



**Office of
General Services**

How to Use the Preferred Source Electronic Service Application

March 21, 2019

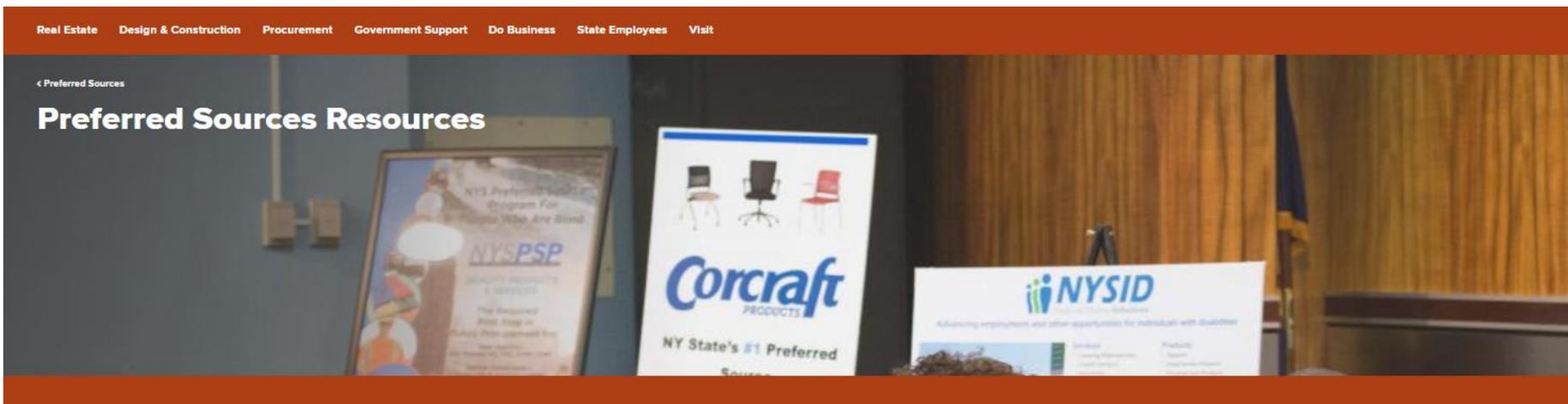
Why Did OGS Develop an Electronic Application for Approved Preferred Source Service Offerings?

1. Promote standardization across all Preferred Source Facilitating Entities
2. Increase the efficiency of the review process
3. Increase Purchasing Agency involvement in the application process
4. Incorporate standard procurement practices into the Preferred Source program

Am I Required to Use the Electronic Service Application (ESA)?

Yes, everyone is required to use the ESA if the value of the proposed contract exceeds \$50,000, it must be submitted to OGS for price concurrence.

Where Do I Find the ESA?



- SECTIONS
- Forms
- Status Reports
- Related Guidelines
- Training Resources

Forms

	Preferred Source Service Application Overview MS Word	DOWNLOAD
	Preferred Source Form 1 Agency Application MS Word	DOWNLOAD
	Preferred Source Form 2 Preferred Source Application MS Word	DOWNLOAD
	Preferred Source Form 3 Service Cost Summary MS Excel	DOWNLOAD
	Preferred Source Form 4 Agency Acceptance MS Word	DOWNLOAD
	Preferred Source Checklist & Guide to Prevailing Markets MS Excel	DOWNLOAD

Follow this link:

<https://ogs.ny.gov/procurement/preferred-sources-resources#formsRegular>

What is Included in the ESA?

Overview – Instructions for Purchasers and Preferred Sources.

Form 1: Agency Application for Preferred Source Service – Purchaser completes and sends to the Preferred Source(s)

Form 2: Preferred Source Service Application - Preferred Source completes and sends to Purchaser

Form 3: Preferred Source Service Cost Summary - Preferred Source completes and sends to Purchaser

Form 4: Form 4 Agency Proposal Acceptance - Purchaser completes and sends to Preferred Source

The Overview

Application Submission Process



Instructions



Index



OVERVIEW

Application Submission Process Summary:

1. The Purchasing Agency fills out Form 1 and sends it to the Preferred Source Facilitating Entity (NYSPSP/NYSID) with supporting documents (i.e. scope of work).
2. The Preferred Source Facilitating Entity (NYSPSP/NYSID) fills out Forms 2 and 3, and submits them to the Purchasing Agency with attachments as applicable. Form 3 must be submitted in Excel format in addition to the application PDF.
3. The Purchasing Agency will review all forms and attachments included in the Preferred Source Facilitating Entity's Service Application. If the Purchasing Agency has questions or concerns regarding Forms 2 and 3, they must be addressed with the Preferred Source Facilitating Entity (NYSPSP/NYSID) before signing Form 4.
4. The Purchasing Agency completes Form 4 and submits all forms and attachments back to the Preferred Source Facilitating Entity.
5. The Preferred Source Facilitating Entity will submit all required Service Application documents (listed below) to OGS at OGS.sm.PS_CM_PreferedSource@ogs.ny.gov for review.

