

RFA Number 0708140918

**New York State
Department of Health**

*Division of Family Health / Center for Community Health /
Bureau of Child and Adolescent Health*

Request for Applications

**Health and Human Services for
Lesbian, Gay, Bisexual, and Transgender Individuals, Families and
Communities**

KEY DATES

RFA Release Date: **October 24, 2007**
Questions Due: **November 7, 2007**
Applications Due: **December 10, 2007**
No later than 5 P.M.

DOH Contact Name and Address: **Stephanie Sheehan, Director**
Adolescent Health Unit
Bureau of Child and Adolescent Health
Empire State Plaza, Corning Tower Building
Room 208, Albany, New York 12237-0618

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I. Introduction

A. Intent of the Initiative

One of the New York State Department of Health's goals is to eliminate disparities in health care access by increasing the availability and quality of health care services for New York's underserved populations. This initiative focuses on addressing disparities through building a wider, more sensitive and appropriate system to promote health and human services for lesbian, gay, bisexual and transgender (LGBT) individuals, families and communities.

The intent of this initiative is to increase access and to, and improve quality and appropriateness of, non HIV-related health and human services and improve health outcomes and quality of life for LGBT individuals and families through the promotion of full and equal access to health and human services, and eliminating bias and discrimination based on sexual orientation and gender identity. This initiative presents a variety of opportunities to enhance the health and human services system that LGBT individuals encounter in their communities. In order to accomplish this, this initiative seeks programs and services that will:

1. Enhance existing services to improve access and achieve positive health outcomes;
2. Create opportunities for services where they are needed;
3. Support health within LGBT families, friends and communities;
4. Promote collaborations and integration of programs providing services to LGBT individuals and their families with mainstream services and programs;
5. Increase knowledge of health and human service providers regarding issues that impede access to and compromise quality of health care for LGBT people and families;
6. Expand the capacity of organizations to provide LGBT services; and
7. Support statewide coordination of LGBT health and human services.

A number of services may be funded under this initiative and are outlined in a subsequent section of this Request for Applications (RFA).

B. Background

The Lesbian, Gay, Bisexual, and Transgender population is a diverse group of people, and part of every age, race, ethnic, geographic, cultural, religious, and national group in the State.

Many of the health and human service needs of LGBT individuals are similar to the population at large, however many LGBT individuals experience a variety of factors and barriers that impact their access to, and interaction with, the health and human services system.

Because of general lack of knowledge by the health care system related to LGBT sexuality, gender identity, and gender expression, LGBT individuals may neglect routine screenings and/or delay treatment for chronic illness. They may avoid mainstream service providers out of fear that sharing information about their lives and sexuality will subject them to rejection and discrimination. Even when LGBT individuals access health care, lack of knowledge and

information sharing between LGBT individuals and their service providers may result in less than comprehensive assessment or treatment. In addition, service providers themselves may not be trained to recognize the stressors impacting upon LGBT individuals, couples and families. These stressors include, but are not limited to, “coming out,” family disruptions, alcohol and substance abuse, violence, poor health, harassment in school and homelessness.

LGBT individuals, who are also part of communities that have historically experienced barriers and marginalization (e.g., people of color, transgender individuals, immigrants, women, low income individuals, the mentally ill and disabled), may face additional and greater discrimination. The multiple obstacles of these and other target populations such as seniors, families served by the criminal justice system and youth compound the issues of isolation, access and quality health services.

There are also gaps in the service system related to supporting families, friends, and other individuals in the community who provide support to LGBT people. The term *family* will be defined in the broadest sense as support systems including, but not limited to, life partners, friends, children, relatives and caregivers. Services that provide information, counseling and other support to families undergoing conflict or stress related to a family member expressing his or her sexuality are needed.

A system of service delivery and support, comprised of organizations dedicated to serving LGBT individuals, families and friends, can successfully address many of these barriers. Such a system must have the expertise to provide services relevant to the population, treat all LGBT persons in an affirming, culturally appropriate manner, and have the resources to adequately address the needs of disadvantaged, underserved LGBT persons needing health care.

Youth Development Philosophy

The Department of Health endorses the principles of youth development for all of its programs serving youth. Historically, health and human service agencies have focused on risk-reduction and prevention in their work with young people. Youth development initiatives extend beyond risk-reduction and prevention models to incorporate a focus on strengthening protective factors of the individual, family and community levels.

Youth development is a philosophy that views all youth as “at promise” rather than “at risk.” Instead of viewing youth problems as the principle barriers to healthy development, it promotes positive outcomes through developing assets that will provide the opportunities and supports necessary for youth to lead healthy and productive lives. Research findings demonstrate a positive relationship between the number of assets and resources youth possess and a variety of positive academic and health outcomes.

Some examples of supportive services focused on youth development include: services designed to develop emotional strengths and life skills, e.g., health education and promotion programs; conflict resolution; mentoring and peer support programs; mental health services including individual and group counseling; and nutritional services.

Respondents to the RFA are not required to serve youth. However, respondents that are

proposing to serve youth are encouraged to incorporate youth development principles and approaches into their strategies for service delivery.

C. Availability of Funds and Funding Components

It is anticipated that approximately \$6 million dollars, subject to the availability of State funds, will be allocated to organizations statewide to fund initiatives through two Components (A and B) described below. Approximately 40-45 awards will be made for Component A with consideration for geographic distribution. One award will be made for Component B. Application scoring and award methodology is summarized in the Review and Award Process section of this RFA.

1. **Component A:** Approximately \$5.75 million is available to support grants of up to \$175,000 for services in communities. Successful applicants will be funded up to the requested amount not to exceed \$175,000 based on reasonableness and appropriateness of cost as defined in Section V, 7 (Budget). Collaborations of organizations sharing a common mission may receive up to \$175,000 to provide services to a discrete population. Component A grants will support the range of direct services as described in Section II.B.
2. **Component B:** Approximately \$250,000 is available to support one organization with a statewide reach to :
 - a. Provide or arrange for technical assistance and training to the Component A programs funded by this initiative;
 - b. Develop and implement an annual 1- or 2-day conference for the Component A programs funded by this initiative and other emerging organizations; and,
 - c. Coordinate requests for information and promote awareness, sensitivity and knowledge of LGBT issues and concerns in response to requests from a variety of State agencies.

The successful Component B organization may also serve organizations not funded through Component A, through training, technical assistance and conference events, provided Component A program needs are adequately met.

Note: Grant awards cannot exceed the amount requested. Requests should reflect an award level that can be reasonably justified, up to the maximum stated above.

Funds provided by this solicitation are to be used to create, continue or expand health and human service related activities for LGBT individuals, families, and communities and may *not* be used to supplant resources supporting existing activities currently funded by another funding source. Additionally, funds cannot be used to support direct medical/diagnostic services. Any unspent funds not awarded under Component B will be reallocated to Component A.

