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DEPARTMENT OF HEALTH

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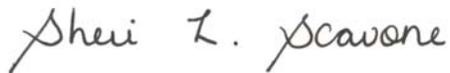
October 10, 2007

Dear Colleague:

I am pleased to provide you with the attached Request for Applications (RFA) for the Integrated Cancer Services Program Breast, Cervical and Colorectal Cancer Screening Partnerships (CSP Partnerships).

The New York State Department of Health is soliciting applications to implement community-based partnerships that coordinate recruitment for and provision of comprehensive, age-appropriate breast, cervical and colorectal cancer screening services, follow-up care and other related services to under/uninsured, eligible men and women throughout New York State. Awards that will result from this RFA will integrate and coordinate administrative and clinical services through community-based partnerships.

I appreciate your interest in implementing the goals and activities stated in this RFA, all of which are critical to efforts to successfully reduce the burden of cancer in New York State.



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NYS Department of Health

RFA # 0707301113

**New York State Department of Health
Center for Community Health
Division of Chronic Disease Prevention and Adult Health
Bureau of Chronic Disease Services**

Request for Applications

*Integrated Cancer Services Program
Breast, Cervical and Colorectal Cancer Screening Partnerships
(CSP Partnerships)*

KEY DATES

RFA Release Date: October 10, 2007

Questions Due: October 24, 2007

RFA Updates Posted: November 7, 2007

Applications Due: December 7, 2007

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Section I. Introduction

A. Intent

1. Purpose

The purpose of this Request for Applications (RFA) is to support community-based programs that provide uninsured and underinsured men and women in New York State (NYS) with routine screening for breast, cervical and colorectal cancer, with the overall goal of reducing the mortality rates for these diseases in NYS. These community-based programs (known as Cancer Services Program partnerships, or CSP partnerships) will coordinate recruitment for and provision of comprehensive, age-appropriate breast, cervical and colorectal cancer screening services and follow-up care to eligible men and women.

Awards that will result from this RFA will integrate and coordinate administrative and clinical services for breast, cervical and colorectal cancer screening, diagnostic and treatment services within single partnerships. This service integration will result in a number of efficiencies since the current breast and cervical cancer and the colorectal cancer screening programs recruit similar priority populations and use the same web-based data submission system and provider reimbursement system. The coordination of the programs on the local level will provide a single entry point for the priority populations to access the vital cancer screening services.

The integrated program will reflect the collective thinking and problem solving skills of individual partners to ensure that members of the priority populations are made aware of, offered and screened for breast, cervical and colorectal cancer. The partnership model improves local partners' ability to identify, educate, and serve men and women; increase opportunities to coordinate health messages and services for men and women; and streamline administrative functions.

Additional new activities and goals for the CSP partnerships introduced in this RFA are:

- Enhance recruitment efforts to increase the percent of the eligible population provided with breast, cervical and colorectal cancer screening throughout the state;
- Arrange participation in Medicaid Cancer Treatment Program: Breast Cancer, Cervical Cancer, Colorectal Cancer and Prostate Cancer (also known as the Breast, Cervical, Colorectal and Prostate Cancer Treatment Program - BCCPCTP or the Medicaid Treatment Act) for men receiving screening and/or diagnostic services for prostate cancer; and
- Work to enroll persons with incomes under 150% of the Federal Poverty Level (FPL) into Medicaid, Family Health Plus or other public insurance programs.

2. Funding

Awards will be made to support both infrastructure and reimbursement for clinical services provided to eligible men and women through three separate contracts, as follows: one NYS contract to support infrastructure for a one-year period, renewed annually for up to five years, a

second, five-year NYS contract to support reimbursement for clinical services, and a separate, third contract with Health Research, Inc. (HRI) for reimbursement of clinical services, renewable annually over a five-year period. (HRI is a not-for-profit corporation affiliated with the NYSDOH whose mission is to independently assist NYSDOH to effectively evaluate, solicit, and administer external financial support for NYSDOH projects.)

It is expected that the NYS contract to support infrastructure resulting from this RFA will be effective from April 1, 2008 through March 31, 2009, with budgets and work plans renewed annually through March 31, 2013, contingent on available funds, acceptable performance and compliance with all contract requirements. Clinical services reimbursement is provided through a combination of state and federal funding and therefore requires establishment of two separate contracts for this reimbursement; one, five-year state contract and one HRI contract renewed annually. Establishment of a State clinical services contract for the full five year grant period, expected to be from April 1, 2008 through March 31, 2013 will allow the CSP to more easily assure sufficient funding for clinical services reimbursement during each annual funding cycle without the need for yearly amendments to the state clinical services reimbursement contract. Clinical and laboratory services will be reimbursed on a fixed-price, fee-for-service basis.

It is anticipated that approximately 44 to 48 awards will be made as a result of this RFA process. The highest scoring applications in each service area will be awarded funding, with the exception of Bronx, New York, Queens, and Suffolk counties, in which up to two awards may be made, and Kings County in which up to three awards may be made, in order to ensure maximum coverage of the priority populations. The maximum infrastructure award to any applicant for the first year will be \$345,000, contingent on the amount approved by the legislature in the state fiscal year 2008-2009 budget.

Clinical services funding should **not** be included as part of the budget request in response to this RFA. Award recipients will receive separate funding for clinical services based on the actual services provided. Clinical services funding will be determined by the CSP for all successful applicants. Reimbursement rates for clinical services are listed in the NYSDOH CSP Cancer Screening Services Operations Manual (referred to as the Operations Manual) and may be adjusted periodically*.

*The Operations Manual describes the NYSDOH Cancer Screening Program, screening eligibility and reimbursement, clinical procedures, credentialing requirements, and other aspects of partnership operations. The Operations Manual is available in pdf format from the CSP. Please send an email to: BDSCAL@health.state.ny.us to request an electronic copy. Applicants are encouraged to review the Operations Manual thoroughly in order to best respond to this RFA.

B. Background

1. Incidence and mortality of breast, cervical, colorectal and prostate cancer in NYS

Breast cancer is the second leading cause of cancer-related death among women in NYS. Nearly 14,000 NYS women are newly diagnosed with breast cancer and approximately 3,000 die from the disease annually. Cervical cancer is diagnosed in approximately 950 women in NYS each year and about 290 NYS women die from the disease annually.

Cancers of the colon and rectum together are referred to as colorectal cancer (CRC). CRC is the second leading cause of cancer deaths among both men and women in NYS. There are approximately 11,000 new cases of CRC diagnosed each year in NYS and about 4,000 men and women die from the disease annually.

There are approximately 14,500 new cases of prostate cancer diagnosed each year in NYS and about 2,000 men die from the disease annually.

2. Evidence base for early detection and prevention

a. Overview

The CSP supports provision of age-appropriate, comprehensive breast, cervical and colorectal cancer screening services for eligible men and women, using evidence-based, national clinical guidelines from the American Cancer Society, American College of Obstetricians and Gynecologists, American Society for Colposcopy and Cervical Pathology, the United States Preventive Services Task Force and other national organizations. The CSP clinical guidelines, which are detailed in the Operations Manual, are the standards of care for all CSP-funded screening contractors. These guidelines are updated as new technologies become available and their use is validated and recommended by consensus of the above-mentioned organizations. It is expected that contractors will implement new clinical guidelines as they are adopted by the CSP. Successful applicants will be required to sign and return the attached Contractor Attestation, Attachment 1. A contract will not be issued if the awardee fails to sign and return the Contractor Attestation.

