



ANDREW M. CUOMO  
Governor

To: Potential Respondents

From: Governor's Office of Storm Recovery

Date: August 27, 2019

Subject: Addendum # 1 – Small Purchase RFP for Professional Services for Myers Briggs Type Indicator, Testing and Review, SP#201908\_074

The purpose of this addendum is to update the following items for the Small Purchase Request for Proposals (RFP) for Professional Services for Community Development Block Grant – Disaster Recovery (CDBG-DR) for Myers Briggs Type Indicator, Testing and Review Services.

**(1) Replace Section 1.4 (Business Participation Opportunities for MWBE's) in its entirety with the section below:**

**1.4 Business Participation Opportunities for MWBE's and SDVOB's**

Pursuant to New York State Executive Law Article 15-A, Article 17-B, and 5 NYCRR 140-145, GOSR recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises, service-disabled veteran-owned business (SDVOB) enterprises, and the employment of minority group members, women, and service-disabled veterans in the performance of all New York State funded GOSR contracts. GOSR encourages firms that are M/WBE certified and SDVOBs in New York State, or any other city or state, or the federal government, to respond to this RFP.

For purposes of this solicitation, HTFC hereby establishes an overall participation goal of 30% for MWBE and 6% SDVOB for the above described services performed under the contract(s) awarded pursuant to this RFP. The overall 30% MWBE goal distribution is: 15% for Minority-Owned Business Enterprises and 15% for Women-Owned Business Enterprises.

Respondents for this RFP and any subsequent contracts will be strongly encouraged and expected, to the maximum extent practical and consistent with the legal requirements of the State Finance Law and the Executive Law, to use responsible and responsive SDVOBs in the fulfillment of the requirements of the contract that are of equal quality and functionality to those that may be obtained from non-SDVOBs.

Respondents that are not MWBEs and SDVOBs are strongly encouraged to consider partnering, or making other joint venture or subcontracting arrangements, with certified MWBE and SDVOB firms



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to achieve the prescribed goals and to give MWBE and SDVOB firms the opportunity to participate in the above-described services performed under the contract(s) awarded to the successful bidder(s).

The directory of MWBE's can be viewed at <https://ny.newnycontracts.com> For guidance on how GOSR will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

**(2) Replace Section 3 (Proposal Timeline) in its entirety with the section below:**

Please note that the RFP timeline includes target dates and may change.

Target Date	Event
August 15, 2019	Solicitation Released
August 22, 2019	Last Day to Submit Questions – 3:00 p.m. (Eastern)
August 27, 2019	Issuance of Answers to Questions
August 30, 2019	Last Day to Submit Questions – 3:00 p.m. (Eastern) – PART II
September 4, 2019	Issuance of Answers to Questions- PART II
September 13, 2019	Submission Deadline - 3:00 p.m. (Eastern)
September 2019	Target Date for Selection

**(3) Replace Section 4 (Scope of Services) in its entirety with the section below:**

**4. Scope of Services**

The Myers–Briggs Type Indicator (MBTI) Assessment is method for helping people enhance personal growth, clarify career direction, develop leadership skills, and motivate effective teamwork. HTFC/GOSR seeks to procure MBTI Testing and Review services for a total of approximately two-hundred (200) GOSR staff members. The scope of services to be provided includes the following:

- (a) The contractor shall provide qualified trainers to conduct in-person training for MBTI Training and Review for approximately twenty-five (25) GOSR attendees per session at GOSR's three (3) offices in New York City, Farmingdale and Albany.
  - i. The MBTI assessment shall be submitted electronically prior to the training session for staff to complete with results being provided for each employee at the training session.
  - ii. Trainers shall develop, design and deliver a program that reviews the results of the assessment and how they apply to interpersonal communication in the workplace.



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- iii. The training shall include instructor presentations, lesson plans and results of the assessments.
- (b) The contractor shall provide eight (8) four (4) hour training sessions for a total of approximately two-hundred (200) GOSR staff as follows.
  - i. Eight four (4) hour sessions for approximately twenty-five (25) GOSR attendees per session shall be allocated to providing MBTI assessment review as prescribed by GOSR.
- (c) The contractor shall re-enforce the MBTI topics through the provision of role-playing exercises, group exercises, relevant course materials and equipment necessary to conduct the training.

**(4) Replace Section 4.1 (Performance Locations) in its entirety with the section below:**

**4.1. Performance Locations**

- (a) New York City: 25 Beaver Street, New York, NY 10040
- (b) Farmingdale: 500 Bi County Boulevard, Farmingdale, New York NY11735
- (c) Albany: 99 Washington Avenue, Suite 1224 Albany New York 11210

**The estimated number of training sessions held at each location is identified in the chart below:**

<b>GOSR Office Location</b>	<b>Estimated Number of MBTI Training Sessions</b>
New York City	6
Farmingdale	1
Albany	1

**(5) Replace Section 5 (Key Deliverables) in its entirety with the section below:**

**5. Key Deliverables**

**5.1.** At the conclusion of each four (4) hours training session, GOSR Staff should be able to identify and comprehend principles of effective communication and management. In addition, the contractor shall provide GOSR with:

- (a) Hard copy and electronic versions of course materials for each topic



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- (b) Individuals Reports for each employee who completed the electronic assessment and participates in the training.
- (c) Final training reports to include:
  - i. Attendance Reports
  - ii. Individual Learning Progress Reports to include:  
Trainer feedback about staff participation and any identified areas of concern

**(6) Replace Section 6.3. (Project Experience) in its entirety with the section below:**

### **6.3. Project Experience**

**6.3.1.** This section shall include:

- (d) List of at a minimum of three professional references
- (e) Letters of recommendation from a minimum of two former clients
- (f) Description of the contractors' background, experience and expertise in providing MBTI Training

**(7) Replace Attachment #2 (Price Proposal Form) in its entirety. Please see page 5 and 6 for the updated form.**

It is the sole responsibility of Respondents to periodically review the GOSR website for regular updates to the RFP and other important information which may alter the terms or requirements of this RFP. All other terms and conditions in the RFP remain unchanged.



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**ATTACHMENT 2**

**Price Proposal Form  
RFP for Myers Briggs Indicators, Testing and Review**

**Firm Name:** \_\_\_\_\_

**Part 1:** Provide firm-fixed unit pricing and a Not-to-Exceed Total Proposal Price.

<b>Title/Classification/Description</b>	<b>Unit Price 4 Hours Training Session)</b>	<b>Unit Price Discount (%)</b>	<b>Quantity (25 GOSR attendees per session)</b>	<b>Extended Price</b>
Myers–Briggs Type Indicator (MBTI) Assessment Testing and Review	\$		8 Sessions	\$
<b>Description</b>	<b>Unit Price Per Test</b>	<b>Unit Price Discount (%)</b>	<b>*Total Quantity</b>	<b>Extended Price</b>
Myers–Briggs Type Indicator (MBTI) Assessment (Electronic)			200	
<b>Total Not to- Exceed</b>				\$

\*Note: The Estimated quantity of electronic Myers–Briggs Type Indicator (MBTI) Assessments provided are for comparison purposes only. Actual contract amounts may be less than the estimates provided.



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**Part 2:** In addition to the Not-to-Exceed Total Proposal Price above, identify all persons being proposed for the RFP scope so that we can better understand the Respondent's financial approach to the project.

Name	Title	Hourly Billing Rate

**Name/Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_