Should additional funding becomes available during the term of this solicitation, the Department may select a contractor from the pool of organizations deemed approved, not funded.

II. Who May Apply

A. Eligible organizations:

Applications will be accepted only from not-for-profit health and human service organizations including, but not limited to, community-based organizations, community health centers and civic organizations. Organizations may apply for either Component A or Component B, but not both.

Joint applications from two or more organizations will be accepted; however, one organization must be designated as the lead organization and will be responsible for submitting the application and administering the grant. The lead organization is encouraged to submit a Memorandum of Agreement that clearly delineates the roles of the lead organization and each co-applicant.

Note: Successful applicant organizations must demonstrate their commitment, expertise, and capability to serve LGBT individuals and families. Preference will be given to organizations that have a demonstrated history of successfully working with the LGBT community and its diverse population *and* who can demonstrate that they have a Board and employees representative of the populations they intend to serve.

Additionally, for Component B, the successful applicant will demonstrate experience coordinating a statewide network of community-based organizations providing health and human services to LGBT individuals and their families.

III. Project Narrative/ Work Plan Outcomes

It is the goal of this initiative to support and improve the health of LGBT individuals, families, and support systems. Programs will focus on increasing access to services, increasing service capacity and improving the delivery of health and other related human services.

Proposed programs should address specific barriers and provide solutions to improved health outcomes for LGBT individuals and families.

A. Populations eligible to receive health and human services:

Persons eligible to receive services are LGBT individuals, their families, and support systems. Applicant organizations are encouraged to target under-served populations and/or geographic areas.

Given the lack of adequate services for LGBT individuals and their families in many parts of the state, “under-served” is defined broadly and encompasses communities of color, youth, seniors, immigrants, the disabled, the homeless, those in foster care, and those served by the criminal justice system. Under-served geographic areas include rural, suburban and urban

areas where there are few or no services that adequately address the needs of LGBT individuals.

B. Focus Areas/Issues to be addressed through this initiative:

While a variety of services and activities may be funded through this initiative, the Department of Health will not fund services and activities that are reimbursable through other funding sources such as direct clinical/medical services or direct HIV-related services including clinical/medical and support services, except for HIV awareness/education in the context of a larger more comprehensive health education/prevention program.

1) Component A activities funded under this initiative may address, but is not limited to, one or more of the focus areas described below:

Physical Health - includes activities that address and promote access to health and human services including, but not limited to those: decreasing or eliminating provider bias or insensitivity, promoting timely health care and treatment, assuring confidentiality, addressing lack of health insurance and incomplete medical histories, (e.g., concealed risks, sexually related complications, social factors) and conveying information regarding health risks such as: infectious and chronic diseases, reproductive health, nutrition and aging issues.

Mental Health - includes activities that raise awareness of and promote access to services for conditions including, but not limited to: depression; stress and anxiety; suicide; psychological adjustment; and isolation.

Social/Cultural - includes activities that raise awareness of and promote access to services including but not limited to: physical and domestic violence and prevention and supportive services, homeless services, relationship and family building services, and services addressing harassment and discrimination in employment and housing, etc.

Program Development - includes technical assistance to organizations or groups in communities to strengthen skills in areas such as: organizational or program development; developing leadership through board, staff and constituent development; building network and community collaborations; fundraising strategies to sustain future program growth and stability; and upgrading technology. This can apply to the applicant organization or to other organizations or networks for which technical assistance is provided.

Note: Although Component A providers are not expected to address all these issues, it is expected that they will clearly express the areas and issues proposed to be the focus of their programs based on identified needs. Where relevant, activities should include *both* awareness raising regarding the issue(s) *and* promoting access to appropriate services or creating appropriate services.

2) Component B (Organizations with a statewide reach) activities funded under this initiative may address, but is not limited to, one or more of the focus areas described below to:

Organizational/Program Support - to be provided to Component A and emerging organizations, as requested, via an array of activities including strategic planning; community engagement, cultural competency training, capacity building, program development, and organizational development. May also include coordination of statewide activities and events, e.g., creating outreach tools to support increased diversity, assistance with improving organizational efficiencies such as obtaining affordable health insurance and facilitating a statewide project engaging the Component A providers in addressing a health disparity identified as a priority.

Annual Conference – Develop, coordinate and administer an annual 1-2 day conference for all providers funded under this initiative and emerging organizations in collaboration with the Department of Health.

Information and Technical Assistance to New York State Agencies – Respond to requests for information and technical assistance from New York State agencies, by referring them to Component A providers or other appropriate organizations or individuals to assist them in developing services and initiatives that are responsive to LGBT individuals and families. Increase awareness, sensitivity to, and knowledge of LGBT issues and concerns in NY State Agencies, including providing education and training to their management and staff.

The following are examples of the variety of modes of delivery that either Component A or B programs may utilize:

Direct Services – activities and interventions focused on delivery of a specific service to an individual or group. This may include outreach to families and individuals, case management, advocacy for service access, peer support, specific information and referral; and other supportive services. The Department of Health will not fund services that are reimbursable through other available funding sources such as direct clinical/medical services.

Education/Presentations/Media - general dissemination of information on LGBT- related issues and needs, designed to increase knowledge, understanding and tolerance for the diversity of sexual/gender expression, issues and needs. A multitude of methods ranging from the publishing or distribution of pamphlets and brochures, to multimedia campaigns are available under this option.

Training - instruction is geared to participants' learning a new or enhanced set of skills, competencies, and behaviors. Target audiences would include individuals, organizations or the community-at-large including: health and human services professionals and staff; educators; and other providers of services to the LGBT population.

Technical Assistance - deals with the development and enhancement of organizational capacity, ensuring program sustainability and growth for continued local, network, and community services to the LGBT population.

C. Anticipated Outcomes

Participant level outcomes may include:

- 1) Improved access to health care and supportive services for LGBT individuals, families, and support systems.

- 2) Improved health outcomes and quality of life for LGBT individuals, families, and support systems.

Organizational level outcomes may include:

- 3) Increased capacity of applicant organization, or other community organizations, to serve LGBT individuals and their families.
- 4) Enhanced capability of applicant organizations, or other community organizations, to provide leadership and visibility within the LGBT population, as well as the general community.

Community level outcomes may include:

- 5) Elevated community knowledge and awareness of relevant health and human service issues.
- 6) Increased community capacity to provide appropriate health and human services to LGBT individuals, families, and support systems.

Note: A minimum of three of these six outcomes should be addressed in the proposals, and addressing more than one category is encouraged. Successful applicants will be judged on the quality of their approaches leading to achieving expected outcomes, not on the quantity of outcomes they choose.

