

June 29, 2006

Dear Colleague:

The New York State Departments of Health and Labor are pleased to announce this Request for Applications under the Health Workforce Retraining Initiative. There will be up to \$56 million available for projects to train or retrain health industry workers to obtain positions in occupations with documented shortages of workers and provide employment for health industry workers who need new skills due to changes in the health care system.

Health care is one of the fastest growing employment sectors in New York State and includes several of the fastest growing occupations. This growth has contributed to increased competition for health care workers. The health care industry faces a number of additional pressures including declining statewide and regional occupancy levels at nursing homes and hospitals, persistent shortages of health care workers in a variety of occupations and a growing need to integrate emerging technologies into health care delivery systems.

These changes in New York State's health care system are resulting in the reorganization of services and redesign of jobs for many workers. As a result, many of these workers require assistance in developing the needed skills for new or redesigned jobs. Projects supported under this initiative should assist workers in various occupations critical for New York's health care industry to continue to stabilize and improve the efficiency of our health delivery system and ensure that all New Yorkers have access to high quality medical care.

This program will, to the extent possible, be coordinated with and compliment the Commission on Health Care Facilities in the Twenty First Century's efforts to rightsize the health care delivery system in New York State. Grantees that are successful under this solicitation will need to ensure that their projects are consistent with Commission goals and recommendations as they evolve.

Applications are due no later than 5:00 p.m. on September 8, 2006. Bidder's conferences will be held in New York City and Syracuse on July 14 and July 19 respectively. Please refer to the enclosed schedule providing information on the time and locations of these conferences. Copies of the Request for Applications may be obtained by going to <http://www.nyhealth.gov> or calling the number provided below.

We look forward to working with you to assist health industry workers to develop the skills necessary to maintain jobs or secure employment in shortage occupations. If you have any questions, please contact Barry Gray, Director of Workforce Development, and New York State Department of Health at (518) 473-4700.

Sincerely,

Judith Arnold
Deputy Commissioner
Division of Planning, Policy and Resource Development

RFA Number: 0605231220

**New York State
Department of Health**

Division of Planning, Policy and Resource Development

Request for Applications

**New York State
Health Workforce Retraining Initiative**

Applicant Bidder's Conference Dates:

New York City – July 14, 2006

Syracuse – July 19, 2006

Release Date: June 29, 2006

Questions Due:

July 26, 2006

Questions and Answers Available:

August 4, 2006

Applications Due:

Must be received by 5:00 p.m. on September 8, 2006

Contact Name and Address:

Barry M. Gray

Director, Workforce Development

Division of Planning, Policy and Resource Development

NYS Department of Health

Corning Tower, Room 1084

Albany, NY 12237-0053

Table of Contents

I. Introduction	
Program Description	p. 1
Background	p. 1
Intent	p. 1
Problems/Issues to be Addressed	p. 1
Funding	p. 1
II. Who May Apply	
Eligible Organizations	p. 3
Minimum Eligibility Requirements	p. 3
Funding Preferences	p. 3
Application Review Criteria	p. 4
III. Project Narrative/Workplan Outcomes	
Project Expectations	p. 8
Eligible Activities	p. 8
IV. Administrative Requirements	
Issuing Agency	p. 9
Question and Answer Phase	p. 9
Applicant Conferences	p. 10
How to File an Application	p. 10
Summary of Timeframes	p. 10
Departmental Rights	p. 10
Term of Contract	p. 11
Payment and Reporting Requirements	p. 11
General Specifications	p. 11
Contract Appendices	p. 12
Vendor Responsibility Questionnaire	p. 12
V. Completing the Application	
Application Content	p. 13
Application Format	p. 21
Review and Award Process	p. 22
VI. Attachments	
1) Application Cover Page	p. 24
2) Project Cover Page	p. 25
3) Work Plan Format	p. 26
4) Budget Cover Page	p. 27
5) Line-Item Budget Page	p. 28
6) NPS Budget Justification	p. 29
7) Standard Grant Contract with Appendices	p. 30
8) Vendor Responsibility Questionnaire	p. 58
9) Application Checklist	p. 65

I. Introduction

Program Description

The Health Workforce Retraining Initiative supports the training and retraining of health industry workers with the skills necessary in the health care market today. Since its inception, the program has awarded nearly \$245 million to 347 grantees and trained or retrained over 80,000 health care workers.

Background

The Departments of Health and Labor are jointly soliciting applications from eligible organizations proposing to train or retrain (hereafter referred to as “train”) health industry workers to obtain new positions; meet the requirements of existing positions; or otherwise meet the requirements of the changing health care market.

Intent

Competition for health care workers has increased significantly over the past several years. Fifteen of the fastest growing occupations in the U.S. are projected to be in health care. Healthcare facilities face increasing pressures to operate more efficiently due to declining statewide and regional occupancy levels; persistent shortages of health care workers in a variety of occupations; and a growing need to integrate emerging technologies into the health care delivery system. The effect on the workforce calls for the retraining and redeployment of affected health care workers. This program is intended to support such efforts.

Problems/Issues to be Addressed

Funds will be used to support efforts to address:

- Changes in the skills required for healthcare workers to maintain current employment;
- Additional skills needed for a new job due to changes in the market place, including new employment for at-risk/laid off workers; and/or
- Occupational Shortages

Note: Funds may not be used to train physicians and physicians in training.

Funding

Up to \$56 million is available to support this RFA. Regional funding is available based on the amount collected in a regional pool and will be awarded on a competitive basis within a region in accordance with the guidelines laid out in the Review and Award Process section on page 24. The region in which funding is requested is determined by the county of the employer with participants to be trained or the county of residence of laid-off workers to be trained. Table 1 details the counties included and amount available within each region.

TABLE 1

FUNDING LEVELS AND COUNTIES BY REGION

WESTERN REGION (\$1,655,652)

Erie
Niagara
Chautauqua
Cattaraugus
Allegany
Wyoming
Genesee
Orleans

ROCHESTER REGION (\$3,311,303)

Monroe
Wayne
Livingston
Ontario
Seneca
Yates

CENTRAL REGION (\$1,789,565)

Steuben
Schuyler
Chemung
Tioga
Tompkins
Cayuga
Broome
Cortland
Onondaga

UTICA/WATERTOWN REGION (\$194,784)

Chenango
Otsego
Madison
Herkimer
Oneida
Lewis
Oswego
Jefferson
St. Lawrence
Franklin, Hamilton

NORTHEASTERN REGION (\$1,558,262)

Clinton
Essex
Warren
Washington
Saratoga
Fulton
Montgomery
Schenectady
Schoharie
Albany
Rensselaer
Greene

NORTHERN METRO. REGION (\$2,690,435)

Delaware
Columbia
Sullivan
Ulster
Dutchess
Orange
Putnam
Rockland
Westchester

NEW YORK CITY REGION (\$38,834,784)

New York
Kings
Bronx
Queens
Richmond

LONG ISLAND REGION (\$5,965,215)

Nassau
Suffolk

II. Who May Apply

Eligible Organizations

Organizations eligible to apply for funding include:

- general hospitals;
- long term care facilities;
- other health care facilities;
- health worker unions;
- labor-management committees;
- health care facility trade associations;
- joint labor-management training funds established pursuant to the provisions of the Federal Taft-Hartley Act; and
- educational institutions.

Minimum Eligibility Requirements

All applications must provide detailed information for each project on who will be trained and who will provide the training. If a health care facility applies and the training will be provided by an organization outside the facility, the application must include, for each project, both a letter of participation from the training organization and a detailed description of the proposed training. If a training organization applies, the application must include, for each project, a letter of participation from all health care facilities with workers to be trained. If a third party, such as a trade association or union applies, the application must include, for each project, descriptions and letters of participations from the health care facilities with workers to be trained and training institutions involved.

Applications must include technical proposals and separate, SEALED budget proposals for each project. Applications that do not follow this proscribed submission method will NOT be reviewed.

Applications that do not include the following will NOT be reviewed:

- Signed Application Cover Sheet -- Attachment 1

Projects that do not include the following will NOT be reviewed:

- Project Cover Sheet for each proposed project with a list of all participating organizations (Section 2 of Project Cover Sheet) – Attachment 2
- Separate budget cover sheets for each project and region for which funding is requested – Attachment 4

Funding Preferences

Funding preference will be given to applications that, in addition to meeting basic requirements, also:

1. provide training in occupations with documented shortages;
2. target workers who have experienced or are likely to experience job loss because of changes in the health care system;
3. provide written labor union concurrence from the relevant bargaining agent(s); or
4. provide needed expansion of educational capacity

Application Review Criteria

Applicants most likely to be selected for funding are those that best address the following:

Need for Training: Applicants should define the specific issue(s) or problem(s) to be addressed by the proposed project in each region for which funding is being requested. Preference will be given to those projects which propose training in shortage occupations, training workers who are laid-off or likely to experience job loss and/or expansion of educational capacity.

