



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 with 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: \_\_\_\_\_

Sample of Commodity Enclosed Yes \_\_\_\_\_ No \_\_\_\_\_

### 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 of disabled employees for smaller contracts. Across all NYSID Contracts a 75%:25% ratio must still be maintained.**

(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. New Product Information (If a Revision, Skip to Section V))

Names and addresses of proposed suppliers of raw materials:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. Product Revision (If New, Skip to Section VI)

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: (If sent via e-mail, please fax or mail a signed copy.)

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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