D. Program Staffing

The number and qualifications of proposed staff should appropriately reflect the comprehensiveness of the program, number of individuals to be served, the type and intensity of services proposed, and the diversity of the community to be served.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health, Division of Family Health, Bureau of Child and Adolescent Health, Adolescent Health Unit. The department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing to:

Stephanie Sheehan, Director
Adolescent Health Unit
Bureau of Child and Adolescent Health
Room 208
Empire State Plaza, Corning Tower

Albany, NY 12237-0618
(518) 474-2084

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing or via telephone by calling Stephanie Sheehan at 518-474-2084. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the Department of Health's public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department of Health's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions, responses to questions raised at the applicant conference, official applicant conference minutes), please complete and submit a letter of interest (see **attachment 2**). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing update information.

Submission of a letter of interest is not a requirement for submitting an application.

C. Applicant Conference

An Applicant Conference will not be held for this project.

D. How to file an application

Applications must be **received** at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted*.

Stephanie Sheehan, Director
Adolescent Health Unit
Bureau of Child and Adolescent Health
Empire State Plaza
Corning Tower, Room 208
Albany, New York 12237-0618

Applicants shall submit **one (1) original** signed application and **six (6) complete copies**,

including attachments. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications **will not** be accepted via fax or e-mail.

* It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion.

E. The Department of Health reserves the right to

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

F. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: ***March 1, 2008 through February 28, 2009 with the option of four one year renewals..***

G. Payment and Reporting Requirements of Grant Awardees

1. The State (NYS Department of Health) may, at its discretion, make an advance payment

to not for profit grant contractors in an amount not to exceed **25** percent.

2. The grant contractor will be required to submit **Quarterly** invoices and required reports of expenditures to the State's designated payment office:

Division of Family Health
Fiscal Unit, Room 878
NYS Department of Health
Corning Tower Building
Empire State Plaza
Albany, New York 12237

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: **Payment will be made on a quarterly basis contingent on the timely submission of required reports.**

3. The grant contractor will be required to submit the following periodic reports:

Four quarterly and one end-of-year report.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

H. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may use a copy of the paper form included as Attachment 8. Applicants must also complete and submit the Vendor Responsibility Attestation (Attachment 9).

I. General Specifications

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA. If this applicant does not accept a certain condition or term, this must be clearly noted in a cover letter to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

J. Appendices

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX H - Federal Health Insurance Portability and Accountability Act (HIPAA)
Business Associate Agreement <if applicable>

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out-Of-State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out-Of-State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application.

These documents will be requested as a part of the contracting process should you receive an award.

V. Completing the Application

A. Application Content

This section describes the content and format requirements for applications, the qualitative competitive scoring criteria to be used, and information to assess the viability and feasibility of an organization's ability to successfully implement and accomplish the goals and objectives of their proposal.

Content

Respond to each of the statements and questions listed below. Number/letter your narrative to correspond to each element in the order presented. Be specific and complete in your responses. Do not leave any element blank. If appropriate, indicate if the element is not relevant to your agency or application.

Please remember to refer to the Intent of the Initiative, Background and Availability of Funds in Section I when developing your application.

All sections in the application should be labeled to correspond to the numbers and letters presented below.

Cover Sheet

A form is provided to serve as the cover page for the application (Attachment # 4). All requested information should be supplied on this form. **The cover sheet will not count toward the page limit.**

COMPONENT A:

1. Program Summary: Not to exceed one page. This page may be single-spaced **and will not count toward the page limit.**

Please include:

- a. Amount requested
- b. Needs/barriers to be addressed
- c. Proposed services
- d. Where services will be provided (Geographic area and specific location(s))
- e. Targeted population(s) (description and number of individuals to be served)
- f. Staffing proposed to provide services
- g. Expected outcomes

2. Statement of Need: Not to exceed 2 double-spaced pages.

- a. Describe the existing health and human services targeting LGBT individuals, their families and communities in the proposed target community.
- b. Describe the geographic area you intend to serve and why.
- c. Describe the populations you will serve. Include a discussion of families and support systems, where relevant.
- d. Describe the relevant issues and service gaps for the population(s) you propose to serve related to improving health for individuals, families and support systems.
- e. What service need(s) will your program fill that are not currently being addressed by other service providers in your area?
- f. Describe how you determined the need for the services you propose to provide.
- g. Indicate to what extent representatives from the target population were involved in

your process to identify needs.

3. Organization Capability: Not to exceed 6 double-spaced pages.

Note: Applicant organizations are encouraged to attach supporting documentation relevant to this section. Supporting documentation should accompany each copy of the application and will not be counted as part of the page limit. Documentation may include:

- Descriptions of programs or sponsorship of programs;
 - Written policies and procedures;
 - Documentation of Board composition re: LGBT and target population representation;
 - Documentation of staff composition re: LGBT and target population representation;
 - Print materials;
 - Published articles; and
 - Other materials as appropriate.
- a. Describe your organization's mission and services. Describe how your mission and services are consistent with the goals of this initiative.
 - b. Describe the services your organization currently provides to LGBT individuals, the length of time your organization has been providing these services and the number of LGBT individuals served annually. Include a description of programs or services relating to targeted populations referenced in Section III.A. of this RFA. Include information concerning families and support systems where relevant.
 - c. Address the composition of your Board of Directors. Include the percentages of your Board representing LGBT and targeted populations. State whether or not these represent a duplicated count. Preference will be given to applicants who can demonstrate that they have a Board representative of the populations they serve and intend to reach via the program proposed in this application.
 - d. Describe the composition of your organization's staff and staff working directly in programs serving LGBT individuals. Preference will be given to applicants that can demonstrate that they have staff who are representative of the populations they serve and propose to reach in this application and have a successful history meeting the health and human service needs of the proposed community to be served.
 - e. Describe how the proposed program will be integrated within your organization and the support (e.g. staff and other resources) it will receive from your organization.
 - f. Describe significant collaboration with other organizations in the community that primarily serve LGBT individuals, their families and support systems.
 - g. Describe your current relationship with other (non-LGBT) organizations in the community that will support and enhance your program efforts.
 - h. Describe your agency's experience in incorporating input from the target population into program design and delivery.
 - i. Describe your agency's experience providing culturally competent services to diverse populations.

4. Program Narrative: Not to exceed 6 double-spaced pages.

- a. Describe the proposed program and services.
- b. Describe the plan for implementing the proposed services.
- c. Describe how your program, if serving youth, will incorporate principles of youth development.

