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Citywide Administrative Services

Security Guard Vendors Informational Session

Non-Public School (NPS) Security Guard Program

2023-2024

Application Process

- Security guard vendors seeking to be considered for inclusion on the Qualified Provider List (QPL) must meet the requirements listed in the [Rules](#) of the program.
- Security Guard Vendors are responsible for securing contracts with NPS schools, and the program provides a list of participating schools to the vendors on the QPL.

- To become a qualified security guard vendor for the Non-Public School Security Reimbursement program, eligible security guard vendors must:
  - Please sign up for [City Record Online (CROL)](#) to complete your profile and select
  - Download and fill out an application from CROL.
  - Complete the application and send it back to security4schools@dcas.nyc.gov; attention to Nyesha Hughes or via mail or in-person drop-off
    - NYC DCAS - OCP
      1 Centre Street
      18th Floor Bid Room
      New York, NY 10007
      Attn: Vendor Relations

A copy of the [Rules](#) and programmatic documents are available on [DCAS' webpage](#) → Business →Security Guard → For Security Vendors

Recertification Process

Section §14-02 (g) of the adopted rules for security guards at non-public schools requires security guard vendors to confirm that no changes have been made to the information they provided.

- "At least <u>once every two years</u>, each Security Guard Company on the Qualified Provider List must affirm that there has been no change in the information included in its original application or supply such changed information. <u>Failure to supply such affirmation of no change will</u> <u>result in the Security Guard Company's removal from the Qualified</u> <u>Provider List until the affirmation of no change or the updated information has been supplied to the Department</u>."

- The affirmation process will consist of two steps.
    1. Vendors on the Qualified Provider List will receive a recertification application that must be completed and notarized. The application will be available on the City Record On-Line (CROL) website.
    2. The recertification application must be submitted at least 60 days before your firm's Pre-Qualified List (PQL) anniversary date.

