



**Homeland Security
and Emergency Services**

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

November 9, 2021

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Agenda

- I. Overview
- II. Permissible Costs
- III. Contracting Requirements
- IV. E-Grants Electronic Signatures Process
- V. Minority and Women Owned Business Enterprises (MWBE) Requirements
- VI. Procurement: Fair and Open Competition
- VII. Internal Controls/Grant Records
- VIII. Monitoring vs. Auditing
- IX. Modifications – Changes in Scope or Objective
- X. Quarterly Reporting: Progress and Fiscal Reporting
- XI. Key Points



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Overview

- New York State, committed to ensuring the safety and equal treatment of all New Yorkers, is pleased to announce a round of awards under the Securing Communities Against Hate Crimes Grant Program. This funding is being provided to boost safety and security to New York's eligible nonprofit organizations limited to the following: nonprofit nonpublic schools, nonprofit day care centers, nonprofit community centers, nonprofit cultural museums, nonprofit day camps and nonprofit residential camps, at risk of hate crimes or attacks because of their ideology, beliefs, or mission.
- This round of funding is providing nearly \$43 million to facilities across the state.
- Permissible costs include interior and exterior physical security enhancements and security training as noted in the RFA.

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Permissible Costs

- Hardening the organization's facility or facilities including recreational areas adjacent to the facility through exterior and/or interior physical security enhancements; and/or
- Providing security training that will advance the knowledge of security personnel and staff.
- Additionally, the applicant/grantee is solely responsible for compliance with any and all, State and local permitting or environmental compliance requirements.



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Permissible Costs Continued

- Permissible costs are focused on both internal and external facility hardening activities that mitigate vulnerabilities identified in the Vulnerability Assessment.
- Security enhancements must be for the facility or facilities that the organization physically occupies at the time of application.
- Allowable equipment consists of, but is not limited to, the following external and internal facility hardening projects:
 - ✓ Perimeter lighting;
 - ✓ Door hardening;
 - ✓ Alarm systems;
 - ✓ Camera-based security systems;
 - ✓ Access control systems;
 - ✓ Perimeter fencing; barriers; bollards;
 - ✓ Blast resistant film for windows/shatter resistant glass;
 - ✓ Interior door hardening/locking mechanisms;
 - ✓ Panic Button/Lock-Down systems;
 - ✓ Public Address (PA) Systems



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Permissible Costs Continued

- The SCAHC Grant Program allows for costs to train security personnel and other appropriate staff to prevent and protect against acts of hate crimes.
- Allowable training topics are limited to the protection of physical security and training that will advance the knowledge of security personnel and/or staff about hate crime activity, suspicious behavior; emergency evacuation procedures and similar topics that will secure the organization.
- All training requires prior DHSES approval and must be within the United States.

Allowable training costs include but may not be limited to the following:

- Attendance fees for training;
- Costs for materials and supplies at training;
- Travel related costs to attend training.



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Permissible Costs Continued

Request for Training Approval
Securing Communities Against Hate Crimes Grant Program

Requestor Information

Legal Name of Organization: _____
Facility Address: _____
Point of Contact: _____ Title: _____
Phone: _____ Email: _____

Grant Details

Project ID/Contract Number: _____ Grant Year and Program: _____ SCAHC

Training Requirements:

- If you have security training in your contract, you must get the training curriculum approved by DHSES *before* you conduct the training session. DHSES only approves the curriculum, not the vendor. Make sure you follow all of the procurement procedures for training as you would for equipment installation.
- The SCAHC Program allows for costs to train personnel and other appropriate staff to prevent and protect against acts of hate crimes.
- Allowable training topics are limited to the education of physical security and training that will advance the knowledge of security personnel and/or staff about suspicious activity, suspicious behavior, emergency evacuation procedures and similar topics that will secure the organization.
- Allowable training-related costs under the SCAHC Grant Program are limited to attendance fees for training, travel related costs, and related expenses, such as materials and/or supplies.

Course Information

**Please also provide detailed Curriculum, Agenda, Manual, etc. **

Title of Training: _____
Location of Training: _____
Dates and Schedule of Training: _____
Subject: _____
Description: _____
Course Topics: _____
Course Objectives: _____
Type of Personnel to be trained: _____ Number of Personnel to be trained: _____
Training Costs: _____ Procurement Method Used: _____
Curriculum, Agenda, or Manual Provided? _____

If you have security training in your contract you must get the training curriculum approved by DHSES **before** you conduct the training session.

DHSES approves the curriculum, not the vendor. Make sure you follow all procurement procedures for training as you would for equipment installation.

Contact your Grants Representative to request training approval.



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Contracting Requirements

- NYS DHSES will use the E-Grants System to generate and manage the contracting process.
- **All contracts are reimbursement based.**
- Your contract with New York State will have the following contract dates:

January 1, 2022 through December 31, 2023

- Only costs incurred within that timeframe will be eligible for reimbursement.
- You cannot begin your projects until you have an executed contract with NYS DHSES.
- You must at all times, adhere to the appendices as outlined in the contract.
- All contract procurement policies must be followed, or reimbursements may be rejected.
- Any changes to the scope of the work or budgeted items require prior approval from NYS DHSES.
- Any request for changes must fall within the permissible costs of the grant program: physical security enhancements and/or security training and be outlined in your vulnerability assessment.
- You must remain prequalified with NYS Grants Management / Grants Gateway



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E-Grants Electronic Signature Process

Subject: The NYS Division of Homeland Security and Emergency Services (DHSES) E-Grants Notification for Project HC19-1002-D00, contract number: T111111. Grantee: Test Participant

The NYS Division of Homeland Security and Emergency Services (DHSES) has approved your application for funding for Project HC19-1002-D00

Please access the DHSES E-Grants system to review the contract terms and complete your local acceptance of this grant. Due to the compressed timeframe for the grant, we are requiring you to accept the contract within two weeks. You may open the project via the link below and, after login, click on the Acceptance and Conditions tab to electronically certify the contract Appendices and Special Conditions. All appendices and conditions must be certified before the contract can be electronically signed. Once you've certified all appendices and special conditions, the button to e-sign the contract will appear at the bottom of the acceptance tab.

https://grants.dhSES.ny.gov/NYOHS_GMS//AccessNotice.jsp?ProjectID=HC19-1002-D00



If you have any questions, please contact DHSES E-Grants Help at (866) 837-9133, or at grant.info@dhSES.ny.gov

- When the contract is ready to be E-Signed, the Primary and Signatory contact listed in E-Grants will receive an email stating the contract is ready for signature. Signatory contact must click on the link in the email to access their contract in E-Grants.
- Contracts must be E-signed within two weeks.



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E-Grants Electronic Signature Process Continued

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
	Contract		Descriptors		Tracking	Review	Activity Log	
Amend Copy	Award Number - WM11111							
Go to Attachment Award Progress Site Review Financial Property Audit	Funding Program - Securing Communities Against Hate Crimes							
	The following Award Conditions must be certified.							
	Type	Condition Item	Comments	Certified by	Certified Date			
	Special	Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...	None					
	Special	Documents Required to be Kept on File Subrecipient shall keep an agenda and meeting minutes on...	None					
	Special	Equipment Purchases Equipment purchased with grant funds must fall within the allowable equipm...	None					
Reports Application Deficiency Draft Contract	Special	Training Related Activities The SCAHC Program allows for costs to train security personnel and...	None					
	Special	Fiscal Reimbursement Documentation: In addition to submitting the fiscal documentation as outli...	None					
Help Logout								




- There are five special conditions that you need to certify.
- Click on the blue language under Condition Item.



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E-Grants Electronic Signature Process Continued

Project	Participant: Test Participant							
Home Open Save Submit Go to Attachment Award Progress Site Review Financial Property Audit Reports Application Help Logout Login ID:	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
	Contract	Descriptors	Tracking	Review	Activity Log			
	Award Condition Type:Special							
	Subject: Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed by the Division of Homeland Security and Emergency Services.							
	Funds must be used in accordance with the guidelines set forth in the Securing Communities Against Hate Crime (SCAHC) RFA. All training conducted and/or equipment purchased with SCAHC program funds must support the goals set forth in the subrecipient's approved contract.							
	Comments: Press the Certify Condition button to indicate that you agree with the Condition statement and to Electronically Certify the Condition.							
	<div> <input type="button" value="Certify Condition"/>  </div> <div> <input type="button" value="Cancel"/> </div>							

- The screen will refresh with the Special Condition.
- After you have read and acknowledged the Special Condition, click on the “[Certify Condition](#)” button.



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E-Grants Electronic Signature Process Continued

Project	Participant: Test Participant							
	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
Home Open	Award Number - WM1911111 Funding Program - Securing Communities Against Hate Crimes The following Award Conditions must be certified.							
Go to Attachment Progress Site Review Financial Property	Type	Condition Item				Comments	Certified by	Certified Date
	Special	Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...				None	Test signatory2	10/14/2021
	Special	Documents Required to be Kept on File Subrecipient shall keep an agenda and meeting minutes on...				None		
	Special	Equipment Purchases Equipment purchased with grant funds must fall within the allowable equipm...				None		
	Special	Training Related Activities The SCAHC Program allows for costs to train security personnel and...				None		
Reports Application Deficiency Draft Contract	Special	Fiscal Reimbursement Documentation: In addition to submitting the fiscal documentation as outli...				None		
Help Logout								
Login ID: tsignatory2								
4.3.7								

- Once you certify the condition you will be taken back to the Conditions Tab showing the signatory's name and date certified.
- Continue certifying the remaining Special Conditions.



