, the Contractor has verified the previous employment of the Candidate and agrees that this information may be verified by the OGS HBITS Team through randomly selected validation with the Contractor.

Form 3A:
Authorized User Technical Evaluation Form

A Form 3A must be completed for all Candidates forwarded by the OGS HBITS Team to the Agency. The individual 3A Forms along with the 3A Summary must be submitted to the OGS HBITS Team within five (5) business days.

Date:	
Task Order #:	
Contractor Name:	
Candidate Full Name	
Project/Program Name:	
Position Job Title:	
Position Skill Level:	
Home Base Region	

Additional security requirements for the Authorized User:	
Anticipated absences the Candidate may have during the engagement:	
Additional Training potentially required during the Engagement:	
Type or Manner of Knowledge Transfer requested during the Engagement:	
Travel anticipated during the Engagement:	

CONTINUED ON NEXT PAGE

Scoring Criteria

- 1) Candidate Meets Requested Qualification - Assign score of 75% of Max Points.
- 2) Candidate Exceeds Requested Qualification – Assign Max Points. Comments MUST be entered in Comments Column detailing rationale for exceeding Requested Qualification.
- 3) Candidate Does Not Meet Requested Qualification –Assign 0 Points. Comments MUST be entered in Comments Column detailing rationale for not meeting Requested Qualification.

Note: No partial points allowed for not meeting Requested Qualification.

REQUESTED QUALIFICATIONS

<u>Number</u>	<u>Requested Qualification</u>	<u>Points Assigned for Meeting Qualifications</u> <i>(Always 75% of Max Points)</i>	<u>Points Assigned for Exceeding Qualifications</u> <i>(Max Points)</i>	<u>Candidate Score</u>	<u>Comments</u>
1.	Sample: X Months of Experience in Y doing Z	7.5	10		
2.	Sample: X Months of Experience in Y doing Z	7.5	10		
3.	Sample: X Months of Experience in Y doing Z	7.5	10		
4.	Sample: X Months of Experience in Y doing Z	7.5	10		
5.	Sample: X Months of Experience in Y doing Z	7.5	10		
6.	Sample: X Months of Experience in Y doing Z	7.5	10		
7.	Sample: X Months of Experience in Y doing Z	3.75	5		
8.	Sample: X Months of Experience in Y doing Z	3.75	5		
9.	Sample: Bachelor's Degree	3.75	5		
10.	Sample: Project Management Professional (PMP) Certification	3.75	5		
Total Points:		60	80		

Form 3A Summary
Authorized User Technical Evaluation Summary

Upon completion of the Candidate Technical Evaluation of all Candidates, all Candidates must be summarized in total score ranking order from highest to lowest, indicating whether an interview is being requested. The individual 3A Forms along with the 3A Summary shall be submitted to the OGS HBITs Team within five (5) business days.

<u>Task Order Number:</u>		<u>Date of Completion:</u>		
Candidate Ranking	Candidate Full Name	Contractor Name	Total Score	Interview Requested? (Yes or No)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Form 3B:
Authorized User Interview Evaluation Form

A Form 3B must be submitted for all Candidates who were actually interviewed by the Authorized User.

Date:	
Task Order #:	
Contractor Name:	
Candidate Full Name	
Project/Program Name:	
Position Job Title:	
Position Skill Level:	
Home Base Region	

Additional security requirements for the Authorized User:	
Anticipated absences the Candidate may have during the engagement:	
Additional Training potentially required during the Engagement:	
Type or Manner of Knowledge Transfer requested during the Engagement:	
Travel anticipated during the Engagement:	

CONTINUED ON NEXT PAGE

Scoring Criteria

- 1) Candidate Meets Requested Qualification - Assign score of 75% of Max Points.
- 2) Candidate Exceeds Requested Qualification – Assign Max Points. Comments MUST be entered in Comments Column detailing rationale for exceeding Requested Qualification.
- 3) Candidate Does Not Meet Requested Qualification –Assign 0 Points. Comments MUST be entered in Comments Column detailing rationale for not meeting Requested Qualification.

Note: No partial points allowed for not meeting Requested Qualification.