- **Training for laid-off workers or workers likely to experience job loss.** Applicants should document where laid off workers are coming from and/or document facility plans to downsize or close, such as Certificate of Need applications for reduced beds or approved hospital closure plans. Applicants may propose to train laid off workers in areas either inside or outside the health care sector, but should document how the training will promote the employment of participants when training is completed.
- **Training in shortage occupations.** Applicants should demonstrate shortages in the occupations for which training is proposed. Such documentation may be through labor statistics, vacancy rates, local studies/surveys, letters from employers, or other appropriate mechanisms. Training for shortage occupations has traditionally been accomplished by offering health care workers upgrades or enhanced skills through degree or non-degree educational programs or through tailored instructional programs.
- **Training for emerging technologies.** Applicants should document the needs of the facilities for training of workers in emerging technologies. Such documentation can be project specific or job specific. For example, an applicant could discuss specific job titles that a hospital has identified and why training is needed for those titles, or why the installation of a new hospital wide system (with target installation dates) will create a need to train all job titles. Examples of training in this category include new coding systems, upgrading to electronic medical records, or training on a new hospital information system.
- **Training for changes in the job requirements.** Applicants should document the changing nature of the particular jobs for which training is needed. They should include reason for the change such as changes in the population served in the health care facility and/or system in general and how the training will benefit the employees and positively affect the patient population or quality of care at the facility. Training in this category can include cross-training of staff in multiple disciplines (e.g., training radiology techs in nuclear medicine); and medical interpretation/foreign language.
- **Training in process improvement.** Training in this category should result in increased quality of patient care or greater system efficiency. Projects may include training in areas such as quality measures; root cause analysis; systems redesign; and cultural diversity. Applicants should demonstrate how the training will increase the quality of patient care or improve efficiency, including baseline and outcomes measures such as satisfaction surveys, reduced wait times or improved operations.
- **Expansion of Educational Capacity.** In addition to these traditional projects, applicants may submit requests to train participants through the expansion of educational capacity for occupations where training opportunities have been limited by the lack of faculty or clinical affiliation slots. The expansion of educational capacity can involve nursing or other occupations where opportunities have been limited. Applicants should document the need for additional capacity by including letters from educational institutions detailing the numbers of current slots, the number of qualified

candidates turned away, the number of slots to be created by the expansion and the number of participants to benefit from training during the contract period in the area of expansion. Projects requesting funding under this category should, in addition to expanding capacity, train participants during the grant cycle.

Capability and Commitment of the Applicant to Implement the Program: Applicants should clearly demonstrate their ability to identify need, train the target population and meet contract reporting requirements on the participants in the proposed projects and regions for which funding is requested. Such documentation should include, but is not limited to:

- **Measurable prior training success in the area of the proposed project(s).** The applicant should document the success of previous training experience. Examples of documentation include:
 - training numbers and hiring rates for upgrading programs;
 - reductions in denied claims for a period after enhanced training in billing/coding was delivered; or
 - measurable increases in patient satisfaction as demonstrated by surveys for process improvement training.

Applicants who have received past HWRI grants but have been unable to fully implement the projects in a timely manner should explain the reasons for the lack of implementation or delays and provide information as to why they will not have similar issues with the implementation of their proposed projects under this solicitation.

- **Measurable outcomes in other training programs.** Applicants proposing training in an area that they have not had previous experience should document how they can be assured that the project will be successful. Such documentation could include:
 - past experience in a related training type; or
 - description of how established collaborations will ensure best outcomes.
- **Retention of graduates in the past areas of training.** Applicants should demonstrate retention of workers as a result of past training efforts. Such documentation could include:
 - the number of school based graduates that were hired by facilities or collaborative partners;
 - the number of workers trained that are still employed in their field; and
 - statistics from employee satisfaction surveys could be utilized as retention documentation for non-upgrading training programs.
- **Responsive administration of program and ability to meet contract requirements.** Applicants should demonstrate the ability to implement the program within a three month period of time from the date of contract execution. Implementation may include time for planning activities such as curriculum development, participant selection, or structuring the training to reflect the academic calendar. This should include a commitment by the corporate structure, and a proposed administrative structure that is adequate for the scope of the program, including a brief description of staff responsible for the administration of the program and for complying with contractual requirements.

Establish collaborations/partnerships between applicant and other organizations necessary to implement the project. The applicant must demonstrate collaboration between organizations needed to adequately provide a training program in the region(s) of the project(s). This could include existing collaborations or those established for the purposes of this solicitation. The applicant must provide letters of participation from each participating organization including the role of the organization. Letters that simply state that the organization is planning to participate in the program will not suffice. Letters must be included as follows:

- Healthcare Facility Applicants: must submit letters of participation from all participating training organizations which include a description of how the training will be implemented;
- Educational Institution Applicants: must submit letters of participation from all participating healthcare facilities including the types of positions participating in the training and the reasons for choosing those positions; and
- Third Party Applicants (e.g., unions, trade associations): must submit letters of participation from all participating healthcare facilities and training organizations including all information referenced above.

All participating organizations must be listed on the project cover sheet, and should include the region in which the organization is located.

Preference will be given to projects that, in addition to addressing the above areas, also provide letters of labor union concurrence. Applicants submitting projects that propose to train non-union health care workers should indicate in the project narrative that the proposed participants are not union members.

Training Strategy. Applicants should describe the strategy of the training project in assuring employment for participants. Include a description of:

- The process to select training participants, including a description of any start-up activities such as curriculum development, and effectiveness of assessment tool (if applicable);
- The proposed curriculum, and its appropriateness in providing participants with the skills that meet the employer's need;
- The length of training and its appropriateness to the curriculum, target skills and anticipated job placement; and
- Plans to monitor the progress of training participants while in training, including any mentoring, tutoring or counseling services to be provided.

Measurable Outcomes. Applicants should provide specific measurable outcomes that will be used to assess the effectiveness of the project. The measurable outcomes should at a minimum indicate:

- Upgrading or skill enhancement training: the number of participants who will enter training, complete training and be hired or retained after successfully completing training;
- Process Improvement training: the number of participants to enter and complete training, as well as the baseline and outcome indicators to be utilized in measuring improvements in the quality of patient care or improved efficiency (e.g., reduction in waiting time, patient satisfaction surveys).
- Expansion of Educational Capacity: the numbers of current slots, the number of qualified candidates turned away, the number of slots to be created by the expansion and the number of participants to enter/complete training as a result of the expansion.

The applicant should also include a comprehensive work plan for each year and region of the proposed project with activities that are achievable within specified timeframes.

Financial Evaluation. A financial evaluation team will evaluate each proposed project for each region in which funding is requested. The evaluation will be totally independent of the technical proposal evaluation; the financial evaluator will not participate in the review of the technical proposal. In evaluating each project, the financial evaluator will assess the documentation provided by the applicant to determine all required documents are submitted. For those projects meeting the requirements of the financial proposal, the evaluator will review the cost for each complete regional project budget using the formula below.

Prior to the formula being computed, ineligible costs, as detailed below, may be removed from the project request:

- ✓ Instruction and tuition requested for the same participants without justification
- ✓ Lost Staff Time or Wage Subsidies that exceed the number of hours in training
- ✓ Fringe benefits for Lost Staff Time or Wage Subsidies
- ✓ Dependent Care and Lost Staff Time for the same participants
- ✓ Professional licensure fees

A separate financial evaluation score will be computed for each of the training types listed in Table 2. The financial proposal evaluation scores will be calculated in each region and training type based on the cost per participant over the life of the request.

Financial Evaluation Score = (a/b)*25 where:

a = Lowest project per participant cost within region and training type; and

b = Cost per participant within region and training type for the project being scored

Table 2 – Training Types for Financial Evaluation

Number	Type of Training (Skills to be Trained In)
1	Nurse specialty, skill enhancement
2	New C.N.A.
3	New LPN
4	New RN
5	New mid-level practitioners (NP, PA, MW)
6	Nurse leadership
7	Computer skills
8	Medical records, billing, coding, financial
9	Clerical, secretarial, ward clerk, unit secretary other office
10	Clinical/support: technicians
11	Clinical/support: technologists
12	Clinical/support: e.g., PCA, medical assistant, phlebotomist
13	Clinical/support: e.g., support assoc., food service, housekeeper, transport aide
14	Clinical/support: therapists – occupational, physical, respiratory
15	Foreign language; medical interpretation; ESL
16	Process Improvement: e.g., quality measures; customer service; communication; diversity
17	Home health: home health aide; personal care aide; home attendant
18	Long term care resident assistant
19	Mental health: direct care generalist
20	Substance abuse: CASAC, counselor
21	Social services: e.g., case worker, psycho-social technician, community health worker, CSW, outreach advocacy
22	Dental hygienist/assistant
23	Emergency: infectious/hazardous materials response, disaster readiness

24	Emergency: EMT, paramedic
25	Expansion of educational capacity
26	Non-health care

III. Project Narrative/Work Plan Outcomes

Project Expectations

Grants will be made to eligible organizations to support the training of health care employees to address changing workforce demands. Grants will be made on a competitive basis by project and by region in accordance with the guidelines laid out in the Review and Award Process Section on page 24.