- d. Describe the locations where the proposed services will be provided.
 - e. Describe the organizational structure of the proposed program, including essential staff and their qualifications and their relationship to any subcontractors and include an organizational chart. (Chart does not count toward the page limit.)
 - f. Describe the plan to train staff, if necessary, and provide ongoing staff development.
 - g. Describe what materials, if any, will be developed to accomplish the desired results.
- 5. Workplan Format:** To be completed on Attachment 7, not to exceed 5 pages. Please complete the attached workplan format: state the anticipated outcomes of the project and objectives for achieving those outcomes. Objectives should be measurable, contain a timeframe, and should form the basis of the workplan. List the specific activities, timeframes, responsible parties and methods of evaluation. Process evaluation methods focus on the program activities and allow for monitoring of the program in the present. Outcome evaluation methods focus on the objectives and long term outcomes.
- 6. Evaluation:** Not to exceed 1 double-spaced page.
Provide a description of how your agency will monitor the implementation and effectiveness of the proposed activities. This includes a description of strategies for employing process and outcome evaluation methods outlined in the workplan:
- a. Outline strategies for process evaluation that compare measurable workplan activities with performance data/information that focuses on the characteristics of the program in the present, (short term) e.g., achieving desired attendance at an event.
 - b. Outline strategies for outcome evaluation that assess the effectiveness of objectives for achieving the desired changes in beliefs, skills, and behavioral outcomes (long term) e.g., pre-post tests/surveys.
 - c. Outline strategies for engaging key stakeholders/consumers in the evaluation.
 - d. Describe how the monitoring and evaluation data will be used to strengthen the proposed workplan.
- 7. Budget**
Complete the attached budget forms. Applicants should submit a **12-month budget** with a March 1, 2008 start date. All costs must be related to the provision of Health and Human Services for LGBT individuals, their families and communities, be reasonable and appropriate and be consistent with the scope of services. Justification for each cost should be submitted in narrative form, not to exceed 3 double spaced pages. For all existing staff, the budget justification must delineate how the percentage of time devoted to this initiative has been determined. **This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for activities currently funded by another funding source.**

The budget should contain a travel line item for staff travel to Albany for an annual one or two day providers' meeting. The costs of travel, overnight lodging and meals other than lunch for the two days should be included.

Ineligible items will be removed from the budget before the budget is scored. The budget

amount requested will be reduced to reflect the removal of the ineligible items.

Administrative costs will be limited to a maximum of 10 percent of total direct costs. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or remodeling or modification of structure (although limited computer/printing equipment may be considered); direct clinical or medical services or direct HIV-related services including clinical/medical and support services, except for HIV awareness/education in the context of a larger more comprehensive program.

8. Agency Administration Support: One-time only allowable expense

Successful Component A applicants will be eligible to receive an additional, one-time only award of up to \$60,000. Should additional one-time funds become available this amount may be increased.

To apply for this funding, complete Form 3A, One Time Only Expense included with the Budget Attachments. This funding is in addition to the base budget request and is intended to strengthen administrative infrastructure and improve agency capacity to serve LGBT individuals, families, and communities. **It is not intended for permanent, capital improvements, or ongoing expenses.** Examples of acceptable expenses, to be detailed in the budget justification, are :

- Consultants for developing systems to facilitate client tracking, data collection,
- Consultants to assist in developing Policy and Procedure manuals
- Consultants to develop time and effort tracking systems,
- Computer hardware/software to support consultant recommendations,
- Workstation equipment,
- Media consulting and materials/website development, outreach materials,
- Development of educational materials including translation services,
- Board of Directors development training,
- Cultural competency training,
- Relevant community forum or conference events.

COMPONENT B:

- 1. Program Summary:** Not to exceed one page. This page may be single-spaced **and will not count towards the page limit.** Please include:
 - a. Amount requested
 - b. Needs/barriers to be addressed
 - c. Proposed services
 - d. Targeted organization(s) (description of types to be served)
 - e. Staffing proposed to provide services
 - f. Expected outcomes
- 2. Statement of Need:** No to exceed 2 double-spaced pages.
 - a. Describe the existing statewide system of health and human services targeting LGBT individuals, their families and support systems.
 - b. Describe the differences in service needs among geographic areas.
 - c. Describe the organizations, geographic areas and targeted populations you will serve.

- Include a discussion of families and support systems, where relevant.
- d. Describe the relevant issues, training and capacity needs for the organizations and population(s) you propose to serve, related to improving health for individuals, families and support systems.
 - e. What service need(s) will your program address?
 - f. Describe how you determined the need for the services you propose to provide.

3. Organization Capability: Not to exceed 6 double-spaced pages.

Note: Applicant organizations may attach supporting documentation relevant to this section. Supporting documentation should accompany each copy of the application and will not be counted as part of the page limit. Documentation may include:

- Descriptions of programs or sponsorship of programs;
 - Written policies and procedures;
 - Documentation of Board composition re: LGBT and target population representation;
 - Documentation of staff composition re: LGBT and target population representation;
 - Print materials;
 - Published articles; and
 - Other materials as appropriate.
- a. Describe your organization's mission and services.
 - b. Describe the services your organization currently provides to organizations serving LGBT individuals and the length of time your organization has been providing these services. Include a description of programs or services relating to targeted populations referenced in Section III.A. of this RFA. Include information concerning families and support systems where relevant.
 - c. Address the composition of your Board. Include percentage of your Board representing LGBT and targeted populations. State whether or not these represent a duplicated count. Preference will be given to applicants that can demonstrate that they have a Board representative of the populations they serve and intend to reach, via the program proposed in this application.
 - d. Address the composition of your organization's staff (e.g. LGBT and target population representation). Preference will be given to applicants who can demonstrate that they have staff who are representative of the populations they serve and propose to reach in this application and have a successful history addressing the health and human service needs of the proposed community to be served.
 - e. Describe how the proposed program will be integrated within your organization, and the support it will receive from your organization.
 - f. Describe your current relationship with other organizations that will support and enhance your program efforts.
 - g. Describe any participation in collective efforts to ensure and enhance the provision of needed services to LGBT communities through advocacy, education and training activities.

4. Program Narrative: Not to exceed 6 double-spaced pages.

- a. Describe the proposed program and services or activities.
- b. Describe the plan for implementing the proposed services or activities.
- c. Describe where these services will be provided or activities held.

- d. Describe the organizational structure of the proposed program, including essential staff and their qualifications and their relationship to any subcontractors and include an organizational chart. (Chart does not count toward the page limit.)
- e. Describe the plan to train staff, if necessary, and provide ongoing staff development.
- f. What materials, if any, will be developed to accomplish the desired results?
- g. Describe how your activities pertaining to youth-serving organizations will incorporate principles of Positive Youth Development.

5. Workplan Format: To be completed on Attachment 7, not to exceed 5 pages. Please complete the attached workplan format: state the anticipated outcomes of the project and objectives for achieving those outcomes. Objectives should be measurable, contain a timeframe, and should form the basis of the workplan. List the specific activities, timeframes, responsible parties and methods of evaluation. Process evaluation methods focus on the program activities and allow for monitoring of the program in the present. Outcome evaluation methods focus on the objectives and long term outcomes.

