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**HOW TO USE THIS CONTRACT:**

**NOTE: The maintenance "PS" contracts have expired and are no longer in effect. Previous references to Schedule 2 no longer apply.**

This guide is intended to assist all eligible State agencies and others authorized by law to use Office of General Services (OGS) contracts ("Authorized Users") in understanding how to use the NYS Comprehensive Services Agreement CMS contracts Schedule 1.

All questions regarding the guidelines should be addressed to the OGS contact person on the cover page of the Contract Award Notification (CAN) or, for ordering, directly with the Contractor's contract administrator.

State agencies are reminded that they must comply with all applicable control agency guidelines (e.g. Division of the Budget H-100, etc.) and;

**CIO/OFT Plan To Purchase Policy**

State Agencies are reminded of their obligation under the CIO/OFT Technology Policy P-08-001 to file a Plan to Purchase document. This policy applies to "state agency" entities which by definition includes all state agencies, departments, offices, divisions, boards, bureaus, commissions and other entities over which the Governor has executive power.

Submission must be during the planning process, at the initiation or idea stage, and prior to any mini-bid, backdrop contract, and discretionary and/or before a competitive procurement is issued.

**Submission Requirements**

**State agencies must submit a PTP to acquire any technology and technology-related products or services meeting the following guidelines:** (refer to Section 3.1.2 of the policy)

- **Any technology goods or services, i.e., hardware, software and related services equal to or greater than \$100,000;** or
- **Any aggregate commodity contract or any enterprise/universal licensing contract purchase regardless of dollar amount;** or
- **Any exception to an aggregate or enterprise contract regardless of dollar amount**

Questions regarding the PTP policy should be directed to the appropriate staff at the CIO/OFT. Following is a link to the policy: <http://www.oft.state.ny.us/Policy/NYS-P08-001.pdf>

**Eligibility to Use Contract:**

This contract is intended for use by Authorized Users that are the Contractor's customers. Specifically, each Authorized User must, in order to use the contract: (1) be an existing customer of the contractor or be in the process of procuring hardware and/or software from the Contractor and (2) have a need for the Contractor's specialized skills and knowledge. Typically the specialized skills and knowledge procured through this vehicle will be provided directly by the Contractor. The use of subcontractors, while not prohibited, should be ancillary. This contract is not to be used solely as a vehicle to access the services of a third party contractor.

This contract represents the negotiated Terms and Conditions (Including Pricing) that apply to all orders between the Contractor and any Authorized User that is eligible to use the contract.

**For Consulting/Technical Services, State Agencies will require prior OSC approval for any Statement of Work (SOW) or Letter of Agreement above \$50,000 as explained in more detail below.**

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### **For Non-State Agencies:**

Non-State agencies should follow their standard local rules for use of New York State OGS contracts. However, non-State agencies are strongly encouraged to read the instructions for State agencies, especially the section on Fitness for Use Warranty. While non-State agencies are not required to obtain prior approval from OSC for purchases made under the contract, non-State agency users should use the OGS COMPREHENSIVE SERVICES AGREEMENTS CONSULTING/TECHNICAL SERVICES USAGE REVIEW APPROVAL FORM in EXHIBIT NO. 1 to document their purchasing decisions in the manner proscribed in the form.

### **For State agencies:**

**ANY STATEMENT OF WORK or LETTER OF AGREEMENT, ABOVE \$50,000 IN VALUE REQUIRES PRE-APPROVAL BY THE OFFICE OF THE STATE COMPTROLLER BEFORE PROCEEDING WITH ANY WORK.**

### **Consulting/Technical Services**

Types of services in Schedule 1 – These will be slightly different for each contractor