REQUESTED QUALIFICATIONS

<u>Number</u>	<u>Requested Qualification</u>	<u>Points Assigned for Meeting Qualifications</u> <u>(Always 75% of Max Points)</u>	<u>Points Assigned for Exceeding Qualifications</u> <u>(Max Points)</u>	<u>Candidate Score</u>	<u>Comments</u>
1.	Sample: X Months of Experience in Y doing Z	7.5	10		
2.	Sample: X Months of Experience in Y doing Z	7.5	10		
3.	Sample: X Months of Experience in Y doing Z	7.5	10		
4.	Sample: X Months of Experience in Y doing Z	7.5	10		
5.	Sample: X Months of Experience in Y doing Z	7.5	10		
6.	Sample: X Months of Experience in Y doing Z	7.5	10		
7.	Sample: X Months of Experience in Y doing Z	3.75	5		
8.	Sample: X Months of Experience in Y doing Z	3.75	5		
9.	Sample: Bachelor's Degree	3.75	5		
10.	Sample: Project Management Professional (PMP) Certification	3.75	5		
Requested Qualifications Score:		60	80		
Interview Score (from Next Page):		N/A	20		
Total Score:		N/A	100		

CONTINUED ON NEXT PAGE

Award 23158

Interview Score Criteria: (20 Total Points)

Part 1: Interview (15 Points)

Highly Recommend (15): Candidate provided excellent responses to all interview questions. Candidate has firm grasp on the needs of the Agency and appears to have the requisite skill set to successfully perform the duties of the Position beyond the expectations of the Authorized User. Candidate should seamlessly fit within the office(s) and work environment of the Authorized User.

Recommend (10): Candidate provided satisfactory answers to all interview questions. Candidate understands the needs of the Agency and would satisfactorily complete all tasks required of the Candidate.

Do Not Recommend (0): Candidate was ill-prepared for interview; or Candidate's experience was overstated on the Form 2 submission; or Candidate did not understand the needs of the Authorized User; or Candidate failed to answer basic questions regarding the skills and experience required for the Position.

Part 2: Communication Skills (5 Points)

Excellent (5): The interviewer could clearly understand the information provided by the Candidate without prompting or follow-up. The Candidate was able to clearly communicate his/her skills and experience in response to the questions posed by the interviewer. If selected, the Candidate would be able to effectively speak and interact with staff without assistance.

Average (3): The interviewer could understand the Candidate; however, Candidate required a few instances of prompting or follow-up. The Candidate was mostly able to communicate his/her skills and experience in response to the questions posed by the interviewer. If selected, the Candidate would be able to speak and interact with staff with minor, if any, assistance.

Poor (0): The interviewer could not understand the Candidate. The Candidate was unable to effectively communicate his/her skills and experience in response to the questions posed by the interviewer. If selected, the Candidate would have difficulty speaking and interacting with staff without assistance from others.

Additional Justification (please complete if necessary):

****The completion of this information by the Authorized User is optional and will not be scored.**

Is Candidate able to work the estimated work hours?	
Is Candidate available for the duration of the Engagement?	
Is Candidate available on the Target Start Date?	
Is Candidate available to work at the Position location?	
Was the Candidate aware of the Engagement location, daily work hours and job duration prior to the interview?	

Authorized User Certification

By submission of this document, the Agency confirms that they have undertaken diligent efforts to verify the Candidate's number of months experience prior to the final selection of a Candidate.

Form 3B Summary
Authorized User Interview Summary

Upon completion of the Interview Evaluation for all Candidates who were selected for interview (“YES” on the 3A Summary), all Candidates must be summarized in total score ranking order from highest to lowest, indicating the selection of the Candidate. The individual 3B Forms, or proof of declination/non-availability, along with the 3B Summary shall be submitted to the OGS HBITS Team. By submitting these documents to OGS, the Authorized User is certifying that they have undertaken diligent efforts to verify the Candidates experience prior to the final selection of a Candidate. This form may change at the discretion of OGS.