6. Evaluation: Not to exceed 1 double-spaced page.

Provide a description of how your agency will monitor the implementation and effectiveness of the proposed activities. This includes a description of strategies for employing process and outcome evaluation methods outlined in the workplan:

- a. Outline strategies for process evaluation that compare measurable workplan activities with performance data/information that focuses on the characteristics of the program in the present, (short term) e.g., achieving desired attendance at an event.
- b. Outline strategies for outcome evaluation that assess the effectiveness of objectives for producing the desired beliefs, skills, and behavioral outcomes (long term) e.g., pre-post tests/surveys.
- c. Outline strategies for engaging organizations receiving services in the evaluation.
- d. Describe how the monitoring and evaluation data will be used to strengthen the proposed workplan.

7. Budget

Complete the attached budget forms. Applicants should submit a **12-month budget** with a March 1, 2008 start date. All costs must be related to the provision of Health and Human Services for LGBT individuals, their families and communities, and be consistent with the scope of services, reasonable, and appropriate. Justification for each cost should be submitted in narrative form, not to exceed 3 double spaced pages. For all existing staff, the budget justification must delineate how the percentage of time devoted to this initiative has been determined. **This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for activities currently funded by another funding source.**

Ineligible items will be removed from the budget before the budget is scored. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Administrative costs will be limited to a maximum of 10 percent of total direct costs. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or remodeling or modification of structure (although limited computer/printing equipment may be considered); direct clinical or medical services or direct HIV-related services

including clinical/medical and support services, except for HIV awareness/education in the context of a larger more comprehensive program.

8. Agency Administration Support: One time only allowable expense

The successful applicant under Component B of this RFA will be eligible to receive an additional, one- time only award of up to \$100,000. Should additional one-time funds become available this amount may be increased.

To apply for this funding, complete Form 3A, One Time Only Expense included with the Budget Attachments. This funding is in addition to the base budget request and is intended to strengthen administrative infrastructure and improve agency capacity to serve LGBT serving organizations. **It is not intended for permanent, capital improvements, or ongoing expenses.** Examples of acceptable expenses, to be detailed in the budget justification, are:

- Technology to improve statewide communication among LGBT health and human services providers,
- Development of website focusing on the health and human service needs of the LGBT population,
- Media consulting and materials, outreach materials,
- Consultant to assist in strategic planning process,
- Statewide needs assessment to determine health and human services priorities of the NYS LGBT population,
- Development of educational materials including translation services,
- Provision of technical assistance to emerging organizations to build their capacity for growth.

B. Application Format

There are separate application questions/formats for Components A and B. Applications have a 21-page limit, excluding the Budget pages, cover sheet, Summary, and required attachments and supporting documentation related to organization capability. All pages should be double-spaced, except where indicated, using 12 point font with 1” margins all around. All copies should be legible, pages in the body of the proposal are to be numbered, and attachments clearly marked.

All applications should conform to the format prescribed below. Points will be deducted from applications which deviate from the prescribed format.

The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

<i>1. Cover Sheet</i>	<i>(1 page or less)</i>	<i>Required, Not Scored*</i>
<i>2. Program Summary</i>	<i>(1 page or less)</i>	<i>Required, Not Scored*</i>
<i>3. Statement of Need</i>	<i>(2 pages or less)</i>	<i>(Maximum Score: 15 points)</i>
<i>4. Organizational Capability</i>	<i>(6 pages or less)</i>	<i>(Maximum Score: 20 points)</i>
<i>5. Program Narrative</i>	<i>(5 pages or less)</i>	<i>(Maximum Score: 20 points)</i>
<i>6. Budget</i>	<i>(use Budget Format)</i>	<i>(Maximum Score: 20 points)</i>
<i>7. Workplan Format</i>	<i>(5 pages or less)</i>	<i>(Maximum Score: 10 points)</i>

8. Evaluation

(2 pages or less)

(Maximum Score: 15 points)

A maximum of 5 points may be deducted for applications failing to follow the prescribed format. Applicants who do not meet eligibility requirements or fail to submit a cover sheet and/or Program Summary may be removed from consideration.

* Not counted as part of the 21 page limit.

C. Review and Award Process

Review Process:

Eligible applications will be reviewed and evaluated by the New York State Department of Health. Applications will be evaluated on their responsiveness to the intent of this RFA, and the comprehensiveness and specificity of the information requested in the Application Format.

Scoring will be based on the applicant's capability to provide the services outlined in their proposal, according to the scoring system described in B above. The value assigned to each section is an indication of the relative weight that will be given when scoring the application. A score of 65 or more is needed to be considered for an award.

The following key factors will also be given consideration and included in arriving at a score:

- What is the overall relevancy of the application to the health and human service needs of LGBT communities?
- Is the scope of the proposed program in line with the amount of funding requested?
- Is the amount of funding requested reasonable with respect to the proposed services, staffing, and activities?
- What level of infrastructure is already in place at the applicant organization?
- Does the applicant demonstrate an understanding of the health and human service needs of the NYS LGBT community?

Component A awards will consider geographic regions as outlined in the chart below, with higher passing scores within each geographic region receiving funding first.

Every effort will be made to ensure geographic distribution of Component 1 awards as depicted below, based on acceptable applications:

Region	Number of Awards
New York City (Boroughs of Bronx, Brooklyn, Manhattan, Queens, and Staten Island)	18-28
Long Island (Nassau and Suffolk Counties)	2-4
Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties)	2-4
Southern Component (Broome, Chemung, Chenango, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Wayne, and Yates counties)	2-4
Northeastern New York (Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties)	2-4
Western New York Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming counties)	2-4
Central New York (Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins counties)	2-4

Calculating Awards:

Awards will be made based on a review for reasonable and appropriate costs. If the proposed budget includes items that are determined to be not appropriate or allowable in this initiative, the budget will be adjusted for the final award. Applicants will receive the amount requested, after the review removes ineligible and inappropriate costs as outlined in the Application Content’s Budget sections, not to exceed \$175,000 for Component A and \$250,000 for Component B.