Effective, affordable, population-based screening tests have been developed for breast, cervical and colorectal cancer. These tests serve as effective tools to detect precancerous cell changes and cancerous tumors and have been successful in reducing overall cancer incidence and mortality. The screening tests that are supported by the CSP meet the following public health criteria supporting their use for population-based screening: 1) there is a significant burden of the disease on the population, 2) the disease has a known natural history, 3) screening and diagnostic tests are accurate, 4) there is effective treatment when diagnosed in early stage of disease, 5) resources and health care are available to provide testing and 6) the screening tests are affordable.

b. Breast cancer screening

Mammography, in conjunction with a clinical breast exam (CBE), is the best way to detect breast cancer in its earliest, most treatable stage. Research from clinical trials demonstrates that mammography can reduce breast cancer mortality by more than 30 percent. Additionally, several studies have evaluated the proportion of cancers (4.6%-5.9%) identified by CBE that were not detected by mammography. The CSP supports provision of:

- Comprehensive breast cancer screening, which includes a CBE and screening mammography, to women age 40 and older, as per criteria in the Operations Manual.
- CBE to women ages 18 to 39 in accordance with program guidelines.
- Appropriate testing of high risk individuals according to standards outlined in the Operations Manual.

c. Cervical cancer screening and prevention

Cervical cancer rates have declined significantly during the past five decades due to the introduction of the Pap test. Early detection of precancerous cervical neoplasia with appropriate interval Pap testing is essential to prevent progression to cervical cancer. The CSP supports provision of comprehensive cervical cancer screening, which includes a pelvic examination and a Pap test, to eligible women over age 18. Almost half of all cervical cancers detected occur in women who have never been screened for cervical cancer or in those who have not been screened within the past five years. Increasing screening rates of women who are rarely or never screened would result in the largest impact towards reducing the incidence and mortality of cervical cancer. Therefore, the CSP places a special emphasis on cervical cancer screening for these women - defined as those who have never been screened or have not been screened within the past five years.

It is now known that over 99% of cervical cancers are caused by the Human Papillomavirus (HPV). The Food and Drug Administration (FDA) has approved a vaccine that protects against certain types of HPV. The vaccine is 100% effective in preventing infections from the strains of HPV that cause 7 out of 10 cases of cervical cancer. Beginning in Fall 2007, the CSP will provide reimbursement for HPV vaccination of program eligible women ages 19 through 26.

d. Colorectal cancer screening

Early colorectal cancer detection increases survival rates. Recent studies show that regular and appropriate screening of individuals age 50 and older using fecal tests (either the fecal occult blood test (FOBT) or fecal immunochemical test (FIT), and polyp removal when detected, can prevent colorectal cancers.

The CSP supports provision of colorectal cancer screening via fecal testing to men and women aged 50 and older who are at average risk for CRC in accordance with American Cancer Society guidelines (found in the Operations Manual). The CSP provides reimbursement for a diagnostic colonoscopy following a positive result from a fecal test. Additionally, the CSP provides reimbursement for CRC screening using colonoscopy for those individuals determined

to be at elevated risk for CRC due to personal/family medical history or current medical/genetic conditions, as defined in the Operations Manual.

C. Program Description

1. The Cancer Services Program (CSP)

The CSP oversees the delivery of comprehensive, age-appropriate breast, cervical and colorectal cancer screenings to uninsured and underinsured individuals in NYS. This program is delivered primarily through contracts with local, community-based organizations known as CSP partnerships (formerly known as Healthy Women/Living Partnerships). The partnerships also provide men and women screened through their programs with diagnostic and case management services and assist individuals diagnosed with breast, cervical, colorectal and prostate cancer in obtaining prompt, comprehensive treatment.

Currently, all NYS counties are served by one or more CSP partnerships that provide screening services for breast and cervical cancer, colorectal cancer or all three of these cancers. Twenty-three partnerships provide breast, cervical and colorectal cancer screening; 30 provide breast and cervical cancer screening, and six provide colorectal cancer screening. These partnerships are funded through March 30, 2008. Twenty additional contracts to build capacity to provide colorectal cancer screening in their communities by the end of 2007 are also funded through March 30, 2008. Awards that will result from this RFA will integrate and coordinate administration and clinical screening services currently coordinated by these separate partnerships into single grant initiatives covering breast, cervical and colorectal cancer screening and referrals to Medicaid, Family Health Plus and other public insurance programs for coverage of eligible individuals.

The CSP, with funding from the Centers for Disease Control and Prevention (CDC) and NYS, provided more than 557,299 mammograms and nearly 230,000 Pap tests to low income, underinsured and uninsured women in NYS from 1994 through 2006. More than 3,800 cases of breast cancer, 108 cases of cervical or other gynecologic cancers and more than 8,500 precancerous cervical lesions have been detected in women screened through the CSP partnerships. Approximately 52 percent of the cases of breast cancer detected through the CSP partnerships were diagnosed at an early stage when treatment is highly successful. From 1997 through 2006, more than 61,146 colorectal cancer screenings were provided, from those screenings, 95 individuals were diagnosed with colorectal cancer and 627 people were diagnosed with adenomatous polyps (the precursor to colorectal cancer).

NYSDOH CSP staff provides oversight and guidance to the partnerships through programmatic and administrative technical assistance, public and healthcare provider education regarding cancer prevention and early detection, and assistance implementing effective outreach to and recruitment of the priority populations. Additionally, CSP staff work with community-based staff to ensure that individuals with abnormal screening results receive follow-up and case management as needed and that quality clinical services are provided by the partnerships through credentialing activities and a quality assurance program. The NYSDOH Cancer Screening

Research and Evaluation Unit (a.k.a. Data Unit) provides data management support and monitors and assesses program data for NYSDOH staff and partnerships.

In addition to contracts with the screening partnerships, the CSP oversees grant initiatives that provide support for persons living with cancer and their families and initiatives that deliver ovarian cancer awareness, education and support. The NYSDOH was the first state health department in the nation to address the issues of cancer survivorship by supporting initiatives that offer psychosocial supportive services extending beyond the treatment phase of cancer. These programs meet the needs of individuals and families across the State touched by any type of cancer and serve as a resource for partnership men and women diagnosed with cancer. These 32 community-based grants provide support services for adults and children living with cancer and their families, including support groups, patient navigation, transportation, end-of-life support services, and camp experiences. Additionally, six legal and supportive services contracts provide free legal advice and representation for people with cancer. Twenty community-based ovarian cancer education, awareness and survivorship initiative grants seek to reduce morbidity and mortality due to ovarian cancer among women in NYS and to improve quality of life for women living with this disease. The CSP also provides support to nine hospital-based mobile mammography vans. The mobile mammography contractors work with the CSP partnerships to reach women who would otherwise not have access to these services. A list of all CSP contractors, including current screening partnerships, mobile mammography, legal and supportive services, community-based survivorship and support and ovarian cancer education, awareness and survivorship initiatives is provided in Attachment 2: NYSDOH Cancer Services Program Contractor List.

2. NYS Medicaid Cancer Treatment Program: Breast, cervical, colorectal and prostate cancers

The CSP partnerships assist eligible men and women diagnosed with breast, cervical or colorectal cancer in obtaining treatment coverage through the NYS Medicaid Cancer Treatment Program (MCTP). Since 2002, eligible individuals diagnosed with breast and cervical cancer have been able to receive full Medicaid coverage for their entire treatment period through these programs. From October 1, 2002 through December 31, 2006, 2,298 women with breast or cervical cancer have received this coverage. In April 2007, NYS began covering colorectal cancer treatment for eligible individuals through the MCTP. The legislation that created these programs states that men diagnosed with prostate cancer through the CSP or screened or referred for prostate cancer screening through the CSP are eligible for treatment coverage. The NYSDOH does not currently support routine population-based screening for prostate cancer. However, in order to ensure implementation of the legislation, beginning October 1, 2007, men screened and/or diagnosed with prostate cancer through providers enrolled in the CSP will be eligible for treatment coverage through the MCTP. Beginning on or after April 1, 2008 and pending allocation of funding and additional resources, CSP enrolled providers will be reimbursed for prostate cancer diagnostic services for eligible men. CSP credentialed clinicians providing reasonable and customary diagnostic testing and evaluation in accordance with approved clinical guidelines will be reimbursed for these services at established Medicare rates.