Instructions for Submission of a Complete Application:

1. All required documents found in the list below must be completed prior to submission to OGS.
2. All required documents found in the list below must be included in the initial submission to OGS.
3. Authorized signatures from a Preferred Source Facilitating Entity, Preferred Member, Corporate Partner (if applicable), and Purchasing Agency must be included where indicated.
4. Page numbers are required on all documents in the application.
5. Form 3 must be submitted in Excel format.
6. All cost backup information must be attached to Form 3.
7. The Market Comparison must be based on the OGS Guide to Prevailing Markets. Please click the following link to access the document: <https://ogs.ny.gov/procurement/preferred-sources-resources#forms>
8. All forms and documents must be scanned into a single PDF formatted file.
9. The PDF must be legible, correctly oriented and submitted with the Excel file via e-mail to OGS.sm.PS_CM_PreferedSource@ogs.ny.gov
10. This Overview document will serve as the cover to your application packet. You must click on the hashtag symbols (#) below and enter the appropriate page numbers to complete this form prior to submission.

Note: Failure to provide a complete application may result in the return of the application to the Preferred Source Facilitating Entity (NYSPSP/NYSID) for resolution.

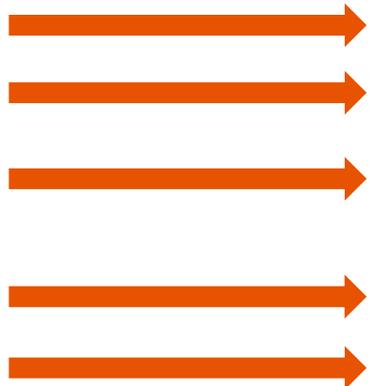
INDEX OF DOCUMENTS REQUIRED FOR SUBMISSION OF A COMPLETE APPLICATION

The Documents for THIS APPLICATION are presented in the order listed below:

PREFERRED SOURCE SERVICE APPLICATION OVERVIEW	1
PREFERRED SOURCE FACILITATING ENTITY APPLICATION LETTER TO OGS.....	2
FORM 1- PURCHASING AGENCY STATEMENT OF WORK	#
FORM 2- PREFERRED SOURCE FACILITATING ENTITY SERVICE APPLICATION	#
FORM 3- PREFERRED SOURCE COST SUMMARY	#
FORM 4- PURCHASING AGENCY APPROVAL.....	#

The Overview

The Overview provides a step-by-step guide





NEW YORK
STATE OF OPPORTUNITY.

**Office of
General Services**

**Procurement
Services**

Preferred Source Service Application

OVERVIEW

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3. The Purchasing Agency will review all forms and attachments included in the Preferred Source Facilitating Entity's Service Application. If the Purchasing Agency has questions or concerns regarding Forms 2 and 3, they must be addressed with the Preferred Source Facilitating Entity (NYSPSP/NYSID) before signing Form 4.
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5. The Preferred Source Facilitating Entity will submit all required Service Application documents (listed below) to OGS at OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov for review.

Follow the instructions and contact OGS via e-mail if you need help

The Overview

Includes instructions for submission:

Instructions for Submission of a Complete Application:

1. All required documents found in the list below must be completed prior to submission to OGS.
2. All required documents found in the list below must be included in the initial submission to OGS.
3. Authorized signatures from a Preferred Source Facilitating Entity, Preferred Member, Corporate Partner (if applicable), and Purchasing Agency must be included where indicated.
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7. The Market Comparison must be based on the OGS Guide to Prevailing Markets. Please click the following link to access the document: <https://ogs.ny.gov/procurement/preferred-sources-resources#forms>
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10. This Overview document will serve as the cover to your application packet. You must click on the hashtag symbols (#) below and enter the appropriate page numbers to complete this form prior to submission.

Note: Failure to provide a complete application may result in the return of the application to the Preferred Source Facilitating Entity (NYSPSP/NYSID) for resolution.

The Overview

Includes an index of documents required for submission of a complete application:

<u>INDEX OF DOCUMENTS REQUIRED FOR SUBMISSION OF A COMPLETE APPLICATION</u>	
<i>The Documents for THIS APPLICATION are presented in the order listed below:</i>	
PREFERRED SOURCE SERVICE APPLICATION OVERVIEW	1
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FORM 3- PREFERRED SOURCE COST SUMMARY	#
FORM 4- PURCHASING AGENCY APPROVAL.....	#
ATTACHMENT 1- MARKET COMPARISON.....	#
<u>IF APPLICABLE:</u>	
ATTACHMENT 2- DESIGNATING AGENCY CORPORATE PARTNER APPROVAL.....	#
ATTACHMENT 3- PREVAILING WAGE SCHEDULE	#
ATTACHMENT 4- PRIOR CONTRACT APPROVAL LETTER.....	#

Form 1: Purchasing Agency Statement of Work

- To be completed by Purchasing Agency
- Each of the sections must be completed
- Additional documents may be attached

Each of the sections below must be completed. Additional documents may be attached.