- Mainframe and Enterprise Server Management (e.g., command center, system operation and monitoring, production control, automation, technical support, and software support)
- Mainframe and Peripheral Network Support (e.g., monitoring and maintenance)
- Services Management (e.g., service level and performance management, problem, communication and change management)
- LAN/WAN Support Services
- LAN Implementation Services
- Network Integration Services (e.g. custom planning and installation)
- Network Consulting Services
- Storage Management (e.g. managed storage services)
- Database Services
- Applications Hosting and Monitoring
- Print Management
- Business Continuity Planning/Disaster Recovery Management
- Security Management (e.g., firewalls, security policy, intrusion detection plans and best practices)
- Architecture and Capacity Planning
- Facilities Management (e.g., hardware planning, cabling, and site preparation)
- Remote Systems Support (e.g. software distribution, remote control, and asset inventory)
- Training Services (e.g., training specific to Contractor's software or hardware; level of certification or curriculum only available from Contractor)
- Customization, Integration, and Configuration of Software Owned or Controlled by Contractor
- Development, Implementation, and Deployment Services Specific to Contractor's Hardware.
- Technical Services (e.g., training, and administrative services)
- Other specific services covered in the contract

### **How to Use Contract**

#### **Above \$50,000:**

The State agency is required to complete the following documents and submit them to OSC for prior approval:

- a. An AC-340 Contract Encumbrance Request
- b. Two copies of a formal Statement of Work (SOW)\* or a Letter of Agreement. A SOW template is provided in Schedule 1 of the contract.
- c. Two (2) Completed OGS Comprehensive Services Agreement Consulting/Technical Services Usage Review Approval Forms\*\*. The form is contained in Exhibit No. 1 - **Note: A copy of the approved Usage Review Approval Form needs to be attached to the Transaction Documents and provided to the contractor as proof of authorization to proceed.**
- d. An ST-220-CA for any subcontractor identified in the Statement of Work (SOW) or Letter of Agreement for whom that form has not previously been submitted.

**\*Fitness for Use Warranty**

The specifications according to which a deliverable's fitness for use will be determined must be set forth in SOW section 1.6 FAILURE TO COMPLETE THIS SECTION MAY NEGATE THE FITNESS FOR USE WARRANTY PROTECTION.

**\*\*Change in Scope or Price Increase**

State agencies must submit a revised Usage Review Approval Form to OSC if the scope materially changes and/or the price increases. Examples of material changes may include but not be limited to the following;

i.e.: scope changed from LAN Implementation Services to Print Management Services

i.e.: scope changed from training services related to Contractor's hardware to training services related to Contractor's hardware and software

i.e.: scope changed from a System Support Specialist #1 to a System Support Specialist #5 or to a Technical Specialist #2

**Consulting / Technical Services**

***AC340: Contracts Encumbrance Request***

**User/Purpose:** In order to encumber funds, the State Agency's Finance Office must complete an AC340 for **each SOW** or Letter of Agreement regardless of dollar amount.

**Instructions for Completing AC-340**

Field:	Entry:
Originating Agency Code	Your New York State Agency Code
Batch Number	Generated by the agency Finance Office
Batch Type	<p>"<b>TBV</b>" to initiate a contract, or when scope change increases the contract amount (Includes Revenue contracts awarded pursuant to an RFP and Single and Sole source for services)</p> <p>"<b>ECC</b>" when contract amount previously allocated but only partial funds encumbered initially or established with \$0.00 and funds are added to the contract</p> <p>State Agencies should refer to OSC Bulletin G-194 for batch types.</p>
Number of Documents	1
Net Amount	Line Amount + Contract Amount
Originating Agency	Your Agency Name
Contract No.	Schedule 1 (CMS)
Action Code	<p><b>A</b> to add a new Contractor in the system</p> <p><b>C</b> to Change information for a Contractor already in the system (e.g. dollar amount, project end date, encumbrance amount, etc.)</p>
Payee I.D.	Federal or Tax I.D. of contractor
Administering Agency	OGS
Payee Name	Contractor Name
Payee Address	Contractor Address
City, State, Zip	Contractor City, State, Zip
Contract Amount	For SOW, estimated value