3. CSP partnerships

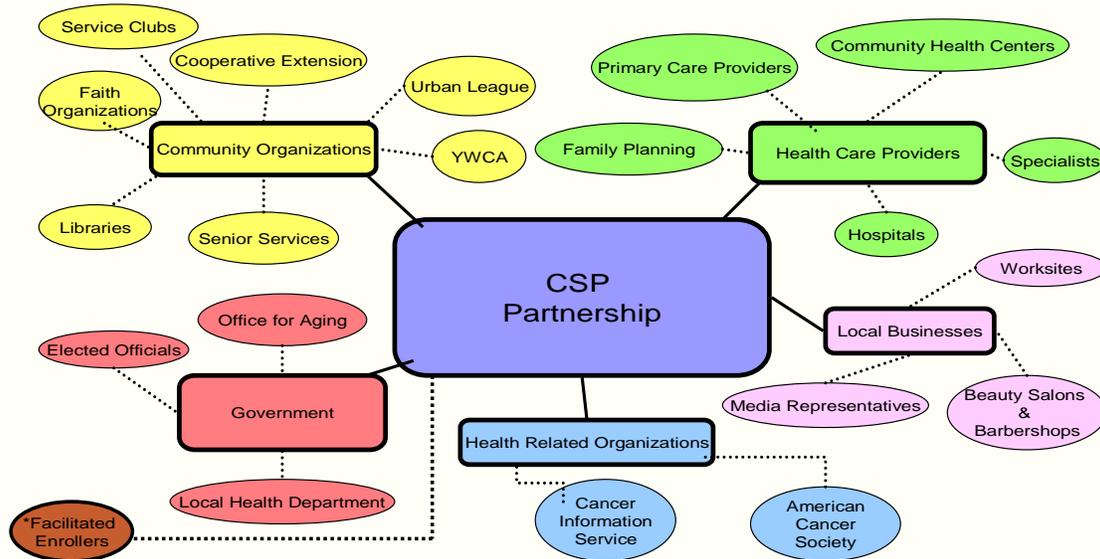
The partnership model was selected as the most efficacious approach to provide statewide screening services. The model is based on the concept of the “community of solution,” in which a variety of existing community entities contribute and mobilize their resources collectively to solve a community problem. Through the partnership model, screening programs are better able to identify and meet the diverse needs of the priority populations in communities across the state.

The CDC defines partnerships as “groups of individuals brought together by an established reciprocal agreement for sharing resources and responsibilities to achieve common goals and derive mutual benefits. The basic premise of a partnership is that when individuals or organizations join together, they will be more successful in their collective efforts than they could be as individual players.” Note that the term “partnership” does not imply a formal legal entity.

Through this model, the CSP contracts with a lead agency. The partners (community organizations) work together to implement the required contract activities and ensure that the priority populations within their service area are recruited for and provided with breast, cervical and colorectal cancer screening and diagnostic services, case management services and treatment referrals as needed.

Partners assist with implementation of required activities as appropriate to the mission and role of their organizations. These partners provide a valuable source of services, promote the screening programs, and add in-kind resources. Partnership members include community organizations (such as service clubs, senior services programs, libraries, faith-based organizations, community centers, chambers of commerce, etc.); health care providers in a variety of settings (hospitals, community health centers, local health departments, clinics, family planning providers, primary care providers, specialists, etc.); local businesses (media representatives, beauty salons and barbershops, etc.); health-related organizations (American Cancer Society, Cancer Information Services, etc.); and government (elected officials, local health departments, etc.). The diagram below illustrates the concept of the partnership and members.

Community-based Partnership Model



*Facilitated Enrollers are persons designated to assist eligible men and women with enrollment in Medicaid, Family Health Plus and other public insurance programs. Facilitated Enrollers are located at many large health care provider facilities as well as many other community partner organizations. CSP partnerships will assist with referral of eligible individuals into these programs to ensure that clients receive insurance coverage for all of their health care needs. Likewise, Facilitated Enrollers will refer individuals who are not eligible for these programs to CSP partnerships for age-appropriate, comprehensive cancer screening services.

Partners help programs reach their goals by:

- Expanding and maximizing resources.
- Coordinating program activities.
- Overcoming obstacles to the recruitment of priority populations.
- Promoting the delivery of breast, cervical and colorectal cancer screening.

These community partners are able and qualified to identify barriers to services for their local population; qualified to design effective strategies to overcome these barriers; and more likely to support interventions that they themselves have helped develop.

4. Data management and evaluation

The CSP maintains a secure on-line, real-time data entry system through a contract with Indus Consultancy Services, Inc. (commonly referred to as the Indus system, or Indus). Partnerships enter screening, diagnostic, treatment, and demographic information into this data system for men and women who are recruited for screening services. This Internet-based system facilitates timely provider reimbursement, patient tracking and follow-up, improves the quality

of data collected, and helps reinforce program procedures. On-line data queries and reports are available for partnerships and CSP staff to monitor performance.

Program data collected through the on-line data system are integral to the management of the CSP and used for program planning, quality assurance, and evaluation. The Data Unit prepares a number of reports summarizing program data, including performance measure (PM) reports for partnerships and several analytical reports utilized by the CSP staff to monitor program services and other issues relevant to quality assurance, as well as to identify partnerships in need of assistance or intervention. The CSP distributes the PM reports to all partnerships, summarizing key indicators of performance such as the percent of the screening goal attained; percent of priority and eligible population reached; timeliness and appropriateness of follow-up and timeliness and accuracy of program administrative tasks. PMs are also a key tool in the development of partnership work plans and are used to measure effectiveness related to required activities. The NYS PMs (listed in Attachment 3: Program Performance Measures) are primarily modeled after those used by the CDC to measure statewide performance. While year one infrastructure funding is based primarily on the proposed number of members of the eligible population to be screened by the partnership, it does take into account key performance measures as per the process described in Section IV of this RFA. Infrastructure funding in years 2, 3, 4, and 5 of this grant will also be based, in part, on how well partnerships perform on these performance measures in the previous year. Partnerships that meet or exceed all of the performance measures will be best positioned to receive the maximum infrastructure for the subsequent year/s.

5. Provider credentialing and quality assurance

Health professionals who provide clinical services in the CSP need to have an unrestricted license with appropriate credentials for the services that they perform. Partnerships are required to comply with CSP credentialing guidelines for every clinical provider who provides services through the partnership. Credentialing is described in the Operations Manual and successful applicants will receive further guidance from CSP staff.

The CSP also monitors clinical performance and outcomes among partnerships to assure that men and women in the CSP receive quality clinical services. The purpose of quality assurance is to monitor performance and identify opportunities and strategies for improving services. The CSP reviews data from the clinical providers, for example, to identify facilities that report very low or very high numbers of abnormal screening results; the proportion of diagnostic tests that are positive for cancer; the timeliness of follow-up on screening abnormalities and adherence to established clinical guidelines for abnormal findings.