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E-Grants Electronic Signature Process Continued

Project		Participant: Test NFP					Acceptance	
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions		
Go to Attachment Progress Site Review Financial Property Reports Application Deficiency Draft Contract Help Logout Login ID: tsignatory2 4.3.12	The following Appendices must be certified before the Project can be E-Signed.							
	#Appendix						Certified by	Certified Date
	NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT							
	2 APPENDIX A-1							
	The Contract is hereby made by and between the State of New York, acting by and through the New York State Division of Homeland Security and Emergency Services (DHSES or State Agency) and the public or private entity ('Contractor' or 'Subrecipient') identified on the face APPENDIX C PAYMENT AND REPORTING SCHEDULE							
For All Contractors: 3 1. PAYMENT PROVISIONS								
1. In full consideration of contract services to be performed, DHSES agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for								
Decline								

- Listed under the [Acceptance](#) tab are the Appendices to your Contract.
- Click on each Appendix, read and certify each of them.



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E-Grants Electronic Signature Process Continued

Project	Participant: Test NFP							
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
Go to Attachment Progress Site Review Financial Property	The following Appendices must be certified before the Project can be E-Signed.							
Reports Application Deficiency Draft Contract	<p>Appendix</p> <p>NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT</p> <p>2 APPENDIX A-1</p> <p>The Contract is hereby made by and between the State of New York, acting by and through the New York State Division of Homeland Security and Emergency Services (DHSES or State Agency) and the public or private entity ('Contractor' or 'Subrecipient') identified on the face APPENDIX C PAYMENT AND REPORTING SCHEDULE</p> <p>For All Contractors:</p> <p>3 I. PAYMENT PROVISIONS</p> <p>1. In full consideration of contract services to be performed, DHSES agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for</p>							
Help Logout	<p>Test Signatory2</p> <p>03/16/2018</p>							
Login ID: tsignatory2	<p>Test Signatory2</p> <p>03/16/2018</p>							
4.3.12	<p>E-Sign</p> <p>Decline</p>							

- Once you have certified all the Appendices and Special Conditions an *E-Sign* button will appear on the bottom of the Acceptance tab.
- Click on the "*E-Sign*" button.



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E-Grants Electronic Signature Process Continued

Project: **Participant:** Test NFP

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
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Go to
Attachment
Progress
Site Review
Financial
Property

Reports
Appl 
Deficiency
Draft Contract

Help
Logout

Login ID:

Certify the E-Signature statement.

E-Signature
By clicking the ESign button below, I certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I have the authority to enter into a formal contractual agreement on behalf of this governmental entity, agency or organization (Grantee), and I have the authority to make the assurances set forth

☐ Check this box to indicate that you agree with the E-Signature statement and press the E-Sign button to electronically sign the Contract.

(Your User Profile must have the Signatory Role to E-Sign the Contract.)

- After you have read and acknowledged the Statement, check the box indicating you are agreeing with the E-Signature statement and click the “*E-Sign*” button.



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E-Grants Electronic Signature Process Continued

Project	Participant: Test NFP								
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
Go to Attachment Progress Site Review Financial Property	The following Appendices must be certified before the Project can be E-Signed.								
Reports Application Deficiency Draft Contract	<p>1. Appendix</p> <p>NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT</p> <p>2. APPENDIX A-1</p> <p>The Contract is hereby made by and between the State of New York, acting by and through the New York State Division of Homeland Security and Emergency Services (DHSES or State Agency) and the public or private entity ('Contractor' or 'Subrecipient') identified on the face</p> <p>APPENDIX C PAYMENT AND REPORTING SCHEDULE</p> <p>For All Contractors:</p> <p>3. I. PAYMENT PROVISIONS</p> <p>1. In full consideration of contract services to be performed, DHSES agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for</p>							<p>Certified by</p> <p>Test Signatory2</p>	<p>Certified Date</p> <p>03/16/20</p>
Help Logout								<p>Certified by</p> <p>Test Signatory2</p>	<p>Certified Date</p> <p>03/16/20</p>
Login ID: tsignatory2									
4.3.12	The contract has been electronically signed by Test Signatory2 on 03/16/2018.								

- Contract shows that it was electronically signed.
- Click on *Draft Contract* which will create a copy of the contract that can be printed and/or saved to your computer.



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E-Grants Electronic Signature Process Continued

Subject: DHSES E-Grants Notification for HC19-1002-D00, contract number: T111111; Grantee: Test Participant

E-Grants - The grant contract for (HC19-1002-D00 , ,FY2019 Securing Communities Against Hate Crimes Grant) was fully executed on 06/10/2010.

Your agency is now responsible for fulfilling all grant requirements. Progress reports and vouchers must be submitted pursuant to the time periods outlined in your contract. Failure to comply with the provisions of this contract or to submit the required program progress reports or fiscal reports may jeopardize future funding under this program. In accordance with federal requirements, a subrecipient which expends \$750,000 or more of federal funds from all sources during its fiscal year must have an independent audit of such federal funds conducted in accordance with the requirements of 2 C.F.R. Part 200. The final report for such audit must be completed within nine months of the end of the subrecipient's fiscal year, and subrecipients are required to provide one copy of the audit report to DHSES. Information regarding this requirement is available at <http://www.dhSES.ny.gov/grants>. For federal subawards, a copy of the federal award document to the NYS Division of Homeland Security and Emergency Services has been attached to your project for your reference. If you have any questions concerning the contract, please contact your program representative.

- **When the contract is Executed, the Primary and Signatory contact listed in E-Grants will receive an email stating the contract has been executed.**



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Minority and Women Owned Business Enterprise (MWBE) Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Division of Homeland Security and Emergency Services (DHSES) recognizes its obligation under the law to promote opportunities for maximum participation of NYS certified minority and women-owned business enterprises and the employment of minority group members and women in the performance of DHSES contracts.

- Article 15-A was signed into law on July 19, 1988.
- Authorized the creation of an Office (now Division) of Minority and Women's Business Development (under umbrella of Empire State Development (ESD)).
- Aims to promote employment and business opportunities on state contracts for minorities and women.
- Under this statute, state agencies are charged with establishing employment and business participation goals for minorities and women.

DHSES requires that all State-funded contracts comply fully with the 30% MWBE goal:

- ✓ 15% for Minority-Owned Business Enterprises (MBE) participation
- ✓ 15% for Women-Owned Business Enterprises (WBE) participation



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

- Your MWBE Goal is 30% of your **award/contract** amount.

Example: $\$50,000 \times 30\% = \$15,000$ MWBE Goal

- The amount of your contract that is applied to your MWBE Goal is called the Discretionary Amount. In the example above \$50,000 is your Discretionary Amount.
- As an example, NYS OGS State Contract purchases are exempt from MWBE goals and will then reduce your discretionary amount.

Example: $\$50,000 - \$15,200$ (NYS OGS State Contract purchase) = \$34,800 (New Discretionary)

$\$34,800 \times 30\%$ MWBE Goal = \$10,440 New MWBE Goal

- Only New York State Certified MWBE vendors count towards your participation goal.



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

How to reach your 30% MWBE Compliance

In order to reach the 30% MWBE Compliance, you must put forth your best effort in reaching out to NYS Certified MWBE vendors and encouraging them to apply for your opportunity. This is done by:

- Searching the NYS Certified MWBE Vendor List for vendors that can provide the equipment and/or service you are looking for.
- Contacting them to make them aware of your advertisement. NYS Certified MWBE vendors can be found at: <https://ny.newnycontracts.com/>.

NOTE: You **MUST** follow proper procurement laws and the evaluation criteria and scoring methodology that was established in your RFP.

If you are choosing your vendor by lowest bid and a MWBE Vendor submits a bid and they are not the lowest bid, you cannot hire the MWBE Vendor.



Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

NYS Certified MWBE Vendor Search

[ABOUT THE MWBE PROGRAM](#)[CONTACT SUPPORT](#)

About

New York State is working harder than ever to make this state the gateway to attract and grow Minority and Women-Owned Business Enterprises (MWBEs).

The New York State Contract System (NYS) enables users to apply for NYS MWBE certification, search for NYS MWBE certified firms, and easily interact with our State agencies and authorities.

NYS Program Notices and Trainings

Find and register for upcoming MWBE events, trainings, webinars and program related notices.

FIND OUTREACH AND SUPPORT

MWBE Certification

Apply for NYS MWBE certification or recertification in New York State, or update your vendor profile.

CERTIFY OR RECERTIFY WITH NEW YORK

UPDATE YOUR PROFILE

NYS Directory of Certified Firms

Search the NYS MWBE Directory of Certified Firms.

SEARCH THE DIRECTORY

NYS Bid and Grant Opportunities

Find contracting opportunities in New York State.

VIEW OPPORTUNITIES

NYS Program Information and Resources

Find additional information and resources through Empire State Development and the Division of Minority and Women's Development (DMWBD).

LEARN MORE

Account Access

Lookup Vendor accounts or reset user passwords.

VENDOR ACCOUNT LOOKUP

FORGOT PASSWORD

System Training

Learn how to fully utilize our system with a live trainer.