VI. Attachments

- Attachment 1: Standard Grant Contract with Appendices*
- Attachment 2: Letter of Interest Format*
- Attachment 3: Application Checklist*
- Attachment 4: Application Coversheet*
- Attachment 5: Budget Instructions*
- Attachment 6: Application Budget Format*
- Attachment 7: Work Plan Format*
- Attachment 8: Vendor Responsibility Questionnaire*
- Attachment 9: Vendor Responsibility Attestation*

GRANT CONTRACT

STATE AGENCY (Name and Address):

NYS COMPTROLLER'S NUMBER: _____

ORIGINATING AGENCY CODE:

 CONTRACTOR (Name and Address):

 TYPE OF PROGRAM(S)

 FEDERAL TAX IDENTIFICATION NUMBER:

 INITIAL CONTRACT PERIOD

MUNICIPALITY NO. (if applicable):

FROM:

TO:

CHARITIES REGISTRATION NUMBER:

FUNDING AMOUNT FOR INITIAL PERIOD:

 _____ or () EXEMPT:
 (If EXEMPT, indicate basis for exemption):

 MULTI-YEAR TERM (if applicable):

FROM:

TO:

 CONTRACTOR HAS() HAS NOT() TIMELY
 FILED WITH THE ATTORNEY GENERAL'S
 CHARITIES BUREAU ALL REQUIRED PERIODIC
 OR ANNUAL WRITTEN REPORTS.

 CONTRACTOR IS() IS NOT() A
 SECTARIAN ENTITY

 CONTRACTOR IS() IS NOT() A
 NOT-FOR-PROFIT ORGANIZATION

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

_____	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
_____	APPENDIX A-1	Agency-Specific Clauses (Rev 9/07)
_____	APPENDIX B	Budget
_____	APPENDIX C	Payment and Reporting Schedule
_____	APPENDIX D	Program Workplan
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

_____	APPENDIX A-2	Program-Specific Clauses
_____	APPENDIX E-1	Proof of Workers' Compensation Coverage
_____	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act
_____	APPENDIX	Business Associate Agreement
_____		_____

APPENDIX

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

Contract No. _____

CONTRACTOR

STATE AGENCY

By: _____
(Print Name)

By: _____
(Print Name)

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification:

. "In addition to the acceptance of this contract,
. I also certify that original copies of this signature
. page will be attached to all other exact copies of
. this contract."

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A-1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives

summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.

- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.

- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-2.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1
(REV 9/07)AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - ◆ an institution of higher education,
 - ◆ a hospital, or
 - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.
 - b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.

- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
 - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
 - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
 - d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
 - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
 - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
 - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.
4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.
- a. LOBBYING CERTIFICATION
 - 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
 - 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated

funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.

- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.
 - a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
 - ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
 - ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.

- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.
 - d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.
- 4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:
- a) Payments of reasonable compensation made to its regularly employed officers or employees;
 - b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
 - c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in

private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) **APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS**

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice

to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

- d) The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
 - e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 - f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
 - g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
 - h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
 - b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.
11. Other Modifications
 - a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:
 - ◆ Appendix B - Budget line interchanges;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan.
 - b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.
12. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

Workers' Compensation, for which one of the following is incorporated into this contract as

Appendix E-1:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2:**

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

13. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.
14. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX B

BUDGET
(sample format)

Organization Name: _____

Budget Period: Commencing on: _____ Ending on: _____

Personal Service

Number	Title	% Time	Total Amount	Budgeted From
		Annual Salary	Devoted to This Project	
				NYS

Total Salary _____
 Fringe Benefits (specify rate) _____
TOTAL PERSONAL SERVICE: _____

Other Than Personal Service Amount

Category
 Supplies
 Travel
 Telephone
 Postage
 Photocopy
 Other Contractual Services (specify)
 Equipment (Defray Cost of Defibrillator) _____

TOTAL OTHER THAN PERSONAL SERVICE _____

GRAND TOTAL _____

Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: (required)

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed _____ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ◆ the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ◆ if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ◆ the end of the first monthly/quarterly period of this AGREEMENT; or
- ◆ if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.

- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller.
- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than ____ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the _____.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than _____ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

II. Progress and Final Reports

Organization Name: _____

Report Type:

A. Narrative/Qualitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the _____ (Organization) _____ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures

performed, training sessions conducted, etc.)

C. Expenditure Report

_____ (Organization Name) _____ will submit, on a quarterly basis, not later than _____ days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

_____ (Organization Name) _____ will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

APPENDIX D

PROGRAM WORKPLAN
(sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment "unless proof of performance of required services or accomplishments is provided." The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

APPENDIX X

Agency Code _____

Contract No. _____

Period _____

Funding Amount for Period _____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through _____, having its principal office at _____ (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for modification of Contract Number as amended in attached Appendix(ices)_____.

All other provisions of said AGREEMENT shall remain in full force and effect

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under this signatures.

CONTRACTOR SIGNATURE

STATE AGENCY SIGNATURE

By: _____

By: _____

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification:

. "In addition to the acceptance of this contract,
. I also certify that original copies of this signature
. page will be attached to all other exact copies of
. this contract."

STATE OF NEW YORK)
)
County of _____)

SS:

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the

individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

Sample

Letter of Interest

or

Letter to Receive Notification of RFA Updates and Modifications

Stephanie Sheehan, Director
Adolescent Health Unit
Bureau of Child and Adolescent Health
New York State Department of Health
Corning Tower Building, Room 208
Empire State Plaza
Albany, NY 12237-0618

Re: RFA Number: BCAH-2007-1
RFA Title: Health and Human Services for Lesbian, Gay,
Bisexual and Transgender Individuals, Families and
Communities

Dear _____:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request: *(please check one)*

that our organization be notified, via the e-mail address below, when any updates, official responses to questions, or amendments to the RFA are posted on the Department of Health website: <http://www.nyhealth.gov/funding/>.

E-mail address: _____

that our organization is unable or prefers not to use the Department of Health's website and requests the actual documents containing any updates, official responses to questions, or amendments to the RFA be mailed to the address below:

Sincerely,

**NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Child and Adolescent Health**

APPLICATION CHECKLIST

This form is for the applicant organization's use to ensure that all required documents are included in the application.

Cover Sheet

Application (including program summary)

Workplan Forms

Budget Forms

Community Members' Letters of Support

Collaboration Applications Only – Letters of Commitment

Vendor Responsibility Questionnaire and/or Vendor Responsibility Attestation

APPLICATION COVER SHEET

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Child and Adolescent Health

APPLICANT INFORMATION:

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Identification #: _____

Charities Registration #: _____

Applicant is applying for: Component A Component B

Name of Contact Person: _____

Title: _____

Telephone: _____ Fax: _____

E-Mail: _____

GRANT FUNDS REQUESTED:

\$ _____

By signing below, I attest to express authority to sign on behalf of the applicant.

Applicant Representative Signature: _____

Print Name and Title: _____

Board of Directors Executive Committee Member Signature: _____

Print Name and Title: _____

GENERAL BUDGET AND WORKPLAN INSTRUCTIONS

APPLICATION INSTRUCTIONS

I. GENERAL INSTRUCTIONS/GUIDANCE

The following instructions apply to the **Health and Human Services for Lesbian, Gay, Bisexual and Transgender Individuals** contracts:

Application - The application cover sheet should include the amount of funding requested for the period March 1, 2008-February 28, 2009 and be addressed to:

Ms. Stephanie Sheehan
Director, Adolescent Health Unit
Bureau of Child and Adolescent Health
Corning Tower Building, Room 208
Empire State Plaza
Albany, New York 12237-0618

Guidance:

All revenues earned as a result of services and related activities performed pursuant to the contract shall be used to either expand program services funded by the agreement or to offset expenditures submitted to the state for reimbursement.