FORM 1

To be completed by the Purchasing Agency. **Date:**

Project Information

<i>Purchasing Agency Name</i>	Click here to enter text.
<i>Contact Name</i>	Click here to enter text.
<i>Contact Email</i>	Click here to enter text.
<i>Contact Phone Number</i>	Click here to enter text.
<i>Contact Street Address</i>	Click here to enter text.
<i>City, State Zip</i>	Click here to enter text.
<i>Project Name</i>	Click here to enter text.
<i>Proposed Start Date</i>	Click here to enter text.
<i>Preferred Source Facilitating Entity</i>	Choose an item.

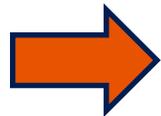
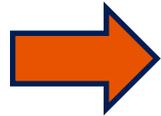
Form 1: Project Information

This is an example of a completed “Project Information” section:

<i>Each of the sections below must be completed. Additional documents may be attached.</i>		FORM 1
<i>To be completed by the Purchasing Agency.</i>		<i>Date:</i> <input type="text" value="1/1/2018"/>
Project Information		
<i>Purchasing Agency Name</i>	OGS	
<i>Contact Name</i>	Joe Purchaser	
<i>Contact Email</i>	Joe.Purchaser@ogs.ny.gov	
<i>Contact Phone Number</i>	518-555-5555	
<i>Contact Street Address</i>	138 Purchaser Lane	
<i>City, State Zip</i>	Purchase, NY 12555	
<i>Project Name</i>	Purchase Place Cleaning	
<i>Proposed Start Date</i>	7/1/2018	
<i>Preferred Source Facilitating Entity</i>	NYSID	

Form 1: Approved Services

- Click on the drop down to select the appropriate approved service(s).
- Make sure that you check the list of Preferred Source Offerings to ensure that the approved definition of the service(s) you are selecting meets your needs.



Approved Preferred Source Service(s): [Click here](#) for a link to the detailed list of Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. ***Form fields will expand as text is entered.***

Only approved services are listed. If the service you are looking for is not listed, follow the purchasing order of precedence established under NYS Finance Law § 163 (3)(a)(i), <http://codes.findlaw.com/ny/state-finance-law/stf-sect-163.html>.

NYSPSP APPROVED SERVICES

• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>

NYSID APPROVED SERVICES

• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>
• <input type="text" value="Choose an item."/>	• <input type="text" value="Choose an item."/>



Form 1: Details

- If the Purchasing Agency has held a competitively bid or awarded contract for the service(s) within the last five years, select yes and attach a copy of the scope of services and pricing to Form 1.
- Enter the proposed contract term.
- Describe the scope of services. If there is a supplemental document, attach at the end of this form.

<p>Has your Purchasing Agency held a competitively awarded contract for this service within the last five years?</p>
<p>Choose an item.</p> <p>If yes, please attach a copy of the contract scope and pricing to Form 1.</p>
<p><i>Proposed Contract Term</i></p> <p>Click here to enter text.</p>
<p><i>Scope of Work</i> Describe the actual tasks that the Preferred Source will be expected to perform. As with all other portions of Form 1, every effort should be made to include as much detail as possible.</p> <p>Click here to enter text.</p>

Form 1: Work Location

- Enter the work location including the complete mailing address.
- If the service is subject to Article 9 Prevailing Wage requirements (ex: janitorial, grounds maintenance) click on the link to request the appropriate PRC Number and enter in the text box.
- Enter any special requirements (ex: emergency services, background checks) in the text box.

Work Location(s)

Click here to enter text.

If the service is subject to Article 9 Prevailing Wage requirements, click on the link below to request the appropriate PRC number and enter it in the box below.
<http://www.labor.state.ny.us/workerprotection/publicwork/pWReqforOWS.shtm>

PRC NUMBER

Click here to enter text.

Special Requirements

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

Click here to enter text.

Form 1: Purchaser Attestation

Purchasers must be sure that Form 1 is complete and signed before sending it to the Preferred Source Facilitating Entities.

By signing Form 1, I do so attest that:

- I have completed all required B-1184 documentation for this procurement, or, if a B-1184 is not required, I certify that my organization will have access to sufficient funds to meet this obligation.
- I have the authority to sign on behalf of the Purchasing Agency.
- I am responsible for reviewing the Preferred Source Facilitating Entity's complete Service Application and signing Form 4.

Purchasing Agency Authorized Signature _____

Print Name _____

Title _____

Date _____

1. Upon completion of Form 1, the Purchasing Agency must forward to the Preferred Source Facilitating Entity(ies) and retain a copy for the Agency's procurement record.
2. Upon acceptance of a complete Service Application from the Preferred Source Facilitating Entity, the Purchasing Agency must review and sign Form 4.