Successful applicants will be expected to:

Develop and manage the administrative structure necessary to implement proposed projects in a timely manner. This includes adequate staffing to develop relationships and contracts with partners necessary to conduct assessments, training or other functions necessary for the successful implementation of the project, manage and coordinate the project, meet fiscal and programmatic contract requirements, and evaluate the project.

Ensure the provision of assessment, training and placement services in a cost effective manner to the numbers of participants proposed in the grant application or as modified through contract negotiations.

Provide the State with quarterly outcome, expenditure and final reports in a timely manner as described in section IV, Administrative Requirements.

Fully cooperate with Department of Health and Labor representatives during monitoring site visits and provide supporting documentation and other data or information as may be necessary to help assess the success of the project.

Eligible Activities

Activities eligible for funding under the Health Workforce Retraining Initiative may include, but are not limited to:

- **Assessment.** Includes, as part of a training program, the use of such tools as the Test of Adult Basic Education or other instruments that assess literacy, math or reading level, or job skills to help determine training needs. Also includes counseling and guidance activities to help determine training needs.
- **Remediation.** Includes preparation in English for speakers of other languages, instruction in basic reading or mathematics, or completion of requirements for a general equivalency diploma (GED). Remediation may be provided as part of a training program and where it is necessary for redeployment to new jobs or now required to maintain current employment.
- **Basic Skill Development.** Includes training in such skills as word processing or data entry.
- **Reorientation.** Includes short-term preparation of health industry workers to transition to other health sectors. For example, this includes preparing an operating room nurse for employment in home health care.

- **Skill or Educational Enhancement.** Includes training that provides marketable job skills for employment in new or redesigned jobs within or outside the health care sector. For example, this includes preparing phlebotomists as patient care associates, nurse aides as occupational therapy assistants, or nurse aides as child care workers. Also includes, where appropriate, the provision of college level or college degree course work.
- **Process Improvement.** Includes training intended to increase the quality of patient care or improve system efficiency. Training may be targeted to areas such as quality measures, improving wait times and cultural diversity.
- **Expansion of Educational Capacity.** Includes support for faculty, preceptors, etc. to meet the educational needs of the health workforce.

Retraining Initiative funds may not be used to supplant existing training programs. In-service training customarily provided by a staff development department will not be funded.

IV. Administrative Requirements

Issuing Agency

The RFA is issued jointly by the Departments of Health and Labor. DOH is responsible for the requirements specified herein and for the evaluation of all applications.

Question and Answer Phase

All substantive questions must be submitted in writing to:

Barry Gray
 NYS Department of Health
 Corning Tower, Room 1084
 Empire State Plaza
 Albany, NY 12237

or e-mailed to wrkforce@health.state.ny.us.

Where possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until 5:00 p.m. on July 26, 2006.

Questions of a technical nature can be addressed to Cherlyn More in writing or via telephone at the address above or by calling (518) 473-4700. Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting), rather than related to the substance of the application.

Prospective applicants should note that all clarification and expectations, including those relating to the terms and conditions of the contract, are to be raised prior to July 26, 2006. Written answers to all questions raised will be provided on the DOH Website, www.nyhealth.gov on or about August 4, 2006.

Applicants are encouraged to use federal, state and local resources within their region to strengthen and enhance their applications. A listing of resources that may assist applicants in identifying potential employers, including new industries relocating to a region, and identification of qualified trainers in a region can be found at the Department of Labor website, www.labor.state.ny.us. Questions regarding these resources can be directed to G. Anthony Mastrianni at (518) 457-4953.

Applicant Conferences

The Departments of Health and Labor will hold applicant conferences in New York City and Syracuse on July 14 and 19, respectively, to answer any questions by prospective applicants. Potential applicants are requested to register for the conferences by notifying Laurie Burkhard at (518) 473-4700 to ensure that adequate accommodations be made for attendees. A maximum number of 2 representatives from each prospective applicant will be permitted to attend one applicant conference. Failure to attend the applicant conference will not preclude the submission of an application.

No letter of interest is required.

How to File an Application

Applications must be **received** by 5:00 p.m. on September 8, 2006. Late applications will not be accepted. No faxed or e-mailed submissions will be accepted.

Please submit to:

**NYS Department of Health
Corning Tower, Room 1084
Empire State Plaza
Albany, New York, 12237**

Applicants need to supply 1 original and 3 unbound copies of the Technical Proposal prior to the date and time specified above. If proper documentation is provided indicating that an application was received late due to carrier error, the Department has the discretion to accept/reject applications on a case by case basis.

Applicants need to supply 1 original and 3 unbound copies of the Budget Proposal prior to the date and time specified above. **The Budget Proposal must be contained in a separate sealed envelope.** An application will not be considered complete unless the Budget Proposal is submitted in a separate, sealed envelope.

Summary of Timeframes

Applicant conference in New York City	July 14, 2006
Applicant conference in Syracuse	July 19, 2006
Written Questions due	July 26, 2006
Questions/Answers available	August 4, 2006
Application Deadline	September 8, 2006
Technical and Budget Application Opening	September 11, 2006
Anticipated Award Notification	November, 2006
Anticipated Contract State date	January 1, 2007

Departmental Rights

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) Modify the detail specifications should no applications be received that meet all of these requirements.
- 7) If the DOH is unsuccessful in negotiating a contract with the selected applicants within an acceptable time frame, the DOH may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
- 8) Award grants based on geographic or regional considerations to serve the best interests of the state.

Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. The second and third years of contracts resulting from this RFA are contingent upon continued funding appropriation of the HWRI in State Fiscal Years 2007-08 and 2008-09.

The term of the contract will be for one, two or three years, based on the application request, but will not exceed three years. Contracts are expected to begin in January, 2007.

Payment and Reporting Requirements

- 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% of the first year of the award.
- 2) The grant contractor shall submit quarterly invoices and required reports of expenditures to the State's designated payment office:

NYS Department of Health
Corning Tower, Room 1084
Empire State Plaza
Albany, NY 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 quarterly.

- 3) The grant contractor shall submit quarterly participant outcome reports as required by DOH with a state standard voucher and Budget Statement and Report of Expenditures. All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

General Specifications

- 1) By signing the "Application Cover Page" each applicant attests to its express authority to sign on behalf of the applicant.
- 2) Contractors 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 the 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.

Contract Appendices

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

APPENDIX A	Standard Clauses for All New York State Contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX A-2	Program Specific Clauses
APPENDIX B	Budget
APPENDIX C	Payment and Reporting Schedule
APPENDIX D	Work Plan
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 and Disability Benefits

NOTE: Do not include the Workers’ Compensation and Disability Benefits forms with your application. These documents will be requested as part of the contracting process should your agency receive an award.

Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors.

Attachment 8 contains the “Vendor Responsibility Questionnaire” that must be completed by all successful applicants, with the exception of governmental agencies (defined as: State and Federal governmental agencies, counties, cities, towns, villages, school districts, community colleges, Board of Cooperative Education Services (BOCES), Vocational Education Extension Boards (VEEB's), water, fire, and sewer districts, public libraries, and water and soil districts), Public Corporations (defined as: Public Authorities, Public Benefit Corporations, and Industrial Development Agencies), and Research Foundations (defined as: Aging Research, Inc.; Health Research, Inc.; Research Foundation for Mental Hygiene; Research Foundations of CUNY and SUNY; and Welfare Research, Inc.)

Successful applicants will be advised to complete and submit the questionnaire upon notification of their tentative award. Final award determination will be dependent on the ability of the State to determine the responsibility of the applicant.

