**Preferred Sources Review Checklist**

This chart is developed as an attachment to Preferred Source applications when they are sent to Council members for their review. Page one outlines the roles and responsibilities of the council members: page two outlines the OGS review process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Time (in days)** |  | **Task** | **Action** |
| 120  | **1** | **Application received by OGS from NYSID/NIB** | Review cycle begins |
|  |  |  |  |
|  |  | Estimated dollar value of contract => $500,000 | Council approval  |
|  |  |  |  |
|  | **2** | **OGS**  |  |
|  | A | * Completes steps 10 through 16 on page 2
 | See page two |
|  | B | * Schedules application review on Council Meeting Agenda
 |  |
|  | C | * Prepares memorandum summarizing key points of information
 |  |
| 2 weeks prior to meeting | D | * Sends memo and application documents to Council members
 | Post on website |
|  |  |  |  |
|  | **3** | **Keys Items for Procurement Council Review Criteria**  |  |
|  | A | * Verify OGS data is correct; consult with OGS as needed.
 |  |
|  | B | * Is approval of the application in the best interests of the state?
 |  |
|  | C | * What is the impact on the business community?
 |  |
|  |  | * + Small business?
 |  |
|  |  | * + Minority/women owned business?
 |  |
|  | D | * Will the approval of this application impact timely delivery of an existing service / commodity to authorized users to include municipalities?
 |  |
|  | E | * Will approval of this application affect an existing agency specific agreement?
 |  |
|  | F | * Are you as a Council Member aware of any issues with proposed partner(s)?
 |  |
|  | G | * Are there any issues that may cause you to recuse yourself from voting?
 | Bring to attention of Council Chair  |
|  |  |  |  |
|  | **4** | **Application is presented at Council Meeting** |  |
|  | A | * Individual members raise issues resulting from review of 3 A-G above
 | Questions are clarifiedAll information is recorded |
|  |  |  |  |
|  | **5** | **Chair asks Council if additional discussion is necessary** | **If no, go to Step 7** |
| Suspended | A | * Council may choose to table item pending additional review/information.
 |  |
|  |  |  |  |
|  | **6** | **OGS completes review** | See items 2 A-D  |
|  |  |  |  |
|  | **7** | **Discussion is complete; Chair asks for motion to approve** |  |
|  | A | * A motion to approve is made; seconded
 |  |
|  | B | * All members cast vote
 |  |
|  | C | * Application is approved by majority vote
 | OGS adds to list |
|  |  |  |  |
|  | **8** | **Council disapproves application** | Reason for same are documented |
| Within 30 days | A | * Applicant may appeal denial to Commissioner of OGS
 |  |
|  |  |  |  |
| Within 60 days | **9** | **Commissioner of OGS**  |  |
|  | A | * Reviews appeal
 |  |
|  | B | * Renders written final decision binding on applicant and council
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Time****(in days)** |  | **TASK** | **ACTION** |
|  |  | **Prior to submitting application to OGS:**  |  |
|  |  | * NYSID obtains certification for all applicants from NYS Education Department – Access VR (formerly VESID) \*
 |  |
|  |  | * NIB – Office of Children & Family Services (OCFS) certifies member agencies
 |  |
|  |  | * SED - Access VR sees partners after Council approval
 |  |
|  |  |  |  |
|   |  | **Preferred Source Application received by OGS:**  | => $500,000 |
| **120** | **10** | **OGS Review begins**  |  |
|  |  A | * OGS conducts an initial review of completeness
 |  |
|  | B | * OGS makes copies of application(s) and sends to Empire State Development (ESD) if not received from Preferred Source agency
 |  |
| Concurrent | C | * ESD reviews impact on business community \*
 | Decision sent to OGS |
|  |  |  |  |
|  | **11** | **OGS review includes:**  |  |
|  | A | * Does Statewide contract exist for this service/commodity?
 |  |
|  | B | * An indepth benchmark
 |  |
|  | C | * Does Application include overlapping items already approved for use by other preferred soured agency?
 | If no go to Step 14 |
|  |  |  |  |
|  | **12** | **Are prices for overlapping items less than already approved items?**  | If yes go to Step 14 |
|  |  |  |  |
|  | **13** | **Are prices for overlapping items greater than approved items** | Back to applicant |
|  | A | * Applicant will be asked to reduce pricing =< approved items
 | If yes, go to Step14 |
|  | B | * Applicant will not reduce pricing
 |  |
|  | C | * Include recommendation to exclude items in Council memo
 | See Item 2 D |
|  |  |  |  |
|  |  | **Key Additional Items to Include in Council Review**  |  |
|  | 14 | Are there implementation costs involved? | If no, go to 15 |
|  | A | * Will implementation require equipment purchases
 |  |
|  | B | * Who will have ownership of this equipment
 |  |
|  |  |  |  |
|  | **15** | **Is applicant partnering with private sector entities?** | If no, go to step 16 |
|  | A | * What percentage of work is partner performing
 |  |
|  |  B | * What percentage of work will be performed by the disabled?
 |  |
|  |  C | * Are we offering prevailing living wages
 |  |
|  | D | * Are bona fide long term employment opportunities available
 |  |
|  | E | * Does proposed partner(s) have any VendRep issues
 | If yes, resolve  |
|  |  |  |  |
|  | **16** | **Only upon completion of first six steps application will go to Council**  |  |

* We are looking for comments to the process from both Empire State Development (ESD) and
* NYS Education Department – Access VR