

INVITATION FOR BID

TITLE	WIC CHECK STOCK
COMMODITY GROUP NUMBER	60010
IFB NUMBER	0701120129
BID DUE DATE	April 24, 2007
CONTRACT PERIOD	AUGUST 1, 2007 – JULY 31, 2009

DESIGNATED CONTACTS:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contacts to whom all communications attempting to influence this procurement must be made:

Suzanne Mantica

Bureau of Administration and Evaluation
Division of Nutrition
Riverview Center
150 Broadway, 5th Floor East
Albany, New York 12204

Permissible Subject Matter Contacts:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health also identifies the following allowable contacts for communications related to permissible subjects:

Robin Suitor

Bureau of Supplemental Food Programs
Division of Nutrition
NYS Department of Health
150 Broadway, 6th Floor West
Albany, NY 12204

Schedule of Key Events

Issue Date:	March 12, 2007
Bidders' Conference Reservation Deadline:	March 20, 2007
Bidders' Conference:	March 21, 2007
Deadline for Submission of Questions:	March 26, 2007
Written Questions and Answers Release Date:	April 9, 2007
Bid Due Date:	April 24, 2007
Estimated Award Selection Date:	May 25, 2007
Contract Begin Date:	August 1, 2007

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A. Introduction

The New York State Department of Health (DOH) is seeking bids for the provision of WIC check stock. The DOH is responsible for the requirements specified herein and for the evaluation of proposals. It is the intention of the State to enter into a contract for a term of two years beginning on or about August 1, 2007.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is administered in New York State by the Bureau of Supplemental Food Programs within the DOH's Division of Nutrition. Check stock obtained through this procurement will be shipped to 210 sites statewide and used in laser printers at approximately 500 statewide locations to produce MICR readable checks. Detailed product requirements are provided below in the section "WIC Check Stock Specifications."

B. Administrative

Bids that meet the WIC Check Stock specifications and the general specifications in Appendix B in this Invitation for Bids (IFB) will be considered only from bonafide printing companies possessing printing equipment capable of producing the printing requirements described in this IFB. The vendor must show evidence of past experience producing 15 million sheets of safety paper per year and working with simultaneous orders from multiple clients. Required bidder qualifications are described in this section, in the "Bid Requirements" section, and in the "General Information" section below.

B.1. BIDDERS' CONFERENCE

A Bidders' Conference will be held at Riverview Center, 150 Broadway, 6th Floor West, Albany, New York 12204 on **March 21, 2007 at 2:00PM**. Attendance at the Bidders' Conference is limited to two (2) representatives of each bidder. Although attendance at the Bidders' Conference is not required to submit a bid, a reservation must be made 24 hours in advance of the conference by calling (518) 402-7096, in order to attend. The purpose of the conference is to provide information concerning the Invitation for Bids that may be helpful in the preparation of proposals and to answer questions regarding the Invitation for Bids.

B.2. INQUIRIES

All questions regarding this procurement should be submitted in writing by 5:00PM on **March 26, 2007** to:

Ms. Robin Suitor
Program Development & Support Unit
Bureau of Supplemental Food Programs
Division of Nutrition
150 Broadway, 6th Floor West
Albany, NY 12204-2719

Telephone calls regarding this IFB will not be accepted. Questions received in advance of the Bidders' conference will be addressed at the conference. A copy of the questions and answers, as

well as any IFB updates and or modifications related to this IFB, as submitted to the Division of Nutrition or discussed at the Bidders' conference will be provided in writing to all Bidders who attend the Bidders' conference and will be posted on the Department of Health's website at <http://www.nyhealth.gov/funding/> by **April 9, 2007**. Any answers to questions provided during the Bidders' conference will not be considered final until they are released in writing.

B.3. BID PREPARATION

Prepare your bid on the attached forms using indelible ink. Print the name of your company on each page of the bid in the block provided.

B.4. BID DEVIATIONS

If your bid differs from the specifications explain such deviation(s) or qualification(s); and if necessary, attach a separate sheet. See "Extraneous Terms" in Appendix B, 13. EXTRANEIOUS TERMS.

B.5. SUBMISSION OF BIDS

Bids shall be prepared in accordance with the requirements stated in this IFB. **All documentation requested under the Bid Submission Instructions section (Section F) must be provided at the time the proposal is submitted.** As stated in Section F, the Technical Response and the Cost Proposal must be sealed in separate envelopes/packages. The sealed envelopes must be marked "BID ENCLOSED" and labeled with the BID NUMBER and the BID OPENING DATE on the outside of the envelope. One envelope must be labeled "Technical Response" and one envelope must be labeled "Cost Proposal."

Bids are due not later than **2:00PM** on **April 24, 2007** to the following address:

**Bureau of Supplemental Food Programs
Division of Nutrition
NYS Department of Health
150 Broadway, 6th Floor West
Albany, NY 12204-2719
ATTENTION: Ms. Robin Suitor / Bid Enclosed**

B.6. BID DELIVERY

Bidders assume all risks for timely, properly submitted deliveries. Bidders are strongly encouraged to arrange for delivery of bids to DOH prior to the date of the bid opening. **LATE BIDS will be rejected. E-mail bid submissions are not acceptable and will not be considered.**

B.6.a. HAND DELIVERIES

Bidders must allow extra time to comply with the security procedures in effect at the Riverview Center Building when hand delivering bids or using deliveries by independent courier services.

B.6.b. IMPORTANT: SECURITY PROCEDURES

Security procedures are in effect at the Riverview Center Building. These procedures govern the admittance to the Division of Nutrition in Riverview Center. Photo identification is required. These security procedures may change or be modified at any time. Vendors who intend to deliver bids or conduct business with the Division of Nutrition should allow extra time to comply with the security procedures.

B.7. NON-COLLUSIVE BIDDING CERTIFICATION:

(Reference: State Finance Law Section 139-d and Appendix A, Clause 7)

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief:

- The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not submit a bid for the purpose of restricting competition.

C. General Information

C.1. PROCUREMENT LOBBYING TERMINATION:

DOH reserves the right to terminate this contract in the event it is found that the certification filed by the Offerer/bidder in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, DOH may exercise its termination right by providing written notification to the Offerer/bidder in accordance with the written notification terms of this contract.

C.2. SUMMARY OF POLICY AND PROHIBITIONS ON PROCUREMENT LOBBYING:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation includes and imposes certain restrictions on communications between DOH and an Offerer/bidder during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit offers/bids through final award and approval of the Procurement Contract by DOH and, if applicable, the Office of the State Comptroller to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j (3) (a). Designated staff are identified on the first page of this solicitation. DOH employees are also required to obtain certain information when contacted during the restricted period and make a

determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a four-year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services website:

<http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

C.3. DEBRIEFING:

Bidders may request a debriefing of their proposal up to three months from the date of contract award. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals.

C.4. ELECTRONIC PAYMENTS:

The Office of the State Comptroller (OSC) offers an "electronic payment" option in lieu of issuing checks. To obtain an electronic payment authorization form visit the OSC website at www.osc.state.ny.us or contact them by e-mail at epunit@osc.state.ny.us or by phone at 518-474-4032.