In addition to the questionnaire, applicants will be required to provide the following in the event they are chosen as part of the final award selection process:

- Proof of financial stability in the form of audited financial statements, Dunn & Bradstreet Reports, etc.
- Evidence of NYS Department of State Registration
- Proof of NYS Charities Registration (if applicable)
- Copy of Certificate of Article of Incorporation

V. Completing the Application

Application Content

General Instructions for Submission of Applications

Definitions:

- An “applicant” is an eligible organization responsible for applying to receive HWRI funds, either on its own behalf or on behalf of a number of organizations. The applicant is responsible for assuring the successful completion of all projects for which it has received such funds. For multi-organizational applicants, the applicant is the lead agency identified to receive and allocate funds appropriately among subsidiary organizations, in addition to assuring project completion.
- A “project” is a set of activities required to train and place workers in a single occupation, e.g., radiology technician, or a set of similar occupations, such as a nursing career ladder, to train CNAs, LPNs and RNs. An applicant may propose more than one project in a single application. Applications that include multiple projects must include discrete budgets for each project and should include discrete narratives and work plan documents for each project. Aggregate narratives, budgets and work plans for more than one project may not be accepted.
- A “region” is the geographic area as defined on page 3. An applicant may submit the same project in multiple regions. In the project narrative, the applicant should address the need for training, applicant capability, collaborations/partnerships, training strategy and measurable outcomes as they relate to EACH region, and must submit discrete budgets for each region in which funding is being requested.

A complete application will consist of the following, in the indicated order:

Application Cover Sheet (Attachment 1): ONE PER APPLICATION

The cover page summarizes the total funding requested for all projects and regions included within the application. Indicate:

- Applicant name, address, FEIN, Charities Registration Number (or reason for exemption), and not-for-profit/for-profit status
- Contact Information, including name, title, phone, fax and email;
- Applicant organization type. If the applicant checks “other health facility,” please indicate the type;
- Proposed contract period. The contract period will begin no earlier than the date of the award announcement and may be for up to three years;
- Application Information: Number of projects submitted; the total HWRI funding requested; and the total number of training participants; and all regions for which funding is being requested. Totals should be the sum of amounts shown on the individual project cover pages. Funding regions are determined by the location of the employer with employees eligible for training or by the county of residence of laid off workers.
- Applicant Signature: Applications without an original signature will NOT be reviewed.

PROJECT SPECIFIC INFORMATION

The following information should be submitted for EACH project in the application.

Project Cover Sheet (Attachment 2)

On each cover sheet, indicate:

- A brief title of the project, for example: train Radiology Technicians; reorient RNs for home care; or expand educational capacity to train additional RNs;
- Proposed project period, not to exceed three years;
- Region(s) in which the project(s) will occur. The funding region is determined by the county of the employer with employees eligible for training, or by the county of residence of the laid off workers (see page 3 for a list of counties and funding levels by region);
- Total amount of grant funds requested for the project in each region and in total;
- Number of participants in each region and in total;

Project cover sheets that do not list all participating organizations will NOT be reviewed.

Project Narrative

The project narrative should include, for **each region** in which funding is requested, the following information:

1) Statement of Need for Training:

Applicants should define, in no more than 2 pages per region, the specific issue(s) or problem(s) to be addressed by the proposed project in each region for which funding is being requested. Preference will be given to those projects which propose training in shortage occupations, training workers who are laid-off workers or likely to experience job loss and/or expansion of educational capacity.

- **Training for laid-off workers or workers likely to experience job loss.** Applicants should document where laid off workers are coming from and/or document facility plans to downsize or close, such as Certificate of Need applications for reduced beds or approved hospital closure plans. Applicants may propose to train laid off health care workers in areas either inside or outside the health care sector, but should document how the training will promote the employment of participants when training is completed.
- **Training in shortage occupations.** Applicants should demonstrate shortages in the occupations for which training is proposed. Such documentation may be through labor statistics, vacancy rates,

local studies/surveys, letters from employers, or other appropriate mechanisms. Training for shortage occupations has traditionally been accomplished by offering health care workers upgrades or enhanced skills through degree or non-degree educational programs or through tailored instructional programs.

- **Training for emerging technologies.** Applicants should document the needs of the facilities for training of workers in emerging technologies. Such documentation can be project specific or job specific. For example, an applicant could discuss specific job titles that a hospital has identified and why training is needed for those titles, or that the installation of a new hospital wide system (with target installation dates) will create a need to train all job titles. Examples of training in this category include new coding systems, upgrading to electronic medical records, or training on a new hospital information system.
- **Training for changes in the job requirements.** Applicants should document the changing nature of the particular jobs for which training is needed. They should include reason for the change such as changes in the population served in the health care facility and/or system in general and how the training will benefit the employees and positively affect the patient population or quality of care at the facility. Training in this category can include cross-training of staff in multiple disciplines (e.g., training radiology techs in nuclear medicine); and medical interpretation/foreign language.
- **Training in process improvement.** Training in this category should result in increased quality of patient care or greater system efficiency. Projects may include training in areas such as quality measures; root cause analysis; systems redesign; and cultural diversity. Applicants should demonstrate how the training will increase the quality of patient care or improve efficiency, including baseline and outcomes measures such as satisfaction surveys, reduce wait times or improved operations.
- **Expansion of Educational Capacity.** In addition to these traditional projects, applicants may submit requests to train participants through the expansion of educational capacity for occupations where training opportunities have been limited by the lack of faculty or clinical affiliation slots. The expansion of educational capacity can involve nursing or other occupations where opportunities have been limited. Applicants should document the need for additional capacity by including letters from educational institutions detailing the numbers of current slots, the number of qualified candidates turned away, the number of slots to be created by the expansion and the number of participants to benefit from training during the contract period in the area of expansion. Projects requesting funding under this category should, in addition to expanding capacity, train participants during the grant cycle.

2) Statement of Capability and Commitment of the Applicant to Implement the Program:

Applicants should clearly demonstrate, in no more than 2 pages per region, their ability to identify need, train the target population and meet contract reporting requirements on the participants in the proposed projects and regions for which funding is requested. Such documentation should include, but is not limited to:

- **Measurable prior training success in the area of the proposed project(s).** The applicant should document the success of previous training experience. Examples of documentation include:
 - training numbers and hiring rates for upgrading programs;
 - reductions in denied claims for a period after enhanced training in billing/coding was delivered; or

- measurable increases in patient satisfaction as demonstrated by surveys for process improvement training.

Applicants who have received past HWRI grants but have been unable to fully implement the projects in a timely manner should explain the reasons for the lack of implementation or delays and provide information as to why they will not have similar issues with the implementation of their proposed projects under this solicitation.

- **Measurable outcomes in other training programs.** Applicants proposing training in an area that they have not had previous experience should document how they can be assured that the project will be successful. Such documentation could include:
 - past experience in a related training type; or
 - description of how established collaborations will ensure best outcomes.
- **Retention of graduates in the area of training.** Applicants should demonstrate retention of workers as a result of past training efforts. Such documentation could include:
 - the number of school based graduates that were hired by facilities or collaborative partners;
 - the number of workers trained that are still employed in their field; and
 - statistics from employee satisfaction surveys that could be utilized as retention documentation for non-upgrading training programs.
- **Responsive administration of program and ability to meet contract requirements.** Applicants should demonstrate the ability to implement the program within a three month period of time from the date of contract execution. Implementation may include time for planning activities such as curriculum development, participant selection, or structuring the training to reflect the academic calendar. Adequate documentation should include a commitment by the corporate structure and a proposed administrative structure that is adequate for the scope of the program, including a brief description of staff responsible for the administration of the program and for complying with contractual requirements.

3) Statement of established collaborations/partnerships between applicant and other organizations necessary to implement the project and letters of support. The applicant should demonstrate, in no more than 2 pages per region, collaboration between organizations needed to adequately provide a training program in the region(s) of the project(s). This could include existing collaborations or those established for the purposes of this solicitation.

In addition to a narrative description of the collaboration, the applicant must provide letters of participation from each participating organization including the role of the organization. Letters that simply state that the organization is planning to participate in the program will not suffice. Letters must be included as follows:

- Healthcare Facility Applicants: must submit letters of participation from all participating training organizations which include a description of how the training will be implemented;
- Educational Institution Applicants: must submit letters of participation from all participating healthcare facilities including the types of positions participating in the training and the reasons for choosing those positions; and

- Third Party Applicants (e.g., unions, trade associations): must submit letters of participation from all participating healthcare facilities and training organizations including all information referenced above.

All participating organizations must be listed on the project cover sheet, and should include the region in which the organization is located.

Preference will be given to projects that, in addition to addressing the above areas, also provide letters of labor union concurrence. Applicants submitting projects that propose to train non-union health care workers should indicate in the project narrative that the proposed participants are not union members.