FIND TRAINING

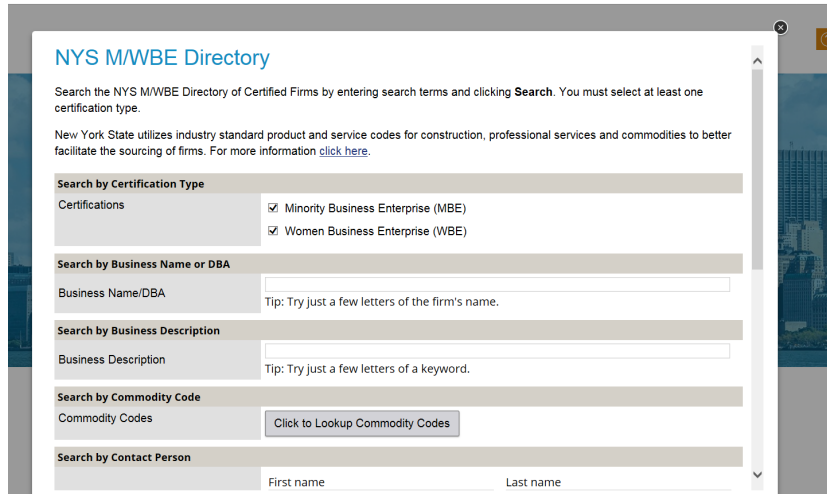
<https://ny.newnycontracts.com>

- ✓ Houses the Directory of over 8,700 Certified MWBEs
- ✓ Can search by...
 - ✓ Business Name
 - ✓ Work Regions
 - ✓ Industry Codes
 - ✓ Geographical location
 - ✓ Business Descriptions
 - ✓ Contact Person



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**Conducting a search of the NYS Certified MWBE Vendor List**

NYS M/WBE Directory

Search the NYS M/WBE Directory of Certified Firms by entering search terms and clicking **Search**. You must select at least one certification type.

New York State utilizes industry standard product and service codes for construction, professional services and commodities to better facilitate the sourcing of firms. For more information [click here](#).

Search by Certification Type

Certifications ☒ Minority Business Enterprise (MBE) ☒ Women Business Enterprise (WBE)

Search by Business Name or DBA

Business Name/DBA Tip: Try just a few letters of the firm's name.

Search by Business Description

Business Description Tip: Try just a few letters of a keyword.

Search by Commodity Code

Commodity Codes

Search by Contact Person

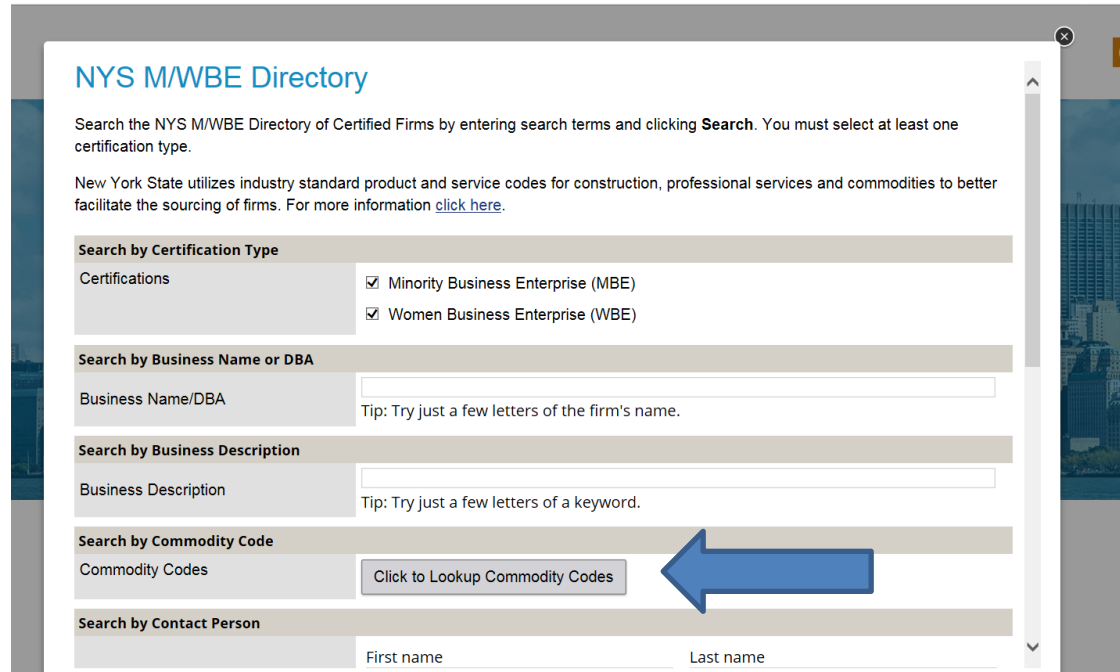
First name Last name

The NYS Certified MWBE Vendor List can be found at:

<https://ny.newnycontracts.com/>



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

NYS M/WBE Directory

Search the NYS M/WBE Directory of Certified Firms by entering search terms and clicking **Search**. You must select at least one certification type.

New York State utilizes industry standard product and service codes for construction, professional services and commodities to better facilitate the sourcing of firms. For more information [click here](#).

Search by Certification Type

Certifications ☒ Minority Business Enterprise (MBE) ☒ Women Business Enterprise (WBE)

Search by Business Name or DBA

Business Name/DBA Tip: Try just a few letters of the firm's name.

Search by Business Description

Business Description Tip: Try just a few letters of a keyword.

Search by Commodity Code

Commodity Codes

Search by Contact Person

First name Last name

Use the “Lookup Commodity Codes” link to find vendors that can provide the equipment and services you are looking to purchase.



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

Search by Business Description

Business Description

Tip: Try just a few letters of a keyword.

Search by Commodity Code

Commodity Codes [Click to Lookup Commodity Codes](#)

Search Commodity Codes

Click any **Add** link to select a code. You can also search again, sort the list, or click **Browse Codes** to browse through the entire code list. If multiple codesets are available, you can change the selected codeset in the drop down list under the search box. Click **Browse Codes** to view the code set list. When finished, click **Finish** to close this panel.

Security [Search](#) [Browse Codes](#) [Finished](#)

[Code Description](#)

To sort, click column title.

Add	CSI	013553	Security Procedures
Add	CSI	015633	Temporary Security Barriers
Add	CSI	015636	Temporary Security Enclosures
Add	CSI	018633	Electronic Safety and Security Performance Requirements
Add	CSI	050553	Security Metal Fastenings

You will need to search all **five** categories to find vendors.



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

change the selected codeset in the drop down list under the search box. Click **Browse Codes** to view the code set list. When finished, click **Finish** to close this panel.

security

CSI: Construction Specifications Institute Divisions

To sort, click column title.

Actions	Code Type	Code	Code Description
Add	CSI	013553	Security Procedures
Add	CSI	015633	Temporary Security Barriers
Add	CSI	015636	Temporary Security Enclosures
Add	CSI	018633	Electronic Safety and Security Performance Requirements
Add	CSI	050553	Security Metal Fastenings
Add	CSI	083113.53	Security Access Doors and Frames
Add	CSI	083453	Security Doors and Frames
Add	CSI	083456	Security Gates
Add	CSI	084233.13	Security Revolving Door Entrances
Add	CSI	085653	Security Windows
Add	CSI	085656	Security Window Screens
Add	CSI	087153	Security Door Hardware
Add	CSI	088723	Safety and Security Films

In this example we searched security in category CSI: **Construction Specifications Institute Divisions.**



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

Click any **Add** link to select a code. You can also search again, sort the list, or click **Browse Codes** to browse through the entire code list. If multiple codesets are available, you can change the selected codeset in the drop down list under the search box. Click **Browse Codes** to view the code set list. When finished, click **Finish** to close this panel.

security

NIGP: National Institute of Governmental Purchasing

To sort, click column title.

Actions	Code Type	Code	Code Description
Add	NIGP	92584	Security Systems; Intruder and Smoke Detection Engineering
Add	NIGP	93673	Security and Access Systems Maintenance and Repair
Add	NIGP	95814	Border Security Management and Operation Services
Add	NIGP	96480	Security Guards
Add	NIGP	96681	Security Paper, Custom Printed (Quan. Over 100,000)
Add	NIGP	96774	Safety and Security Equipment Manufacturing Services
Add	NIGP	98166	Security and Access Systems, Airport, Library, Hospitals, etc. Rental or Lease
Add	NIGP	990	SECURITY, FIRE, SAFETY, AND EMERGENCY SERVICES (INCLUDING DISASTER DOCUMENT RECOVERY)
Add	NIGP	99000	SECURITY, FIRE, SAFETY, AND EMERGENCY SERVICES, INCLUDING DISASTER DOCUMENT RECOVERY
Add	NIGP	99022	Card Access Security Services
Add	NIGP	99046	Guard and Security Services
Add	NIGP	99048	Identity Theft Protection and Data Security Services
Add	NIGP	99050	Installation of Security and Alarm Equipment
Add	NIGP	99078	Security Services, Hazardous Waste Site
Add	NIGP	99079	Sanitizing and Disinfecting Services, Security, Fire, Safety and Emergency

In this example we searched security in category NIGP: ***National Institute of Governmental Purchasing.***



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

Add	CSI	013553	Security Procedures
Add	CSI	015633	Temporary Security Barriers
Add	CSI	015636	Temporary Security Enclosures
Add	CSI	018633	Electronic Safety and Security Performance Requirements
Add	CSI	050553	Security Metal Fastenings
Add	CSI	083113.53	Security Access Doors and Frames
Add	CSI	083453	Security Doors and Frames
Add	CSI	083456	Security Gates
Add	CSI	084233.13	Security Revolving Door Entrances
Add	CSI	085653	Security Windows
Add	CSI	085656	Security Window Screens
Add	CSI	087153	Security Door Hardware
Add	CSI	088723	Safety and Security Films
Add	CSI	088723.16	Security Films
Add	CSI	088853	Security Glazing
Add	CSI	095753	Security Ceiling Assemblies
Add	CSI	102813.53	Security Toilet Accessories
Add	CSI	104413.53	Security Fire Extinguisher Cabinets
Add	CSI	1086	Security Mirrors and Domes
Add	CSI	108600	Security Mirrors and Domes

1 - 20 of 72 records displayed - Page 1 > [Next Page](#)


Click the “Add” button for the categories that match your search.