C.5. APPENDIX A:

Appendix A, Standard Clauses For New York State Contracts, dated June 2006, attached hereto, is hereby expressly made a part of this Bid Document as fully as if set forth at length herein. **Please retain this document for future reference.**

C.6. APPENDIX B:

New York State Office of General Services General Specifications (Commodities and Non-Technology Services), dated July 2006, attached hereto, is hereby expressly made a part of this Bid Document as fully as if set forth at length herein and shall govern any situations not covered by this Bid Document or Appendix A. **Please retain this document for future reference.**

C.7. CONFLICT OF TERMS AND CONDITIONS:

Conflicts between contract documents shall be resolved in the following order of precedence:

- Appendix A (Standard Clauses for New York State Contracts)
- Appendix B (NYS OGS General Specifications)
- Appendix C (The "Invitation for Bids" document)
- Any added Contract/Clarification Documents
- Appendix C-1 (The selected bidder's proposal)

C.8. NEW YORK STATE STANDARD VENDOR RESPONSIBILITY QUESTIONNAIRE (Attachment 1):

Bidder agrees to fully and accurately complete the NYS Standard Vendor Responsibility Questionnaire, which is attached as Attachment 1 (hereinafter the "Questionnaire"). The Bidder

acknowledges that the State's execution of the Contract will be contingent upon the State's determination that the Bidder is responsible, and that the State will be relying upon the Bidder's responses to the Questionnaire and supporting documentation in making that determination. The Bidder agrees that if it is found by the State that the Bidder's responses to the Questionnaire were intentionally false or intentionally incomplete, on such finding, DOH may terminate the Contract by providing ten (10) days written notification to the Contractor. In no case shall such termination of the Contract by the State be deemed a breach thereof, nor shall the State be liable for any damages for lost profits or otherwise, which may be sustained by the Contractor as a result of such termination.

C.9. TAX LAW § 5-a (Attachment 2):

Tax Law § 5-a, is effective with all solicitations issued by covered agencies on or after January 1, 2005. It applies to contracts where (1) the total amount of such persons' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates, subcontractors, or affiliates of subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and (2) the contracts or agreements with state agencies or public authorities for the sale of commodities or services have a value in excess of \$15,000. This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, its subcontractors and affiliates of the subcontractors are required to register to collect state sales and compensating use tax. Where required to register, the contractor must also certify that it is, in fact, registered with the Department of Taxation and Finance (DTF). The law prohibits the Comptroller, or other approving agency, from approving a contract awarded to a vendor meeting the registration requirements but who is not so registered in accordance with the law.

Contractor certification forms and instructions for completing the forms are attached to this bid (Attachment 2). Proposed contractors should complete and return the certification forms with this bid. Failure to adhere to this requirement may render a bidder non-responsive and non-responsible. Bidders shall take the necessary steps to provide properly certified forms to ensure compliance with the law.

Vendors may call the Tax Department at 1-800-972-1233 for any and all questions relating to Tax Law § 5-a and relating to a company's registration status with the Tax Department. For additional information and frequently asked questions, please refer to the Department of Tax and Finance web site: http://www.nystax.gov/sbc/nys_contractors.htm .

DOH reserves the right to terminate this contract in the event that the certification filed by the Contractor in accordance with § 5-a of the Tax Law is not timely during the term of the contract or that the certification furnished was intentionally false or intentionally incomplete. Upon such finding, DOH may exercise its termination right by providing written notification to the Contractor.

C.10. MERCURY-ADDED CONSUMER PRODUCTS:

Offerers are advised that effective January 1, 2005, Article 27, Title 21 of the Environmental Conservation Law bans the sale or distribution free of charge of fever thermometers containing mercury except by prescription written by a physician and bans the sale or distribution free of charge of elemental mercury other than for medical pre-encapsulated dental amalgam, research, or manufacturing purposes due to the hazardous waste concerns of mercury. The law further states that effective July 12, 2005, manufacturers are required to label mercury-added consumer products that are sold or offered for sale in New York State by a distributor or retailer. The label is intended to inform consumers of the presence of mercury in such products and of the proper disposal or recycling of mercury-added consumer products. Offerers are encouraged to contact the Department of Environmental Conservation, Bureau of Solid Waste, Reduction & Recycling at (518) 402-8705 or the Bureau of Hazardous Waste Regulation at 1-800-462-6553 for questions relating to the law. Offerers may also visit the Department's web site for additional information:

<http://www.dec.state.ny.us/website/dshm/redrecy/c145home.html>.

C.11. TERMINATION CLAUSE:

The NYS Department of Health reserves the right to cancel the contract upon 30 day written notice for: (1) unavailability of funds; (2) cause; (3) convenience. Failure of the contractor to provide the required goods in accordance to the contract, the NYS Department of Health reserves the right to cancel the contract upon 30 day written notice. If the agreement is terminated, the NYS Department of Health shall be liable only for payment of goods received prior to the effective date of termination.

D. WIC Check Stock Specifications

D.1. ESTIMATED QUANTITY:

30 million Sheets - Approximately 15 million sheets per year.

D.2. SIZE:

8-1/2" X 11" bleeds 3 sides, two perforations, three checks per sheet; each check measures 3-2/3" x 8-1/2".

D.3. STOCK:

White 24# BOND paper - must be a "Controlled" safety paper produced under tight security conditions with limited access. The paper must not be readily available in retail stores and is sold directly to end-users only. The paper must be chemically reactive to bleach, polar solvents, and non-polar solvents and produce either a stain or void pattern when chemical alteration is attempted. The paper must have toner retention treatment to enhance the fusion of variable data to the paper surface in order to deter attempted alteration.

D.4. SECURITY FEATURES:

D.4.a. FRONT OF CHECKS:

- Eraser Deterrent Ink (background clearly altered if erasure is attempted).
- The documents shall contain a hidden Void Pantograph that shall provide substantial protection against attempted reproduction by color and black and white copiers. The word "Void" shall appear repetitiously across the face of the checks when reproduction is attempted. The vendor may also propose an additional or alternative security feature equally effective in preventing usable check copies. This feature will be tested for effectiveness across a full range of copier settings and must be compatible with bank imaging systems.
- There is a white area for MICR line.

D.4.b. BACK OF CHECKS:

- A "Custom" Artificial Watermark of the WIC Logo is printed in multiple areas of each check back. These marks shall not photocopy or scan and shall be visible when held at an angle either toward or away from reflected lights. The Watermark design will be provided upon award of the bid.
- Additional Security Marks: Pattern of unevenly spaced lines or other equally functional design to deter cut and paste attempts. Printing on reverse for endorsement and program messages. Printing on reverse of check must conform to commercial code requirements of the Federal Reserve Bank.

D.5. PRESSWORK:

Front prints two colors and contains prismatic printing - vertically printing the background of the document with a multi-colored void pantograph in which one color gradually fades into the next. The copy bleeds left, top and right. Back prints 4 lines in black. Also printed on back in white or transparent ink for the custom artificial watermark.

D.6. INK:

Front: PMS 492 and PMS 309. This ink, including approved densities, must match for each run of WIC checks.

Back: Black Ink for the 4 lines. Back also prints in white or transparent ink for the custom artificial watermark.

All inks must be heat sensitive laser ink. DOH must approve the ink colors prior to printing. Ink must be low odor, non-yellowing and be allowed a 48 hour curing / drying time prior to shrink wrapping.

D.7. PACKING:

Check stock (3 checks per sheet) is to be shrink wrapped in packages of 500 and boxed 2,000 sheets per box. Shipping containers should be clearly marked with the words "WIC FORMS."

D.8. INVENTORY:

Contractor will be required to maintain and store the lesser of three months inventory of printed check stock or printed check stock equivalent to the remainder of the estimated quantity of the contract.

D.9. DELIVERY:

Approximately 625 boxes of check stock will be needed per month. The contractor will be required to ship directly to approximately 210 individual delivery sites located throughout New York State. A listing of the current delivery sites is contained in Attachment 3. The New York State Department of Health will submit orders to the contractor by the close of business (5:00 p.m.) on the first business day following the 20th of each month. On rare occasions an emergency order requiring overnight shipping may be placed outside of this date. The first monthly order of checks will be submitted to the contractor in August, 2007.

D.10. DELIVERY INSTRUCTIONS:

- The orders will be submitted electronically.
- The orders will be broken down by:
 - WIC Site Number
 - Site name
 - Site shipping address
 - The number of boxes to be shipped to each site
- The contractor will process and ship the orders to the specified locations within three (3) business days (Monday thru Friday) of receipt of the order.
- Each box of check stock shipped must be traceable to a specific print lot.
- The contractor will ship all orders by a traceable delivery service (i.e. UPS, Fed Ex) with expected delivery in three (3) to five (5) business days from the date of shipment.
- The contractor will send approved electronic confirmation of the order to the NYS Department of Health, Division of Nutrition within 3 business days of complete shipment, including all tracking numbers. The format and method of the confirmation must be in a manner satisfactory to the Department.
- Shipping charges for check stock by regular ground delivery methods must be included in the bid price.