6. Program eligibility and priority populations

The eligible population to be screened through the CSP partnerships and for whom the CSP will reimburse for clinical services includes adults who are unserved or underserved. As defined by Public Health Law 2405.1, these are persons having inadequate access and financial resources to obtain cancer screening and detection services, including persons who lack health insurance or whose health insurance coverage is inadequate or who cannot meet their deductible obligations

for purposes of accessing coverage under their health insurance and who are age-appropriate for comprehensive breast, cervical and colorectal cancer screening. Current eligibility* for screening tests and prevention services by gender and age is as follows:

<u>Gender</u>	<u>Age</u>	<u>Screening or Diagnostic Test/s and HPV Vaccination Eligibility</u>
Female	18**-39	CBE/Pap and pelvic/mammography or ultrasound for breast cancer in high risk women
Female	19-26	HPV Vaccine
Female	40-49	CBE/Mammogram/Pap and pelvic/colorectal cancer screening per Operations Manual if at high risk
Female*	50 and older	CBE/Mammogram/Pap and pelvic/colorectal cancer screening per Operations Manual
Male	40-49	Colorectal cancer screening per Operations Manual if at high risk
Male*	50 and over	Colorectal cancer screening per Operations Manual
Male	N/A	Urology consult, including associated diagnostic lab testing

* Note that other criteria, such as family history, also contribute to screening eligibility. Please refer to the Operations Manual for detailed information on screening eligibility.

** 18 year old women should be referred to the Vaccine for Children (VFC) program for the HPV vaccine. Call 1-800-543-7468 for information about VFC.

The term “priority populations” refers to sub-groups of the eligible populations who are disproportionately affected by these cancers and as a result are of special concern to this program. These populations should be the focus of outreach, recruitment and screening efforts. These include:

- Un/underinsured persons aged 50 – 64;
- Women who are never or rarely screened for cervical cancer – defined as those who have never been screened or have not been screened within the past five years;
- persons who are geographically or culturally isolated;
- the medically unserved or underserved; or
- members of racial, ethnic and cultural minority populations.

The CSP monitors partnership performance in reaching these sub-groups. Further information regarding eligibility, screening protocols and diagnostic services is provided in the Operations Manual.

7. Public health insurance programs

The CSP provides a variety of important services to underserved people across New York State. NYSDOH also has a high priority of identifying those individuals who may be eligible for Medicaid, Family Health Plus, or other public insurance programs so that they can have access to a payment source for their complete health needs. Many partnership clients may be eligible for significant additional benefits if they are eligible for and enrolled in insurance programs.

Partnerships and providers will play an essential role in identifying these individuals, providing current information about public insurance programs and referring them for enrollment. NYSDOH will provide all successful applicants and providers enrolled in the CSP with contact information for enrollment sites and information sheets for patients and family members. Individuals who qualify for enrollment in insurance programs will continue to be included in partnership screening recall protocols and processes to assure that they are notified for and access important cancer screening services at required intervals. Likewise, individuals who are not eligible for these programs will be referred to CSP partnerships by public insurance program enrollers for needed services.

Section II. Who May Apply

A. Eligibility Requirements

1. Minimum requirements

a. Who may apply

- Applications for the lead agency/partnership contract will be accepted only from local health departments and incorporated, not-for-profit organizations, which may include: community-based organizations, hospitals, health care facilities, and health maintenance organizations. The successful agency or institution will become the contracting agency and legal entity with which the NYSDOH enters into a contract on behalf of a community-based partnership.
- Applicants affected by the recommendations of the Commission on Health Care Facilities in the 21st Century (Berger Commission Report) are eligible to apply to this solicitation. Award decisions will be made on a case-by-case basis.

b. Screening goals

Screening goals are based on an *estimate* of the eligible priority populations in each county. The eligible priority populations used to determine these estimates included women age 40 or older and men age 50 or older who are uninsured or underinsured and at or below 250% of the federal poverty level in each county. The CSP has set a screening goal of approximately 20% of these estimated eligible priority populations. An applicant's screening goal may include estimates of eligible women who are not in the priority population (18 to 39 years of age).

- Applications should indicate a projected screening goal for the proposed service area and demonstrate how the goal will be met. The screening goal represents the total number of individuals provided with any type of breast, cervical and/or CRC screening through the program. For example, a woman who meets eligibility criteria and receives screening for breast, cervical and colorectal cancer will count as one (1) individual towards your screening goal rather than as three (3) separate screenings.
- The goal of the CSP is to reach a minimum of 20% of the estimated eligible priority populations in each county (see Attachment 4, Screening Goal Ranges by County).
- The minimum acceptable screening goal for each funded partnership is 301 eligible men and women.
- The screening goal for proposed service areas which contain multiple counties should reflect the combined projected estimate of individuals to be screened in each of the counties. The applicant should demonstrate how the screening goal for each county will be met.
- Applications should provide significant justification in the exceptional instance that projected screening goals fall below the goal range listed in Attachment 4, with a detailed plan for meeting or exceeding the minimum of the range for the service area in the future. A projected screening goal that exceeds the goal range listed in Attachment 4 is

acceptable and should be adequately justified through demonstration of past screening efforts in the proposed service area with the priority populations.

c. Service areas

- The CSP seeks to serve program-eligible residents in every county in the state.
- Applications should describe the geographic area to be served.
- Applications that propose to serve a county listed in Table 1 must partner with the additional county or counties with which that county is listed. These county combinations are required in order to ensure efficient, statewide program coverage:

Table 1

Allegany & Cattaraugus	Delaware, Otsego & Schoharie	Hamilton, Warren & Washington	Schuyler & Chemung
Chenango, Broome & Tioga	Franklin & Essex	Herkimer, Madison & Oneida	Seneca, Ontario & Yates
Columbia & Greene	Fulton & Montgomery	Lewis & Jefferson	
Cortland & Tompkins	Genesee & Orleans	Livingston & Wyoming	

- Single county applications will be accepted from counties NOT listed in Table 1.
- Applicants may propose partnerships that combine service areas in one application. Applications should demonstrate the ability to achieve the screening goal for each county included in a multiple service area proposal.
- Multiple applications will be accepted for the same service area. However, only one award per service area will be made, with the exception of the following counties, in which multiple awards may be made in order to ensure maximum coverage of the priority populations:

of Awards

County

Up to 2

Bronx, New York, Queens, Suffolk

Up to 3

Kings

- Multiple contracts will NOT be awarded to applicants proposing to serve the same service area.
- With the exception of Bronx, New York, Queens, Suffolk and Kings Counties, applications should propose to serve the entire county/ies.
- Applications proposing to serve Bronx, New York, Queens, Suffolk or Kings Counties cannot propose to serve the entire county, and should identify a specific service area (by neighborhood or street) within the proposed county.

- Lead agencies may submit only one application per partnership. An applicant may be the lead on more than one partnership as long as separate applications are submitted for each proposed partnership.
- The NYSDOH reserves the right to modify the final service areas of successful applicants to ensure statewide program coverage.

2. Preferred requirements

Preference will be given to applications that demonstrate:

- The ability to meet the health and human service needs of the uninsured and underinsured priority populations in the proposed service area, including conduct of education, outreach, recruitment and screening activities with the priority populations.
- The ability to build relationships and collaborate with other community organizations and health care providers to address major health issues in the community.
- The ability to offer all screening services throughout the entire proposed service area upon initiation of the contract.
- The ability to hire and train staff and/or subcontract for required activities, process payments, purchase needed program resources and initiate and amend contracts and budgets in a timely manner.
- Expertise administering a comprehensive cancer screening program.

Section III. Project Narrative/ Work Plan Outcomes

A. Scope of Work

Successful applicants (lead/contracting agencies) will coordinate or subcontract for coordination of the CSP partnership for their proposed service area and will offer integrated, comprehensive, age-appropriate screening services upon initiation of the contract. Integration of clinical screening services is defined as the provision of appropriate screening services (breast, cervical and colorectal) to eligible men and women, as per the Operations Manual. For example, women aged 50 and older who meet screening eligibility criteria as stated in the Operations Manual, will be offered comprehensive breast, cervical and colorectal cancer screening when they are enrolled in the program.

Integration of program administration requires working closely with community programs, groups and coalitions that serve the priority populations in order to fully reach them and provide them with screening services. Integration also applies to collaboration with and utilization of other cancer and chronic disease programs that offer services to partnership men and women. This includes but is not limited to referral to CSP-funded legal and supportive services programs in order to ensure continuum of care throughout the treatment period. (See Attachment 2 for a listing of CSP contractors.)

