

**New York State Division of the Budget**  
**Request for Proposals (RFP)**  
**Federal Single Audit for the State of New York**  
**AMENDMENT 1**  
**Issued June 16, 2025**

This Amendment is being issued to amend certain information contained in the Federal Single Audit for the State of New York Request for Proposals (RFP) that was issued May 6, 2025. All information contained herein is binding on all Bidders who submit a proposal in response to this RFQ.

The RFP is amended as follows:

1. The schedule on page 1 is hereby deleted and replaced with the following:

<b>Date</b>	<b>Event</b>
May 6, 2025	Issuance of Request for Proposals
<b>May 16, 2025 by 12:00 PM ET</b>	<b>Firm Inquiries Due</b>
June 16, 2025	Division's Response to Firm Inquiries
<b>July 15, 2025 by 12:00 PM ET</b>	<b>Proposal Submission Deadline</b>
Week of August 4, 2025	Finalist Interviews
August 2025	Proposal Evaluation and Selection
March 2026	Anticipated Contract Start Date

The Executive Chamber reserves the right to change any of the dates stated in the RFP.

2. Form 5.3 - MWBE Subcontractors and Suppliers Notice of Intent to Participate, is hereby deleted and replaced with the updated Form 5.3 below.

Except as noted above all other terms and conditions of this RFP remain unchanged.

**FORM 5.3: MWBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE  
NEW YORK STATE DIVISION OF THE BUDGET**

**INSTRUCTIONS:** A separate Notice of Intent to Participate must be completed by each MWBE identified on the MWBE Utilization Plan (Form 5.2). Parts A & C must be completed by the Firm and Part B must be completed by MBE and/or WBE subcontractors/suppliers. Signed and completed form(s) must be returned as part of your proposal.

**PART A**

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

Federal Identification No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART B**

THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT:

Name of MWBE: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DESCRIPTION OF SERVICES OR SUPPLIES:**

DESIGNATION: ☐ MBE Subcontractor ☐ WBE Subcontractor ☐ MBE Supplier ☐ WBE Supplier

**PART C**

WAIVER Requested: MBE: ☐ YES ☐ NO If YES, submit Attachment A-5.5. WBE: ☐ YES ☐ NO If YES, submit Attachment A-5.5.

THE QUALIFICATION OF THE UNDERSIGNED AS A MBE AND/OR WBE IS CONFIRMED (CHECK ONE):

☐ The undersigned is a certified MWBE by the New York State Division of Minority and Woman-Owned Business Development (MWBD) (copy of certifying letter attached).

☐ The undersigned has applied to New York State's Division of Minority and Woman-Owned Business Development (MWBD) for MWBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE FIRM CONDITIONED UPON THE FIRM'S EXECUTION OF A CONTRACT WITH THE DIVISION OF THE BUDGET.

The estimated dollar amount of the agreement is: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative of MWBE Firm

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

\_\_\_\_\_  
Printed or Typed Name and Title of Authorized Representative of MWBE Firm