NOTE: The Purchasing Agency must give the Preferred Source Facilitating Entity(ies) ten days to respond. It is the responsibility of the Purchasing Agency to follow all applicable finance laws and keep copies of these documents for their procurement record.

Form 2: Preferred Source Facilitating Entity Service Application

- To be completed by the Facilitating Entity.
- Each of the sections must be completed.
- Additional forms may be attached.

To be completed by the Preferred Source Facilitating Entity: Choose an item.
Date: Click here to enter text.

Member Agency Information

Member Agency:	Click here to enter text.
Contact Person:	Click here to enter text.
E-Mail:	Click here to enter text.
Phone #:	Click here to enter text.
Street Address:	Click here to enter text.
City, State Zip:	Click here to enter text.

Corporate Partner Information (If applicable)

Corporate Partner Name:	Click here to enter text.
Contact Person:	Click here to enter text.
E-Mail:	Click here to enter text.
Phone #:	Click here to enter text.
Street Address:	Click here to enter text.
City, State Zip:	Click here to enter text.

Form 2: Purchasing Agency Information

- Ensure this section matches the information found in Form 1.

Purchasing Agency Information

Purchasing Agency:	OGS
Contact Person:	Joe Purchaser
E-Mail:	Joe.Purchaser@ogs.ny.gov
Phone #:	518-555-5555
Street Address:	138 Purchaser Lane
City, State Zip:	Purchase, NY 12555

Form 2: Prevailing Wage Information

- Ensure that the Prevailing Wage Information (if applicable) is correctly filled out and matches the information provided on Form 1.

Prevailing Wage Information	
Is this service subject to Article 9 of the NYS Labor Law?	<input type="text" value="Choose an item."/>
If yes, please enter the PRC number from Form 1 in the box below and attach the correct Prevailing Wage Schedule to this form.	<input type="text" value="Click here to enter text."/>
Is this service subject to the <u>New York City</u> Prevailing Wage Schedule? please attach the correct Prevailing Wage Schedule to this form.	<input type="text" value="Choose an item."/> If Yes,

- If the service is not subject to Article 9 Prevailing Wage, check “NO” in the drop-down tab and leave the other boxes blank.

Form 2: Approved Services

- Click on the drop down to select the appropriate approved service(s).
- Check the list of Preferred Source Offerings to ensure that the approved definition of the service(s) you are selecting meets the Purchasing Agency’s needs.
- The Facilitating Entity may check different or additional services than the Purchasing Agency did in Form 1, according to the scope of services and approved service definitions.

Approved Preferred Source Service(s) [Click here](#) for a link to the detailed list and definitions of approved Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. The service proposed must align with the customer scope of work.

NYSPSP APPROVED SERVICES

• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.

NYSID APPROVED SERVICES

• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.

Form 2: Detailed Response to Purchaser Scope of Work

Provide a detailed response to the Purchasing Agency Statement of Work (Form 1) in the fields below.

Please list the actual tasks to be performed and their frequency:

Click here to enter text.

Please list all applicable deliverables that the Preferred Member or Corporate Partner will provide (i.e. document images, reports, etc.):

Click here to enter text.

The Preferred Source will identify the tasks they are going to perform, and how they will deliver services to the Purchasing Agency.

Form 2: Detailed Response to Purchaser Scope of Work

- List the job titles and descriptions for the project. If there are supplemental documents, attach at the end of the form.
- Provide an estimated timeline and work schedule for completion of services.
- List the work location(s) with complete mailing address(s).
- List the proposed contract term and ensure that it matches Form 1.

Please list the job titles and their descriptions that the proposed project will require:

Click here to enter text.

Click here to enter text.

Please provide an estimated timeline for completion, and a work schedule for the proposed contract:

Click here to enter text.

Work Location(s)

Click here to enter text.

Proposed Contract Term

Click here to enter text.

Form 2: Price Proposal

- Enter the proposed contract price with applicable unit prices
- If the scope of services includes any special requirements (emergency services, background checks) this is the Facilitating Entity's opportunity to list them.

Proposed Contract Price – Total value, annual value, unit price(s) as applicable

Click here to enter text.

Special Requirements

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

Click here to enter text.

Form 2: Preferred Source Attestation

Form 2
Preferred Source Facilitating Entity Service Application

By signing below, the undersigned attests that they have completed the following:

1. Reviewed Form 1 from the Purchasing Agency and confirmed that the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable Corporate Partner are able to satisfy the form, function, and utility of the service required;
2. Responded to any concerns, suggestions, or questions submitted in writing by the purchasing agency;
3. Completed Forms 2 & 3.

The undersigned recognizes that this Service Application (Forms 1, 2, 3, and any additional attachments) is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned agrees and acknowledges that this Service Application may become part of the final contract if a contract is executed. The undersigned acknowledges that the final fully executed contract may be posted or otherwise made publicly available. The undersigned attests that they are authorized to sign on behalf of the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable, Corporate Partner. The undersigned further attests that they have read each page of the attached Service Application and are in agreement with the scope of the work described therein, the prices contained therein, and all other material terms.