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PASSPort Process

PASSPort is now the main platform for conducting business with the City of New York. It is an online portal that has replaced VENDEX Online to simplify the submission and maintenance of disclosure documents. PASSPort provides vendors with an exclusive online identity, enabling them to take ownership of and manage their accounts.
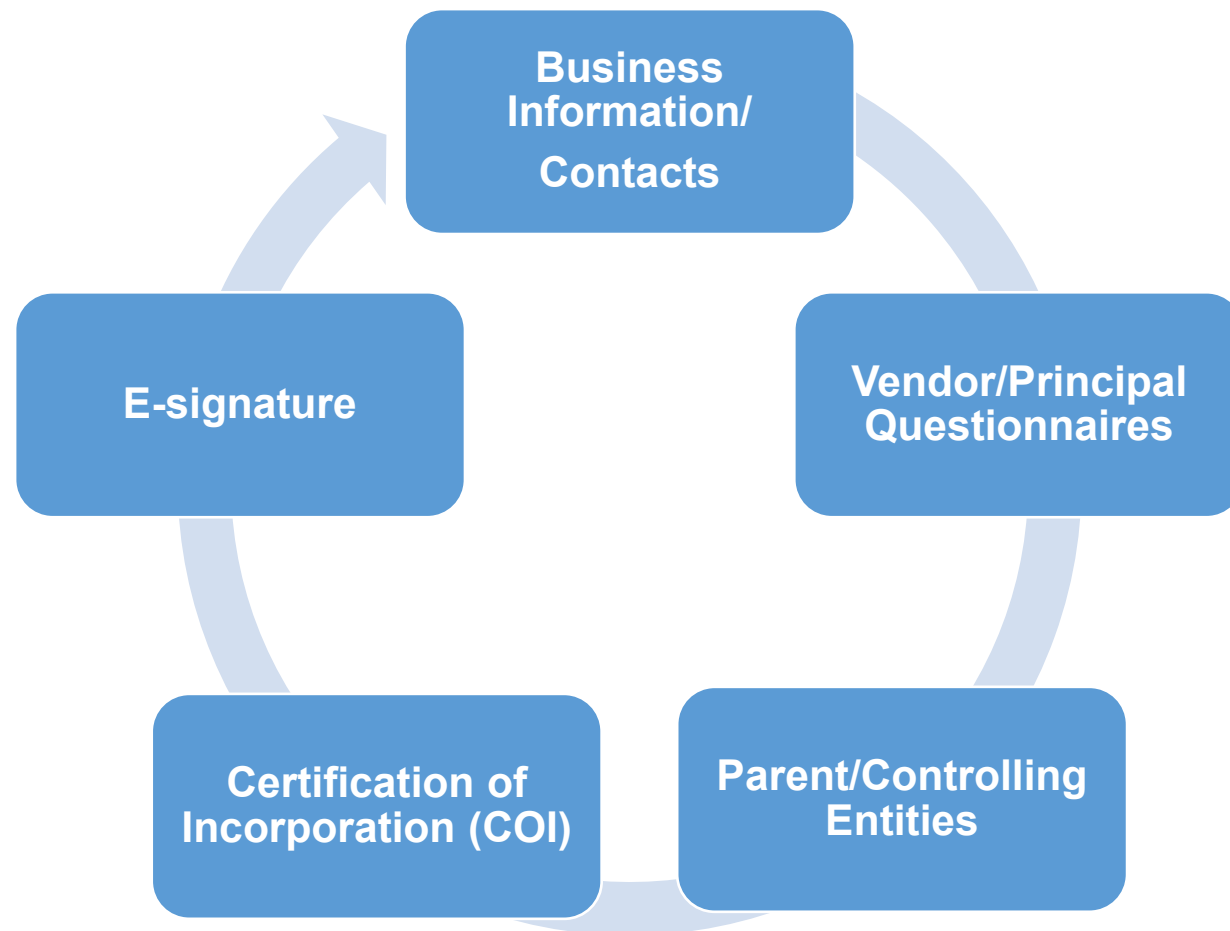
- NYC.ID and Vendor Account Creation Overview

PASSPort Process Cont.

- Vendors doing or planning to do business with the City of New York should complete the Vendor Enrollment process. This involves filling out disclosures and submitting an enrollment package. Once filed, vendors can manage their accounts online in PASSPort.
- All vendor materials and training registration can be accessed from the PASSPort page of the [Mayor's Office of Contract Services website](#).

Vendor Enrollment Preparation and Submission

- Business Information/ Contacts
- Vendor/Principal Questionnaires
- Parent/Controlling Entities
- Certification of Incorporation (COI)
- E-signature

Vendor Account Management Allows

1. Self Declare M/WBE
2. Commodity Enrollment
3. EEO Document
4. Change Requests/CNCs

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Invoicing and Reimbursements

- **<u>Invoice Process Summary</u>**
  - Security Guard vendors must submit invoices to the school per the contract agreement between the security guard service vendor and the contracting school. (e.g., weekly, bi-weekly, etc.)
  - Upon submittal of the invoice to the school, the school must review the invoices. Then, if the documentation is in order, the school will make payment to the security guard vendor.

- Documents required as backup include, but are not limited to, the following:
  - Certified Invoices from Security Guard Vendor
  - Certified Payroll Reports from Security Guard Vendor
  - Security Sign-in Register (Work Assignment Data)
  - Proof of Payment from School to the Security Guard Vendor (e.g., canceled check or bank Statement showing ACH)

Samples of each document/document checklist are available on the DCAS website →Business→Security Guards →For Accepted Schools

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Invoicing and Reimbursements Cont.

- **<u>Invoice Requirements</u>**
    - The security service vendor invoice must contain, at minimum, the following fields:
    - Name and address of school
    - Name and address of the security guard company
    - Invoice date
    - Invoice period
    - Dates of service
    - Names of security guards
    - Lengths of service and Hired date for each guard, according to the NYC Comptroller's Labor Law Article 9 Prevailing Wage Schedule
    - Hours Worked
        - Straight-Time
        - Overtime
    - Security Guard(s) Hourly Rate (Regular and Overtime)
    - Total Weekly Payment
    - Falsification Statement (Certification) signed by a representative of security guard vendor

Invoicing and Reimbursements Cont.