If a discrepancy arises with a delivery, the contractor is responsible for providing proof of delivery.

D.11. SPECIAL DELIVERIES:

There may be some rare occasions when the State will request a delivery be made by other than routine ground shipment. In these cases, the State will be responsible for the additional shipping charges incurred (as charged by the carrier). The contractor will send a separate invoice for these shipping charges. The invoice must include the shipper's weigh bill.

D.12. BILLING INSTRUCTIONS:

Payments cannot be processed by the NYS Department of Health until the contract terms have been delivered in satisfactory condition. Payment will be based on an invoice used in the supplier's normal course of business.

The contractor will send one consolidated invoice within 30 days after the close of each month, to the New York State Department of Health, Division of Nutrition; Bureau of Administration and Evaluation, Riverview Center, 150 Broadway, 5th Floor East, Albany, New York, 12204. The invoice must contain sufficient data, including, but not limited to, the following:

- WIC Site Number
- WIC Site Name
- Total by site of quantity shipped
- Grand Totals for the monthly shipment
- Total number of product shipped including associated cost

Prompt payment legislation (Article XI-A, State Finance Law) sets standards for the payment of bills incurred by State agencies within specified periods of time and requires interest payments in situations where payments do not conform to these standards. With certain exceptions, it is the Department's policy to pay all vendors/contractors providing acceptable invoices within 30 days of receipt. Agencies are urged to process vouchers expeditiously.

D.13. QUALITY CONTROL:

Prior to award, any bidder being considered for an award will be required to meet with Department of Health representatives to discuss quality control issues and back up equipment capabilities.

D.14. BID SAMPLES (all bidders):

For testing purposes, bids must be accompanied by a sample of safety stock. Samples must show evidence of the bidder's ability to produce secure documents. The samples must illustrate the functional equivalence of the WIC check stock specifications listed above. If the bidder can not provide a single sample illustrating all specifications, the bidder may submit multiple samples (i.e., different types of documents) to illustrate the various features.

FAILURE TO SUBMIT SAMPLES WITH BID WILL BE SUFFICIENT REASON FOR REJECTION.

D.15. PROOFS (selected contractor only):

The **selected** contractor will be required to submit one box (2,000 sheets) of printed check stock, perforated, packaged and labeled the same as the final product would be when delivered. This box of printed check stock is required for testing before the final printing is completed. One color key and 2 proofs are also required prior to the initial production press run for approval.

E. Bid Requirements

E.1. EVALUATION & SELECTION METHOD:

The State will award the contract to the responsible and responsive bidder who offers the lowest total bid.

In order to be considered responsible and responsive, the bid must include all IFB required documents and meet the minimum qualifications as stated below. Bids that do not meet the minimum qualifications will not be considered for award.

Minimum Technical Qualifications:

- A) Bidder must demonstrate experience producing 15 million sheets of safety paper documents per year;
- B) Bidder must demonstrate experience working with multiple clients; Bidder's check stock sample (see WIC Check Stock Specifications) must pass the Department's testing process. **FAILURE TO SUBMIT SAMPLES WITH BID WILL BE SUFFICIENT REASON FOR REJECTION;** and
- C) Bidder must meet requirements on Production Control and Security as outlined in the "Bid Requirements" below.
- D) Once a bidder is selected, the Department of Health will issue a contract to the vendor. The Department of Health will then issue Purchase Orders against the contract.
 - a. Purchase orders are effective and binding upon the contractor when placed in the mail addressed to the contractor at the address shown herein.
 - b. The quantities listed are estimated only and based upon the filed requirements for one year. However, the contract shall be for the amount actually ordered during the contract period. The NYS Department of Health reserves the right to increase or decrease requirements as it deems necessary.
 - c. There is no minimum order.

E.2. COST PROPOSALS:

Cost proposals will be per item and include all customs duties and charges and be net, F.O.B. destination, including all costs necessary or incidental to proper execution of job including inside delivery to approximately 210 sites throughout New York State (See Attachment 3).

E.3. CONTRACT PERIOD AND RENEWALS:

It is the intention of the State to enter into a contract for a term of two years as stated on the Invitation for Bids except that the commencement and termination dates appearing on the Invitation for Bids may be adjusted forward unilaterally by the State for any resulting contract for up to two calendar months, by indicating such change on the Contract Award Notification. The contract dates may be adjusted forward beyond two months only with the approval of the successful bidder. If, however, the bidder is not willing to accept an adjustment of the contract dates beyond the two month period, the State reserves the right to proceed with an award to another bidder.

However, the State may unilaterally cancel the contract on a monthly basis any time after the initial twelve (12) months by providing written notification at least one (1) month prior to the effective date of cancellation. The minimum term of the contract shall be twelve (12) months. This provision does not affect the State's right of suspension or cancellation contained in the "Suspension of Work" clause in Appendix B, 59. SUSPENSION OF WORK.

Prices or discounts quoted are to be firm for the entire period of the contract. Price escalation or discount reduction will not be allowed and is specifically excluded from the terms and conditions of the Invitation for Bid, its specifications and subsequent contract award. Price decreases or discount increases are permitted at any time.

If the Printing Law permits, and if mutually agreed upon between the Division of Nutrition and the contractor, the contract may be renewed under the same terms and conditions for additional period(s) not to exceed a total contract term of five years. If this option is exercised, the contractor may request an increase to account for a cost of living adjustment, not to exceed five percent annually. The increase must be based on the CPI-U unadjusted US City Average for all items for the twelve-month period ending two months prior to the end of the initial contract term and is not to exceed five percent.

E.4. SHORT TERM EXTENSION:

If the Printing Law permits, in the event the replacement contract has not been issued, any contract let and awarded hereunder by the State, may be extended unilaterally by the State for an additional period of up to one month upon notice to the contractor with the same terms and conditions as the original contract including, but not limited to, quantities (prorated for such one month extension), prices, and delivery requirements. With the concurrence of the contractor, the extension may be for a period of up to three months in lieu of one month. However, this extension terminates should the replacement contract be issued in the interim.

E.5. ESTIMATED QUANTITIES:

The quantities or dollar values listed are estimated only. See "Estimated/Specific Quantity Contracts" clause in Appendix B, 42. ESTIMATED/SPECIFIC QUANTITY CONTRACTS.

E.6. CONFIDENTIALITY/FREEDOM OF INFORMATION LAW:

During the evaluation process, the content of each bid/proposal will be held in confidence and details of any bid/proposal will not be revealed (except as may be required under the Freedom of Information Law or other State law). The Freedom of Information Law provides for an exemption from disclosure for trade secrets or information the disclosure of which would cause injury to the competitive position of commercial enterprises. This exception would be effective both during and after the evaluation process.

SHOULD YOU FEEL YOUR FIRM'S BID/PROPOSAL CONTAINS ANY SUCH TRADE SECRETS OR OTHER CONFIDENTIAL OR PROPRIETARY INFORMATION, YOU MUST SUBMIT A REQUEST TO EXCEPT SUCH INFORMATION FROM DISCLOSURE. SUCH REQUEST MUST BE IN WRITING, MUST STATE THE REASONS WHY THE

INFORMATION SHOULD BE EXCEPTED FROM DISCLOSURE AND MUST BE PROVIDED AT THE TIME OF SUBMISSION OF THE SUBJECT INFORMATION.

REQUESTS FOR EXEMPTION OF THE ENTIRE CONTENTS OF A BID/PROPOSAL FROM DISCLOSURE HAVE GENERALLY NOT BEEN FOUND TO BE MERITORIOUS AND ARE DISCOURAGED. KINDLY LIMIT ANY REQUESTS FOR EXEMPTION OF INFORMATION FROM DISCLOSURE TO BONA FIDE TRADE SECRETS OR SPECIFIC INFORMATION, THE DISCLOSURE OF WHICH WOULD CAUSE A SUBSTANTIAL INJURY TO THE COMPETITIVE POSITION OF YOUR FIRM.