Preferred Source Member Authorized Signature: _____

Printed Name:

Date:

Corporate Partner Authorized Signature (if applicable): _____

Printed Name:

Date:

Preferred Source Facilitating Entity Authorized Signature: _____

Printed Name:

Date:

1. Upon completing and signing Forms 2 and 3, submit the completed application to the Purchasing Agency via mail or e-mail along with the Market Comparison, ACCES VR (if applicable), Prevailing Wage Schedule (if applicable), and a Prior Contract Approval Letter (if applicable).
2. Preferred Source Facilitating Entity must obtain Purchasing Agency signature of approval (Form 4) before submitting an application to NYS OGS.

Signed By:

- Preferred Source Member
- Corporate Partner (if applicable)
- Preferred Source Facilitating Entity

Form 3: Preferred Source Service Application Service Cost Summary

- To be completed by the Preferred Source Facilitating Entity.
- Must be signed by the Preferred Source Facilitating Entity.
- Must be submitted in pdf and Excel file formats to the Purchasing Agency for review and in the final application submission to OGS.
- Additional rows and formulas may be inserted as needed

  				Preferred Source Service Application Service Cost Summary	
				<h2>FORM 3</h2>	
Form 3 Instructions: The Preferred Source Facilitating Entity must complete Form 3 in its entirety. Additional rows and formulas may be inserted as needed in the sections below. The form is not locked. Please delete unused tabs as applicable. You must sign Form 3 and submit a scanned copy, along with the original Excel file to the Purchasing Agency for review. Upon Purchasing Agency concurrence of Form 4, submit Form 3 in both PDF and Excel formats with your completed application forms and attachments to NYS OGS at OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov .					
Preferred Source Facilitating Entity					
Project Information	Purchasing Agency Name			Application Date	
	Contact Name				
	Contact Email				
	Contact Phone Number				
	Contact Street Address				
	City, State, Zip Code				
	Project Name				
	Proposed Start Date				

Form 3: Project Information

- Ensure Project Information is consistent with Form 1 and Form 2
- Information will repeat at the top of subsequent pages
- This information links to the other tabs located at the bottom of the workbook

Preferred Source Facilitating Entity		NYSID		
Project Information	Purchasing Agency Name	OGS	Application Date	3/1/2018
	Contact Name	Joe Purchaser		
	Contact Email	Joe.Purchaser@ogs.ny.gov		
	Contact Phone Number	518-555-5555		
	Contact Street Address	138 Purchaser Lane		
	City, State, Zip Code	Purchase, NY 12555		
	Project Name	Purchase Place Cleaning		
	Proposed Start Date	7/1/2018		

Form 3: Direct Labor

Direct Labor: People actually performing the work defined in the Purchasers Scope of Work

- List each job title
- List the estimated number of employees per title
- List total hours
- List hourly wage information
- Total column should calculate for you

Direct Labor People working to fulfill contract specifications	Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
	Disabled/Blind Labor Total	Total FTE	Total Hours	Total Annual Hours	Total Wages	Direct Disabled Wages Total
		0.0000	-	1950	\$ -	\$ -
	Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
	Non-Disabled Labor Total	Total FTE	Total Hours	Total Annual Hours	Total Wages	Direct Non-Disabled Wages Total
		0.0000	-	1950	\$ -	\$ -
						Total All Direct Labor Wages
						\$ -

Form 3: Direct Labor Example

- This is an example of a completed direct labor information section of the ESA.

Direct Labor People working to fulfill contract specifications	Disabled/Blind Labor Job Title		Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Porter/Janitor		5.00	10,000.00	\$ 15.00	\$ 150,000.00	
						\$ -	
						\$ -	
						\$ -	
	Disabled/Blind Labor Total		Total FTE	Total Hours	Total Annual Hours	Total Wages	Direct Disabled Wages Total
			5.1282	10,000.00	1950	\$ 150,000.00	\$ 150,000.00
	Non-Disabled Labor Job Title		Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Working Supervisor		2.00	4,000.00	\$ 17.50	\$ 70,000.00	
						\$ -	
					\$ -		
Non-Disabled Labor Total		Total FTE	Total Hours	Total Annual Hours	Total Wages	Direct Non- Disabled Wages Total	
		2.0513	4,000.00	1950	\$ 70,000.00	\$ 70,000.00	
						Total All Direct Labor Wages \$ 220,000.00	

Form 3: Labor Ratio and FTE's

- The Disabled Labor Ratio and FTE information will auto populate from the direct labor information section.
- Choose the applicable Direct Labor Workforce Affirmation Statement from the drop-down box and provide a signature if all the information appears accurately.