Successful applicants are required to implement and manage the following activities under the guidance of the CSP:

1. Partnership building and management – Build and maintain collaborative relationships with health, human service, education and other community organizations to provide and promote utilization of cancer screening services among the priority populations throughout the entire proposed service area.

a. Required activities:

- Cultivate relationships (a.k.a. partnerships) with organizations such as public health agencies, public and private businesses, service and social groups, faith-based organizations, non-profit organizations, medical institutions, medical care providers, government agencies and interested individuals representing priority populations who are willing to share their resources to assist in implementing all required activities.
- Recruit partners with appropriate knowledge, skills and resources based upon current and anticipated overall partnership needs to serve the priority populations throughout the entire proposed service area. Ensure that partners include representatives from screening, diagnostic and treatment providers within the service area.
- Develop formal, active working relationships through letters of agreement, memoranda of understanding or subcontractual arrangements with other local partners serving the priority populations.
- Conduct a minimum of four (4) partnership meetings annually and regularly communicate with partners and providers in writing to facilitate communication about program services and operations, review performance measures and current budget

expenditures, identify gaps in services and areas for collaboration and gather input into the development of annual program work plans and budgets.

- Engage partners to assess needs, conduct education, and develop, implement and evaluate comprehensive plans for outreach and inreach recruitment activities to priority populations throughout the entire service area.
- Establish relationships with other community organizations and providers and establish referrals for client services not reimbursed by the CSP, such as child care, medical equipment or transportation.

2. Recruitment of the priority populations – The goal of recruitment activities is to enroll members of the priority populations into comprehensive, age-appropriate breast, cervical and colorectal cancer screening services. Recruitment is accomplished through public education and active outreach and inreach activities. Active outreach relies on comprehensive, tailored, population-specific strategies designed to reach and recruit men and women from priority populations into clinical screening services. Active outreach entails creative approaches, beyond merely providing brochures or flyers describing the program, which is considered ‘passive’ outreach. Inreach activities involve approaching members of the priority populations who are using other health services (e.g., getting a flu shot, receiving care for diabetes or heart disease, etc.) and recruiting them for program enrollment.

a. Required activities

- Design and deliver clear and consistent messages about breast, cervical and colorectal cancer screening that are written at appropriate reading levels for those with low health literacy skills with guidance from and review by the CSP Public Education, Outreach and Recruitment Unit.
- Develop and revise as appropriate a comprehensive, active outreach plan tailored to the priority populations that includes a multi-level approach – a mix of broad-based awareness raising, community education and one-on-one recruitment strategies.
- Develop and implement inreach strategies to approach members of the priority populations using other health services and recruit them for program enrollment.
- Develop and monitor effective strategies for educating members of the priority populations about the importance of early detection and screening for breast, cervical and colorectal cancer.
- Develop strategies to promote the services provided by the partnership and the CSP.

3. Screening and diagnostic activities – Identify and recruit licensed medical providers throughout the entire service area to join the partnership and provide comprehensive, age-appropriate screening and diagnostic and treatment services as per the Operations Manual.

a. Required activities

- Establish and maintain a comprehensive provider network for breast, cervical and colorectal cancer screening and diagnostic services and treatment referrals and for prostate cancer diagnostic services and treatment referrals that will maximize access and

quality care. Ensure that there are a sufficient number of appropriate types of providers participating in the partnership, consistent with the proposed screening goal.

- Establish, maintain and update written agreements with providers.
- Participate in all CSP credentialing activities in order to ensure partnership providers have unrestricted licenses and are appropriately qualified and credentialed. Note: Credentialing activities are described in the Operations Manual.
- Establish systems and procedures for the provision of breast, cervical and colorectal cancer screening and diagnostic services to eligible populations, according to the Operations Manual, including 1) the development of a mechanism for obtaining required CSP client information and signed consent forms; 2) a system for recalling men and women for rescreening at required intervals, including those recently enrolled in public insurance programs, such as Medicaid and Family Health Plus; 3) a method for purchase and distribution of fecal test kits for CRC (either FOBT or FIT) and other program materials; and 4) the establishment of standing medical orders for fecal test kit distribution, development and follow-up. Applicants should elect to use one of the available fecal tests, i.e., either FOBT or FIT. In instances where the use of the selected test poses a barrier to the participation of a provider or individual patient, consideration will be made for use of the alternative test. Fecal tests are only to be provided to uninsured and underinsured, eligible individuals.
- Develop and implement procedures for timely follow-up of men and women with abnormal screening results to schedule them for appropriate diagnostic tests and report results to the CSP in a timely manner, as per the Program Performance Measures (Attachment 4) and the Operations Manual.
- Develop and implement procedures to refer all eligible men and women in need of treatment for breast, cervical, colorectal, or prostate cancer for enrollment in the MCTP. Men screened and/or diagnosed with prostate cancer through providers enrolled in the CSP and who meet CSP eligibility criteria per the Operations Manual are eligible for prostate cancer diagnostic and treatment coverage through the MCTP. The NYSDOH does not currently support routine population-based screening for prostate cancer and therefore does not reimburse for prostate cancer screening. Guidance regarding enrollment in the MCTP for men with diagnosed prostate cancer is currently being developed by the CSP and will be provided to successful applicants to this RFA.
- Secure commitment from clinical providers to treat men and women diagnosed with breast cancer, cervical cancer and/or precancerous cervical lesions, and colorectal cancer through the program who do not qualify for MCTP, regardless of their ability to pay.
- Ensure that program men and women are provided with referrals or facilitate access to no cost or sliding fee clinic services that are not specifically related to breast, cervical or colorectal cancer, as needed.
- Secure assurance that clinical providers will accept the CSP reimbursement rates as payment in full.
- Make provisions to ensure that men and women currently receiving CSP-funded services through CSP partnerships under the contracts that will be ending March 31, 2008 receive continuity of care under the new contract/new partnership.
- Ensure that the partnership participates in the provision of reimbursement to providers for HPV vaccine to eligible women ages 19 to 26 years old in accordance with the

recommendations of the Advisory Committee on Immunization Practice (accessible on line at: www.cdc.gov/vaccines/recs/acip/).

4. Case management – Ensure that all men and women with abnormal screening results are assessed for their need for case management services and are provided with such services accordingly. Case management involves working with partners and community resources to assist men and women with any barriers to keeping scheduled diagnostic appointments and obtaining diagnostic evaluation, and if necessary, treatment.

a. Required activities

- Assist men and women in need of follow-up to ensure that they receive comprehensive, coordinated care in a timely manner based on individualized needs.
- Develop individual written care plans including periodic reassessment of the client's needs.
- Develop relationships with community resources to help address barriers that men and women may encounter that challenge their ability to obtain diagnostic services, evaluation, and if necessary, treatment.
- Provide appropriate continued reassessment and follow-up of the client's needs throughout the duration of care and evaluate client satisfaction.
- Assist Designated Qualified Entities (DQE) - the individuals authorized to complete applications for enrollment of men and women in the MCTP for breast, cervical colorectal, and prostate cancer treatment - with overcoming any barriers which prevent the client from meeting with the DQE for a face-to-face interview and/or the DQE informing the client of documents required for the application process. See the Operations Manual for information about the MCTP and DQEs.