Contract Period: From: To:	SOW / Letter of Agreement Project Duration SOW / Letter of Agreement Project Targeted Start Date SOW / Letter of Agreement Project Targeted End Date If a Scope Change Date Extension, the new targeted end date would be entered.
Renewal/Amendment Beginning Date	If a Scope Change Date Extension, the start date of the Scope Change would be entered (usually it is the day following the original project end date )
Description	SOW / Letter of Agreement Project Name/Project Code (agency option)
Preparer's Signature	Signature of Agency Contact who completed AC340
Preparer's Phone No.	Phone Number of Person who Completed AC340
Agency Finance Officer's Signature and Date	Signature of Agency Finance Officer and Date Signed
Cost Center Code	Line Item Information related to funds encumbered
BCL (Batch Control Log)	Attach a "clean" BCL (no warnings & no errors) to AC340

**\$50,000 or less:**

State agencies utilizing CMS contract Schedule 1 with a total expenditure of \$50,000 or less are **NOT** required to obtain prior approval from OSC. However, State agencies must still complete an AC340, SOW or Letter of Agreement and are encouraged to complete a Usage Review Approval Form (Exhibit No. 1), to document the transaction. These documents should be maintained as part of the State agency's procurement record supporting the transaction. Note that an ST-220-TD/CA is **NOT** required for new subcontractors on an SOW or Letter of Agreement with a value under \$15,000.

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**EXHIBIT NO. 1**

**OGS COMPREHENSIVE SERVICES AGREEMENT  
CONSULTING/TECHNICAL SERVICES**

**USAGE REVIEW APPROVAL FORM**

NEW YORK STATE OFFICE OF STATE COMPTROLLER  
 BUREAU OF CONTRACTS – 11<sup>TH</sup> FLOOR  
 110 STATE STREET  
 ALBANY, NY 12236

Instructions: State agencies, departments, boards, officers, commissions, and institutions must complete this form for Statement of Work under OGS Comprehensive Services Agreements for Consulting/Technical Services that exceed \$50,000. Two (2) copies of the completed form must be submitted along with a copy of the proposed Statement of Work or Letter of Agreement to OSC at the above address for approval. OSC will return the approved form to agency.

An approved copy of this form needs to be supplied to the contractor with the rest of the Transaction Documents. The agency should retain the original.