- **Sample Invoice**

SECURITY GUARD VENDOR INVOICE

Invoice Date: 7/7/2018
Invoice Number: 100001

Security Vendor: XYZ Security Firm
Address: 100 1st Street New York, NY 10000

Phone: (212)111-1111
Fax:
Email:
Attn:

To: Name of School: ABC School
School Address: 1 Main Street,
New York NY 10000
Site Number:
Tax ID #: 00-0000000

INVOICE PERIOD	SERVICES	CONTRACT NUMBER	TERM
7/1/2018 – 7/7/2018	Security Services	CT1856 20170000000	

DATE OF SERVICE	SECURITY OFFICER NAME / LENGTH OF SERVICE	HOURS			RATES			TOTAL WEEKLY PAYMENT
		REGULAR	OT <40	OT >40	REGULAR	OT <40	OT >40	
Week ending Saturday	List all security guards who worked during the week, incl. their length of service				State the Regular and Overtime rate of the guards			
7/7/2018	Doe, Jane / 0-36 months (> 120 days)	40.00	0.00	4.00	$25.33	$34.58	$27.75	$1,124.00
7/7/2018	Smith, John 0-36 Months (0-120)	38.00	2.00	1.00	$25.19	$34.44	$27.75	$1,053.75
	GRAND TOTAL	78.00	2.00	5.00				$2,177.75
							TOTAL	$2,177.75

FALSIFICATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE.
I hereby certify that the attached information represents the prevailing wages and supplemental benefits paid to all persons employed by my firm under the subject contract during the period shown. I understand that the Agency relies upon the information as being complete

Authorized Signer:
Printed Name: John Smith
Date:
Title: CFO (XYZ Security Firm)

All invoices must be submitted with supporting detailed timesheets and proof of payment issued by the schools to the security vendor.
THANK YOU

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Invoicing and Reimbursements Cont.

- **<u>Certified Payroll Report</u>**
  - o The certified payroll report must contain a minimum of the following fields:
    - Name and address of school
    - Name and address of the security guard company
    - The ending date of the week
    - Name, address, and last four(4) digits of social security number for the security guard
    - Length of service and Hired date for the guard, according to the NYC Comptroller's Labor Law Article 9 Prevailing Wage Schedule
  - o Hours Worked for each day and total for the week
    - Straight-Time
    - Overtime
  - o The base rate and supplemental benefits rate paid to the guard
  - o If Other/Fringe benefits are paid to the guard, it can be added to Column 8
  - o Total gross payment to the guard

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Invoicing and Reimbursements Cont.

- **Certified Payroll Report Cont.**
  - Bona Fide Fringe Benefits (Columns 13 and 14):
    - If your security vendor is not paying Vacation/Sick/Holiday leave at an hourly rate, they would be required to fill out Column 13 or 14
    - Column 13 indicates if your security vendor pays an hourly contribution to a benefit fund or accounts
      - If Column 13 is provided, it is not necessary to fill out Column 14
    - Column 14 represents bona fide fringe benefits calculated by the security vendor projecting the annual cost of the guard's vacation/sick/holiday leave and the guard's annual hours worked to determine the annualized hourly rate

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Invoicing and Reimbursements Cont.