Disabled Labor Ratio and FTEs	Total Direct Disabled/Blind Labor Hours	10,000.00	DIRECT LABOR WORKFORCE AFFIRMATION (Please select from the drop-down box below)
	Total All Direct Labor Hours	14,000.00	The provision of all services included in this application requires a total of 10 or fewer FTEs of direct labor. A majority of the total direct labor hours will be worked by employees who are severely disabled, blind, or visually impaired.
	Disabled/Blind Labor Ratio: Percentage Disabled Labor Hours <small>(Total Disabled Direct Labor / Total All Direct Labor Hours)</small>	71.4286%	
	FTEs (Direct Disabled Labor)	5.1282	
	FTEs (Total Direct Labor)	7.1795	
	I do so affirm the accuracy of the disabled direct labor ratio selected above.		
		Signature: _____	

Form 3: Indirect Labor

- Indirect Labor: People overseeing but not actually engaged in doing the work defined in the Purchasers Scope of Work
- Fill disabled/blind indirect labor and non-disabled indirect labor information by job title, number of employees, total number of hours, and wage information

Indirect Labor Management, oversight and titles not directly related to specifications.	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
					\$ -	
	Indirect Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Disabled Wages
		0.0000	-		\$ -	\$ -
	Indirect Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Project Manager	0.00	-	\$ -	\$ -	
	Indirect Non-Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Non-Disabled Wages
		0.0000	-		\$ -	\$ -

Form 3: Indirect Labor Example

- Example of a completed indirect labor information section

Indirect Labor Management, oversight and titles not directly related to specifications.	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
					\$ -	
	Indirect Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Disabled Wages
		0.0000	-		\$ -	\$ -
	Indirect Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Project Manager	1.00	1,000.00	\$ 24.00	\$ 24,000.00	
	Indirect Non-Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Non-Disabled Wages
		0.5128	1,000.00		\$ 24,000.00	\$ 24,000.00
					Total All Indirect Labor Wages	
					\$ 24,000.00	
					Total All Wages	
					\$ 244,000.00	



Form 3: Employee Benefits

- Fill employee benefits information section with applicable benefits.
- Rows and formulas are not locked, additional rows may be added or removed.
- Totals will auto calculate.

Employee Benefits					
Fringe Benefits (Excluding Article 9 Supplemental Benefits)					
Benefit Type	Rate	Disabled/ Blind Labor Total	Non- Disabled/ Sighted Labor Total	Total	
Workers Compensation		\$ -	\$ -	\$ -	
FICA		\$ -	\$ -	\$ -	
Medical Insurance		\$ -	\$ -	\$ -	
Life Insurance		\$ -	\$ -	\$ -	
Disability		\$ -	\$ -	\$ -	
Unemployment Insurance		\$ -	\$ -	\$ -	
MTA Tax (If applicable)		\$ -	\$ -	\$ -	
Total Fringe Benefits (Excluding Article 9 Supplemental Benefits)		\$ -	\$ -	\$ -	
Article 9 Supplemental Benefits					
Employee/Job Title	# of Hours	Supplemental Benefit Rate	Disabled/ Blind Labor Total	Non-Disabled/ Sighted Labor Total	Total
Disabled/ Blind Direct			\$ -		
Disabled/ Blind Direct			\$ -		
Non- Disabled/ Sighted Direct				\$ -	
Non- Disabled/ Sighted Direct				\$ -	
Total Supplemental Benefits			\$ -	\$ -	\$ -

Form 3: Employee Benefits Example

Fringe Benefits (Excluding Article 9 Supplemental Benefits)						
	Benefit Type	Rate	Total		Total	
			Disabled/ Blind Labor	Non- Disabled/ Sighted Labor		
	Workers Compensation	0.05	\$ 7,500.00	\$ 4,700.00	\$	12,200.00
	FICA	0.0765	\$ 11,475.00	\$ 7,191.00	\$	18,666.00
	Medical Insurance		\$ -	\$ -	\$	-
	Life Insurance		\$ -	\$ -	\$	-
	Disability	0.02	\$ 3,000.00	\$ 1,880.00	\$	4,880.00
	Unemployment Insurance	0.01	\$ 1,500.00	\$ 940.00	\$	2,440.00
	MTA Tax (If applicable)		\$ -	\$ -	\$	-
	Total Fringe Benefits (Excluding Article 9 Supplemental Benefits)		\$ 23,475.00	\$ 14,711.00	\$	38,186.00
Article 9 Supplemental Benefits						
Employee Benefits	Employee/Job Title	# of Hours	Supplemental Benefit Rate	Disabled/ Blind Labor Total	Non-Disabled/ Sighted Labor Total	Total
	Disabled/ Blind Direct FT	5,000.00	\$ 3.50	\$ 17,500.00		
	Disabled/ Blind Direct PT	5,000.00	\$ 1.00	\$ 5,000.00		
	Non- Disabled/ Sighted Direct FT	4,000.00	\$ 3.50		\$ 14,000.00	
	Non- Disabled/ Sighted Direct				\$ -	
	Total Supplemental Benefits				\$ 22,500.00	\$ 14,000.00
						\$ 36,500.00