**OGS COMPREHENSIVE SERVICES AGREEMENT – CONSULTING/TECHNICAL SERVICES USAGE REVIEW APPROVAL FORM**

<b>1. PROFILE INFORMATION</b>																					
AGENCY SUBMITTING REQUEST:	<u>CONTACT</u> NAME: TITLE: PHONE: <span style="float: right;">FAX:</span> E-mail Address:																				
CONTRACT NO.: CMS	<b>GROUP NO.:</b> AWARD NO.																				
CONTRACTOR [NAME/ADDRESS]:	<u>CONTRACTOR CONTACT</u> NAME: PHONE: <span style="float: right;">FAX:</span> E-mail Address:																				
<b>2. SUMMARY OF PROPOSED PROCUREMENT</b>																					
A. DO YOU HAVE INSTALLED, OR ARE YOU IN THE PROCESS OF PROCURING, HARDWARE AND/OR SOFTWARE FROM ABOVE CONTRACTOR? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>																					
B. IF YES, DESCRIBE THE HARDWARE AND/OR SOFTWARE :																					
C. SPECIFIC CONSULTING SERVICES TO BE PROCURED (CHECK CORRECT BOX, IF APPLICABLE):																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> MAINFRAME &amp; ENTERPRISE SERVER MANAGEMENT</td> <td><input type="checkbox"/> PRINT MANAGEMENT</td> </tr> <tr> <td><input type="checkbox"/> MAINFRAME AND PERIPHERAL NETWORK SUPPORT</td> <td><input type="checkbox"/> BUSINESS CONTINUITY PLANNING/ DISASTER RECOVERY MANAGEMENT</td> </tr> <tr> <td><input type="checkbox"/> LAN/WAN SUPPORT SERVICES</td> <td><input type="checkbox"/> LAN IMPLEMENTATION SERVICES</td> </tr> <tr> <td><input type="checkbox"/> NETWORK INTEGRATION SERVICES</td> <td><input type="checkbox"/> NETWORK CONSULTING SERVICES</td> </tr> <tr> <td><input type="checkbox"/> STORAGE MANAGEMENT</td> <td><input type="checkbox"/> SECURITY MANAGEMENT</td> </tr> <tr> <td><input type="checkbox"/> ARCHITECTURE AND CAPACITY PLANNING</td> <td><input type="checkbox"/> DATABASE SERVICES</td> </tr> <tr> <td><input type="checkbox"/> FACILITIES MANAGEMENT</td> <td><input type="checkbox"/> APPLICATION HOSTING AND MONITORING</td> </tr> <tr> <td><input type="checkbox"/> REMOTE SYSTEMS SUPPORT</td> <td><input type="checkbox"/> TRAINING SERVICES</td> </tr> <tr> <td><input type="checkbox"/> CUSTOMIZATION, INTEGRATION, AND CONFIGURATION OF SOFTWARE OWNED OR CONTROLLED BY CONTRACTOR</td> <td><input type="checkbox"/> DEVELOPMENT, IMPLEMENTATION, AND DEPLOYMENT SERVICES SPECIFIC TO CONTRACTOR'S HARDWARE</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC CONTRACTOR SERVICES IDENTIFIED IN CMS _____ (DESCRIBE):</td> <td></td> </tr> </table>		<input type="checkbox"/> MAINFRAME & ENTERPRISE SERVER MANAGEMENT	<input type="checkbox"/> PRINT MANAGEMENT	<input type="checkbox"/> MAINFRAME AND PERIPHERAL NETWORK SUPPORT	<input type="checkbox"/> BUSINESS CONTINUITY PLANNING/ DISASTER RECOVERY MANAGEMENT	<input type="checkbox"/> LAN/WAN SUPPORT SERVICES	<input type="checkbox"/> LAN IMPLEMENTATION SERVICES	<input type="checkbox"/> NETWORK INTEGRATION SERVICES	<input type="checkbox"/> NETWORK CONSULTING SERVICES	<input type="checkbox"/> STORAGE MANAGEMENT	<input type="checkbox"/> SECURITY MANAGEMENT	<input type="checkbox"/> ARCHITECTURE AND CAPACITY PLANNING	<input type="checkbox"/> DATABASE SERVICES	<input type="checkbox"/> FACILITIES MANAGEMENT	<input type="checkbox"/> APPLICATION HOSTING AND MONITORING	<input type="checkbox"/> REMOTE SYSTEMS SUPPORT	<input type="checkbox"/> TRAINING SERVICES	<input type="checkbox"/> CUSTOMIZATION, INTEGRATION, AND CONFIGURATION OF SOFTWARE OWNED OR CONTROLLED BY CONTRACTOR	<input type="checkbox"/> DEVELOPMENT, IMPLEMENTATION, AND DEPLOYMENT SERVICES SPECIFIC TO CONTRACTOR'S HARDWARE	<input type="checkbox"/> SPECIFIC CONTRACTOR SERVICES IDENTIFIED IN CMS _____ (DESCRIBE):	
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<input type="checkbox"/> SPECIFIC CONTRACTOR SERVICES IDENTIFIED IN CMS _____ (DESCRIBE):																					
D. OTHER CONSULTING SERVICES WITHIN THE SCOPE OF CMS. _____ (CHECK CORRECT BOX, IF APPLICABLE):																					
<input type="checkbox"/> TECHNICAL SERVICES	<input type="checkbox"/> SERVICES MANAGEMENT																				

E. SUBCONTRACTORS:

WILL SERVICES BE DELIVERED BY A SUBCONTRACTOR(S)? YES  NO

IF YES, IDENTIFY THE SUBCONTRACTOR(S) THAT WILL BE USED AND WHAT THE SUBCONTRACTOR(S) WILL DO:

COST OF SUBCONTRACTOR'S WORK AS A PERCENTAGE OF THE TOTAL IN 2D ABOVE:

WHY IS THE SUBCONTRACTOR REQUIRED?