Homeland Security
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SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

State	Select one or
Phone Area Code	
Search by Work Districts/Regions	
Work Districts/Regions	Selection of any combination below will find firms that have at least one assigned work district/region match. All selected
Search by Reference	
Industry	Select one or more
Business Size	Select one or more
General Location	Select one or more
Location	Select one or more
 <input type="button" value="Search"/> <input type="button" value="Download Entire Directory"/>	

You should also add your Work District to the search. Work Districts are the following:

- Capital Region
- Central NY
- Finger Lakes
- Long Island
- Mid-Hudson
- Mohawk Valley
- North Country
- NYC
- Southern Tier
- Western NY



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

Vendor	Location	Certification
Mickey Mouse Security	New York, NY	<u>MBE</u>
Donald Duck Enterprises	Syracuse, NY	<u>MBE</u>
Chip and Dale Inc.	YONKERS, NY	<u>MBE</u>
Buzz Lightyear Inc.	Brooklyn, NY	<u>MBE</u>
Minnie Mouse Company	College Point, NY	<u>MBE</u>
Tinkerbell Sales	Long Island City, NY	<u>MBE</u>
Alladin Lighting Supply	Elmont, NY	<u>MBE</u>
Cinderella Shoe Sales	Leroy, NY	<u>WBE</u>
Daisy Duck Cleaning Company	BRONX, NY	<u>MBE</u>
Mr. Incredible LLC	Brooklyn, NY	<u>MBE</u> <u>WBE</u>
Dumbo Trunk Sales	Woodside, NY	<u>MBE</u>

A list of MWBE vendors will be displayed that match your search criteria.

Fictitious vendor names are displayed in this example.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

[Download Search Results](#)

Vendor	Location	Certification
Mickey Mouse Security	New York, NY	MBE
Donald Duck Enterprises	Syracuse, NY	MBE
Chip and Dale Inc.	YONKERS, NY	MBE
Buzz Lightyear Inc.	Brooklyn, NY	MBE
Minnie Mouse Company	College Point, NY	MBE
Tinkerbell Sales	Long Island City, NY	MBE
Alladin Lighting Supply	Elmont, NY	MBE
Cinderella Shoe Sales	Leroy, NY	WBE
Daisy Duck Cleaning Company	BRONX, NY	MBE
Mr. Incredible LLC	Brooklyn, NY	MBE WBE
Dumbo Trunk Sales	Woodside, NY	MBE

It is recommended that you download the search results to an excel file and save the search results.



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

Vendor	Location	Certification
Mickey Mouse Security	New York, NY	MBE
Donald Duck Enterprises	Syracuse, NY	MBE
Chip and Dale Inc.	YONKERS, NY	MBE
Buzz Lightyear Inc.	Brooklyn, NY	MBE
Minnie Mouse Company	College Point, NY	MBE
Tinkerbell Sales	Long Island City, NY	MBE
Alladin Lighting Supply	Elmont, NY	MBE
Cinderella Shoe Sales	Leroy, NY	WBE
Daisy Duck Cleaning Company	BRONX, NY	MBE
Mr. Incredible LLC	Brooklyn, NY	MBE WBE
Dumbo Trunk Sales	Woodside, NY	MBE

Click on the Certification link and their contact information will be displayed along with a business description.



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

Business & Contact Information

BUSINESS NAME	Mickey Mouse Security
OWNER	Mr. Todd Smith
ADDRESS	1140 East Main St Colonie, NY 12205
PHONE	518-555-0000
FAX	
EMAIL	tsmith@mmsecurity.org
WEBSITE	http://mickeymousesecurity.org

Certification Information

CERTIFYING AGENCY	New York State
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	9/18/2018
CERTIFIED BUSINESS DESCRIPTION	Video Surveillance - Security Cameras/Systems with CCTV Access Controls - Authorized Entry via Doors using Key/Fob units Intercom - building Entry Public Address System Alarm - Residential, Business & commercial Security Alarms and Sensors Computer - Networking, Repair and Desktop Management Wiring - Cat5, Cat6, Siameese, Coaxial, telephone, alarm, intercom, audio/sound, access panel



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**MWBE Outreach Guidelines:**

- Once your advertisement is posted, **you must** reach out to the MWBE vendors via email or telephone to make them aware of your RFP.
- Make sure that the MWBE vendors you are contacting are certified by ESD to provide the equipment or service you are looking to purchase and also work in your location.
- Keep copies of all the emails and any responses from MWBE vendors.
- If you are calling MWBE vendors, keep a list of the MWBE vendors you contacted and their response or lack thereof.
- Copies of all emails and phone contacts listed above are needed for your reporting requirements if applying for a waiver.
- If you were unable to find any MWBE vendors to solicit for your project, take screenshots of your search attempts. These will be required if you need to request a MWBE Waiver.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**MWBE Outreach Guidelines Cont:**

- Include MWBE language in your RFP (*sample below*):

This project is funded by grant monies from the New York State Division of Homeland Security and Emergency Services (DHSES). As part of this grant funding, the project will be subject to the requirements of New York State Executive Law Article 15-A to promote opportunities for the participation of certified minority women or minority owned business enterprises (MWBE), as well as the employment of minority group members and women in the performance of the project. The MWBE goals established for this project are 15% of the contract for MBE and 15% of the contract for WBE. MWBE vendors are encouraged to apply to this solicitation.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**MWBE Reporting Requirements**

- Grantees must submit the following documents:
 - DHSES MWBE Utilization Form (**prior/with initial reimbursement**)
 - DHSES MWBE EEO Staffing Plan Form A (**prior/with initial reimbursement**)
 - DHSES MWBE EEO Staffing Plan Form B (Vendor) (**prior/with initial reimbursement for the vendor**)
- Reimbursement cannot be made until these forms are submitted.
- **Failure to follow all of the requirements as outlined in the contract will result in the reimbursement being rejected.**
- MWBE Forms can be found on the DHSES website: <https://www.dhses.ny.gov/minority-and-women-owned-business-enterprises-mwbe>.
- Instructions for filing out the forms can also be found on our website at: <https://www.dhses.ny.gov/dhses-gpa-mwbe-guidance-grantees>



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

DHSES MWBE Utilization Form

Rev. 08/2016

**New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM**

IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO REIMBURSEMENT OF THIS GRANT, IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT RENEWAL PERIOD AND ANY REQUEST FOR A BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information			
1. Name:		2. Address:	
3. Contact Person/Title:		4. Telephone Number:	5. Email Address:
6. DHSES Contract Number:	7. Grant Program/Year:	8. Federal ID No.:	9. NYS SFS No.:
10. Project Location (Municipality/County/Region):		11. Contract Period: Through	
12. Description of Goods/Services/Supplies to be Purchased:			
13. Grant (Contract) Amount:	13a. Exempt Amount:	13b. Grantee Discretionary NPS Amount: \$0.00	
14. Reason for Exemption (select all that apply): <input type="checkbox"/> Personnel Costs <input type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe) Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor: NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:			

Fields 13b, 22, 23 and 24 will automatically calculate:

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
22. Discretionary NPS Amount(Box 13b):	\$0.00	23. MWBE Utilization Amounts:	\$0.00	\$0.00	24. MWBE Utilization Percentage: 0.00% 0.00%		

* NOTE: If a vendor's NYS MWBE Certification is pending, a copy of the notice of receipt of application issued by the NYS Empire Development Corporation must accompany this form.

25. Grantee (Contractor) Signature/Agreement:		<input type="checkbox"/> My agency proposes to use the MWBEs listed above
Print Name:		Date:
FOR DHSES USE ONLY		
MWBE Firms: NYS Certified <input type="checkbox"/> Certification Pending Unknown	Reviewer Comments:	
GPA Minority Business Officer:	Review Date:	

This form must be submitted prior to initial reimbursement and can be used as a tracking sheet of spending and MWBE goals.

Reimbursement cannot be made until this form is submitted.

You may need to submit multiple Utilization Forms as you select your vendors.



**Homeland Security
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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

DHSES MWBE EEO Staffing Plan Form A

New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form A - GRANTEE

IMPORTANT: A Local Assistance MWBE EEO Staffing Plan must be submitted during the performance period of this grant. Final payment will not be processed until this form has been reviewed and approved. An updated Local Assistance MWBE EEO Staffing Plan should be submitted with all budget modification requests. Grantees are also required to submit staffing plans for all vendors (subcontractors) which will be utilized for this grant. Please complete and submit a Local Assistance MWBE Equal Employment Opportunity Staffing Plan - Form B for each Vendor (Subcontractor) identified in your spending plan.