- **Sample Certified Payroll Report**

11/13/2019

Certified Payroll Report
for Nonpublic School Security Services Only

Security Vendor:		Phone:		School:	
Address:				School Address:	
TIN:		Week ending:	7/7/2019	Contract #:	

(1)	(2)	(3)	(4)								(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
			Day and Date																	Bona Fide Fringe Benefits		
Name Address, Last 4 Digits of the Social Security Number	Length of Service and Hired Date	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat		Total Hours	Base Rate per Hours	Total Base Pay	Supplemental Fringe Benefits rate per hour	Total Benefits Paid	Gross Pay	Total Tax and Deductions	Net Pay	Hourly Contributions to Benefit Funds or Accounts		All Other Bona Fide Fringe Benefits	
			7/1/2019	7/2/2019	7/3/2019	7/4/2019	7/5/2019	7/6/2019	7/7/2019											Employer Projected Annual Cost	Employee Projected Annual Hours	Annualized Hourly Rate
			Hours worked each day																			
Doe, Jane Address 1111	Unarmed - 0-36 months Hired: 12/1/2018	ST 40-	0	8	8	8	8	6	0		38.00	$ 15.50	$ 589.00	$ 5.70	$ 216.60	$ 805.60		$ 805.60	$ -			#DIV/0!
		ST 40+	0	0	0	0	0	2	0		2.00	$ 15.50	$ 31.00	$ -	$ -	$ 31.00		$ 31.00				
		OT 40-	0	2	0	0	0	0	0		2.00	$ 23.25	$ 46.50	$ 5.70	$ 11.40	$ 57.90		$ 57.90				
		OT 40+	0	0	0	0	0	0	4		4.00	$ 23.25	$ 93.00	$ -	$ -	$ 93.00		$ 93.00				

I certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for security guard services at the above identified school. I understand that falsification of this statement is a punishable offense.

| Signature: | | Name (Print): | | Title: | | Date: | |

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Invoicing and Reimbursements Cont.

- **<u>Sign-in Register</u>**
  - o The sign-in register must contain a minimum of the following fields:
    - o Name and address of security guard company
    - o Name and address of school
    - o Service period and the date that the week ended

  - o A separate line on the sign-in register must be completed per guard per day indicating:
    - o The date
    - o Guard's printed name
    - o Guard's signature twice, one for signing in and one for signing out
    - o Time in and out
    - o Total hours worked
  - o Falsification statement must be signed by the Officer of the security guard company

Invoicing and Reimbursements Cont.

- **Sample Sign-in Register**

NAME OF SECURITY FIRM   Updated 9.6.19   ADDRESS OF SECURITY FIRM

SECURITY SIGN-IN REGISTER SAMPLE
(Work Assignment Data)

Client: School Name Here
Address: School Address

Week Ending: 7/8/2017
For the period: 7/2/17 - 7/8/17
Shift(s):
Site Code: School Site #

Date	Employee ID	Print Guard Name	Time In	Guard Signature	Time Out	Guard Signature	Total Hours Worked
7/2/2017	0001	Sam Ford	8:00		15:00		7
						TOTAL HOURS	7

I certify that I and/or my duly authorized representative has checked and verified the above guards service hours for the period _____ to _____, inclusive; that to the best of my knowledge and belief it is a true and correct statement of services performed; that such service has been verified by me and or my duly authorized representative(s), and that it has been authenticated or approved by the duly authorized agent of (firm name here).

Signature of CLIENT Representative _____   Print Name and Title _____   Date Signed _____

Signature of SCHOOL Representative _____   Print Name and Title _____   Date Signed _____

Invoicing and Reimbursements Cont.

- **<u>Reimbursement Schedule</u>**

Quarter Number	Period Dates	Quarter Ends
Quarter 1	July 1-September 30	September 30
Quarter 2	October 1-December 31	December 31
Quarter 3	January 1-March 31	March 31
Quarter 4	April 1-June 30	June 30

Prevailing Wage

Prevailing Wages

- o DCAS will only provide reimbursement for Security Services if the prevailing base rate and supplemental benefits rate for unarmed guards, as per the NYC Comptroller's prevailing wage schedule found in Article 9 of the Comptroller of the City of New York website, are paid to each Security Guard in accordance with section 234 of the Labor Law.