F. TIMEFRAME IN WHICH SERVICES ARE TO BEGIN: (MONTH/YEAR)

TIMEFRAME IN WHICH SERVICES WILL BE COMPLETE: (MONTH/YEAR)

**3. JUSTIFICATION:** (CHECK CORRECT BOX)

FOR SERVICES IDENTIFIED IN SECTION 2(C), ABOVE, THAT REQUIRE CONTRACTOR'S EXPERTISE OR SPECIALIZED SKILLS WITH RESPECT TO HARDWARE OR SOFTWARE INSTALLED, OR THAT THE AGENCY IS IN THE PROCESS OF PROCURING. DESCRIBE THE AGENCY'S RATIONALE FOR DETERMINING THAT THE PROPOSED PROCUREMENT FALLS WITHIN THE SCOPE OF CMS \_\_\_\_\_

FOR SERVICES IDENTIFIED IN SECTION 2(D), ABOVE, THAT REQUIRE THE USE OF THE CONTRACTOR'S EXPERTISE OR SPECIALIZED SKILLS WITH RESPECT TO HARDWARE OR SOFTWARE, THAT, WHEN COMBINED WITH THE WARRANTIES AND REMEDIES SPECIFIED IN CMS \_\_\_\_\_ OR IN THE STATEMENT OF WORK, PROVIDE THE AGENCY WITH THE OPTIMAL MEANS, IN TERMS OF QUALITY, EFFICIENCY, AND COST, OF SECURING THE NECESSARY DELIVERABLES IDENTIFIED IN THE STATEMENT OF WORK. DESCRIBE THE AGENCY'S RATIONALE FOR DETERMINING THAT THE PROPOSED PROCUREMENT FALLS WITHIN THE SCOPE OF CMS \_\_\_\_\_. THE RATIONALE SHOULD INDICATE WHY SERVICES ARE NOT BEING PROCURED COMPETITIVELY OR UNDER THE OGS IT SERVICES CONTRACTS.

**4. PRICE**

TO THE EXTENT THAT THE TRANSACTION DOCUMENT PROVIDES FOR A **FIXED PRICE DELIVERABLE** EXPLAIN HOW THE AGENCY DETERMINED THAT THE PRICE WAS REASONABLE.

TO THE EXTENT THAT THE TRANSACTION DOCUMENT PROVIDES FOR THE PERFORMANCE OF A SERVICE ON A REIMBURSEMENT FOR TIME WORKED BASIS OR **WITHIN A SPECIFIED PARAMETER (E.G., 24 X 7 ON CALL SERVICE WITH TWO HOUR RESPONSE TIME)**, EXPLAIN HOW THE AGENCY DETERMINED THAT THE PRICE IS REASONABLE GIVEN THE LEVEL OF SERVICE REQUIRED

DOES CMS \_\_\_\_\_ PROVIDE FOR AGGREGATE DISCOUNTS FOR THE SERVICES TO BE PROCURED? Yes  No

IF YES, HAVE THE APPROPRIATE DISCOUNTS BEEN APPLIED TO THIS PURCHASE OR HAS THE AGENCY NEGOTIATED BETTER PRICING? Yes  No  IF YES, SPECIFY BELOW THE DISCOUNT PROVIDED IN THE CONTRACT OR THE BETTER PRICING NEGOTIATED BY THE AGENCY. IF NO, EXPLAIN WHY NOT BELOW.

**5. REPRESENTATIONS:** In providing the above information to the Office of the State Comptroller for approval, the agency filing this form represents that it has done a thorough review of the original procurement documents, and that the information forwarded in this "Usage Review Approval Form" provides a complete and accurate summary of the intended agency purchase of services under this contract.

**"AGENCY REPRESENTATION"**

DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME AND TITLE [PRINT PLEASE]: \_\_\_\_\_

\_\_\_\_\_

**FOR CONTROL AGENCY REVIEW/ APPROVAL ONLY**

**APPROVALS:** Above \$50,000, OSC approvals are required.

**"OFFICE OF STATE COMPTROLLER "**

DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME AND TITLE [PRINT PLEASE]: \_\_\_\_\_

\_\_\_\_\_

- APPROVED
- APPROVED WITH COMMENT  
(SEE ATTACHED)
- DISAPPROVED  
(SEE ATTACHED RATIONALE)