E.7. SURETY BOND:

At any time upon the request of the Department of Health, the bidder being considered for award or the contractor shall, within fifteen (15) days of request and at its own cost and expense, obtain and maintain in full force and effect for sixty days after contract expiration:

- an irrevocable documentary **LETTER OF CREDIT** with a sound and reputable bank authorized to do business in the State of New York, OR
- a **PERFORMANCE BOND** signed by a surety company authorized to do business in the State of New York, OR
- a **PAYMENT BOND** signed by a surety company authorized to do business in the State of New York, in the amount of 75% of the estimated contract value for the faithful performance of the contract.

The LETTER OF CREDIT, PERFORMANCE BOND, PAYMENT BOND, etc., shall name as beneficiary the State of New York, Department of Health and may be invoked to the benefit of the State of New York, Department of Health, upon delivery of a certified statement to the issuing bank or surety company that the contractor has failed to perform pursuant to the terms and conditions of its contract with the State of New York. The Surety bond shall be delivered to the State of New York, Department of Health, within fifteen (15) days from the date it is requested.

E.8. NEGATIVES / DIGITAL FILES:

Negatives or digital copies become the property of the State of New York and are to be returned to the using agency upon completion of the job. If digital files are created, they must be in one of the following formats: In design, Quark, Page Maker, Illustrator, Photo Shop or In Design.

E.9. PRODUCTION CONTROL AND SECURITY:

The contractor shall use all means required to insure that no documents shall be lost during production and storage and that none shall be reproduced unlawfully. All manufacturing shall be done by the contractor only in the contractor's plant and the storage area shall be adequately protected against damage or loss of documents. The contractor shall establish a thorough procedure for the immediate destruction and disposal of all damaged or mutilated documents. Bids must be accompanied by a full explanation of the precautions which the manufacturer proposes to observe within their plant and organization to protect the state against unlawful

production and loss, both during manufacture as well as storage. Completed documents will be stored in a secured area at all times.

Bids must indicate the exact plant location where work is to be done. Contractor must notify the New York State Department of Health of any change of manufacturing location and receive security clearance from the Department for said location prior to the start of the manufacturing process. Also, if some part of the work is to be done at another location, the Department of Health must be notified before work begins and security clearance must be obtained.

The State of New York reserves the right to enter the contractor's premises at any time during business hours, prior to production and at any time during production to evaluate plant security and storage facilities and inspect methods of production and full compliance with all specifications herein. All bidders must agree to a security clearance inspection prior to consideration of bids. The steps detailed below are to be utilized in evaluating security measures.

E.9a. PLANT SECURITY:

- 1) The physical plant should be constructed so that the ingress and egress of the public and its employees may be controlled. In those areas where security items are maintained or manufactured, public access should be precluded.
- 2) Construction of the plant should be of a permanent nature with a minimum of fire hazards and with the ability for being secured both during and after working hours.

E.9b. DURING WORKING HOURS:

During working hours, those areas in which security items are maintained or manufactured should be secured with controlled access limited to employees only. Said employee is to be identified as having authority to enter the area.

E.9c. AFTER WORKING HOURS:

- 1) After hours, the premises should be secured with either an alarm system integrated with an enforcement agency or a duly recognized security force. In lieu of an alarm system, security guards, to be of a recognized security agency or private security personnel meeting the standards of a recognized security agency, should be sufficient to patrol the area.
- 2) In the case of manufacturing facilities, the area allocated and used for the manufacturing and/or storage of the completed product and necessary plates etc., used in the production of the item should be secured in the fashion named above for both during and after working hours.

Provisions must be made for the security of the documents and their accountability during production, storage while in the plant, and a secure method and accountability for the disposal of waste and overruns. All waste is to be destroyed on site under dual custody by contractor's employees.

In all of the above, inspections of the premises must indicate that the security measures are fully utilized at all times and not just merely available. Secure storage and accountability of the finished product while in the manufacturer's hands and provisions for the secure shipment of the completed items to their destination must be provided.

E.10. ENERGY EFFICIENCY:

The bidder must agree to meet mandatory standards and policies related to energy efficiency which are contained in the State Energy Conservation Plan issued in compliance with the Energy Policy and Conservation Act.

E.11. REGULATORY COMPLIANCE:

Environmental: If the payments pursuant to the contracts are expected to exceed \$100,000, the bidder must comply with Section 306 of the Clean Air Act (42 U.S.C. 1857{L}), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency Regulations (40 C.F.R. Part 15), which prohibit the use of pollutants under non-exempt Federal contracts, grants or loans of facilities included on the EPA list of Violating Facilities. Violations are to be reported to the applicable Federal agency and to the U.S.E.P.A. Assistant Administrator for Enforcement (EN-329).

Anti-Kickback: The bidder must comply with the provisions of the "Anti-Kickback" section of the Copeland Act (18 U.S.C. Section 874) which prohibits "kickbacks" from public works employees and applies to any contract assisted in whole or in part by loans or grants from the Federal Government, except those contracts where the only federal assistance is a loan guarantee. Violators are subject to a fine or imprisonment of not more than five years, or both.

E.12. CERTIFICATION ON DEBARMENT OR SUSPENSION:

By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

1. 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 an 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.
2. 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.

3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Except for transactions authorized under paragraph 5 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.
9. 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 exclude from participation in this transaction by any Federal department agency.
10. 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.

E.13. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO:

1. Reject any or all proposals received in response to this RFP.
2. Waive or modify minor irregularities in proposals received after prior notification to the bidder.
3. Adjust or correct cost or cost figures with the concurrence of bidder if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
4. Negotiate with vendors responding to this RFP within the requirements to serve the best interests of the State.
5. Eliminate mandatory requirements unmet by all offerers.

If the Department of Health is unsuccessful in negotiating a contract with the selected vendor within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified vendor(s) in order to serve and realize the best interests of the State.

F. Bid Submission Instructions

IMPORTANT NOTICE TO POTENTIAL BIDDERS:

Receipt of these bid documents does not indicate that the Department of Health's (DOH) Division of Nutrition (DON) has pre-determined your company's qualifications to receive a contract award. Such determination will be made after the bid opening and will be based on our evaluation of your bid submission compared to the specific requirements and qualifications contained in these bid documents.

Bids must be enclosed in two separate, sealed envelopes marked "BID ENCLOSED" and labeled with the BID NUMBER and the BID OPENING DATE on the outside of the envelope. One envelope must be labeled "Technical Response" and one envelope must be labeled "Cost Proposal." The required contents of the two envelopes are listed below. The two bid envelopes must be packaged together, along with the check stock sample, and delivered to:

**Bureau of Supplemental Food Programs
Division of Nutrition
NYS Department of Health
150 Broadway, 6th Floor West
Albany, NY 12204-2719
ATTENTION: Ms. Robin Suitor / Bid Enclosed**

Contents of the overall bid submission package:

- Technical Response Envelope (see below)
- Cost Proposal Envelope (see below)
- Check Stock Sample (see Section D: WIC Check Stock Specifications, Bid Samples description)

Contents of the "Technical Response" Envelope:

- Item 1. Two original signed copies of the "Bid Submission Cover Sheet" (Attachment 4)
- Item 2. Two original signed copies of the "Technical Response" and any attached materials (Attachment 5)
- Item 3. Two original signed copies of the "Vendor Responsibility Questionnaire" (Attachment 1)
- Item 4. Two original signed copies of "Form ST-220-CA: Contractor Certification to Covered Agency" (Attachment 2)

Contents of the "Cost Proposal" Envelope:

- Item 1. Two original signed copies of the "Bid Submission Cover Sheet" (Attachment 4)
- Item 2. Two original signed copies of the "NYS Department of Health Bid Form" (Attachment 6)
- Item 3. Two original signed copies of the "Cost Proposal" (Attachment 7)

NOTICE TO NON-BIDDERS:

If your company elects NOT to submit a bid you are requested to complete and return a copy of the "No-Bid Form" (see Attachment 8) to the address above.