A copy of the Building Service Employees Schedule Prevailing Wage is on the NYC Comptroller's website.

Prevailing Wage Cont.

- **Prevailing Wage**
  - The prevailing wage rate for unarmed security guards is found in the Building Service Employee Schedule Labor Law Article 9.
  - The wage rate is set from July 1 through June 30 each year. Possible addenda rate changes from January 1 through June 30.
  - Per the Rules, security guard vendors in the program must pay prevailing wage rates and supplemental benefits to the security guard providing the guard service at the school location.
  - The NPS Program will cover the appropriate prevailing wage rates for the time the guard service is provided and the reasonable costs (markup), not exceeding 25% of the wages earned.

- **Overtime (OT)**
  - Any hours above 8 hours in a day is overtime
  - Any accumulated hours above 40 hours of straight time per week is overtime

Per Local Law 2, reimbursement for overtime is capped at 15% of the non-overtime security wages.

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Insurance Requirements

- During the term of its agreement with the school, the Security Guard Company must maintain the following insurance documents:

1. Commercial General Liability	4. Additional Insured Endorsement
2. Worker's Compensation	5. Indemnification Language
3. Disability Benefits	6. Broker Certification

- The Security Guard Company must submit an updated certificate of insurance and certification by the broker or agent within five(5) days of the policy's expiration date.

- The school is responsible for ensuring that their Security Guard Company has the required insurance coverage, and schools must produce proof of the insurance upon request by DCAS.

Samples of insurance documents are available on the DCAS website →Business→Security Guards →For Security Vendors

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Annual Incident Report

- **<u>Annual Incident Report Process</u>**
  - o Participating schools are required to complete and submit an Annual Incident Report to the City, in accordance with LL2.

  - o All Security Guards working at these schools must report and keep a record of any criminal activity or other significant incidents related to public safety that occur while they are on duty.

  - o The Security Guard vendors are responsible for providing the schools with a record of incidents that occurred while the security guard was on duty. Once the schools have received this information, they can fill out the Annual Incident Report Summary Form and submit it to DCAS by November of each year.

Annual Incident Report Cont.

- **<u>Sample Annual Incident Report</u>**

NON-PUBLIC SCHOOL SECURITY GUARD REIMBURSEMENT PROGRAM
PUBLIC SAFETY ANNUAL INCIDENT REPORT SUMMARY
SCHOOL YEAR 202-/202-

Date Submitted: _____

School Name: _____   School Address: _____

Did your school have a public safety incident during the school year 202-/202-

Please check: Yes ☐ No ☐

If yes, please complete the table below for each incident.

Date of the Incident	Incident Description	Was NYPD or any other Government Agency Notified of Incident (Y/N)	Was an NYPD Report Filed	Outcome of Investigation

Note: All supporting documents such as a New York City Policy Department (NYPD) report or any other official government agency report should be maintained by the School in accordance with Section 14-05, (f) of the Program Rules.

School Administrator Name: _____

School Administrator Signature: _____

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DCAS Audit

- **<u>Overview</u>**
  - DCAS Audit & Compliance Services will review school records and interview the security guard(s) on-site.
  - It is mandatory for the security guard vendor to inform the school's security guards about upcoming visits by the DCAS Audit & Compliance Services staff and request their full cooperation in answering any questions.

  - The security guards must have the following:
    - A company-issued working radio/cellphone
    - A distinct uniform/professional attire (dress code should be followed)
    - A sign-in sheet available at the location (guards should sign in at the beginning and sign out at   the end of each work shift)
    - A visible security guard company ID and unarmed guard license at all times.

Contact Information

- All questions and requests for additional information concerning the application should be sent via email to Security4Schools@dcas.nyc.gov

- For Prevailing Wage questions, email MWBE@dcas.nyc.gov

- Vendor Relation Mailing Address
    - NYC DCAS - OCP
      1 Centre Street
      18th Floor Bid Room
      New York, NY 10007
      Attn: Vendor Relations

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Thank You