5. Program management – Provide leadership, coordinate and administer the program to implement all required activities and meet contractual agreements in a timely manner, ensuring that barriers to implementation of the required activities are addressed to reduce potential effects on program performance.

a. Required administrative activities

- Utilize monthly performance measure reports to monitor progress and identify need for improvements and changes in systems or activities. Monitor, review and revise work plans according to monthly performance measure reports. (See Attachment 3: Program Performance Measures)
- Ensure timely, complete and accurate submissions of annual work plans and budgets, as requested by the CSP.
- Ensure timely, complete and accurate submissions of semi-annual reports as requested by the CSP. The CSP will provide standardized report formats to successful applicants.
- Ensure that the program is fully staffed and systems are in place to recruit, train and retain all staff as needed.
- Ensure timely submissions of contact information for key staff as requested by the CSP in order to ensure that the CSP database, public website and toll-free recruitment phone line

database contact information are accurate and up-to-date. (Note that these are maintained by the CSP in order to facilitate communication with partnerships and provide contact information for statewide promotion of the partnerships.)

- Ensure that partnership representatives (staff) attend CSP trainings, regional meetings and statewide contractor meetings as directed by the CSP.
- Provide proof of or exemption from workers compensation and workers disability insurance coverage and information on policies and procedures to demonstrate compliance with applicable federal regulations governing the grant funds. Items requested as part of contract paperwork will include, but not be limited to, time and effort procedures and A-133 audit reports.
- Maintain communication with clinical providers, laboratories, imaging facilities and partners regarding program changes, professional development opportunities and other issues related to program services and requirements and ensure that providers submit all forms in a timely manner.
- Identify and facilitate training of a DQE to assist eligible men and women with enrollment into the MCTP.
- Implement reciprocal referral system whereby CSP partnership clients are referred to Medicaid, Family Health Plus or other public insurance programs to ensure that they receive insurance coverage for all of their health care needs and whereby individuals not eligible for Medicaid programs are referred to CSP partnerships for needed services. Processes for implementation are in development and will be included in updates to successful applicants.
- Cooperate fully with the program's quality assurance team to identify providers with potential quality concerns, explore reasons for unusual data patterns, and remediate providers' clinical and/or data reporting deficiencies in a timely manner.

b. Required fiscal management activities

- Prepare and submit vouchers to CSP on a monthly basis to ensure prompt reimbursement of funds to clinical providers and agencies for whom clinical or infrastructure costs were submitted.
- Bill all third-party payors, with the understanding that the difference between the actual cost of an allowable service and the insurance payment may be billed to the NYS program, provided the reimbursement from all sources does not exceed the program's maximum reimbursement rate.

c. Required data management activities

- Submit all required forms and data (e.g., client demographics, screening and diagnostic services and treatment information) as directed by CSP via the Indus system for clients screened by partnership service providers and for whom reimbursement is requested for any clinical services. The CSP requires that Screening Intake Forms (SIF) be submitted within 30 days of the date of finding for abnormal results and 90 days for normal results. It is important that services are reported on time so that clients can receive diagnostic and treatment services as needed and so providers are reimbursed as soon as possible.

- Indus training will be provided by the CSP. The goal for new contracting agencies that have not already implemented Indus will be to do so as close as possible to the start date of the contract under this RFA. Agencies that currently use Indus will continue to enter and manage data on this system.
- Ensure timely submission of data to facilitate timely reimbursement to providers.
- Ensure timely submission of data to facilitate enrollment of all eligible clients into MCTP.
- Conduct provider training and follow-up with service providers where necessary to ensure timely and appropriate submission of all required forms and data.
- Promptly obtain missing or corrected information from service providers.
- Promptly distribute monthly data reports received from the CSP to the appropriate individuals or contractors.

B. Key Staff and Functions

Applicants should ensure staff resources are sufficient and that identified staff and contractors are fully qualified to implement all required activities. One qualified staff person may be responsible for multiple functions. All functions should be addressed.

1. Partnership Coordination - The Partnership Coordinator serves as the point of contact for all general, contractual and financial communication between the CSP and the partnership. A Partnership Coordinator should be designated and it is recommended that the lead agency (contractor) employ this individual. The partnership should ensure that the percentage of time designated for the Coordinator is commensurate with the partnership's screening volume. The Coordinator should be at least a 50% FTE.

a. The Partnership Coordinator should have the ability/knowledge to:

- Coordinate and/or administer all required activities as stated in Section III of the RFA.
- Provide leadership for program planning, implementation and evaluation.
- Identify potential program problems and best practices.
- Develop, cultivate and maintain productive working relationships among program staff and community partners.
- Communicate effectively and routinely with staff, partners, clinical providers and CSP staff.
- Initiate and guide the development and routine review of an annual work plan containing specific, measurable, time phased and realistic goals, objectives, activities and performance measures with input from the partnership.
- Initiate and guide the development of an annual budget with input from the partnership.
- Educate clinical providers about the CSP breast, cervical and colorectal cancer early detection program.
- Represent the partnership and promote the CSP in the proposed service area.

The applicant organization should also identify and demonstrate how the following functions will be fulfilled:

2. Recruitment – Recruitment involves working with all partnership collaborators to develop public education, awareness and active outreach and inreach plans to recruit members of the priority populations to the program throughout the entire service area.

a. Staff responsible for recruitment activities should have the ability to:

- Work effectively with diverse groups of people from a variety of cultural and educational backgrounds.
- Use data to identify priority populations and where they are located throughout the proposed service area.
- Tailor recruitment strategies to the cultural values, norms and behaviors of the priority populations.
- Educate members of the priority populations about the importance of screening, explain the services available and address barriers to screening.
- Motivate and encourage members of the priority populations to complete all screening exams for which they are eligible.
- Engage partners to reach and bring members of the priority populations into clinical screening services.
- Use data to develop and evaluate the effectiveness of targeted outreach strategies used in recruiting members of the priority populations into screening and meeting projected screening numbers.

3. Data Management - Data management involves serving as the point of contact for all data-related communication between the CSP and the partnership.

a. Staff responsible for data management activities should have the ability to:

- Use computer programs proficiently, including use of the Internet, database management and data entry programs.
- Collect, enter and edit data accurately.
- Ensure the security and confidentiality of all data collected.
- Review and assess the completeness, accuracy and timeliness of data from providers.
- Communicate with providers when information is inadequate or missing.
- Assess program outcomes.
- Read and interpret data reports.

4. Case Management - Case management involves working with patients, partners and community resources to assist men and women with identified barriers to keeping scheduled diagnostic appointments and obtaining diagnostic evaluation, and, if necessary, treatment. The lead agency may fulfill this function by designating case management staff at the partnership level or through shared responsibility of clinical providers and/or partnership staff. The case management function is described in detail in the Operations Manual.

a. Staff responsible for case management activities should have the ability to:

- Develop a system to track clinical results to ensure the timeliness and completeness of follow-up.
- Understand health-seeking behavior and the strategies to address barriers to seeking health services.
- Identify local resources that address barriers to care.
- Assess the needs and support systems for men and women in the program in order to remove barriers to screening and follow-up.
- Refer men and women enrolled in the program that have abnormal screening results for support services, as appropriate and needed.
- Communicate with men and women enrolled in the program in a manner which enhances their understanding of the need to have diagnostic services following an abnormal screening.
- Communicate effectively with clinical providers.
- Promote and communicate breast, cervical and colorectal cancer clinical guidelines.

Section IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYSDOH, Division of Chronic Disease Prevention and Adult Health, Bureau of Chronic Disease Services, Cancer Services Program. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions should be submitted in writing to:

Sheri Scavone, Director
Cancer Services Program
NYS Department of Health
Riverview Center
150 Broadway, 3rd Floor West
Albany, New York 12204
BCDSCAL@health.state.ny.us
Fax: (518) 473-0642

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until October 24, 2007. Questions and Answers will be available on or about November 7, 2007. If sending an email, the subject line should read: RFA# 0707301113

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

This RFA has been posted on the NYSDOH public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the NYSDOH website.

Prospective applicants who would like to receive notification when updates/modifications are posted (including responses to written questions), should complete and submit a letter of intent (see Attachment 6).