Attachment 1
Vendor Responsibility Questionnaire

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

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.

18.	Is the vendor certified in New York State as a (check please): <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women’s Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE)? Please provide a copy of any of the above certifications that apply.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	
a)	An elected or appointed public official or officer? List each individual’s name, business title, the name of the organization and position elected or appointed to, and dates of service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? List each individual’s name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	An officer of any political party organization in New York State, whether paid or unpaid? List each individual’s name, business title or consulting capacity and the official political party position held with applicable service dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FEIN #

<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), affiliate¹ or any person involved in the bidding or contracting process:</p>	
<p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; <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>	

FEIN #

<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? <input type="checkbox"/> Yes <input type="checkbox"/> No <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? <input type="checkbox"/> Yes <input type="checkbox"/> No <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>

FEIN #

<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 affiliates¹:</p> <ul style="list-style-type: none">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; orc) had any liens or claims over \$25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days ? <p><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.

Attachment 2
Form ST-220-CA: Contractor Certification to Covered Agency

http://www.tax.state.ny.us/pdf/2006/fillin/st/st220ca_606_fill_in.pdf

Attachment 3
New York State WIC Local Agency
Delivery Addresses

WICSIS Code	Site Name	Site Street	City	Zip
200-01	Women's Health Center-Albany Med	220 Green St	Albany	12202
201-02	Warren Co Health Services	Gurney Ln, Bldg 11,Mun Ctr	Lake George	12845
202-01	Whitney M Young Jr Health Center	Lark and Arbor Drives	Albany	12207
203-01	CEO - Greater Capital Region	2328 5th Ave, 2nd Fl	Troy	12180
204-03	Cornell Coop Ext of Sch'dy Co	1044 State Street 2nd Flr	Schenectady	12307
205-01	Madison Co WIC Program	603 Seneca St, Suite 4	Oneida	13421
205-02	P. P. of Mohawk Valley - Herkimer	401 East German St	Herkimer	13350
206-01	Fonda-Fulmont Comm Action	Park Street, Co Annex Bldg	Fonda	12068
206-04	Fulmont Community Action YMCA	39 Church Street 1st Floor	Gloversville	12078
207-01	Delaware Opportunities Inc	35430 State Highway 10	Hamden	13782
208-01	Schoharie County CAP	795 East Main Street Ste 5	Cobleskill	12043
209-01	Opportunities for Chenango Inc	44 West Main St	Norwich	13815
210-01	Opportunities for Otsego Inc	3 West Broadway	Oneonta	13820
211-01	Cath Char of Columbia & Greene Co	431 East Allen Street	Hudson	12534
212-01	Washington Co Pub Hlth Ser	Lower Main St, Co. Annex Bldg II	Hudson Falls	12839
213-01	Cayuga Co WIC Program	157 Genesee St	Auburn	13021
214-01	Oswego Co Opportunities Inc	101 West Utica St	Oswego	13126
215-01	Jordan Health Link WIC Program	273 Upper Falls Boulevard	Rochester	14605
216-01	Canandaigua-Finger Lakes WIC	79 Main Street, Rear Entrance	Canandaigua	14424
217-01	Cortland Co Comm Action Prog	32 North Main Street	Cortland	13045
218-01	Tioga Opportunities Prog Inc	110 Central Ave	Owego	13827
219-01	Oneida County WIC Program	1506 Whitesboro St Suite 208	Utica	13502
220-01	Onondaga Co Health Dept	375 West Onondaga St 7608 Oswego Rd, Bayberry Plaza	Syracuse	13202
220-02	North Area WIC-Onondaga	Plaza	Liverpool	13090
221-02	Broome Co Health Dept	225 Front St	Binghamton	13905
222-01	NCCC - Jefferson Co WIC	238 Arsenal Street	Watertown	13601
222-08	NCCC - Lewis County	7785 North State St	Lowville	13367
222-15	NCCC - St Lawrence Co WIC	3 Remington Ave	Canton	13617
222-29	NCCC - Franklin Co WIC	44 Catherine St	Malone	12953
223-01	Essex Co Health Dept WIC	132 Water St	Elizabethtown	12932
224-01	Clinton County Health Dpt	133 Margaret St, First Floor	Plattsburgh	12901
225-01	Tompkins Co Health Dept	401 Harris B Dates Dr	Ithaca	14850
226-01	St Regis Mohawk Hth Services	412 State Route 37, Box 8A	Hogansburg	13655
227-01	Hamilton Co Nursing Services	White Birch Lane	Indian Lake	12842
228-01	Erie Co Health Dept	95 Franklin Street,2nd Fl	Buffalo	14202
228-02	Erie Co Health Dept	120 West Eagle St, 2nd & 4th Fl	Buffalo	14202
228-03	Eastside Health Ctr WIC	1500 Broadway	Buffalo	14212
228-04	Seton Professional Bldg WIC	2121 Main Street Ste. 114	Buffalo	14214
228-06	South Buffalo WIC Program	200 Cazenovia Street	South Buffalo	14210
228-07	Northwest Community Center	155 Lawn Ave	Buffalo	14207
228-08	Hamburg-Erie Co WIC	17 Long St	Hamburg	14075
229-01	Cattaraugus Co Hlth Dept WIC	1 Leo Moss Drive	Olean	14760
230-01	Chautauqua Opp Inc Conn North	10825 Bennett Rd, Route 60	Dunkirk	14048
230-02	Chautauqua Opp Inc Conn South	608 West Third St	Jamestown	14701
231-01	Niagara Falls Cath Charites WIC	237 4th Street	Niagara Falls	14303
231-02	Kenmore Cath Char WIC	3200 Elmwood Ave, Room 126 Bewley Bldg, Ste 200, Market at Main	Kenmore	14217
231-04	Lockport Cath Char WIC	Main	Lockport	14094
232-01	Kaleida Health WIC Progr	1001 Humbolt Parkway, 1st Fl	Buffalo	14208
233-01	Mt Morris Livingston Co Hlth Dept	2 Murray Hill Drive	Mt Morris	14510