<u>Task Order Number:</u>		<u>Date of Completion:</u>		
<u>Candidate Ranking</u>	<u>Candidate Full Name</u>	<u>Contractor Name</u>	<u>Total Score</u>	<u>Candidate Selected for Position?</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Form 4: Selected Candidate Evaluation	Complete yellow and red cells. Questions 1-10 may be answered Yes, No or N/A.
--	---

Form 4 Submission Date:	
Task Order #:	
Agency:	
Candidate Name:	
Contractor Name:	
Task Order Start Date:	
Selected Candidate/Task Order End Date:	

SELECTED CANDIDATE EVALUATION			
1	The Candidate met the qualifications and skills of the position, as represented at initial selection, throughout the Engagement.		
2	The Candidate completed assigned tasks on time.		
3	The Candidate was flexible to the needs of the Authorized User.		
4	The Candidate kept the Authorized User informed on work progress and/or issues and was responsive to inquiries in a timely manner.		
5	The Candidate complied with the Authorized Users work rules and policies.		
6	The Candidate was respectful to the Authorized Users employees and property.		
7	The Candidate effectively provided knowledge transfer as requested by the Authorized User, leaving remaining staff with a strong understanding of the tasks of the position.		
8	The Candidates time and attendance was satisfactory.		
9	The Candidate submitted Time Sheets accurately and timely.		
10	The Authorized User would recommend the Candidate fo another position of similar qualifications and/or would rehire the Candidate if given the opportunity.		
Total Points Earned:			
Total Possible Points:			
Final Score (% of Possible Points Earned):			FORM INCOMPLETE

Form 5:
Candidate Modification Request

Position Information	
Form 5 Request Date:	
Task Order Number:	
Agency Name:	
Contractor Name:	

Form 5 Candidate Cancellation	
Candidate Name:	
Candidate End Date:	
Reason for Cancellation:	
Form 4 (optional) Completed and Submitted?	

Form 5 Candidate Replacement	
Previous Candidate:	
Previous Candidate Name:	
Previous Candidate End Date:	
Reason for Replacement:	
Form 4 (optional) Completed and Submitted?	
Replacement Candidate:	
Replacement Candidate Name:	
Replacement Candidate Start Date:	
Required Forms to be Submitted:	
Candidate Form 2's	
Form 3A's <i>(Include 3A Summary if multiple Candidates provided)</i>	
Form 3B's <i>(Include 3B Summary if multiple Candidates provided)</i>	
Are you requesting or waiving your right to receive up to 2 working weeks (80 hours) at no cost to the Authorized User during the ramp-up/transition period? (Per Section XX)	
If YES, how many hours are agreed upon between Agency and Contractor?	
If YES, Contractor Agreement/Confirmation documentation must be submitted.	

Other Candidate Modifications	
List any relevant changes in Candidates Status (schedule change, VISA status, etc.)	

Form 5 Instructions

Form 5 Task Order Modifications shall be submitted via email to the appropriate OGS HBITS mailbox. The Subject Line of the email should annotate "HBITS-XX-XXXXX, Form 5 [Replacement or Cancellation]".

Position Cancellation

Upon determination of the need to cancel a Position, Agency should contact the Contractor to determine a suitable end date. Upon determination of the Candidate End Date, Agency shall complete the Position Information Section and the Candidate Cancellation Section of the Form 5 in its entirety and submit to the OGS HBITS Team.

Upon receipt of the Form 5 Cancellation request, the OGS HBITS Team will process the cancellation and send a confirmation email to the Agency.

Position Replacement

Upon determination to replace an existing Candidate, Agency shall contact the Contractor to determine and end date for the current Candidate and to request replacement Candidates. Using the original Form 1 and Form 2 documents, the Contractor shall submit a minimum of three Form 2s (whenever possible) to the Agency for consideration. The Agency will follow the normal 3A scoring process and 3B interviewing process to select the replacement Candidate.

Upon determination of the previous Candidate end date, the Agency shall complete the Position Information Section and the Candidate Replacement Section (for Previous Candidate) of the Form 5 and submit to the OGS HBITS Team.