Letters of intent should identify the agency that is applying and describe the specific service area that will be served. Submission of a letter of intent is not a requirement for submitting an application nor are those submitting a letter of intent required to submit an application. However, it is highly recommended that letters of intent be submitted. Letters of intent will be accepted via fax or email to: BCDSCAL@health.state.ny.us, (518) 473-0642, c/o: RFA# 0707301113.

An Applicant Conference will not be held for this project.

C. How to File an Application

Applications must be **received** at the address shown below, by 5pm on December 7, 2007, as posted on the cover sheet of this RFA. Late applications will not be accepted. It is the applicant's responsibility to ensure that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the NYSDOH's discretion.

Mail applications to: Sheri Scavone, Director
Cancer Services Program
NYS Department of Health
Riverview Center
150 Broadway, 3rd Floor West
Albany, New York 12204

Applicants shall submit one (1) original, fully signed application and four additional (4) copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications *WILL NOT* be accepted via fax or email.

D. 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 NYSDOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If the NYSDOH is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The NYSDOH reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

E. Term of Contract

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

Contracts will be established with both the NYSDOH and HRI as a result of this solicitation. Awards will be made to support both infrastructure and reimbursement for clinical services provided to eligible men and women through three separate contracts, as follows: one NYS

contract to support infrastructure for a one-year period, renewed annually for a five year period, a second, five-year NYS contract to support reimbursement for clinical services, and a separate third contract with HRI for reimbursement of clinical services, renewable annually over a five-year period.

It is expected that the NYS contract to support infrastructure resulting from this RFA will be effective from April 1, 2008 through March 31, 2009, with budgets and work plans renewed annually through March 31, 2013, contingent on available funds, acceptable performance and compliance with all contract requirements. Future infrastructure funding will be based in part on each grantee's performance with respect to objective measures as outlined in the Program Performance Measures (Attachment 3). While year one infrastructure funding is based primarily on the proposed number of members of the eligible population to be screened by the partnership, it does take into account key performance measures. Infrastructure funding in years 2, 3, 4, and 5 of this grant will also be based, in part, on how well partnerships perform on these performance measures in the previous year. Partnerships that meet or exceed all of the performance measures will be best positioned to receive the maximum infrastructure for the subsequent year/s.

The Department intends to fund contracts serving all geographic areas of New York State in response to this RFA; the maximum infrastructure award to any applicant will be \$345,000, pending 2008-2009 state budget allocations. Infrastructure awards will be commensurate with the estimated total number of eligible clients, inclusive of men and women, to be served. Applicants should refer to Infrastructure Funding Ranges Based on Total Number of Clients to be Screened (Attachment 5) to determine the accepted range of infrastructure that the CSP will award based on the total number of clients to be screened within the service area. Applicants who intend to serve a multi-county area should use the appropriate funding range based on the sum of the individual counties' screening goals within the service area. (i.e. County A [400 clients] + County B [500 clients] = Infrastructure funding range for 900 clients.) Applicants may not calculate infrastructure as the sum of infrastructure funding for each individual County's goal within a multi-county service area.

Funding for clinical services reimbursement will be distributed to applicants based on the approved screening goal of the partnership. Applicants should not include this amount in their budget calculations as this amount will be determined by the CSP. This amount will serve as the baseline for clinical services reimbursement contracts. Clinical services reimbursement is provided through a combination of state and federal funding and therefore requires establishment of two separate contracts for this reimbursement; one, five-year state contract and one HRI contract renewed annually. It is the intent of the CSP to establish a State clinical services contract for the full five year grant period, expected to be from April 1, 2008 through March 31, 2013. This will allow the CSP to more easily assure sufficient funding for clinical services reimbursement during each annual funding cycle without the need for yearly amendments to the state clinical services reimbursement contract. Clinical and laboratory services will be reimbursed on a fixed-price, fee-for-service basis. The contract with HRI allows for reimbursement of clinical services relating to breast and cervical cancer screening using federal monies from the CDC grant. All funding for the HRI contract is supported by a Cooperative Agreement with the CDC.

F. Payment and Reporting Requirements of Grant Awardees

1. The infrastructure contract will be cost reimbursable for personnel services and other than personnel services (OTPS) items included in categorical budgets. The State (NYSDOH) may, at its discretion, make an advance payment to not-for-profit grant contractors for categorical items, in an amount not to exceed 25% percent of the infrastructure contract award. No advance payment will be made for clinical services. A request for advance payment may be submitted for infrastructure upon execution of the contract. NYSDOH reserves the right to reject any advance request.
2. The grant contractor will be required to submit monthly invoices and required reports of expenditures on all contracts to the State's designated payment office:

Fiscal Unit
NYS Department of Health
ESP, Corning Tower, Room 515
Albany, NY 12237
c/o Thomas Justin

Vouchers for NYSDOH contracts should be submitted monthly, no later than 30 days after the period for which reimbursement is requested. The final voucher for each yearly budget period should be received in the designated payment office within 90 days of the close of the budget period.

Vouchers for HRI contracts should be submitted no later than 30 days after the period for which reimbursement is requested. Vouchers received after 30 days may be processed at the discretion of HRI. The final voucher should be submitted within 30 days of the close of the budget period.

Payment of such invoices by the NYSDOH shall be made in accordance with Article XI-A of the New York State Finance Law. The contractor will be reimbursed for actual expenses incurred as allowed in the contract budget and work plan. In addition, the providers will be reimbursed for clinical services provided to eligible men and women per the program maximum reimbursement schedule. (For information about client eligibility and maximum reimbursement, please refer to the Operations Manual.)

3. The grant contractor will be required to submit the following periodic reports using the template to be provided by the CSP upon approval of the contract:

Semi-annual reports:

Covering the period: April 1 – September 30 Due: October 31

Covering the period: October 1 – March 31 Due: April 30

Annual renewal work plans and budgets:

Covering the period: April 1 – March 30 Due: October 1

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

G. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the NYS VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants must also complete and submit the Vendor Responsibility Attestation (Attachment 7).

H. General Specifications

1. By signing the Application Cover Page (Attachment 8), the individual attests to his or her express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA. If this applicant does not accept a certain condition or term, this must be clearly noted in a cover letter to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
 - c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such

services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

I. Appendices

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

APPENDIX A -	Standard Clauses for All New York State Contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX A-2	Program Specific Clauses
APPENDIX A-3	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, for which one of the following is incorporated into this contract as **Appendix E-1:**

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- **WC/DB -101**, Affidavit That An OUT-OF STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- **WC/DB -101**, Affidavit That An OUT-OF STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR the **DB-820/829** Certificate/Cancellation of Insurance; OR

- **DB-155** -- Certificate of Disability Benefits Self-Insurance

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

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

Section V. Completing the Application

A. Application Format and Content

Format

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

Applications should not exceed 50 double spaced pages (not including cover page, budget pages and attachments), be numbered consecutively (including attachments), be typed using a 12-point font and have one-inch margins on all sides. Applicant identification should be inserted in the page header to state applicant name and RFA #0707301113. The work plan template, which does not require one-inch margins and allows for use of 8-point font or greater, is an exception to the formatting requirements. Failure to follow these guidelines will result in a deduction of up to 5 points.

Applicants should address each of the sections of the application, indicating if a particular section is not relevant to the organization or application. Applicants should be complete and specific when responding, and should number and letter the narrative response to correspond to each section in the order presented. The review team will base its scoring on the maximum points indicated for each section.

Please complete the application by addressing each of following sections in the order and format in which they appear.

Content

The application should cover the entire five-year contract period while the work plan should detail activities only for the first year of the grant (April 1, 2008 – March 31, 2009).