4) Training Strategy. Applicants should describe, in no more than 2 pages per region, the strategy of the training project in assuring employment for participants. Include a description of:

- The process to select training participants, including a description of any start-up activities such as curriculum development, and effectiveness of assessment tool (if applicable);
- The proposed curriculum, and its appropriateness in providing participants with the skills that meet the employer's need;
- The length of training and its appropriateness to the curriculum, target skills and anticipated job placement; and
- Plans to monitor the progress of training participants while in training, including any mentoring, tutoring or counseling services to be provided.

5) Measurable Outcomes. Applicants should provide, in no more than 5 pages per region (including a one page work plan per year), specific measurable outcomes that will be used to assess the effectiveness of the project. The measurable outcomes should at a minimum indicate:

- Upgrading or skill enhancement training: the number of participants who will enter training, complete training and be hired or retained after successfully completing training;
- Process Improvement training: the number of participants to enter and complete training, as well as the baseline and outcome indicators to be utilized in measuring improvements in the quality of patient care (e.g., reduction in waiting times, patient satisfaction surveys).
- Expansion of Educational Capacity: the numbers of current slots, the number of qualified candidates turned away, the number of slots to be created by the expansion and the number of participants to enter/complete training as a result of the expansion.

The applicant should also include a comprehensive work plan for each year and region of the proposed project with activities that are achievable within specified timeframes.

Project Budget

Financial Evaluation. A financial evaluation team will evaluate each proposed project for each region in which funding is requested. The evaluation will be totally independent of the technical proposal evaluation; the financial evaluator will not participate in the review of the technical proposal. In evaluating each project, the financial evaluator will assess the documentation provided by the applicant to determine all required documents are submitted. For those projects meeting the requirements of the financial proposal, the evaluator will review the cost for each complete regional project budget using the formula below.

A separate financial evaluation score will be computed for each of the training types listed in Table 2 on page 7. The financial proposal evaluation scores will be calculated in each region and training type based on the cost per participant over the life of the request.

Financial Evaluation Score = (a/b)*25 where:

- a = Lowest project per participant cost within the region and training type; and
- b = Cost per participant within region and training type for the project being scored

A complete project budget consists of:

- Budget Cover Page;
- Line-Item Budget Request;
- Non-Personnel Services Budget Justification; and
- Budget Narrative

A complete budget must be submitted for EACH year of the proposed project (maximum three years) and for EACH region in which the project will take place. E.g., if a proposed project were to take place over three years in eight regions, the application must include 24 budget plans.

Attachments 4 - Budget Cover Page; 5 - Line-item Budget Request; and 6 - Non-Personnel Services Budget Justification are to be used in completing the budget. In addition, applicants should prepare a Budget Narrative, not to exceed 5 pages, that describes how the funds requested for each line item were determined for all personnel and some non-personnel line. For all NPS items with the exception of Contractual, the Budget Justification form is to be completed in lieu of a budget narrative. The following instructions detail which line items should be included in the Budget Narrative.

Only those costs to be charged to the Health Workforce Retraining Initiative are to be included in the line-item budget, budget narrative and/or budget justification forms.

Ineligible costs include:

- ✓ Instruction and tuition requested for the same participants
- ✓ Lost Staff Time or Wage Subsidies that exceed the number of hours in training
- ✓ Fringe benefits for Lost Staff Time or Wage Subsidies
- ✓ Dependent Care request while participant is in training during normal work hours
- ✓ Professional licensure fees

Note: For all Personnel Services, do **not** list individual positions on the Line-Item Budget form. All positions are to be listed in the budget narrative under the appropriate subcategory. In the Budget Narrative, provide a description of the activities, annual salary, the amount of time each position will be dedicated to the project and the amount of grant funds requested. For example, “the project director, with an annual salary of \$80,000, spends 10% time overseeing the staff responsible for coordinating with hospitals and training organizations to develop training and implement the RN training project, for a one year request of \$8,000”.

PROJECT IMPLEMENTATION:

PERSONNEL:

Project Director: Include those titles directly responsible for the implementation and coordination of the project such project director, project coordinator, etc. Provide a brief description of the job responsibilities of each title *as they relate to the implementation of the HWRI grant*. Specific responsibilities may include directing project staff, distributing work, directing public relations, overseeing/negotiating subcontracts and monitoring/assessing project performance. This category does not include those personnel whose responsibilities do not directly impact the implementation of the training project, for instance, fiscal officers, grant reporting staff, etc.

Support Staff: Include titles of support staff to the Project Director such as administrative assistant, secretary, clerk, etc. Describe the job responsibilities related to the implementation of the training project.

Coordinators: Include titles that are responsible for the day-to-day coordination of the project. For example, a staff member whose main responsibility is to coordinate and attend meetings between hospitals, training organizations and potential project participants would be included in this category. Describe the job responsibilities related to the implementation of the training project.

Grant/Fiscal/MIS: Include titles that are responsible for contract reporting and monitoring. Describe the job responsibilities as they relate to the reporting and monitoring of the HWRI grant contract.

Fringe Benefits: Provide the percentage used to calculate fringe benefits. An average can be used if there are varying percentages, but any variance should be explained in the budget narrative.

NON-PERSONNEL:

Includes costs such as payroll processing, utilities, supplies/equipment not related to training and space rental. Also included in this line item are charges levied on an organization by the contracting agency, e.g., research foundations. In the budget narrative, include the type of cost and how it was derived.

TRAINING SERVICES:

PERSONNEL: Include all personnel costs required to implement the project. Costs identified under Personnel are only for staff *directly employed* by the applicant. Costs for staff who are not employees of the grantee should be included in Contractual under Non-Personnel. **All personnel lines included in the budget request should be included in the Budget Narrative. The personnel subcategories are as follows:**

Instruction: Include staff members employed by the grantee who perform direct training for the project. Provide the titles of the instructors and briefly describe their responsibilities including the training they will provide e.g., remediation, prep courses, LPN training, etc.

Assessment: Include staff members employed by the grantee who conduct initial assessments of potential participants to determine placement in the grant supported training project.

Curriculum Development: Include staff members employed by the grantee who provide curriculum development services. Provide the titles of the staff and their responsibilities.

Counseling: Include staff members employed by the grantee who provide project participants with counseling, mentoring and/or tutoring services. Provide the titles of the staff and their responsibilities.

Fringe Benefits: Provide the percentage used to calculate fringe benefits. An average can be used if there are varying percentages, but any variance should be explained in the budget narrative.

NON-PERSONNEL: Includes all non-personnel services, including contractual services for personnel not employed by the applicant. Only include those numbers and totals to be charged to the HWRI grant.

Testing: Using the NPS Budget Justification form, provide the number of potential participants to receive assessment tests, licensure tests, etc., and the cost per test.

Tuition/Fees: Using the NPS Budget Justification form provide the number of participants and the average tuition and fees to be charged to the grant.

Training Supplies/Equipment: In the Budget Narrative, provide a list of items to be purchased for use by participants in the training programs. Allowable items include books, uniforms, lab materials, testing fees, etc. Computers and other large items will be considered as they are deemed appropriate for a training course, but require a description of need in the budget narrative. Using the NPS Budget Justification form provides the number of participants for whom supplies will be purchased and the average cost per participant.

Dependent Care: Using the NPS Budget Justification form provide the dependent care costs including number of participants, weekly cost of care, and the number of weeks covered by the grant.

Transportation: Using the NPS Budget Justification form provide the number of participants, costs per trip and total number of trips.

Training Space Rental: In the Budget Narrative, provide a brief description of the need for training rental space. Using the NPS Budget Justification form, provide the number of months of the rental and the total cost to be charged to the grant.

Contractual: In the Budget Narrative, provide a description of agreements to be entered into with outside agencies not included in any other category, including instructors not directly employed by the applicant. Provide the name of the proposed subcontractor(s) and the responsibilities to be supported with this grant, e.g., instruction personnel, assessment personnel, etc. On the NPS Budget Justification form provide the total contractual services costs to be charged to the grant.

LOST STAFF TIME/SUBSIDY:

Lost Staff Time: Using the NPS Budget Justification form provides the number of participants, the average weekly salary and the number of weeks of replacement to be covered by the grant. The number of weeks allowed in this category cannot exceed the total length of training, and fringe benefits cannot be included.

Subsidy to Offset the Loss of Unemployment Benefits: This category can only be claimed for those laid off individuals that have exhausted, or will exhaust during the training period, their 26 weeks of unemployment insurance benefits. Using the NPS Budget Justification form provides the number of participants, the average weekly subsidy, and the number of weeks to be covered. The number of weeks allowed in this category cannot exceed the total length of training, and fringe benefits cannot be included.

Subsidy to Offset Wage Reduction: This category is to be used for longer term training projects where the employing agency has reduced the participant's actual work status. For example, a full time employee enters into a 2 year RN program and is in class 3 days per week and the employer reduces the participant's work status to part time (40%). The grant can be used to cover the additional 60% of their salary. The number of weeks allowed in this category cannot exceed the total length of training, and fringe benefits cannot be included. Using the NPS Budget Justification form provides the number of participants, average weekly salary and number of weeks to be covered.