1. Grantee (Contractor) Name:	2. DHSES Contract Number:	3. Federal ID Number:
4. Grantee (Contractor) Address:	5. This form indicates the Grantee's (select one): <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
	6. Date:	7. NYS SFS Number:
8. EEO Goal (Grantee): MBE (Minority) % WBE (Women) %		

Enter the total number of employees for each classification in each of the EEO - Job Categories identified: This portion of the form (fields 9-14), is a spreadsheet. Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification										12. Work Force by Disabled/Veteran Identification							
		Total Male (M)	Total Female (F)	American Indian or Alaska Native		Asian		Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		Two or More Races		White		Disabled		Veteran	
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Craft Workers																					
Laborers																					
Office/Clerical																					
Officials/Administrators																					
Professionals																					
Sales Workers																					
Service Workers																					
Technicians																					
Temporary/Apprentices																					
13. Subtotals:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Total Workforce:	0																				

IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONLY ONE RACE / ETHNIC IDENTIFICATION CATEGORY.

15. PREPARED BY (Signature):		EMAIL ADDRESS:		PHONE NO.:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):				16. MWBE Liaison:	
FOR DHSES USE ONLY					
MWBE EEO Staffing Plan Approved			MWBE EEO Staffing Plan Denied		
GPA Minority Business Officer:				Review Date:	
Reviewer's Comments:					

Must be submitted prior to initial reimbursement.

Reimbursement cannot be made until this form is submitted.



Homeland Security and Emergency Services

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirement Continued

DHSES MWBE EEO Staffing Plan Form B (Vendor)

New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form B - VENDOR / SUBCONTRACTOR

IMPORTANT: A LOCAL ASSISTANCE MWBE EEO STAFFING PLAN MUST BE SUBMITTED DURING THE PERIOD OF THE CONTRACT IN ORDER TO PROCESS PAYMENTS FOR THE PROJECT. A REVISED LOCAL ASSISTANCE MWBE EEO STAFFING PLAN MUST BE SUBMITTED WITH ALL BUDGET MODIFICATION REQUESTS. LOCAL ASSISTANCE MWBE STAFFING PLANS ARE REQUIRED FOR ALL GRANTEES AND EACH SUBCONTRACTOR IDENTIFIED IN THE CONTRACT. PLEASE COMPLETE FORM B FOR EACH SUBCONTRACTOR.

1. Vendor (Subcontractor) Name:		2. DHSES Contract Number:	3. Duns Number:
4. Vendor (Subcontractor) Address:		5. This form indicates the Vendor's / Sub-Contractor's (select one): <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
		6. Date:	7. Federal ID Number:
8. EEO Goal (Vendor/Subcontractor): MBE (Minority) % WBE (Women) %			

Enter the total number of employees for each classification in each of the EEO - Job Categories identified: This portion of the form (fields 9-14), is a spreadsheet, Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification												12. Work Force by Disabled/Veteran Identification		
		Total Male (M)	Total Female (F)	American Indian or Alaska Native (M) (F)		Asian (M) (F)	Black or African American (M) (F)		Hispanic or Latino (M) (F)		Native Hawaiian or Other Pacific Islander (M) (F)		Two or More Races (M) (F)		White (M) (F)		Disabled (M) (F)	Veteran (M) (F)
				(M)	(F)		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)		
Craft Workers																		
Laborers																		
Office/Clerical																		
Officials/Administrators																		
Professionals																		
Sales Workers																		
Service Workers																		
Technicians																		
Temporary/Apprentices																		
13. Subtotals:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Total Workforce:		0																

IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONLY ONE RACE / ETHNIC IDENTIFICATION CATEGORY.

15. PREPARED BY (Signature):		EMAIL ADDRESS:	PHONE NO.:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):			16. MWBE Liaison:	
FOR DHSES USE ONLY				
MWBE EEO Staffing Plan Approved		MWBE EEO Staffing Plan Denied		
GPA Minority Business Officer:			Review Date:	
Reviewer's Comments:				

Must be submitted for each vendor that you are seeking reimbursement for. Vendors who are on NYS Contract and MWBE Vendors do not need to submit this form.

Reimbursement cannot be made until this form is submitted.



**Homeland Security
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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**How do I track and monitor my MWBE goals?**

- You will need to be cognizant of your MWBE goal as you start the procurement process. Each procurement affects your MWBE goal and discretionary amounts.
- Consider sub-contractable opportunities. Vendors can sub-contract to a MWBE vendor.
- A waiver is needed if your MWBE goal cannot be met.
- Submit an updated Utilization Form with your Quarterly Fiscal Reports.
- Utilize your Quarterly Progress Reports as a means to track your progress in meeting your MWBE goals.



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Minority and Women Owned Business Enterprise (MWBE) Requirement Continued**What happens if I am unable to meet my MWBE goal?**

If you are unable to reach your MWBE goal, you will need to request a waiver. A waiver must show Good Faith Effort that you tried to reach your MWBE Goal.

Information needed in Waiver Request:

- A statement setting forth your reason for requesting the waiver. Include a detailed description of your procurement process and the steps you took to try and reach your MWBE Goal.
- Dollar amount of the procurement.
- A copy of the publication in which your RFP was published along with the dates published.
- A list of all NYS certified MWBEs you solicited for purposes of complying with your MWBE goals.
- Screen shots of your MWBE search on the NYS MWBE website.
- Communication logs with MWBE vendors.
- A listing identifying all vendors that submitted proposals, their bid price, who was selected and the reason why the vendor was selected.
- A copy of the RFP used to solicit vendors.
- Copies of all bids received.



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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

DHSES MWBE Waiver Request Form

New York State Division of Homeland Security and Emergency Services

LOCAL ASSISTANCE MWBE WAIVER REQUEST FORM

IMPORTANT: Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that the grantee has made a good faith effort to promote MWBE participation pursuant to the MWBE requirements set forth in the grant contract.

1. Grantee (Contractor) Name:		2. NYS SFS Number :							
1a. Preparer Name/Title: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		3. Federal Identification Number:							
1b. Street Address:		4. Contract Number:	5. Contract Amount:						
1c. City, State, Zip Code:		6. Approved MWBE Goals:							
		<table border="1"> <tr> <td>MBE</td> <td>%</td> <td>Amount \$</td> <td>WBE</td> <td>%</td> <td>Amount \$</td> </tr> </table>		MBE	%	Amount \$	WBE	%	Amount \$
MBE	%	Amount \$	WBE	%	Amount \$				
7. Type of MWBE Waiver Requested: Full <input type="checkbox"/> Partial <input type="checkbox"/>									
a. MBE Waiver	If partial waiver, please enter the requested revised MBE percentage and amount		% / \$						
b. WBE Waiver	If partial waiver, please enter the requested revised WBE percentage and amount		% / \$						
8. Signature:		Date:							
Telephone Number:		Email Address:							
By signing and submitting this form, the grantee (contractor) certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.									
Submit to:		FOR DHSES USE ONLY							
New York State Division of Homeland Security and /Emergency Services		REVIEWED BY:							
Grant Program Administration (GPA)		DATE:							
1220 Washington Avenue		Waiver Granted: YES: <input type="checkbox"/> MBE: <input type="checkbox"/> WBE: <input type="checkbox"/>							
Building 7A, 6 th Floor		Waiver Denied: <input type="checkbox"/>							
Albany, NY 12242		<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver							
		<input type="checkbox"/> Conditional (Specific conditions in Comments Section)							
		<input type="checkbox"/> Notice of Deficiency (NOD) Issued NOD Date _____							
Reviewer Comments:									

In addition to submitting the **MWBE Waiver Request** letter and all related backup documentation, this **MWBE Waiver form** is also required.



**Homeland Security
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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

MWBE Waivers

- If the reason for the MWBE waiver is lack of MWBE vendors' response – provide solicitation logs, in the form of email copies and/or a spreadsheet, that show all contact with NYS certified MWBE vendors. Provide copies of responses made by NYS certified MWBE vendors to your solicitations when applicable.
- If the reason for the MWBE waiver is lack of NYS certified MWBE vendors – provide screen shots of your searches from the NYS MWBE website.

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**MWBE Waivers Reducing Your Discretionary**

As purchases are completed over a multi-year period of performance, you may find that you need to request certain components/purchases of your contract be exempted from MWBE goals. These are referred to as partial waivers reducing your discretionary.

While your MWBE goal of 30% still stays the same, you are asking for this specific purchase to be exempt from MWBE goals.

This waiver, once approved, will reduce your discretionary amount which is the amount of your contract that is applied to your MWBE goal.