Form 3: Employee Benefits Summary Example

Summary			
Description	Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Article 9 Supplemental Benefits	Total All Benefits
Disabled/ Blind Labor	\$ 23,475.00	\$ 22,500.00	\$ 45,975.00
Non- Disabled/ Sighted Labor	\$ 14,711.00	\$ 14,000.00	\$ 28,711.00
Total All Benefits			\$ 74,686.00

Total All Wages + Benefits
\$ 318,686.00

- The employee benefits summary will auto populate from the previous sections of the form

Form 3: Labor and Benefits Supporting Documentation

- Applications including blended wages and varying supplemental benefit rates must include supporting documentation explaining how these wages/rates were calculated.
- Applications should include supporting documentation for direct and indirect labor wages and benefits not set by Prevailing Wage.
- Applications must include a breakdown of Paid Time-Off (PTO) calculations.

Form 3: Service Cost Summary: Other Insurance

- Fill the summary of insurance by insurance type and cost

Summary Total Other Insurance			
Insurance	Insurance Type	Cost	Total Insurance
			\$ - \$ -

- Rows and formulas are not locked may be added/adjusted as necessary

Form 3: Service Cost Summary: Other Insurance Example

Summary Total Other Insurance			
Insurance	Insurance Type	Cost	Total Insurance
	CGL (2.27% of direct labor wages)	5,000	
			\$ 5,000.00

- Include the methodology used to calculate insurance rates. The example shown above calculates insurance as 2.27% of direct labor wages.

Form 3: Service Cost Summary: Equipment Amortization

- Enter a description of the equipment to be amortized, the original cost, and useful life/years.

Equipment Amortization Costs	Description	Original Cost	Useful Life/Years	Prorated/ Annual Cost	
	Subtotal			\$ -	Total Equipment Amortization
				\$ -	\$ -

- Rows and formulas are not locked and can be added/adjusted as necessary

Form 3: Service Cost Summary: Equipment Amortization Example

Equipment Amortization Costs	Description	Original Cost	Useful Life/Years	Prorated/ Annual Cost	
	Carpet Cleaner	\$ 4,000.00	5.00	\$ 800.00	
	Auto Scrubber	\$ 4,750.00	5.00	\$ 950.00	
	Subtotal			\$ 1,750.00	Total Equipment Amortization
				\$ 1,750.00	\$ 1,750.00

- Above is an example of a completed equipment amortization costs section

Form 3: Equipment Amortization Supporting Documentation

- Applications should include supporting documentation for the costs of amortized equipment.
- Examples include equipment invoices, quotes, New York State contract pricing, open market pricing, etc.

Form 3: Service Cost Summary: Equipment Operating Costs and Supplies

- Fill in the equipment operating costs and supplies and non-amortized equipment sections according to applicable rates, supply costs, and quantities

Equipment Operating Costs	Description	Quantity	Price	Total Cost	
	Gas and Oil			\$ -	
	Maintenance			\$ -	
	Other (Specify)			\$ -	
	Other (Specify)			\$ -	
Subtotal			\$ -	Total Equipment Operating Cost	
				\$ -	\$ -
Supplies and Non-Amortized Equipment	Description	Quantity	Price	Total Cost	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Subtotal			\$ -	Total Supplies and Non-Amortized Equipment	
				\$ -	\$ -

- Equipment costs categories may be edited as necessary



Form 3: Service Cost Summary: Equipment Operating Costs and Supplies Example

Equipment Operating Costs	Description	Quantity	Price	Total Cost	
	Gas and Oil - Mileage	1,000.00	\$ 0.545	\$ 545.00	
	Maintenance - Equipment Repairs	1	\$ 500.00	\$ 500.00	
	Other (Specify)			\$ -	
	Other (Specify)			\$ -	
Subtotal			\$ 1,045.00	Total Equipment Operating Cost	
				\$ 1,045.00	

Supplies and Non-Amortized Equipment	Description	Quantity	Price	Total Cost	
	Mops	10.00	\$ 3.00	\$ 30.00	
	Toilet Tissue	12.00	\$ 50.00	\$ 600.00	
				\$ -	
				\$ -	
Subtotal			\$ 630.00	Total Supplies and Non-Amortized Equipment	
				\$ 630.00	

- Above is an example of completed equipment operating costs and supplies and non-amortized equipment sections

Form 3: Equipment Operating Costs Supporting Documentation

- If claiming mileage reimbursement, the IRS standard reimbursement rate must be used and supporting documentation for mileage claimed must be provided.
- If using another transportation cost methodology, supporting documentation should be provided, including the methodology used to arrive at the annual cost.
- Equipment maintenance costs should be supported with supplier invoices, quotes, New York State contract pricing, open market pricing, etc.