Whenever possible, assistance should be provided with Medicaid enrollment, Child Health Plus, WIC, PCAP or other appropriate health care/social support systems. **All third party payers must be billed first.**

Patient confidentiality and informed voluntary consent are a concern to everyone, thus requirements as stated in the NY State Hospital Code (Article 28) will be considered the minimum standard that needs to be maintained.

Please number all pages in the upper right-hand corner.

II. BUDGET INSTRUCTIONS

The budget must be prepared on the forms provided in Attachment 6 for the period March 1, 2008-February 28, 2009 in accordance with the following "Instructions for Completing Operating Budget and Funding Request". Budget requests should relate directly to activities in the narrative and workplan.

Instructions for Completing Operating Budget and Funding Request

General: administrative costs are limited to 10% of your grant amount. These costs must be identified individually, i.e., a flat 10% cannot be applied in an administrative cost line. Indirect costs will not be allowed against NYS grant funds.

BUDGET NARRATIVE/JUSTIFICATION FORMS

Form 1: Personal Services

Form 2: Fringe Benefit Rate

Form 3: Nonpersonal Services

Use Forms 1 and 3 to provide a justification/explanation for the expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g. if your total travel cost is \$1,000, show how that amount was determined - conference, local travel etc.), and if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

FORM 1: PERSONAL SERVICES

Include a description for each position, including the percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff are not to be included in personal services; these expenses should be shown as consultant or contractual services under Nonpersonal Services.

FORM 2: FRINGE BENEFIT RATE

Specify the following components and their percentages comprising the fringe benefit rate: FICA & Medicare Tax, Health Insurance, Unemployment Insurance, Disability Insurance, Life Insurance, Workers Compensation, and Pension/Retirement (other components may be listed but require narrative justification/approval). Total the percentages to show the fringe benefit rate used in budget calculations. If positions have different fringe benefit rates, use an average for all positions.

FORM 3: NONPERSONAL SERVICES

Any item of expense not applicable to the below categories must also be listed along with a justification of need. Indirect cost is not an allowable expense against NYS funding.

Supplies and Materials

Provide a delineation of the items of expense and estimated cost of each along with justification of their need. Some routine supplies may be consolidated under office supplies.

Travel

Provide a delineation of the items of expense and estimated cost (i.e., travel costs associated with conferences, including transportation, meals, lodging, registration fees; administrative travel vs. programmatic travel; staff travel) and estimated cost along with a justification of need. Costs should not exceed state travel rates.

Subcontracts/Consultants/Per Diems/Contractual Services

Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific service to be provided and the time frame for the delivery of services.

Subcontracts are subject to review and approval by the NYS Health Department.

Equipment

Delineate each piece of equipment and estimated cost along with a justification of need. Equipment costing less than \$300 should be included in the Supplies & Materials category. Anticipated equipment purchases \$300 and greater should be included in the equipment line.

BUDGET

TABLE A: SUMMARY BUDGET

This table should be completed last and will include the total lines only from Table A-1 (Personal Services) and Table A-2 (Nonpersonal Services) and the Grand Total. As a check, grand total NYS should match the amount you were awarded for your grant. Total expense = NYS + Other Source. Other Source may be in-kind, other grants etc.

TABLE A-1: PERSONAL SERVICES

Personnel, with the exception of consultants and per diems, contributing any part of their time to the project should be listed with the following items completely filled in (consultants/per diems should be shown as a Nonpersonal Services expense on Table A-2):

Title: The title given should reflect either a position within your organization or on this project.

Annual Salary: Regardless of the amount of time spent on this project, the total annual, actual salary for each position should be given for the number of months applicable to that salary. **For example, if a union negotiated contract salary increase will impact a portion of the 12 month budget period it should be shown on the Table A-1 as follows (the same position will use two lines in the budget):**

<u>Annual Title</u>	<u>Salary</u>	<u>% FTE</u>	<u>Total # months</u>	<u>Expense</u>
Health Educator	\$30,000	100%	4	\$10,000
Health Educator	\$35,000	100%	8	\$23,100

% FTE: The proportion of time spent on the project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = 10/40 = .25 (show in decimal form).

of Months: Show the number of months out of 12 worked for each title. If an employee works 10 months out of 12, then 10 months/12 months = .833. This ratio is part of the total expense calculation below. Indicate the number of months a position is subject to a specific salary if a portion of annual salary will be subject to a salary increase (see Annual Salary@ above).

Total Expense: Total expense can be calculated using the following method:

$$\text{Total Actual Annual Salary} * \% \text{ FTE} * (\text{months worked}/12) = \text{Total Expense.}$$

Fringe Benefits: The total fringe amount should be shown (total expense annual salaries * fringe rate from Form 2) where indicated on the Table A-1.

TABLE A-2: NONPERSONAL SERVICES

All Nonpersonal Services expenses should be listed regardless of whether or not funding for these expenses is requested from New York State. As with Table A-1, distribute total expense between NYS and Other Source (specify Other Source).

III. WORKPLAN INSTRUCTIONS - (Attachment 7)

- The workplan should address all of the general program requirements. The workplan should include program outcomes, tailored to the specific needs of the targeted service area(s) and population. Please use the attached Appendix D for this section.
- Directions for completing the worksheets:
- Fill in the name of the applicant.
- State the identified outcome to be addressed.
- The workplan objective/activities should address an identified need of the target population as indicated by the outcome and objectives should be measurable, outcome oriented; and include a completion date;
- The activities column must include specific, planned activities to be carried out by the contractor/clinic staff, which will lead to attainment of each objective. **The activities must describe how the stated objective will be achieved. All services/activities provided must indicate the number of clients to be served.** For each activity indicate an evaluation/tracking method.
- For each activity, the responsible/lead person should be identified as well as the target dates for completion.

