



New York State Industries for the Disabled, Inc.

Commodity Application and Revision Form

I. Member Agency Information:

Date, Member Agency, Contact Person, Job Title, Street Address, City, State Zip, Phone #, Fax #, E-Mail

PLEASE UPDATE INFORMATION IF NEEDED

II. Product Category and Customer Information

Check One: New Product, Product Line Extension, Price Revision, Supplier Change, Other. Complete Commodity Description and Use. Sizes available and corresponding pricing. Colors available. Pricing Unit, Packaging Unit, Number of Items per Packaging Unit. Are quantity discounts available. Is pricing based on a Minimum Order? Any Limitations or Delivery Restrictions. Is there a restocking fee on returns? Shipping Instructions. Is the cost of item submitted within 15% of the prevailing market price? Proposed Price, Market Price, Provide source of market pricing.



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If product is for a single Government Agency, list information for contact person:

Contracting Agency: _____

Contact Person: _____ Phone# _____ Ext. _____

Job Title: _____ Fax # _____

Street Address: _____

City, State Zip: _____ E-Mail: _____

The commodity will be: ___ produced ___ manufactured ___ assembled ___ packaged by the preferred source (select as many as apply)

Location where the majority of the manufacturing will be performed: _____

Estimated Annual Sales Volume: _____

III. Disabled Labor Information

Effective 4/1/2000 member agencies are required to maintain a minimum disabled: non-disabled employment ratio of 75%:25% for contracts employing more than 10 Full Time Equivalents (FTEs), and a majority (over 50%) of disabled employees for smaller contracts.

(FTEs are computed by taking the estimated number of labor hours required to produce the item and dividing it by the number of labor hours in a "standard" year. For computing purposes, we will use a standard day of 7.5 hours, or 1950 annual hours. (7.5 X 260 days per year = 1950 "standard" annual hrs.)

Estimated annual direct labor hours required to produce this product: _____ / 1950 = _____ FTEs

Estimated annual disabled direct labor hours required to produce this product: _____ / 1950 = _____ FTEs

Percentage of direct labor provided by persons with disabilities:

Est. annual disabled direct labor hours: _____ / Est. annual direct labor hours: _____ = _____ %

Estimated number of disabled persons to be employed _____

IV. Supplier Information

Complete names and addresses of proposed suppliers of raw materials:

Three horizontal lines for entering supplier names and addresses.



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Detail Efforts to obtain New York State and/or MWBE Suppliers: (Attach additional explanation if needed)

Empty text box for detailing efforts to obtain suppliers.

Description of benefit to the State resulting from the preferred source provision of this product:

Three horizontal lines for describing the benefit to the State.

V. Product Revision

If a revision, NYSID item #: _____ Current Price: _____ Product Unit: _____
Date of Approval: _____ Proposed Price: _____ Product Unit: _____

Reason for revision: Change in price of raw materials Change in labor costs
 Change in supplier(s) Other

Explanation: _____

Submit completed, signed form with a cost analysis sheet to NYSID via mail, e-mail or fax to:

New York State Industries for the Disabled, Inc. E-mail: jpaul@nysid.org Phone: 518-694-0280
ATTN: Jessica Paul Fax: 518-455-0380

11 Columbia Circle Drive
Albany, NY 12203-5156

Authorized Signature: _____
Printed Name: _____
Job Title: _____
Date: _____

Reviewed and Submitted by: NYSID Signature