Example: \$50,000 contract X 30% MWBE goal = \$15,000 MWBE goal

Partial waiver approved reducing discretionary to \$35,000

\$35,000 x 30% MWBE goal = \$10,500 MWBE goal

You can still attempt to achieve the 30% goal on your original contract amount, but for right now you are asking for this portion of the project to be waived so that you can start working on this project.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**MWBE Waiver Example #1 – MWBE Vendors Available**

- XYZ Organization is requesting a partial waiver for the \$15,000 purchase of an access control system. An ad was published in the ABC Sentinel from 5/14 – 5/21/2022. The organization also emailed 6 MWBE vendors about their RFP and although 2 MWBE vendors submitted bids, they were not the lowest bidder and therefore not selected. XYZ Organization is requesting a waiver to use Feel Safe Inc. whose bid was \$15,000. Feel Safe Inc. was unable to subcontract to a MWBE Vendor.
- MWBE Vendors solicited via email on 5/14/2022 and 5/21/2022 (emails attached):
 - Mickey's Security (WBE)
 - Bailey Electricians (MBE)
 - 320 Sycamore Surveillance (WBE)
 - Gower Safeguard (MBE)
 - Pottersville Protection (WBE)
 - The Best Defense (WBE)

- XYZ Organization solicited bids in a fair and open environment with a local newspaper ad.
- MWBE Vendors were also solicited.
- XYZ Organization communicated with the selected vendor to determine if any subcontractors being utilized were MBWE Vendors.

MWBE Vendor Name	Date Contacted	Response
Mickey's Security	5/14/2022	Bid \$21,250
Bailey Electricians	5/14/2022	Declined to bid due to current workload
320 Sycamore Surveillance	5/14/2022	Bid \$16,700
Gower Safeguard	5/14/2022 and 5/21/2022	No Response
Pottersville Protection	5/14/2022 and 5/21/2022	No Response
The Best Defense	5/14/2022	Just does residential work not commercial



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Minority and Women Owned Business Enterprise (MWBE) Requirements Continued**MWBE Waiver Example #2 – No MWBE Vendors Found**

- XYZ Organization is requesting a partial waiver for the \$15,000 purchase of a perimeter fence. An ad was published in the ABC Sentinel from 5/14 – 5/21/2022. XYZ also searched the MWBE database and was unable to find any NYS Certified MWBE vendors that could provide fencing. They obtained three other price quotes from their ad. All three were questioned about their NYS MWBE status and none of them are a certified NYS MWBE vendor so they are requesting that they can proceed with the lowest bidder which is Bedford Falls Fencing for \$15,000. Bedford Falls Fencing was unable to subcontract to a MWBE vendor.

CERTIFICATIONS	Minority Business Enterprise (MBE) Women Business Enterprise (WBE)
COMMODITY CODES	CSI 3231: Fences and Gates CSI 323113: Chain Link Fences and Gates CSI 323113.53: High-Security Chain Link Fences and Gates NAICS 238990: Chain link fence installation NAICS 238990: Fence installation (except electronic containment fencing for pets) NYSDOT Construction 607: FENCES
WORK DISTRICTS/REGIONS	North Country
LOCATION	North Country

- XYZ Organization solicited bids in a fair and open environment with a local newspaper ad.
- As part of their MWBE Waiver process, XYZ Organization provided a screenshot of the lack of MWBE Vendors able to provide the services needed for their project.
- XYZ Organization communicated with the selected vendor to determine if any subcontractors being utilized were MBWE Vendors.

Search Results

0 firms with 0 certifications found

Your search parameters did not return any matches. Click [Edit Parameters](#), modify the information in the fields above and click [Search Again](#).



**Homeland Security
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Minority and Women Owned Business Enterprise (MWBE) Requirements Continued

MWBE TIPS For Success

- Keep great records and documentation.
- Ask questions along the way. Do not wait until the procurement is completed!
- Consider sub-contractable opportunities – vendors can sub-contract to MWBE vendors.
- Keep in mind that MWBE vendors should always be a part of your procurement process.
- Proper procurement guidelines must always be followed.
- Stay in touch with your Grants Representative over the lifetime of your open contract.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition

- Procurement policies and the requirements outlined in Appendix A-1 of your Contract must be followed to ensure all procurements are made in a fair and open manner. You should not engage any vendors until you have an executed contract.
- Depending on specific costs, multiple quotes shall be obtained to ensure best value.
- Do not break projects (budget line in contract) into smaller pieces to circumvent the procurement rules.
- When procuring items and/or services using the competitive bidding process the goal is to receive at least three written bids of a high-quality project completed at a fair price. In order to achieve this goal, the invitation for bids can be solicited from an adequate number of sources once the Request for Proposal (RFP) has been advertised. Do not contact vendors before an RFP has been fairly advertised.
- Vendor evaluation - all bids received must be evaluated.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition Continued**Avoiding Conflicts of Interest**

In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. These actions are considered to be an organizational conflict of interest. This applies to contractors that help an entity develop its grant application, project plans, or project budget.

Example: Whoever completes your risk assessment or application cannot participate in the bidding process.

Using state or local **geographic preferences** in evaluating bids or proposals **is prohibited!**

Additionally, the following situations are considered to be restrictive of competition.

These situations must be avoided:

- Requiring unnecessary experience
- Using brand names
- Allowing non-competitive pricing practices
- Using only contractors that are already on retainer
- Allowing organizational conflicts of interest
- Exhibiting arbitrary actions during the procurement process



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition Continued

State Contract Purchasing

- Under New York State Finance Law, the NYS Office of General Services (OGS) awards contracts on the basis of lowest price and/or on the basis of best value, to a responsive and responsible offer.
- If you use a NYS OGS contract, you should demonstrate price reasonableness and ensure the best value by obtaining at a minimum, three quotes/bids.
- You must save a copy of the NYS OGS contract with your grant file for auditing and monitoring purposes. You must also keep copies of the OGS Award Notification, OGS vendor listing, and price list of the vendor selected.

NYS OGS contracts may:

- Reduce or eliminate the time required to research specifications
- Enhance and simplify the purchasing process
- Minimize the time required to identify responsible vendors
- Eliminate advertising expenses

To find out if you qualify to purchase from NYS OGS, go to: <https://ogs.ny.gov/procurement/ogs-procurement-services-centralized-contract-eligibility-application> and complete the form. You can also visit their website at: <https://ogs.ny.gov/procurement/ogs-centralized-contracts>.



Homeland Security
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SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition Continued

From Appendix A-1 of your contract Section IV. Additional Contractor Obligations, Representations, and Warranties § S. Additional Terms (7)(f).

- i. If the Grantee is eligible to purchase an item or service from a government contract or is able to purchase such item or service elsewhere at a lower than or equal price, then such purchase may be made immediately.
- ii. A Grantee may purchase any single piece of equipment, single service or multiples of each that cost up to \$999 at its discretion.
- iii. Before purchasing any piece of equipment, service or multiples of each that have an aggregate cost between \$1,000 and \$4,999, a Grantee must secure at least three telephone quotes and create a record for audit of such quotes.
- iv. Before purchasing any piece of equipment, service or multiples of each that have an aggregate cost of between \$5,000 and \$9,999, the Grantee must secure at least three written quotes on a vendor's stationery and maintain a record of the competitive procurement process for audit purposes.
- v. A Grantee spending in aggregate of \$10,000 and above must use a competitive bidding process. Guidance may be obtained from DHSES. At a minimum, the competitive bidding process must incorporate the following: open, fair advertisement of the opportunity to provide services; equal provision of information to all interested parties; reasonable deadlines; sealed bids (can be an e-mail that is retained until the pre-determined opening date) opened at one time before a committee who will certify the process; establishment of the methodology for evaluating bids before the bids are opened; and maintenance of a record of competitive procurement process.

A Grantee who proposes to purchase goods or services from a particular vendor without competitive bidding must obtain the prior written approval from DHSES. The request for approval must be in writing and set forth, at a minimum, a detailed justification for selection and the basis upon which the price was determined to be reasonable.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition Continued**Example/template for advertisement**

“A nonprofit organization in ____ (your City) is seeking sealed bids for the sale and installation of security related enhancements. The project includes: (in general, list the equipment you wish to have installed, i.e.) installation of Closed-Circuit Television equipment. The selection criteria will be based on (include your selection criteria, i.e.) knowledge of surveillance and security, adherence to projected work schedule, prior experience, references, and cost. Specifications and bid requirements can be obtained by contacting us at _____@gmail.com.” (*Use a generic e-mail address so you don’t attract unwanted attention).

“All interested firms will be required to sign for the proposal documents and provide a primary contact, telephone, and email address.

Bids will be accepted until ____ on _____ and work is to commence by _____202_ and be completed by _____202_.” (*Your specified deadlines must be reasonable).



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition Continued**What is an appropriate venue and reasonable period of time to advertise?**

- Venue: when soliciting competitive bids or offers, you are encouraged to utilize more than one form of media to attract qualified bidders or offerors. In addition to using your local newspaper, you may advertise in other newspapers, trade journals, and notices can be posted online.
- Reasonable period of time: a minimum of 3 days is recommended as the intent of advertising is to promote open, fair advertisement of the opportunity to provide services.
 - ✓ If a newspaper comes out once a week, that meets the 3-day requirement.

What is not appropriate?

- Advertising Only:**
- to special interest groups
 - in religious periodicals
 - in another language
 - through internally generated mailings and publications



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Procurement: Fair and Open Competition Continued

Evaluating the Bids

- Awards must be made in accordance with a pre-determined process - evaluation criteria and scoring methodology must be established **before** the bids are opened.
- Equal provision of information to all interested parties.
- You may award the contract to the lowest responsible bidder or on the basis of best value, which may include the following elements:
 - Cost
 - Experience/Qualifications of vendor
 - References
 - Ability to conform with projected work schedule
 - Etc.
- Scoring methodology and bid evaluations must be in writing.
- Bid costs must be detailed item by item (not a lumpsum amount).