Application Format

The following is a list of all the components and documentation required for a complete application. All applications should be double-spaced and conform to the format prescribed below.

Application Component	Max. No. of Pages	Maximum Score	Format
PER APPLICATION:			
Application Cover Sheet (original/signed)	1	n/a	Attachment 1
PER PROJECT:			
Project Cover Sheet	1	n/a	Attachment 2
Need for Training	3 per region	15	Applicant Prepared
<ul style="list-style-type: none"> ▪ Training workers laid-off or likely to experience job loss (PREFERENCE) ▪ Training in shortage occupations (PREFERENCE) ▪ Training for emerging technologies ▪ Training for changes in job requirements ▪ Training in process improvement ▪ Expansion of educational capacity (PREFERENCE) 		3 3 3 3	
Capability and Commitment of Applicant	2 per region	15	Applicant Prepared
<ul style="list-style-type: none"> ▪ Measurable prior training success in area of training ▪ Measurable outcomes in other training areas ▪ Retention of graduates in training area ▪ Responsive administration of program/ability to meet contract requirements 			
Collaborations/Partnerships	2 per region	10	Applicant Prepared
Health Facility Applicants:			
<ul style="list-style-type: none"> ▪ Letters of Participation from training organizations ▪ Description of training prepared by training orgs. 	N/A		
Educational Institution Applicants:			
<ul style="list-style-type: none"> ▪ Letters of Participation from healthcare facilities 	N/A		
Third Party Applicants (e.g., Unions, Trade Associations)			
<ul style="list-style-type: none"> ▪ Letters of Participation from healthcare facilities ▪ Letters of Participation from training organizations ▪ Description of training prepared by training orgs. 	N/A N/A		
Letters of labor union concurrence (PREFERENCE)		6	
Training Strategy	2 per region	10	Applicant Prepared
<ul style="list-style-type: none"> ▪ Selection process ▪ Description of curriculum ▪ Length of training ▪ Plans to monitor training progress 			
Measurable Outcomes/Work Plan	2 per region	10	Applicant Prepared
Project Work Plan	1 per year and region		Attachment 3
Project Budget (separate SEALED submission):		25	
<ul style="list-style-type: none"> ✓ Budget Cover Sheet ✓ Project Line Item Budget ✓ Project NPS Budget Justification ✓ Project Budget Narrative 	1 per year and region 1 per year and region 1 per year and region 5 per region		Attachment 4 Attachment 5 Attachment 6 Applicant Prepared

Review and Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Planning, Policy and Resource Development.

Applicants failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Each project will be reviewed and scored competitively within each region in which funding is requested. See Table 1 on page 2 for a listing of regional funding levels and counties included in each region. For instance, a project requesting funding in three regions will be reviewed and scored three times, competing with other projects within those regions. Separate committees will review the Technical and Budget Proposals.

Applicants most likely to be selected for funding will be those that best address the following technical criteria, for up to 75 points:

- Need for Training
- Capability and Commitment of Applicant
- Establishment of Collaborations/Partnerships and Letters of Support
- Training Strategy
- Measurable Outcomes

Applicants most likely to be selected for funding will be those that present a budget that, within a training type, has the lowest cost, for up to 25 points.

Technical and financial scores will be combined for each reviewer for each project in each region, and an average final score will be calculated.

Projects scoring 75 or above (passing score) will receive an award up to the amount requested for eligible costs as follows:

- In regions where the eligible costs for projects with passing scores are equal to the amount available, awards will be made in the amount of eligible costs;
- In regions where the eligible costs for projects with passing scores exceed the amount available, awards will be made in the amount of eligible costs up to a maximum award amount as detailed below.

Region	Initial Maximum Award
Western	\$140,000
Rochester	\$180,000
Central	\$140,000
Utica/Watertown	\$30,000
Northeast	\$140,000
Northern Metropolitan	\$170,000
New York City	\$500,000
Long Island	\$350,000

Projects with eligible costs above the maximum award amount will be awarded the maximum amount plus an additional percentage of any remaining funds (determined by the amount of funds remaining divided by the amount of eligible project costs remaining) until all regional funds have been awarded. If, after applying the initial maximum award amount

to projects with passing scores, the award amount still exceeds the amount available, the maximum award amount will be reduced in \$10,000 decrements until all projects are funded and the amount available is not exceeded; and

- In regions where the eligible costs for projects with passing scores are less than the amount available, the passing score will be lowered to 70 to reach additional acceptable projects. If the eligible costs are still less than the amount available, the passing score will then be lowered to 65 to reach additional acceptable projects. If funding is still available, the remaining funds will be redistributed to other regions based on the proportions used to allocate the original funding.

If additional funding becomes available for this initiative, additional monies will be awarded in the same manner as outlined in the award process described above.

Following the awarding of grants from this RFA, applicants may request a debriefing from the NYS DOH Division of Planning, Policy and Resource Development. This debriefing will be limited to the positive and negative aspects of the subject application only.

VI. Attachments

- 1) Application Cover Sheet
- 2) Project Cover Sheet
- 3) Project Work Plan
- 4) Project Budget Cover Sheet
- 5) Project Line-Item Budget
- 6) Project NPS Budget Justification
- 7) Standard Grant Contract with Appendices
- 8) Vendor Responsibility Questionnaire
- 9) Application Checklist

**HEALTH WORKFORCE RETRAINING INITIATIVE
Attachment 1
APPLICATION COVER SHEET**

Applicant Name: _____

Applicant Address: _____

Applicant FEIN: _____

Applicant Charities Registration Number: _ _ - _ _ - _ _ **or Exemption Reason:** _____

Applicant is (check one): Not-for-profit _____ For-profit _____

Applicant Contact Information:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Applicant Organization Type (Check One):

- | | |
|--|--|
| _____ Hospital | _____ Long-term care facility |
| _____ Labor-management committee | _____ Health worker union |
| _____ Health care facilities trade association | _____ Joint labor-management training fund |
| _____ Educational institution | |
| _____ Other health facility (specify) _____ | |

Application Information:

Proposed Start Date: ____/____ (mm/yy) Proposed End Date: ____/____ (mm/yy)

	Total	Year 1	Year 2	Year 3
Number of Projects Submitted:	_____	_____	_____	_____
Total Number of Participants:	_____	_____	_____	_____

Projects Submitted for Indicated Regions (Check All That Apply):

- Western _____ Rochester _____ Central _____ Utica/Watertown _____
- Northeastern _____ Northern Metropolitan _____ New York City _____ Long Island _____

Applicant Signature

Date

HEALTH WORKFORCE RETRAINING INITIATIVE
Attachment 3
PROJECT WORK PLAN

Applicant Name: _____

Project Name: _____

Region Name: _____

Full Project Period (Up to 3 years): From: ____/____ (mm/yy) To: ____/____ (mm/yy)

Check One: Year 1 _____ Year 2 _____ Year 3 _____
 (Complete a work plan for each year of the proposed project period)

Length of Training (average period in which any one participant should complete training):

Key Activities	Quarter Start	Quarter End	Measurable Outcome

Should include measurable outcomes, including, but not limited to:

- Number to be selected for and enter training
- Number to complete training
- Number to move into new position
- Number to be retained in existing position
- Number of laid off workers to be hired/redeployed

HEALTH WORKFORCE RETRAINING INITIATIVE
Attachment 4
PROJECT BUDGET COVER SHEET

Section 1 – Total Budget Information:

Applicant Name: _____

Project Name: _____

Region Name: _____

A) Regional Amount Requested Year 1: \$ _____

B) Regional Amount Requested Year 2: \$ _____

C) Regional Amount Requested Year 3: \$ _____

Total HWRI Funding Request All Years for Region (A+B+C): \$ _____

Total Number of Participants to Enter Training in Region: _____

Section 2 – Yearly Budget Information:

Full Budget Period: From: ____/____ (mm/yy) To: ____/____ (mm/yy)

Year (Check One): ____ Year 1 ____ Year 2 ____ Year 3

Attach one budget for EACH proposed year of the project.