Applicant: _____

TABLE A
HHS – LGBT Individuals, Families and Communities
OPERATING BUDGET AND FUNDING REQUEST
PERIOD: March 1, 2008 – February 28, 2009

	Total Expense	Amount Requested From NYS	Other Source	Specify Other Source
Sub-Total Personal Services (Total Line Only from Table A-1):				See Table A-1
Sub-Total Nonpersonal Services (Total Line Only from Table A-2):				See Table A-2
GRAND TOTAL				

Applicant: _____

TABLE A-1
HHS – LGBT Individuals, Families and Communities
OPERATING BUDGET AND FUNDING REQUEST
PERIOD: March 1, 2008 – February 28, 2009

PERSONAL SERVICES

Title	Annual Salary	% FTE	# of Mos.	Total Expense	Amount Requested from NYS	Other Source	Specify Other Source
(List Personnel Budgeted)							
Subtotal Personal Services							
Fringe Benefits _____%							
Total Personal Services							

Applicant: _____

TABLE A-2
HHS – LGBT Individuals, Families and Communities
OPERATING BUDGET AND FUNDING REQUEST
PERIOD: March 1, 2008 – February 28, 2009

NONPERSONAL SERVICES

	Total Expense	Amount Requested From NYS	Other Source	Specify Other Source
(List Budgeted Expenses)				
Subtotal Nonpersonal Services				

FORM 1
BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT
PERSONAL SERVICES
HHS – LGBT Individuals, Families and Communities

Applicant: _____

Period: March 1, 2008 – February 28, 2009

PERSONAL SERVICES

Title	Incumbent	Description

FORM 2
BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT
FRINGE BENEFITS
HHS – LGBT Individuals, Families and Communities

Applicant: _____

Period: March 1, 2008 – February 28, 2009

FRINGE BENEFITS

Component	Rate
TOTAL FRINGE BENEFIT RATE*	

*This amount must equal the percentage used in budget calculations. If positions have different fringe benefit rates, use an average for all positions.

FORM 3
BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT
NONPERSONAL SERVICES
HHS – LGBT Individuals, Families and Communities

Applicant: _____

Period: March 1, 2008 – February 28, 2009

NONPERSONAL SERVICES

Item	Cost	Description

Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities
Work Plan Implementation Worksheet

Contract Year _____

Applicant: _____

Outcome:

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)

STATE OF NEW YORK

**OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Attachment 8

FEIN #

1. VENDOR IS: <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FILED:		5. WEBSITE ADDRESS (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		7. TELEPHONE NUMBER	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE</i> , if different from above		10. TELEPHONE NUMBER	11. FAX NUMBER
12. PRIMARY PLACE OF BUSINESS IN NEW YORK STATE IS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, please provide landlord's name, address, and telephone number below:		13. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Title Telephone Number Fax Number e-mail	
14. VENDOR'S BUSINESS ENTITY IS (please check appropriate box and provide additional information):			
a) <input type="checkbox"/> Business Corporation	Date of Incorporation	State of Incorporation*	
b) <input type="checkbox"/> Sole Proprietor	Date Established		
c) <input type="checkbox"/> General Partnership	Date Established		
d) <input type="checkbox"/> Not-for-Profit Corporation	Date of Incorporation	State of Incorporation* Charities Registration Number	
e) <input type="checkbox"/> Limited Liability Company (LLC)	Date Established		
f) <input type="checkbox"/> Limited Liability Partnership	Date Established		
g) <input type="checkbox"/> Other – Specify:	Date Established	Jurisdiction Filed (if applicable)	
* If not incorporated in New York State, please provide a copy of authorization to do business in New York.			
15. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)			
16. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER:			
17. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS AND THE THREE OFFICERS WHO DIRECT THE DAILY OPERATIONS OF THE VENDOR (Attach additional pages if necessary):			
a) NAME (print)	TITLE	b) NAME (print)	TITLE
c) NAME (print)	TITLE	d) NAME (print)	TITLE

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A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE CONTRACTING AGENCY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.

<p>18. Is the vendor certified in New York State as a (check please): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women's Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE)?</p> <p>Please provide a copy of any of the above certifications that apply.</p>
<p>19. Does the vendor use, or has it used in the past ten (10) years, any other Business Name, FEIN, or D/B/A other than those listed in items 2-4 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.</i></p>
<p>20. Are there any individuals now serving in a managerial or consulting capacity to the vendor, including principal owners and officers, who now serve or in the past three (3) years have served as:</p> <p>a) An elected or appointed public official or officer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service.</i></p> <p>b) A full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>List each individual's name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.</i></p> <p>c) If yes to item #20b, did this individual perform services related to the solicitation, negotiation, operation and/or administration of public contracts for the contracting agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>List each individual's name, business title or consulting capacity and the New York State agency name, and consulting/advisory position with applicable service dates. List each contract name and assigned NYS number.</i></p> <p>d) An officer of any political party organization in New York State, whether paid or unpaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>List each individual's name, business title or consulting capacity and the official political party position held with applicable service dates.</i></p>

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<p>21. Within the past five (5) years, has the vendor, any individuals serving in managerial or consulting capacity, principal owners, officers, major stockholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies), affiliate or any person involved in the bidding or contracting process:</p> <p>a) 1. <i>been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on a New York State contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise denied, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract?</p>	
<p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law;</p> <p>2. state or federal environmental laws;</p> <p>3. unemployment insurance or workers' compensation coverage or claim requirements;</p> <p>4. Employee Retirement Income Security Act (ERISA);</p> <p>5. federal, state or local human rights laws;</p> <p>6. civil rights laws;</p> <p>7. federal or state security laws;</p>	

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<p>8. federal Immigration and Naturalization Services (INS) and Alienage laws; 9. state or federal anti-trust laws; or 10. charity or consumer laws? <i>For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the vendor.</i></p>	<p>22. In the past three (3) years, has the vendor or its affiliates¹ had any claims, judgments, injunctions, liens, fines or penalties secured by any governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</i></p>
<p>23. Has the vendor (for profit and not-for profit corporations) or its affiliates¹, in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances? <i>Indicate if this is applicable to the submitting vendor or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the vendor and the name of the auditing agency.</i></p>	<p>24. Is the vendor exempt from income taxes under the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Indicate the reason for the exemption and provide a copy of any supporting information.</i></p>
<p>25. During the past three (3) years, has the vendor failed to: a) file returns or pay any applicable federal, state or city taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i> b) file returns or pay New York State unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p>	<p>26. Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates¹ within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates regardless of the date of filing? <i>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</i></p>

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<p>27. Is the vendor currently insolvent, or does vendor currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it? <i>Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Has the vendor been a contractor or subcontractor on any contract with any New York State agency in the past five (5) years? <i>List the agency name, address, and contract effective dates. Also provide state contract identification number, if known.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. In the past five (5) years, has the vendor or any affiliates 1: a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded; b) received an overall unsatisfactory performance assessment from any government agency on any contract; or c) had any liens or claims over \$25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days ? <i>Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

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State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- has not altered the content of the questions in the questionnaire in any manner;
- has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- is knowledgeable about the submitting vendor's business and operations;
- understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- is under duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

Name of Business	Signature of Owner/Officer_____
Address	Printed Name of Signatory
City, State, Zip	Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

Print Name

Signature

Date

Attachment 9

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____