WICSIS Code	Site Name	Site Street	City	Zip
234-01	Oak Orchard WIC Prog-Batavia	304 East Main Street	Batavia	14020
234-02	Oak Orchard WIC Prog-Albion	301 West Avenue	Albion	14411
234-03	Oak Orchard WIC Prog-Brockport	300 West Avenue	Brockport	14420
235-01	Chemung Co WIC Program	103 Washington Street	Elmira	14902
236-01	St Mary's Hosp-Monroe Co WIC Prog	89 Genesee St	Rochester	14611
236-02	Waring Plaza-Monroe Co WIC Prog	250 Waring Rd	Rochester	14609
236-08	Monroe Co WIC Prog	691 St Paul Street, 4th Fl	Rochester	14605
238-01	ProAction-Steuben Co WIC Prog	117 East Stueben St	Bath	14810
239-01	Saratoga EOC	40 New Street	Saratoga Springs	12866
240-01	New Paltz-Ulster Co WIC Prog	576 Heritage Plaza, Route 299	Highland	12528
241-01	Liberty-Sullivan Co WIC	50 Community Lane	Liberty	12754
242-01	Brewster-Putnam Co WIC	1 Geneva Rd	Brewster	10509
242-03	Putnam Co. WIC Brewster	121 Main Street	Brewster	10509
243-01	Orange Co Health Dept WIC	33 Rte 17M	Harriman	10926
243-02	Middletown Hlth Dept WIC Prog	33 Fulton Plaza	Middletown	10940
243-03	Newburgh Hlth Dept WIC Prog	130 Broadway	Newburgh	12550
244-01	Monsey-Rockland Co Hlth Dept	23-103 Robert Pitt Drive	Monsey	10952
244-04	Rockland Co Hlth Dept	Sanatorium Rd, Bdg J Room 1	Pomona	10970
245-01	Poughkeepsie-HRHC WIC Prog	29 N Hamilton St	Poughkeepsie	12601
245-02	Peekskill-HRHC WIC Prog	1037 Main St	Peekskill	10566
245-03	Beacon-HRHC WIC Prog	6 Henry Street	Beacon	12508
246-01	Ossining-Open Door WIC Prog	165 Main St	Ossining	10562
246-02	Beekman-Open Door WIC Prog	80 Beekman Ave	Tarrytown	10591
247-01	Mt Vernon Neighborhod Hth Ctr WIC	107 West 4th St	Mt Vernon	10550
247-02	Yonkers Comm Hth Ctr WIC Prog	30 South Broadway	Yonkers	10701
247-03	Greenburgh Hlth Center WIC	330 Tarrytown Rd	Greenburgh	10607
248-01	Sound Shore Med Ctr WIC Prog	16 Guion Place, Goldstein Bldg	New Rochelle	10802
248-02	Sound Shore Med Ctr WIC Prog	1600 East 233rd St	Bronx	10466
248-03	Sound Shore Med Ctr WIC Prog	3401 White Plains Rd	Bronx	10467
249-01	Yonkers Dist Health Ctr WIC Prog	20 South Broadway 2nd Fl	Yonkers	10701
249-02	White Plains WIC Prog	112 East Post Rd	White Plains	10601
249-03	Portchester WIC Prog	1 Gateway Plaza, S Main St, 1st Fl	Port Chester	10573
249-04	Westchester Co Hlth Dept	145 Huguenot St, 8th Fl	New Rochelle	10801
251-01	E Harlem Council Human Ser	2253 3rd Ave, 2nd Fl	New York	10035
252-01	W. F. Ryan Hlth Ctr WIC Prog	160 West 100 Street, 2nd Fl	New York	10025
252-03	W. F. Ryan Hlth Ctr WIC Prog	279 East 3rd St	New York	10009
253-01	Gouverneur Hosp WIC Prog	227 Madison St	New York	10002
253-02	Charles B. Wang Comm. Hlth Ctr WIC	125 Walker St, 2nd Flr	New York	10013
254-01	Bellevue Hosp Ctr WIC Prog	462 1st Ave. Hospital Bldg Grnd Flr	New York	10016
255-01	NY Downtown Hosp WIC Prog	69 Gold Street, Lobby Level	New York	10038
256-01	St Luke's Roosevelt Hosp Ctr	1111 Amsterdam Ave, Travers ,Gnd Fl	New York	10025
256-02	St Luke's Roosevelt Hosp Ctr WIC	428W 59th St, Rm GG07, Winston Lobby	New York	10019
257-01	Harlem Health Center WIC Prog	Samuel Kountz Pavilion, 15 W. 136th Rm 124	New York	10037
257-02	Council Health Center- WIC Prog	1727 Amsterdam Ave, Rm 201	New York	10031
258-01	Lincoln Medical Ctr WIC Prog	234 E 149th St	Bronx	10451

WICSIS Code	Site Name	Site Street	City	Zip
259-01	Hunt's Point Multi Srv Ctr WIC Prog	754 East 151st St	Bronx	10455
260-01	Dr Martin Luther King Jr Hlth Ctr	1276 Fulton Ave, 1st Fl	Bronx	10456
261-01	North Central Bronx WIC Prog	3424 Kossuth Ave, RM 3G06 1400 Pelham Pkwy S, Bldg 5	Bronx	10467
261-02	Jacobi Hosp Van Etten Bldg	117	Bronx	10461
262-01	NY Presbyterian Hosp WIC Prog	68 Nagle Ave	New York	10040
262-02	NY Presbyterian Hosp WIC Prog	608 West 165th St, Suite C	New York	10032
262-04	NY Presbyterian Hosp WIC Prog	630 West 170th St, Suite SWA	New York	10032
262-05	NY Presbyterian High Risk Obst	622 West 168th St, VC4 36 7th Ave,Rm 1099, O'Toole	New York	10032
263-01	St. Vincent's Hosp WIC Prog	Bldg	New York	10011
263-02	St. Vincent's Hosp WIC Prog	221-227 Canal St, Rm 609 1125 Grand Concourse, Lower	New York	10013
264-01	Freeman House-Fam Preserv Ctr	Lvl	Bronx	10452
264-02	Highbridge Fam Practice WIC Prog	1015 Ogden Avenue	Bronx	10452
264-03	S Bronx Children Hlth Ctr WIC Prog	911 Longwood Ave	Bronx	10459
264-04	Morrisania WIC Prog	1225 Gerard Ave	Bronx	10452
265-01	St Barnabas Union Hosp WIC Prog	2021 Grand Concourse, 1st Fl	Bronx	10453
265-02	St Barnabas Union Hosp WIC Prog	4487 3rd Ave, New Clinic, 1st Fl	Bronx	10457
265-03	St Barnabas Union Hosp WIC Prog	260 East 188th St 1st Fl	Bronx	10458
267-01	Bronx Lebanon Hosp Ctr WIC Prog	21 E Mt Eden Avenue	Bronx	10452
268-01	North General Hosp WIC Prog	1879 Madison Ave	New York	10035
268-02	Mt Sinai Hopsital WIC Prog	1665 Lexington Ave	New York	10029
268-03	Settlement Hlth & Med Serv	309 East 104th St	New York	10029
269-01	Morris Heights Health Ctr WIC Prog	85 West Burnside Ave	Bronx	10453
269-02	Morris Heights Hlth Ctr WIC Prog	25 East 183rd St	Bronx	10453
270-01	Westchester Square WIC Prog	22 Westchester Square	Bronx	10461
270-02	Fordham Plaza WIC Prog	4782 3rd Ave	Bronx	10458
270-03	Montefiore Comp Hth Care Ctr	305 East 161st St	Bronx	10451
273-01	Urban Health Plan Inc	1070 Southern Blvd	Bronx	10459
274-01	Maimonides Medical Center	5613 Fort Hamilton Pkwy	Brooklyn	11219
275-01	Jamaica Hosp Med Ctr WIC Prog	134-20 Jamaica Ave	Jamaica	11418
275-02	MEDISYS FCC EAST WIC Program	3080 Atlantic Ave	Brooklyn	11208
275-03	MEDISYS Hlth Ctr WIC Prog	90-16 Sulphin Blvd, 1st Fl 114-02 Guy R Brewer Blvd, Ste	Jamaica	11435
276-01	Queens Hospital WIC Prog	213	Jamaica	11434
276-02	Queens Hospital WIC at Parsons Blvd	90-37 Parsons Blvd, 4th Floor	Jamaica	11432
276-03	Queens Hospital WIC Prog	82-68 164th Street Trailer A	Queens	11432
277-01	St. Vincent CMC-Pierre Toussaint Hlth Ctr.	1110 Eastern Parkway	Brooklyn	11213
277-02	St. Vincent CMC-Mary Immaculate Hosp	152-11 89th Avenue	Jamaica	11432
277-04	St Francis of Assisi FHC WIC Prog	333 Knickerbocker Ave	Brooklyn	11237
277-05	Sister Thea Bowman FHC	1205 Sutter Ave	Brooklyn	11208
277-07	St Johns Family Health Center	95-25 Queens Blvd	Queens	11374
278-01	Bedford Stuyvesant FHC WIC Prog	20 New York Avenue 1st Flr	Brooklyn	11216
279-01	Brownsville Multi Service WIC Prog	408 Rockaway Ave	Brooklyn	11212
280-01	Brookdale WIC Program	465 New Lots Ave	Brooklyn	11207
281-01	NYC Neighborhood WIC - Bushwick	335 Central Ave 1st Flr	Brooklyn	11221
281-02	MHRA - Ocean Ave WIC	2555 Ocean Ave	Brooklyn	11229
281-03	MHRA - Tremont WIC Program	517-519 East Tremont Ave	Bronx	10457