BUDGET CATEGORY	AMOUNT REQUESTED FROM HWRI
Project Implementation	\$
Training Services	\$
Lost Staff Time/Subsidy	\$
Grand Total	\$

Training type code for financial review (DOH Use Only): _____

HEALTH WORKFORCE RETRAINING INITIATIVE
Attachment 5
PROJECT LINE ITEM BUDGET REQUEST

Applicant Name: _____
Project Name: _____
Region Name: _____
Year (Check One): _____ Year 1 _____ Year 2 _____ Year 3

	# of FTEs to be Supported by HWRI	Amount Requested from HWRI
<i>Project Implementation:</i>		
Personnel Services		
Project Director	_____	\$ _____
Support Staff	_____	\$ _____
Coordinators	_____	\$ _____
Grant/Fiscal/MIS	_____	\$ _____
Fringe _____%		\$ _____
Subtotal:		\$ _____
 Non-Personnel Services		
Subtotal:		\$ _____
 <i>Training Services:</i>		
Personnel Services		
Assessment	_____	\$ _____
Instruction	_____	\$ _____
Curriculum Development	_____	\$ _____
Counseling	_____	\$ _____
Fringe _____%		\$ _____
Subtotal:		
 Non-Personnel Services		
Testing		\$ _____
Tuition/Fees		\$ _____
Training Supplies/Equipment		\$ _____
Dependent Care		\$ _____
Transportation		\$ _____
Training Space Rental		\$ _____
Contractual		\$ _____
Subtotal:		\$ _____
 <i>Lost Staff Time/Subsidy:</i>		
Non-Personnel Services		
Lost Staff Time		\$ _____
Subsidy to Offset Wage Reduction		\$ _____
Subsidy to Offset UIB		\$ _____
Subtotal:		\$ _____
 GRAND TOTAL REQUEST		 \$ _____

HEALTH WORKFORCE RETRAINING INITIATIVE
Attachment 6
PROJECT NON-PERSONNEL SERVICES BUDGET JUSTIFICATION

Applicant Name: _____

Project Name: _____

Region Name: _____

Year (Check One): _____ Year 1 _____ Year 2 _____ Year 3

<i>Project Implementation</i>	Provide detailed description of costs and derivation in budget narrative			Total HWRI Request \$ _____
<i>Testing</i>	Number to be Administered _____	Cost Per Test \$ _____		Total HWRI Request \$ _____
<i>Tuition/Fees</i>	Number of Participants _____	Average Cost Per Participant \$ _____		Total HWRI Request \$ _____
<i>Training Supplies/Equipment</i>	Number of Participants _____	Average Cost Per Participant \$ _____		Total HWRI Request \$ _____
<i>Dependent Care</i>	Number of Participants _____	Weekly Cost of Care \$ _____	Number of Weeks Covered _____	Total HWRI Request \$ _____
<i>Transportation</i>	Number of Participants _____	Cost Per Trip \$ _____	Total Number of Trips _____	Total HWRI Request \$ _____
<i>Training Space Rental</i>	Rental Period (number of months) _____			Total HWRI Request \$ _____
<i>Contractual</i>	Provide detailed description of costs and derivation in budget narrative			Total HWRI Request \$ _____
<i>Lost Staff Time</i>	Number of Participants _____	Average Weekly Salary \$ _____	Number of Weeks Covered _____	Total HWRI Request \$ _____
<i>Subsidy to Offset Wage Reduction</i>	Number of Participants _____	Average Weekly Salary \$ _____	Number of Weeks Covered _____	Total HWRI Request \$ _____
<i>Subsidy to Offset Unemployment Insurance Benefits</i>	Number of Participants _____	Average Weekly Salary \$ _____	Number of Weeks Covered _____	Total HWRI Request \$ _____

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: Judith Arnold
(Print Name)

Title: _____

Title: Deputy Commissioner, DPPRD

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 _____ 20__, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) _____

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-1.

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.

STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licensor, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the previous consent, in writing, of the State and any attempts to assign the contract without the State's written consent are null and void. The Contractor may, however, assign its right to receive payment without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$15,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$30,000 (State Finance Law Section 163.6.a).

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor warrants, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further warrants that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of setoff any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION. (a) FEDERAL EMPLOYER IDENTIFICATION NUMBER and/or FEDERAL SOCIAL SECURITY NUMBER. All invoices or New York State standard vouchers submitted for payment for the sale of goods or services or the lease of real or personal property to a New York State agency must include the payee's identification number, i.e., the seller's or lessor's identification number. The number is either the payee's Federal employer identification number or Federal social security number, or both such numbers when the payee has both such numbers. Failure to include this number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or New York State standard voucher, must give the reason or reasons why the payee does not have such number or numbers.

(b) PRIVACY NOTIFICATION. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in New York State's Central Accounting System by the Director of Accounting Operations, Office of the State Comptroller, AESOB, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN. In accordance with Section 312 of the Executive Law, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State; or (iii) banking services, insurance policies or the sale of securities. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Governor's Office of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165. (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES. In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St -- 7th Floor
Albany, New York 12245
Telephone: 518-292-5220

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
30 South Pearl St -- 2nd Floor
Albany, New York 12245
<http://www.empire.state.ny.us>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

- (a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;
- (b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
- (c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and
- (d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. PURCHASES OF APPAREL. In accordance with State Finance Law 162 (4-a), the State shall not purchase any apparel from any vendor unable or unwilling to certify that: (i) such apparel was manufactured in compliance with all applicable labor and occupational safety laws, including, but not limited to, child labor laws, wage and hours laws and workplace safety laws, and (ii) vendor will supply, with its bid (or, if not a bid situation, prior to or at the time of signing a contract with the State), if known, the names and addresses of each subcontractor and a list of all manufacturing plants to be utilized by the bidder.

APPENDIX A-1
(REV 02/03)

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 certified 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 Education 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 and 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 \$300,000 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 \$300,000, 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 whether 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 \$1,000 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 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.
- 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 transactions*, *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 Transactions,” 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 a 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
 - a. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:
 - Certificate of Workers' Compensation Insurance, on the Workers' Compensation Board form C-105.2 or the State Insurance Fund Form U-26.3 (naming the Department of Health, Corning Tower, Room 1315, Albany, 12237-0016), or
 - Affidavit Certifying That Compensation Has Been Secured, form SI-12 or form GSI 105.2, or

- Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for workers' compensation; and

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

- Certificate of Disability Benefits Insurance, form DB-120.1, or
- Notice of Qualification as Self Insurer Under Disability Benefits Law, form DB-155, or
- Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for disability benefits insurance.

13. 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 A-2
Program Specific Clauses**

**HEALTH WORKFORCE RETRAINING INITIATIVE
PROGRAM SUPPORTING DOCUMENTATION**

Contractors must maintain supporting documentation on participants and project activities. This documentation must be available to the grant management team and Contractor Assistance Program staff for review during programmatic and fiscal site visits. **Note: while budgets may have been constructed using average costs, all reported expenses and supporting documentation must reflect actual costs.** Contractors must maintain contract-specific books of account, supporting financial documentation and program files that include, where applicable, the following:

<i>Eligibility for Training</i>
Documentation that participant is at-risk for layoff, laid off, or in need of new skills
Participant job title prior to training
<i>Testing and Assessment</i>
Assessment and testing results
Receipts for all costs incurred for testing and assessment
<i>Training/Instruction/Tuition</i>
Tuition bills and records of payment
Educational institution catalogs which support tuition charges, or appropriate documentation detailing how tuition charges were calculated
Verification that tuition charged to the contract has been reduced by TAP, PELL and other grants received by the participants
Receipts of payment to instructors
Time records detailing any wages incurred by instructors outside of class time
Copies of contracts for any instructors hired as consultants
Participant evaluation material (e.g., grading sheets, evaluations, college transcripts) indicating participant progress during training
Applications and testing results for professional licensing and certification
Time records of attendance at training
Dates, times, lengths and locations of training
Educational institution policy for tuition reimbursement for individuals who withdraw prior to completing the course work in a given semester

<i>Lost Staff Time</i>
Payroll or other records indicating the hourly rate or salary and work assignment for both participants attending training and replacement workers
A work schedule showing what hours the participant was scheduled to be at work, and attendance records from the trainer verifying that the participant was in training during work hours
A supplemental work schedule showing that another employee was brought in to replace the participant during training OR a supplemental work schedule showing that the participant worked overtime in their own position beyond normal work hours due to an inability to find replacement staff
Work schedule showing that the replacement worker is not normally working during the time the participant is in training. NOTE: The expense is allowed only if an employer is required to bring in an employee not required to be at work during the training hours, creating an <u>additional</u> expense to the employer
Documentation verifying that the expense reported to the contract was based on the wage rate of the participant or replacement worker, whichever represents the actual additional cost to the employer
Summary containing the replacement costs incurred for each participant including the name of the replacement worker for each day of training, the hours worked and the cost of the replacement worker
CFO statement or other verification that the replacement staff was necessary to replace staff in training and that the costs represent an additional employer expense
<i>Wage Subsidies</i>
Documentation to verify the number of hours participants worker prior to training
Work schedule showing what hours the participant was scheduled to be at work, and attendance records from the trainer verifying that the participant was in training during work hours
Documentation that the number of hours worked added to the number of hours in training do not exceed the normal number of hours worked prior to the start of training
Payroll or other records indicating the hourly rate or salary for participants attending training
Documentation that checks for wage subsidies were issued to the participants for the time in training
<i>Unemployment Insurance (UI) Verification</i>
Letter of notification of the beginning and end dates of UI eligibility and amount of participant's weekly benefit
<i>Support Services</i>
Receipts for payment to participant for transportation and/or dependent care when training does not occur during participant's normal work hours
Invoices, mileage records and other appropriate documentation detailing incurred costs