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Internal Controls/Grant Records

- As per Appendix A-1 of the Contract, your organization will need to establish and maintain, in paper or electronic form, internal grant procedures, complete and accurate books, documents, receipts, accounts, and other evidence directly related to its performance under the Contract (collectively, Records). Such Records may include, but are not limited to the following:
 - Fiscal Cost Reports (FCR's) and Detailed Itemization Forms (DIF's).
 - Procurement procedures and files (competitive bid documentation) - notice of invitation to bid, copies of advertisements, bidders list, methodology to score bids (selection process), MWBE search results, proposals from bidders, notice of selection of winning bid, record of phone quotes or written vendor quotes, contract, purchase orders, and cost/price analysis. For NYS OGS contract – OGS Award Notification, OGS vendor listing, and price list of the vendor selected.
 - Consultant agreement and time and effort reports.
 - Receiving or packing slips and invoices (to support date ordered/received on the DIF).
 - Billing information and payments (invoices and copies of cancelled checks/cleared EFTs).
 - Equipment property record system report by grant.
 - Schematics/blueprints for alterations and renovations (if applicable).



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Monitoring vs. Auditing**Monitoring**

Monitoring is an ongoing review of our subrecipients' projects and records throughout the performance period of the awards to check on progress and to ensure compliance with State regulations and DHSES contract.

Auditing

Auditing is a periodic financial/programmatic review by an outside/independent body such as the NYS Office of the State Comptroller, pertinent State agencies, and other designated entities to ensure compliance with State guidelines.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Modifications – Changes in Scope or Objective

- Grantees may not proceed with implementing any of the requested changes until they have received written approval and an executed contract amendment.
- If you feel changes are necessary, please contact your Grants Representative to discuss.
- Any changes to the scope of the work or budgeted items require prior approval from DHSES.
- Any request for changes must fall within the Permissible Costs of the grant program.

What is needed to request a Modification:

- An explanation why the change of scope or objective is necessary.
- A written request must be emailed to your Grants Representative, outlining the scope or objective change, including the approved projects from the grantee's original application, the funds and relative scope or objective significance allocated to those projects, the proposed changes, and any resulting reallocations as a result of the change of scope or objective.
- The grantee request must also address whether the proposed changes will impact their ability to complete the project within the award's period of performance.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting

Fiscal and Progress Reports are required from all grantees according to the schedule below:

- **Quarter 1: January 1 – March 31 is due no later than April 30th**
- **Quarter 2: April 1 – June 30 is due no later than July 30th**
- **Quarter 3: July 1 – September 30 is due no later than October 30th**
- **Quarter 4: October 1 – December 31 is due no later January 30th**



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Progress Reporting

- Submitted in E-Grants.
- Directly addresses the Objectives, Tasks, and Performance Measures in the Work Plan.
- “Tell your story”.
- *No activity this quarter* should rarely be used. The reason for no activity should be explained in the Remarks section of the progress report.
- Be sure to check *Final Report* when appropriate.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Participant: test County

Home Open Locked	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
Go to Attachment Progress Site Review Financial Property	<p>Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.</p>							
Reports Application Deficiency Draft Contract	<p>Project Title * (60 Character Limit) <input type="text" value="test project"/></p> <p>Date <input type="text" value="06/05/2017"/> (If known or applicable) Submission Date 06/05/2017</p> <p>Project End Date <input type="text" value="12/31/2017"/> (If known or applicable) Grant Funds \$50,000.00 100.00%</p> <p>Project Period Years 0 Months 6 Matching Funds \$0.00 0.00%</p> <p>Total Funds \$50,000.00</p>							
Help Logout	<p>County * <input type="text" value="Albany"/></p> <p>Summary Description of Project * (Please limit to one or two paragraphs)</p> <p><input type="text" value="test"/></p>							
Login ID: tsignatory2	<p><input type="button" value="Cancel"/> <input type="button" value="Check Spelling"/></p> <p>* - Mandatory Field</p> <p>Federal Program Purpose Area</p>							
4.3.10								

Log into DHSES E-Grants system and open your project.

Click the word 'Progress' in the left-hand column.



Homeland Security
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SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Home
Open

Go to
Project
Attachment
Site Review
Financial
Property

Help
Logout

Login ID:
tsignatory2

4.3.10

Participant: Test County

Click on the Progress number to view information for that Progress Report.

#	Report Period	Year	Status	Submitted	Spent
New					

Total Records: 0 ,Page 1 of 1



Click the “New” button to open a new progress report.
Previously submitted progress reports will also be listed.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Home Open Save	General	Workplan Outcomes
Submit	Please be sure to complete both tabs of information, General and WorkPlan Outcomes, prior to submitting your report.	
Go to Project Attachment Award Site Review Financial Property Audit	Reporting Period: July - September Reporting Year: 2019 Submission Date:	Progress Report Status: <input checked="" type="checkbox"/> No Activity this Quarter SAR Received Date: <input type="text"/> Unsubmitted: <input type="checkbox"/> Final Report: <input type="checkbox"/>
Reports Progress	Grants Funds Spent to Date: \$ 0.00 Date of Last Voucher: <input type="text"/> Total Amount Vouchered: \$ 0.00 Person Submitting Report: K. Kelley	
Help Logout	Comments: No activity this quarter. We had a heavy response to flooding in our county since July 15 and we have had consistent mitigation and recovery projects that have occurred throughout this quarter. We were unable to engage in grant related work at this time. Work will resume October 1.	
Login ID: kkelley		
4.3.19		
<input type="button" value="Save"/> <input type="button" value="Check Spelling"/>		

Fill in the following fields:

- Reporting Period and Reporting Year (drop down fields)
- Person submitting report
- Comments - Can be left blank unless you have no activity to report. *
- Click "SAVE"

***If you have no activity to report**, check the "No Activity this Quarter" box (circled in red) and add information in the "Comments" box indicating why there was no activity. (i.e., organization was closed due to COVID).



Homeland Security
and Emergency Services

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Home Open **Participant:** Test County **General** **Workplan Outcomes**

Submit Project Goal
To prevent, prepare for or mitigate the effects of a terrorist attack on located at .

Go to Project Attachment Site Review Financial Property Objective #1
Purchase and install equipment to enhance the security at that would assist in target hardening the location.

Help Login Task #1 for Objective #1
Purchase/install perimeter security and/or access control enhancing items of equipment. Train appropriate personnel in the proper use of the equipment and place the equipment into service. (Requires prior EHP approval.) **Completed** no

Login ID: tsignatory2 **Performance Measure** Outcomes
1 Identify equipment ordered and received. Provide a brief narrative on the training of personnel and the deployment of equipment. Describe how the equipment is enhancing the day to day security of the location. Equipment accountability records are properly maintained

Unanticipated Outcome	Current Quarter	Prior Quarter	Year To Date
	0.00	0.00	0.00

4.3.10 Objective #2
Conduct/attend training that addresses a specific threat, vulnerability and/or consequence (requires prior DHSES approval).

Task #1 for Objective #2
Conduct training regarding prevention of or reaction to a terrorist threat or action. Requires prior DHSES approval. **Completed** no

Performance Measure Outcomes
1 Description of the training (requires prior DHSES approval). Number of staff receiving training. Copy of agenda or training curriculum and roster of attendees maintained on file. Describe how the training enhanced the prevention of or reaction to a terrorist threat or action.

Unanticipated Outcome	Current Quarter	Prior Quarter	Year To Date
	0.00	0.00	0.00

Click on Workplan Outcomes to report on the Performance Measures.

The Project Goal, Tasks, and Performance Measures are pre-filled from your contract.



Homeland Security
and Emergency Services

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Participant: **Test County**

General Workplan Outcomes

Submit Edit information and press Save.

Go to Project Attachment Site Review Financial Property

Reports Progress Help Logout

Login ID: tsignatory2

4.3.10

Objective: To enhance regional response teams. (1.1,1.3,1.4,1.6)

Task: Purchase allowable CBRNE/Hazmat response equipment. Train appropriate personnel in the proper use of the equipment and place the equipment into service.

Outcome Indicator

We purchased 4 radios for our Hazmat team. Radios has been received, inventoried, recorded, delivered, and placed in service. An order has been placed for detection equipment and is expected to be received in the next quarter.

Unanticipated Outcome

Performance Measure: Identify equipment ordered and received. Provide a brief narrative on the training of personnel and the deployment of equipment. Describe how the project enhanced regional capabilities in the region. Equipment accountability records are properly maintained. Provide explanation if equipment is received but not deployed, and include deployment plans as appropriate.

Current Quarter 0.00

Prior Quarter 0.00

Year To Date 0.00

Save Cancel Check Spelling

Record relevant updates and outcomes in the Outcome Indicator field. If there are any problems or delays to report, that would be documented in the Unanticipated Outcome box. Once details are input, click **Save** at the bottom of the page.

When all the information has been entered, click on the **Submit** button in the left side frame of the screen. Click the **OK** button on the dialog box to confirm that this progress report is to be submitted.

Note: Once the Progress Report is submitted, no changes can be made. If you need to make changes, please contact your grants representative.