WICSIS Code	Site Name	Site Street	City	Zip
281-05	MHRA - Corona WIC	103-24 Roosevelt Ave. 3rd Flr	Corona	11368
281-08	MHRA - East Harlem WIC	158 E 115th St, Rm 108	New York	10029
281-10	MHRA - Jamaica WIC Program	90-40 160th St, 5th Fl	Jamaica	11432
281-11	MHRA - 23rd Street WIC Program	21-34 Broadway	Astoria	11106
281-12	MHRA - Astoria WIC Program	12-26 31st Ave	Astoria	11106
281-13	MHRA - Ridgewood WIC Program	853 Onderdonk Ave	Ridgewood	11385
281-15	MHRA - Flushing WIC	133-30 37th Ave	Flushing	11354
281-17	MHRA - Brownsville WIC Program	259 Bristol St	Brooklyn	11212
281-18	MHRA - East New York WIC	1110 Pennsylvania Ave	Brooklyn	11207
281-19	MHRA - Metropolitan WIC Program	387 Graham Ave	Brooklyn	11211
281-24	MHRA - Fort Greene WIC Program	295 Flatbush Avenue Extension	Brooklyn	11201
283-01	Sunset Park Fam Hlth Ctr WIC Prog	6025 6th Ave	Brooklyn	11220
283-02	Sunset Terrace WIC Program	514 49th St	Brooklyn	11220
283-04	Park Slope Fam Hlth Ctr WIC Prog	220 13th St	Brooklyn	11215
285-01	Wyckoff Heights Med Ctr WIC Prog	267 Van Brunt St	Brooklyn	11231
285-02	Wyckoff Heights Med Ctr WIC Prog	247 Prospect Ave	Brooklyn	11215
285-03	Wyckoff Heights Med Ctr WIC Prog	391 Stanhope St	Brooklyn	11237
285-06	Wyckoff Heights Ctr WIC-Williamsburg	168 Division Ave	Brooklyn	11211
286-01	Brooklyn Hospital Ctr WIC Program	100 Parkside Ave,B Bldg,-R301	Brooklyn	11226
286-02	Downtown Campus-Bklyn Hosp WIC	121 DeKalb Ave	Brooklyn	11201
286-03	Brooklyn Hospital Ctr WIC Program	1606-1608 Fulton St	Brooklyn	11213
286-04	Brooklyn Hospital Ctr-Crown Heights WIC	495 Empire Blvd	Brooklyn	11225
287-01	Coney Island Hospital WIC Program	2201 Neptune Ave	Brooklyn	11224
287-02	Coney Island Hospital WIC Program	2601 Ocean Pkwy Rm 1N1	Brooklyn	11235
288-01	East NY Diagnostic & Treatment Ctr	2094 Pitkin Ave	Brooklyn	11207
289-01	Caribbean Women's Hlth Assoc	3512 Church Ave	Brooklyn	11203
290-01	Cumberland Diagnostic Treatment Ctr	100 North Portland Ave	Brooklyn	11205
291-01	Kings County Hospital WIC Program	441 Clarkson Ave T-Bldg, Rm 153	Brooklyn	11203
291-02	Kings County WIC Program	2266 Nostrand Ave	Brooklyn	11210
292-01	Woodhull Med Ctr WIC Program	760 Broadway	Brooklyn	11206
292-02	Woodhull - Bushwick WIC Program	1420 Bushwick Ave, Rm 234	Brooklyn	11207
292-03	Woodhull - Greenpoint WIC Program	875 Manhattan Ave	Brooklyn	11222
292-04	Woodhull - Williamsburg WIC	279 Graham Ave, 2nd Fl	Brooklyn	11211
293-01	JP Addabbo Comm Hlth Ctr WIC Prog	6200 Beach Channel Drive	Arverne	11692
293-02	Vista Medical Bldg WIC Program	1288 Central Ave	Far Rockaway	11691
293-03	JP Addabbo - Farmers Blvd WIC	130-20 Farmers Blvd	Springfield Gardens	11434
294-01	ODA of Williamsburg WIC Program	12 Heyward St	Brooklyn	11211
295-01	St Vincents Med Ctr WIC Program	690 Castleton Ave, Ground Fl	Staten Island	10310
295-02	Bayley Seton Hospital WIC Program	75 Vanderbuilt Ave, Bldg 1, 6th Flr	Staten Island	10304
296-01	Staten Island Hosp WIC Program	242 Mason Ave, MAP Bldg	Staten Island	10305
297-01	Elmhurst Hospital WIC Program	78-05 41st Avenue	Elmhurst	11373
298-01	Tri-Community Hlth Ctr WIC Prog	1080 Sunrise Hwy	Amityville	11701
298-03	Coram Health Center WIC	82 Middle Country Road	Coram	11727
298-04	M.L.K. Jr. Community Health WIC Program	1556 Straight Path	Wyandanch	11798
298-05	Dolan Health Ctr WIC Program	284 Pulaski Rd	Greenlawn	11740

WICSIS Code	Site Name	Site Street	City	Zip
298-06	Central Islip WIC Program	45 West Suffolk Ave	Central Islip	11722
298-07	Brentwood Fam Hlth Ctr WIC Prog	1869 Brentwood Rd	Brentwood	11717
298-08	S Brookhaven Hlth Ctr East	550 Montauk Hwy	Shirley	11967
298-09	S Brookhaven Hlth Ctr West	365 East Main St	Patchogue	11772
298-10	Riverhead Hlth Ctr WIC Program	300 Ctr Drive S,Suffolk Co Bldg	Riverhead	11901
298-12	Kraus Fam Hlth Ctr-S Hampton Hosp	265 Herrick Rd	Southampton	11968
299-02	Freeport-Roosevelt Comm Hlth Ctr	460 North Main St	Freeport	11520
299-03	Elmont Comm Hlth Ctr WIC Program	161 Hempstead Tpk, L Level	Elmont	11003
299-04	Hempstead Comm Hlth Ctr WIC Prog	26 Main St, 1st Fl	Hempstead	11550
299-05	New Cassel Comm Hlth Ctr WIC Prog	682 Union Ave	Westbury	11590
299-08	Nassau Co Med Ctr WIC Program	2201 Hempstead Tpke, Box 76	East Meadow	11554
299-09	Planned Parenthood Nassau Co. WIC	110 School Street Lower Level	Glen Cove	11542
300-01	Segundo Ruiz Belvis D&TC WIC Prog	545 E 142nd St	Bronx	10454
301-01	Allegany Co Hlth Dept WIC Program	3453B State Rte 417	Wellsville	14895
302-01	Metropolitan Hospital WIC Program	1901 1st Ave, 1st Fl, Rm ID31	New York	10029
303-01	The Greater Hudson Valley Hlth Ctr	136 Lakeside Plaza Suite 3	Newburgh	12550
304-01	Betances Hlth Ctr WIC	280 Henry Street	New York	10002
305-01	LIJ Medical Center WIC	400 Lakeville Rd, Suite 250	New Hyde Park	11042
306-01	Yeled V' Yalda WIC	3820 14th Ave	Brooklyn	11218
307-01	Stony Brook Fam Med WIC	181 Belle Meade Rd Ste 2	East Setauket	11733
999-01	Division Of Nutrition	150 Broadway, 6th Fl, West	Albany	12204

Attachment 4
Bid Submission Cover Sheet

INVITATION FOR BIDS

IMPORTANT: SEE "NOTICE TO BIDDERS" CLAUSES HEREIN BIDS MAY ONLY BE SENT TO THE ADDRESS LISTED BELOW.

(E-Mail or Faxed Bid Submissions Are NOT Acceptable)

BID OPENING DATE: April 24, 2007 TIME: 2:15PM	TITLE: WIC Check Stock Classification Code(s):
INVITATION FOR BIDS NUMBER: 0701120129	SPECIFICATION REFERENCE: As Incorporated in the Invitation For Bids
CONTRACT PERIOD: August 1, 2007 to July 31, 2009	
DESIGNATED CONTACTS:	
Robin Suitor Division of Nutrition Program Development and Support Unit Riverview Center 150 Broadway, 6 th Floor West Albany, New York 12204	Sue Mantica Division of Nutrition Bureau of Administration and Evaluation Riverview Center 150 Broadway, 5 th Floor East Albany, New York 12204

By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. The bid must be fully and properly executed by an authorized person. Bidders are requested to retain Appendix A and Appendix B for future reference.