Documentation that training does not occur during participant's normal work hours
<i>Other Educational Expenses</i>
Receipts of payment to participant for books, uniforms, stipends and other educational expenses.
Receipts of payment for materials purchased by contractor (e.g., teaching manuals)
<i>Other Records</i>
Invoices for placement expenses or time records for placement staff
Invoices, policies and other documentation to support any expenses reimbursed that are not covered in other categories
Documentation of date that participant was hired in new job
Correspondence from participants who have identified problems, issues, or concerns related to their participation in the project
<i>Program Implementation/Indirect Personnel</i>
Payroll time records for personnel directly employed by the contractor and allocation method for any indirect costs allocated to the contract. Payroll time records must delineate time spent on HWRI activities.
<i>Indirect Non-Personnel</i>
Allocation method for any indirect NPS costs allocated to the contract, e.g., overhead, research foundation charges.
<i>Equipment</i>
Receipts for any equipment purchased (all equipment must also be tagged)
Documentation that a request was made to the Department of Health for use of equipment after the end of the contract for continued training purposes, or return of equipment to the Department of Health upon contract termination.
<i>Contractual</i>
Description of general procurement procedures and documentation on the procurement of subcontractors under this grant
Copies of subcontracts
<i>Fringe Benefits</i>
For any personnel category in which fringe benefit costs are being reported, documentation is needed to support the rates being charged and documentation must be provided to substantiate that required payroll taxes have been paid
<i>Cost Allocation</i>
For costs allocated to the contract, a cost allocation plan must be maintained illustrating that the allocated costs are commensurate with the benefits received by the contract

APPENDIX B

BUDGET

CONTRACTOR NAME

FEIN:

Contract Term:

Initial Budget Period:

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 25% 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 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 60 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 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 Corning Tower, Room 1084, Albany, NY 12237.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than 30 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. Statistical/Quantitative Report

CONTRACTOR NAME will submit, on a quarterly basis, not later than 30 days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, in a form specified by the Departments of Health and Labor, outlining the status of participants, including, but not limited to, training progress and employment status.

B. Expenditure Report

CONTRACTOR NAME will submit, on a quarterly basis, not later than 30 days after the end date for which reimbursement is being claimed, in a form specified by the Departments of Health and Labor, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

C. Final Report

CONTRACTOR NAME will submit a final report, in a form specified by the Departments of Health and Labor, 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.

D. Additional Documentation

The CONTRACTOR NAME shall maintain such documents, records and accounts as required by the Departments of Health and Labor to assure a proper accounting of project activities and funds specified in this AGREEMENT. Methods used to determine and assign costs shall conform to generally accepted accounting practices, shall be consistent with method(s) used by the CONTRACTOR NAME to determine costs for other operations or programs which the CONTRACTOR NAME may conduct, and shall be subject to the approval of the Comptroller of the State of New York.

E. Availability of Documentation

The CONTRACTOR NAME shall retain and make available to representatives of the New York State Departments of Health, Labor, and the New York State Comptroller, as appropriate, any and all additional documentation, as specified in Section E above, for inspection, audit, transcription or reproduction at any time during the CONTRACT PERIOD and any project evaluation periods which occur after the end of the CONTRACT PERIOD.

APPENDIX D

WORK PLAN

CONTRACTOR NAME

FEIN:

Contract Term:

Initial Budget Period:

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 NYS Department of Health, having its principal office at Corning Tower, Albany, NY 12237 (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: _____

Judith Arnold

Printed Name

Printed Name

Title: _____

Title: Deputy Commissioner, DPPRD

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 _____ 20___, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.
(Notary) _____

STATE COMPTROLLER'S SIGNATURE

Title: _____

Date: _____

APPENDIX E-1

WORKERS' COMPENSATION LAW

Section 87 Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

**** PROVIDE PROOF OF WORKER'S COMPENSATION COVERAGE ****

MUST USE ONE OF THE FOLLOWING FORMS:

C-105.2 Certificate of Workers' Compensation Insurance

U-26.3 State Insurance Fund Form U-26.3

(naming the Dept. of Health, Corning Tower Rm. 1315, Albany 12237-0016)

SI-12 Affidavit Certifying That Compensation Has Been Secured

GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance

WC/DB-100/101 (Replaces Form C-105.21) Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, completed for workers' compensation

APPENDIX E-2

DISABILITY BENEFITS LAW

Section 230 Penalties

8. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment or employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue any permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

**** PROVIDE PROOF OF DISABILITY BENEFIT COVERAGE ****

MUST USE ONE OF THE FOLLOWING FORMS:

DB-120.1 Certificate of Insurance

DB-155 Notice of Qualification as Self Insurer Under Disability Benefits Law

WC/DB-100/101 (Replaces Form C-105.21) Statement That Applicant Does Not Require Workers' Compensation Disability Benefits Coverage, form 105.21, completed for disability benefits insurance

DB-820/829 Certificate of Insurance for employers insured through an insurance carrier, completed by the insurance carrier.

Attachment 8

New York State

Vendor Responsibility Questionnaire

A contracting agency is required to conduct a review of a prospective contractor to provide reasonable assurances that the vendor is responsible. This questionnaire is designed to provide information to assist a contracting agency in assessing a vendor's responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each bidder or proposer's authorization to do business in New York, business integrity, financial and organizational capacity, and performance history.

Prospective contractors must answer every question contained in this questionnaire. Each "Yes" response requires additional information. The vendor must attach a written response that adequately details each affirmative response. The completed questionnaire and attached responses will become part of the procurement record.

It is imperative that the person completing the vendor responsibility questionnaire be knowledgeable about the proposing contractor's business and operations as the questionnaire information must be attested to by an owner or officer of the vendor. **Please read the certification requirement at the end of this questionnaire.**

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER – BUREAU OF CONTRACTS
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 IN NEW YORK STATE, 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

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER – BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

21.	<p>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>	
a)	<ol style="list-style-type: none"> 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on a New York State contract for failure to comply with the MacBride Fair Employment Principles; 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; 6. had status as a Women’s Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise denied, de-certified, revoked or forfeited; 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; 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 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	<p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of:</p> <ol style="list-style-type: none"> 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; 2. state or federal environmental laws; 3. unemployment insurance or workers’ compensation coverage or claim requirements; 4. Employee Retirement Income Security Act (ERISA); 5. federal, state or local human rights laws; 6. civil rights laws; 7. federal or state security laws; 	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER – BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

	<p>7. federal Immigration and Naturalization Services (INS) and Alienage laws;</p> <p>8. state or federal anti-trust laws; or</p> <p>9. charity or consumer laws?</p> <p><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>	
22.	<p>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?</p> <p><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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	<p>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?</p> <p><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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	<p>Is the vendor exempt from income taxes under the Internal Revenue Code?</p> <p><i>Indicate the reason for the exemption and provide a copy of any supporting information.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	<p>During the past three (3) years, has the vendor failed to:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <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></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
26.	<p>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?</p> <p><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>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER – BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	In the past five (5) years, has the vendor or any affiliates ¹ : <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; 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER – BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

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 Application Checklist

Item	Number Included	Description
Application Cover Sheet	1	
Project Cover Sheet(s)	_____	One per project
Project Narrative	_____	One per project
Letters of Participation	_____	<p>Healthcare Facility Applicants: Include letters from all training organizations including descriptions of the training.</p> <p>Educational Organization Applicants: Include letters from all participating healthcare facilities.</p> <p>Third Party Applicants: Include letters from all participating training or organizations including descriptions of the training, and letters from all participating healthcare facilities.</p>
Letters of Union Concurrence	_____	One per union per application
Project Work Plan	_____	One per project per region (max. 8 per project)
Project Budget Cover Sheet	_____	One per project per year per region (max. 24 per project)
Project Line-Item Budget	_____	One per project per year per region (max. 24 per project)
Project NPS Budget Justification	_____	One per project per year per region (max. 24 per project)
Project Budget Narrative	_____	One per project per year per region (max. 24 per project)