Upon determination of the replacement Candidate, the Agency shall complete the Candidate Replacement Section (for Replacement Candidate) of the Form 5 and submit to the OGS HBITS Team

Upon receipt of the completed Form 5 and all required documents, the OGS HBITS Team will process the replacement and send a confirmation email to the Agency.

Other Candidate Modification

This Section of the Form 5 may be used by the Contractor to notify the Authorized User of any relevant changes in a Candidate's Status (such as VISA status, schedule changes, etc.)

Form 6: Authorized User Issue Form

Form 6 Date:	
Task Order #:	
Agency:	
Candidate Name:	
Contractor Name:	
Provide a complete description of Issue:	
What was the suspected cause of the Issue?	
What steps should be considered in order to correct this issue and/or avoid future occurrences of this issue?	

MONTHLY SALES REPORT

Contractor Name:	
Contract #:	
Monthly Billing Period:	
Contact Name:	

Instructions: Complete rows below for Candidate Placement(s) under each Non-Executive Authorized User Only. Rows shall be added as needed. Form must be submitted by the 15th of the following month to the OGS HBITS Team at ogs.sm.hbits.contractors@ogs.ny.gov. The following are set fourth for illustrative purposes only.

Authorized User	Task Order #(s)	Candidate Name	Region	Job Title	Skill Level	Total Hours Worked	Hourly Wage Rate	Mark-up	Hourly Bill Rate	Total
SUNY	HBITS-01-10001	Jim Smith	1	Programmer	Senior	150.00	\$ 10.00	10%	\$ 11.00	\$ 1,650.00
									Subtotal:	\$ 1,650.00
Rochester Community College	HBITS-01-10011	John Smith	3	Project Manager	Expert	150.00	\$ 20.00	10%	\$ 22.00	\$ 3,300.00
									Subtotal:	\$ 3,300.00
NYC DOE	HBITS-01-10066	Sue Frell	1	Project Manager	Senior	150.00	\$ 30.00	10%	\$ 33.00	\$ 4,950.00
									Subtotal:	\$ 4,950.00

Grand Total: \$ 9,900.00

**Agreement between the New York State Office of General Services
and Hourly-Based IT Services (HBITS) Contractor**



Quarterly Sales Report

Contractor Name:	
Calendar Quarter:	
Start of Reporting Period:	
End of Reporting Period:	
Contract #:	
Vendor ID#:	
Amount of Sales Reported:	\$0.00

The Contractor is required to submit a Sales Report each quarter that includes sales to both Executive and Non-Executive Authorized Users. This Report is due to the OGS HBITS Team in accordance with the following schedule, and must be submitted electronically.

Billing Period	Due Date
January 1 – March 31	May 15
April 1 – June 30	August 15
July 1 – September 30	November 15
October 1 – December 31	February 15

For any sales involving a Sub-Contractor, the Contractor shall both identify and verify if the Sub-Contractor is an MBE, WBE, MWBE, SDVOB or if the Sub-Contractor meets the definition of a NYS Small Business Enterprise. If more than one Sub-Contractor is involved, please include on multiple lines.

Vendor Name	Authorized User	Task Order #	Home Base Region	Consultant First Name	Consultant Last Name	HBITS Job Title	HBITS Job Level	Engagement Start Date
ABCD Company	OGS	HBITS-XX-XXXXX	1	John	Smith	Title	Junior	12/10/18

Engagement End Date	Hourly Bill Rate (\$/Hr)	Hours Billed During Reporting Period	Total Amount Billed	Employment Status of Candidates	Name of Subcontractor	Subcontractor Status (MBE, WBE or MWBE)?	SDVOB Sub-Contractor Status (Y/N)	Does Subcontractor meet definition of a NYS Small Business Enterprise? (Y/N)	Name of Subcontractor Who Pays Hourly Wage
12/09/19	\$50.00	120	\$6,000.00	Direct Employee	ABC Company	MBE	Y	Y	ABC Company
			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
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			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
Contractor Name:									
TOTAL SALES:			\$0.00						