Click on **Progress** under Reports to view the complete report that can be printed and/or saved to your computer.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Fiscal Reporting

- Remember, this is a *reimbursement-based contract*. You must first outlay your funds prior to seeking reimbursement for your expenses.
- Down payments, as a stand-alone item, are not reimbursable UNTIL the work for which the down payment was made is completed.
- Reimbursement paperwork can be sent in as each individual project has been completed and paid for.
- You can download a copy of all the necessary forms at: <https://www.dhses.ny.gov/grant-reporting-forms>.
- There are three forms that MUST be submitted every time you seek reimbursement:
 1. State Aid Voucher
 2. Fiscal Cost Report (FCR)
 3. Detailed Itemization of Non-Personal Service Expenditures (DIF) - either “Equipment” or “All Other”
- Invoices, Consultant Agreements, and proof of payments (ex: cancelled checks, or EFT verification) are required, and must be submitted with the forms above.
- All required MWBE forms must be submitted before reimbursement paperwork is submitted.
- All forms must be signed and sent to your Grants Representative for submission.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued

Electronic Payment- Statewide Financial System

As a condition of your contract, you must be signed up for electronic payment with the NYS Office of the State Comptroller.

Signing up for electronic payment is done online, through the NYS Office of the State Comptroller Statewide Financial System's Vendor Portal. The link to sign into the portal is provided here: [Vendor Self-Service Portal](#). Select the "Enroll in e-Payments (Direct Deposit)" link and follow the prompts to complete your enrollment.

Don't have an account? [Enroll in the Vendor Self-Service Portal](#)

Questions or help should be directed to the NYS Office of the State Comptroller Help Desk:
Telephone: 855-233-8363 or 518-457-7717 Email: HelpDesk@sfs.ny.gov.



(11/16)

FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services State Campus - Building 7A 1220 Washington Ave. Rm 616 Albany, NY 12242	1. Grantee: Empire County 3. Implementing Agency: Empire County Sheriff's Office 5: DHSES No: WM20123456 7. Contract Period: 09/01/2020 - 08/31/2023 9. Report Period: 1/1/2021 - 03/31/2021	2. Contract No: C123456 4. FCR #: 1 6. Program Title: FY20 SHSP 8. Contract Amount: \$100,000 10. Report Date: 4/4/2018	Final Report: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sequential # of this report
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11. SUMMARY SCHEDULE

CATEGORY	A. Approved Project Budget		B. Previous Cumulative Expenditures		C. Expenditures for this Reporting Period		D. Current Cumulative Expenditures	
	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH
A. PERSONNEL	\$20,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00
B. FRINGE BENEFITS	\$10,000.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00	\$0.00
C. CONSULTANTS	\$5,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00
D. EQUIPMENT	\$30,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$15,000.00	\$0.00
E. SUPPLIES	\$5,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00
F. TRAVEL	\$2,000.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	\$0.00
G. RENT	\$10,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00
H. ALT & RENOVATIONS	\$8,000.00	\$0.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	\$0.00
I ALL OTHER	\$10,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$3,000.00	\$0.00
TOTAL	\$100,000.00	\$0.00	\$0.00	\$0.00	\$39,000.00	\$0.00	\$39,000.00	\$0.00

12. CASH REQUEST

A. Advance Requested	\$0.00	I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that this report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information on this report or any material fact, may subject me to criminal, civil or administrative penalties for false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).
B. Expenditures for this Reporting Period (Total of Column C above)	\$39,000.00	
C. Cash requested from DHSES (A + B) (Voucher Amount)	\$39,000.00	
D. Voucher Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

13. Interest Earned - Advanced Funds	\$0.00	GRANTEE: _____ (Signature) _____ (Date) _____ (Title) _____ (Phone Number) FISCAL OFFICER: _____ (Signature) _____ (Date) _____ (Title) _____ (Phone Number)
--------------------------------------	--------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

DHSES USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE:	_____ (Signature)	_____ (Date)
DHSES FISCAL OFFICE: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	_____ (Signature)	_____ (Date)

Quarterly report period for this report

Column A: Approved project budget

Column B: Sum of cumulative expenditures from previous periods

Total Expenditures for this reporting period (total of Column C) (Auto populates)

Total amount for reimbursement (Matches Standard Voucher amount) (Auto populates)

Date report is being submitted to DHSES

Column C: Current reporting period expenditures

Column D: Total of Column B (cumulative) and Column C (current) (Auto populates)

Needs to be signed/dated by Grantee and Fiscal Officer



Homeland Security and Emergency Services

(11/06)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Equipment**

1. Grantee Name: Empire County 4. Corresponding FGR Report #: 1

2. Implementing Agency: Empire County Sheriff's Office 6. Contract Number: C123456

3. Report Period: From: 1/1/2021 To: 3/31/2021 7. DHSES Number: WM20123456

5. Contract Period: From: 9/1/2020 To: 8/31/2023

This form is used to certify the expenditures claimed for Equipment. The equipment charged to the grant must be specifically listed in the equipment category per Appendix B of the grant contract. All Equipment expenses must have an appropriate and reasonable justification for exceeding the expense to this project.

Contract Budget Line	Items Purchased (per approved budget)	Quantity	Date Ordered	Date Received	Serial No.	Check No.	Payee	Amount Charged to		NYS MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown list)
								Federal/State Amount	Match Amount		
3	Night Vision Goggles	3	11/2/20	12/1/20	HS-1234 HS-1235 HS-1236	9383950	NVG Unlimited Inc.	\$45,000.00		MBE	NYS OGS Contract
										WBE	
										MBE	
										WBE	
										MBE	
										WBE	
										MBE	
										WBE	
										MBE	
										WBE	
* Total								\$15,000.00	\$0.00		

*The totals should be carried forward to Category D of the Fiscal Cost Report Column C.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

The Division of Homeland Security and Emergency Services (DHSES) requires that the grantee conduct a physical inventory of property records at least once every two years to verify the existence, current utilization and continued need for the property. In the event the property is no longer required by the Grantee, this fact should be reported to DHSES as soon as possible.

Authorization for Continued Use: Upon completion of all contractual requirements by the grantee, DHSES accepts the request for continued use and possession of the equipment purchased with grant funds. This acceptance is made provided the equipment continues to be used in accordance with the contracted activities and guidelines.

If at any time during the life expectancy of the equipment your organization should dispose of any of these items, any proceeds realized must be reinvested in equipment items to continue your organization's activities. If the proceeds are not reinvested to continue activities, that percentage of the proceeds equal to the proportion of the original purchase price paid by funds for the contract must be paid to the State of New York.

10. I hereby certify that the above equipment has been received and added to our property accounting records. Said equipment will be periodically inventoried and reconciled with accounting records. I am requesting continued use of equipment.

Signature of authorized grantee representative _____

Acceptance for continued use and possession of equipment.

Division of Homeland Security and Emergency Services _____ Date _____

These Dates must be verifiable with Grantee's procurement paperwork.

Provide detail in regard to what items were purchased.

Equipment DIF requires two signatures

You must select the method of procurement from the drop-down list.

Include Serial Numbers for all items \$5,000 and higher or your local capitalization level if it is lower than \$5,000.

DHSES Contract Manager will sign this form and return upon completion of grant



**Homeland Security
and Emergency Services**

SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Equipment Detailed Itemization Form (DIF) Instructions:

In the boxes labeled:

- 8a. Contract line number from E-Grants budget.
- 8b. Provide the description of the purchased items (using the correct category of the contract budget).
- 8c. Total number of identical items as they appear on the invoice.
- 8d. Date the equipment was ordered.
- 8e. Date the equipment was received.
- 8f. Serial numbers or other unique id # as they appear on each item (required for any single item over \$5,000).
- 8g. Check number for each purchase made. One check may be valid for more than one item or set of items.
- 8h. Name of the payee as it appears on each check listed.
- 8i. Amount charged to the grant.
- 8j. Not applicable to this grant program.
- 8k. Add NYS MWBE Certification Number (If* applicable).
- 8l. You must select the method of procurement from the dropdown list.
- 9. and 10.- Both boxes need an original signature.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Quarterly Reporting: Progress and Fiscal Reporting Continued**Fiscal Reporting Tips**

- All expenditures must be in accordance with approved budget in E-Grants.
- Any changes to the budget **MUST** be pre-approved through your grants representative before procurement can take place.
- All fields must be completed to ensure prompt payment.
- The Date Ordered and Date Received **MUST** be within the contract period and must be reflected on the Detailed Itemization Forms (DIF).
- Include Serial Numbers for all items \$5,000 and higher or your local capitalization level if it is lower than \$5,000. If multiple like items are being reported, simply state “see attached” in the space and attach a list of items and their serial numbers.
- Be mindful that the amount listed at the bottom of each DIF, under Total, is the same amount that is reflected on the FCR and Voucher.
- Submit MWBE reporting forms, if required.



SFY2019-20 Securing Communities Against Hate Crimes Grant Program

Key Points

- You cannot begin **ANY** work until your contract start date of **January 1, 2022**; and your contract is **EXECUTED**.
- No changes can be made to your approved projects without **PRIOR** approval from **DHSES**.
- Failure to follow all of the proper procurement policies as outlined in the contract will result in the reimbursement being rejected.
- Reimbursement **CANNOT** be made until MWBE requirements are met.
- All equipment should be ordered, installed and paid for by the contract end date of **December 31, 2023**; vouchers must be submitted within 30 days after the contract end date.
- You are required to provide quarterly reports in E-Grants.