Name of Company Bidding:		Bidder's Federal Tax Identification No.:	
Street	City	State	Zip
County			
Cash Discounts will not be considered in determining low bid, but cash discounts of any size may be considered in awarding tie bids.			
_____ % Cash Discount for payment within 15 days of delivery and/or receipt of voucher		_____ % Cash Discount for payment within 30 days of delivery and/or receipt of voucher	
<input type="checkbox"/> If you are not bidding, place an "x" in the box and return this page as well as the "No-BID Form" Attachment 8.			
Bidder's Signature:		Printed or Typed Name:	
Title:		Date:	
Phone : () - ext ()	Toll Free Phone : () - ext ()	Fax : () - ext ()	Toll Free Fax : () - ext ()
E-mail Address:		Company Web Site:	

Attachment 5
Response to Technical Bid Form

Response to Technical Bid

PLEASE USE BLACK INK OR TYPEWRITER WHEN PREPARING YOUR BID. BE SURE YOU HAVE INSERTED YOUR COMPANY'S NAME IN THE BOX

Bidder

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

Please answer the following questions
(attach extra sheets as necessary):

1) Does your company meet the specifications of this IFB?
(Be explicit in describing how your company will meet all requirements of this IFB, including guaranteed delivery dates.)

2) Do you have experience producing at least 15 million sheets of paper per year? (Provide documentation showing that your company has produced 15 million sheets per year.)

3) Does your company have experience working with multiple clients? (Provide three references who can attest to your company's ability to work with multiple clients.)

4) Do you have production control and security measures as required in this Bid? (Attach a copy of your production control and security measures.)

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⇒ ⇒ ⇒ ⇒ ⇒ ⇒

Bidder

NOTES TO BIDDERS: FAILURE TO ANSWER THE QUESTIONS WILL DELAY THE EVALUATION OF YOUR BID AND MAY RESULT IN REJECTION OF YOUR BID.

5) Do you agree that the State and the USDA Food and Nutrition Service reserve a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use for Federal Government purposes, the copyright of any software and associated documentation developed under the resulting contract?

_____ YES _____ NO

6) "Nondiscrimination in Employment in Northern Ireland: MacBride Fair Employment Principles"

In accordance with Section 165 of the State Finance Law, the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable),

A. have business operations in Northern Ireland:
If yes,

_____ YES _____ NO

B. shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to non-discrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such Principles.

_____ YES _____ NO

7) Appendix B to Part 76 – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions: 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 exclude from participation in this transaction by any Federal department agency.

_____ YES _____ NO

8) The bidder complies with the provisions of the « Anti-Kickback section of the Copeland Act (18 U.S.C. Section 874)

_____ YES _____ NO

9) Will this item be printed by the company named on the front page of this bid ?

_____ YES _____ NO

10) City and State of Plant where checks will be printed :

PLEASE USE BLACK INK OR TYPEWRITER WHEN PREPARING YOUR BID. BE SURE YOU HAVE INSERTED YOUR COMPANY'S NAME IN THE BOX

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Bidder

- 11) Have you included a box of proposed check stock as required by the specifications?
- 12) Do you guarantee that prices quoted for this item are the lowest offered to any governmental or commercial consumer?
- 13) Total number of people employed by your business in New York State:
- 14) Is your business independently owned and operated?
- 15) Is your company a Minority or Women-Owned Business Enterprise, certified in accordance with Article 15A of the New York State Executive Law as defined below?
- 16) Is your company listed in the Empire State Development Directory of Certified Minority and Women Owned Businesses?

_____ YES _____ NO
 _____ YES _____ NO

 _____ YES _____ NO
 _____ YES _____ NO
 _____ YES _____ NO

*For further information and or application please contact New York State Department of Economic Development, Division of Minority and Women-Owned Business Enterprise at 518-292-5250 (Albany) or 212-803-2414 (New York City).

MINORITY-OWNED
 WOMEN-OWNED
 MINORITY AND WOMEN-OWNED

"Minority or Women-Owned Business Enterprise" shall mean a business enterprise, including a sole proprietorship, partnership or corporation that is:

- (a) at least fifty-one percent owned and controlled by the minority members and/or women;
- (b) an enterprise in which such minority and/or women ownership interest is real, substantial and continuing;
- (c) an enterprise in which such minority and/or women ownership has and exercises the authority to independently control the day-to-day business decisions; and
- (d) an enterprise independently owned, operated and authorized to do business in New York State.

NOTE: Contractors certified **and** listed in the Empire State Development's Directory of Certified Minority and Women Owned Business Enterprises* will be identified by OGS as MBEs and/or WBEs in the OGS Contract Award Notification upon award of the contract.

- 17) **PLACE OF MANUFACTURE OF PRODUCT(S) BID:**
(Indicate Yes or No for either A, B or C)

- A. All NYS Manufacture
- B. All Manufactured outside NYS
- C. Manufactured In NYS **and** Outside NYS

If yes to C above, Location (State) where more than half the value is added to the product(s) bid:

_____ YES _____ NO
 _____ YES _____ NO
 _____ YES _____ NO

State of _____

State of _____

BIDDER'S PRINCIPAL PLACE OF BUSINESS*:

*"Principal Place of Business" is the location of the primary control, direction and management of the enterprise.

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Bidder

18) Are any products offered remanufactured (restored to its original performance standards and function)?

___ YES ___ NO

19) Are any products offered Energy Star Compliant?
(If YES to any of the above, please attach specifics.)

___ YES ___ NO

20) Person or persons to contact for expediting
New York State contract orders:

Name:

Title:

Telephone Number:

() _____

Toll Free Telephone Number:

() _____

Fax Number:

() _____

Toll Free Fax Number:

() _____

E-Mail Address:

21) Person or persons to contact in the event of an emergency
occurring after business hours or on weekend/holidays:

State Normal Business Hours (Specify M-F, Sat, Sun):

Name:

Title:

Telephone Number:

() _____

Fax Number:

() _____

Pager Number:

() _____

Cellular Telephone Number:

() _____

E-Mail Address:

Reminder: A check stock sample must be submitted with your bid.

Attachment 6
Bid Form

1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No

Yes

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

_____ (Add additional pages as necessary)

1d. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

1e. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

_____ (Add additional pages as necessary)

C. Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

D. Offerer/Bidder agrees to provide the following documentation either *with their submitted bid/proposal or upon award* as indicated below:

With Bid

Upon Award

1. A completed N.Y.S Taxation and Finance Contractor Certification Form ST-220.

2. A completed N.Y.S. Office of the State Comptroller Vendor Responsibility Questionnaire (for procurements greater than or equal to \$100,000)

3. A completed State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term



(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

Attachment 7
Cost Proposal

Cost Proposal

PLEASE USE BLACK INK OR TYPEWRITER WHEN PREPARING YOUR BID. BE SURE YOU HAVE INSERTED YOUR COMPANY'S NAME IN THE BOX

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

Bidder

	<u>Estimated Quantity</u>	<u>Unit Price</u>	<u>Total</u>
ITEM: WIC CHECKS	{30,000,000 sheets}	\$ _____ /M Sheets	\$ _____

Attachment 8
No-Bid Form

DEPARTMENT OF HEALTH

NO-BID FORM

PROCUREMENT TITLE: _____ FAU # _____

Bidders choosing not to bid are requested to complete the portion of the form below:

We do not provide the requested services. Please remove our firm from your mailing list

We are unable to bid at this time because:

Please retain our firm on your mailing list.

(Firm Name)

(Officer Signature) _____ (Date) _____

(Officer Title) _____ (Telephone) _____

(e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.

Appendix A

Standard Clauses for NYS Contracts

<http://www.ogs.state.ny.us/realEstate/sales/hamilton/appendixA.pdf>

Appendix B
New York State Office of General Services General Specifications

<http://www.ogs.state.ny.us/purchase/BidTemplate/AppendixB.doc>