YEAR XX				
HBITS INACTIVE CONTRACTOR				
6-MONTH EVALUATION			SCORE	
Cumulative Score:				
Passing Score:				
46	A score of 46 represents 65% of the 70 possible points in a mid-year review.			
PART II:			YES	NO
III.		Compliance Review:	25	
Team	1.	Maintained Insurance Requirements (Section XX)	2	0
Team/Admin	2.	Paid quarterly Administrative Fee timely (Section XX)	4	0
Team	3.	Engaged in good faith efforts to meet the 6% SDVOB participation goals (Section XX)	3	0
Team	4.	Submitted monthly Form SDVOB 101 Compliance Report (Section XX) timely	2	0
OGS MWBE Office	5.	Engaged in good faith efforts to meet the 15% MBE and 15% WBE participation goals (Section XX)	3	0
Team	6.	Reported monthly MWBE Contractor Compliance via the NYSCS timely and/or submitted Form MWBE 102 (Section XX)	2	0
Team	7.	Submitted Monthly Sales Report timely (Section XX)	2	0
Team	8.	Submitted annual Form B timely (Section XX)	2	0
Team	9.	Submitted Quarterly Sales Report timely (Section XX)	2	0
Team	10.	Submitted Monthly Invoice (Section XX)	1	0
Team/Cust Svcs	11.	Recertified Vendor Responsibility Questionnaire timely AND found to be Responsible	2	0
IV.		General Quality	20	
Team	1.	Contractor received 8 or more Form 6s	0	10
Team	2.	Contractor received 5 or more Form 6s	0	5
Team	3.	Contractor received 3 or more Form 6s	0	3
Team	4.	Contractor received 1 or more Form 6s	0	2
V.		Authorized User Evaluation	25	
Team	1.	Average		
Team	2.	Total Count		
Team	3.	Low Score		

YEAR ~~XX~~
HBITS CONTRACTOR
ANNUAL EVALUATION

SCORE

Total TO's			Cumulative Score:	
0			Was Waitlisted Previous Nov-April?	
Minimum Passing Score:			# of Valid Candidate Response Forms Submitted	
65			Contractor Responsiveness Rate:	
			Total # of Onboardings (Year XX)	
			Total # of Onboardings (Life to Date)	
PART I:			YES	NO
I. Contractor Responsiveness:			18	
Team	1.	Contractor met 60%*:	6	0
Team	2.	Contractor met 70%*:	6	0
Team	3.	Contractor met 80%*:	6	0
II. Onboarding:			12	
Team	1.	1 or more*	2	0
Team	2.	10 or more*	4	0
Team	3.	20 or more*	6	0
Part II:			YES	NO
III. Compliance Review:			25	
Team	1.	Maintained Insurance Requirements (Section XX)	2	0
Team/Admin	2.	Paid quarterly Administrative Fee timely (Section XX)	4	0
Team	3.	Engaged in good faith efforts to meet the 6% SDVOB participation goals (Section XX)	3	0
Team	4.	Submitted monthly Form SDVOB 101 Compliance Report (Section XX) timely	2	0
OGS MWBE Office	5.	Engaged in good faith efforts to meet the 15% MBE and 15% WBE participation goals (Section XX)	3	0
Team	6.	Reported monthly MWBE Contractor Compliance via the NYSCS timely and/or submitted Form MWBE 102 (Section XX)	2	0
Team	7.	Submitted Monthly Sales Report timely (Section XX)	2	0
Team	8.	Submitted annual Form B timely (Section XX)	2	0
Team	9.	Submitted Quarterly Sales Report timely (Section XX)	2	0
Team	10.	Submitted Monthly Invoice (Section XX)	1	0
Team/Cust Svcs	11.	Recertified Vendor Responsibility Questionnaire timely AND found to be Responsible	2	0
IV. General Quality			20	
Team	1.	Contractor received 8 or more Form 6s	0	10
Team	2.	Contractor received 5 or more Form 6s	0	5
Team	3.	Contractor received 3 or more Form 6s	0	3
Team	4.	Contractor received 1 or more Form 6s	0	2
V. Authorized User Evaluation			25	
Team	1.	Average		
Team	2.	Total Count		
Team	3.	Low Score		