Form 3: Service Cost Summary: Other Costs

- Fill in applicable “other” costs

Other Costs	Description	Quantity	Price	Total Cost			
	Subtotal		\$ -	\$ -	\$ -	Total Other Cost \$ -	
					<table border="1"> <tr> <td>Contract Subtotal</td> </tr> <tr> <td>\$ 327,111.00</td> </tr> </table>	Contract Subtotal	\$ 327,111.00
Contract Subtotal							
\$ 327,111.00							

- Rows and formulas are not locked and may be added/adjusted as necessary

Form 3: Service Cost Summary: Other Costs Example

Other Costs	Description	Quantity	Price	Total Cost	
	Uniforms	8.00	30.00	240.00	
	Subtotal	\$ 8.00	\$ 30.00	\$ 240.00	Total Other Cost
				\$ 240.00	

Contract Subtotal	\$ 327,351.00
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- Above is an example of a completed other costs section

Form 3: Service Cost Summary: Overhead & Fees- Contract Totals

- Enter the total cost of Administrative Overhead and Preferred Source Fee

Overhead and Fees	Description	Rate %	Total Cost
	Administrative Overhead	13.50%	\$ 44,191.04
	Subtotal With Overhead		\$ 371,542.04
	Preferred Source Fee	4.00%	\$ 14,861.68
	Subtotal With Overhead and Fees		\$ 386,403.72
			Overhead and Fees Total
			\$ 386,403.72

- Enter the initial contract term, options for extensions, and cost escalator (if applicable)

Options for Extension	Initial Contract Term (In Years)		Term
			3
	Options for Extensions		Term
	Description	Amount	Frequency
Cost Escalator (If applicable)	DOL - PW		As set by DOL

Contract Total
\$ 1,159,211.16

Annual Total
\$ 386,403.72
Monthly Total
\$ 32,200.31

Purchasing Agency Acceptance of Preferred Source Service Application: Form 4



Purchasing Agency Acceptance of Preferred Source Service Application

FORM 4

By signing below the undersigned attests that appropriate purchasing agency personnel have:

1. Read and reviewed the entire Preferred Source Facilitating Entity Service Application, totaling ____ pages, including Forms 1-4, Appendices, Attachments, and other documents referenced in the Preferred Source Service Application Index;
2. Submitted concerns, suggestions, or questions concerning the Preferred Source Facilitating Entity's Service Application to the Preferred Source Facilitating Entity and that the Preferred Source Facilitating Entity has provided answers to the purchasing agency's satisfaction; and
3. Confirmed that to the undersigned's reasonable knowledge, all the job titles, hours, and equipment listed are necessary to perform the work described herein, basing such conclusion on discussion and agreement between the purchasing agency and Preferred Source Facilitating Entity's employees.

The undersigned recognizes that this Service Application is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination in accordance with State Finance Law § 162 and the New York State Procurement Council Preferred Source Guidelines. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned attests that they are authorized to sign on behalf of the purchasing agency. The undersigned agrees and acknowledges that this Service Application will become part of the final contract if a contract is executed.

- To be completed by the Purchasing Agency.
- Purchasing Agency fills in the number of application pages that they have read and reviewed.
- Purchasing Agency attests to the three numbered points and that they are in agreement with the scope of work therein, the prices contained therein, and all other material terms.

Attach Additional Application Documentation

- Attachment 1: Market Comparison
 - Required for all service applications
 - Must be based on the OGS Guide to Prevailing Markets

IF APPLICABLE:

- Attachment 2: Designating Agency Corporate Partner Approval
 - Only necessary if the application utilizes a Corporate Partnership
- Attachment 3: Prevailing Wage Schedule
 - Only necessary if the service is subject to Article 9 Prevailing Wage
- Attachment 4: Prior Contract Approval Letter
 - Only necessary if the application is to replace an expiring/expired contract that previously received OGS price approval

Process Review

- Purchasing Agency fills out **Form 1** and sends it to the Preferred Source Facilitating Entity
- Preferred Source Facilitating Entity fills out **Forms 2 and 3** and submits all applicable application attachments to the Purchasing Agency
- Purchasing Agency will review all forms and attachments included in the Preferred Source Facilitating Entity's application
- Purchasing Agency completes **Form 4** and submits all forms and attachments back to the Preferred Source Facilitating Entity
- Preferred Source Facilitating Entity will submit all required Service Application documents to OGS for review

Find More Information Online

- Buying from a Preferred Source – Includes links to ESA | <https://ogs.ny.gov/procurement/preferred-sources>
- List of Preferred Source Offerings | <https://ogs.ny.gov/procurement/list-preferred-source-offerings>
- Preferred Source Guidelines | <https://ogs.ny.gov/procurement/nys-procurement-bulletin-preferred-source-guidelines>
- NYS Procurement Guidelines | <https://ogs.ny.gov/system/files/documents/2018/08/psnys-procurement-guidelines.pdf>
- Completeness Review Checklist and OGS Guide to Prevailing Markets | <https://ogs.ny.gov/procurement/preferred-sources-resources#forms>



Email your questions to:

OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov

with the subject line “How to Use ESA”