This proposal should contain the following:

- 1. Cover page - Complete Attachment 8:Application Cover Page (Maximum 1 page, not counted towards total page count) Not scored**
 - 2. Summary of the application (Maximum 2 pages) Not scored**
- Define the proposed service area and describe why the proposed service area was selected. Applicants proposing to serve Bronx, New York, Queens, Suffolk or Kings County should clearly identify the service area within these counties, either by identifying the neighborhood to be served or the street names. Include a map indicating the proposed service area within these counties.
 - Identify the screening goal selected and describe how it was selected.
 - Describe how the priority populations in each county/neighborhood within the service area will be served.

- Describe what roles partners, subcontractors and other agencies will play to implement the required activities.
- Describe how multiple cancer screening services will be integrated.

3. Service area/population to be served (Maximum 5 pages) Maximum score: 10

- Define the proposed service area and describe why the proposed service area was selected. Applicants proposing to serve Bronx, New York, Queens, Suffolk or Kings County should clearly identify the service area within these counties, either by identifying the neighborhood to be served or the street names. Include a map indicating the proposed service area within these counties.
- Identify screening goal/s for each county/neighborhood in the proposed service area using Attachment 4, Screening Goal Ranges by County. If the identified screening goal is lower than the range presented in Attachment 4, please explain why and describe how you will increase this goal to meet the minimum range through the course of the five year grant period. (Refer to Section II.1.b for an explanation of screening goals.) If the identified screening goal is higher than the range presented in Attachment 4, please demonstrate how the goal will be met.
- Describe the provider demographics and resources of your proposed service area, including the number of breast, cervical and colorectal cancer screening, diagnostic and treatment providers in the area, and, specifically, the number of each type of provider agreeing to participate in the program.
- Describe the burden of breast, cervical and colorectal cancer in your service area, including the current number of breast, cervical and colorectal cancer screenings provided in this service area and the breast, cervical and colorectal cancer burden.
- Describe barriers that exist to providing required activities and strategies you will use to overcome those barriers.
- Identify the priority populations for which recruitment and screening will be provided. Describe the general population of your service area as well as the priority populations you are trying to reach, including where they reside and demographic characteristics. Describe how you will recruit and provide services to the priority populations in each county you propose to serve.

4. Applicant organization (Maximum 8 pages) Maximum score: 15

- Describe the applicant agency, including its overall mission, services provided, and the location of services, and how your agency is uniquely qualified to implement the scope of work in this RFA. Highlight services provided by your agency to the priority populations specified within this RFA.
- Describe how this contract fits into the applicant agency's management structure, including an organizational chart and descriptions of the roles of relevant staff.
- Describe the applicant agency's project management experience with and oversight of subcontractors and coalitions/partnerships.
- Describe the applicant agency's experience integrating breast, cervical and/or colorectal cancer screening or other chronic disease services. This should include a clear description of

the benefits and feasibility of integration in the designated service area for both clinical services and program administration.

- For current CSP partnerships or for those applicants that are merging with current partnerships, clearly identify the population for which screening has been provided, compliance rates for screening tests (e.g., fecal tests) and rescreening rates. All applicants should describe follow-up procedures and results. If the applicant is not a direct provider of clinical services, the service information requested here should reflect the experience of hospitals or partners with whom the applicant has developed relationships for the purposes of implementing the required activities.

5. Technical proposal (Maximum 10 pages) Maximum score: 30

- Describe the applicant agency's capacity and plan to fully implement the required activities as described in the scope of work beginning April 1, 2008.
- Describe the proposed partnership. Clearly name all partners and their roles. Identify the partners' service area and priority populations that they serve. Describe how will you integrate and/or collaborate to implement all required activities and provide all required services to the priority populations throughout the entire service area. Describe how partners will be involved in required activities and communication strategies.
- Complete and submit the Partnership Assessment Tool as an attachment to the application. (See Attachment 9.) This is not counted towards the page limit.
- Identify and justify a screening goal for the proposed service area, using Attachment 4. If proposing to serve more than one county, the screening goal should be the sum of screening goals for each county. Partnerships proposing to serve the counties of Bronx, Kings, New York, Queens and Suffolk, where multiple partnerships are allowed, should reflect screening goals of at least 30% of the range for that county identified in Attachment 4. Provide a significant justification in the exceptional instance that screening goals are lower than the proposed per county goals in Attachment 4. If proposing a screening goal that is higher than the proposed county goal in Attachment 4, demonstrate the ability to meet this goal and describe why it was selected. Note: In selecting screening goals, the applicant is ensuring that it can meet not only the screening goal but also the performance measures (Attachment 3). Include a strategy for increasing the screening goals through recruitment efforts throughout the course of the five year grant period.
- Describe how the applicant agency will ensure the implementation of all required program management activities, including fiscal management, timely submission of reports, work plans and budgets, and a reciprocal referral system whereby CSP partnership clients are referred to Medicaid, Family Health Plus or other public insurance programs to ensure that they receive coverage for all of their health care needs and whereby individuals not eligible for Medicaid programs are referred to CSP partnerships for needed services.
- Describe a staffing pattern that is sufficient to implement all required activities identified in this RFA. Include a description of staffing and/or a plan to subcontract for the functions listed in Section III of this RFA. Attach a resume for the Partnership Coordinator and resumes for other key staff identified to fulfill the functions described in this RFA. If staff is not currently identified, include a job description or posting. Include a description of strategies for recruitment and retention of program staff.
- Describe how the agency's organizational structure and infrastructure supports the ability to:
1) hire staff and provide initial and ongoing training and supervision to ensure consistent

quality services and adherence to all requirements; 2) voucher, bill, budget and meet all other fiscal management requirements in a timely and appropriate manner that does not create delays, according to the timeframes described in Section IV of this RFA; 3) enter data using Indus and provide reports in a timely and appropriate manner; 4) provide narrative and statistical semi-annual progress reports and submit accurate, timely annual work plans and budgets; and 5) comply with quality assurance activities, working with providers to assure quality of clinical care services provided, and implement and adhere to needed quality improvements.

6. Work plan (Maximum page 15 limit) Maximum score: 20

Complete the work plan template provided in Attachment 10. The work plan should describe the activities to be implemented in year one of the grant (April 1, 2008 – March 31, 2009) to meet the stated goals and encompass the activity requirements described in Section III, Scope of Work. The focus of the screening program should be on meeting and exceeding stated performance measures (See Attachment 3: Program Performance Measures) to ensure that activities focus on the provision of quality services to the priority populations. Measures of effectiveness should relate to performance measures where appropriate. In addition, the work plan should specifically address the following:

- Describe plans to build and maintain the partnership. Include a description of how the partnership will function, the planned frequency of meetings, how new partners will be recruited and how continued participation and involvement of all partners will be ensured.
- Describe a detailed plan for transition of clients from existing partnerships to ensure the provision of uninterrupted services in the proposed service area. This applies if the applicant agency is a new contractor, is merging or proposing to cover a service area currently covered by an existing contractor, or, is proposing to provide for screening services currently provided by an existing contractor (e.g., currently provides for colorectal cancer screening and is proposing to provide for breast, cervical and colorectal cancer screening under this RFA).
- Describe how members of the priority populations throughout the entire proposed service area will be recruited for breast, cervical and colorectal cancer screening services. The applicant should demonstrate how each individual county will be served and how the screening goal in each individual county will be met.
- Describe plans to implement screening and diagnostic± services, including the following:
 - > recruit and maintain a sufficient number of appropriate types of providers participating in the partnership, consistent with the proposed screening goal.
 - > educate and communicate with clinical providers to offer breast, cervical and colorectal cancer screening and diagnostic services and treatment referrals and prostate cancer diagnostic services and treatment referrals.
 - > identify which at-home fecal test will be offered and describe how/why this was selected. Applicants should elect to exclusively use one of the available fecal tests, i.e., either FOBT or FIT. In instances where the use of the selected test poses a barrier to the participation of a provider or individual patient, consideration will be made for use of the alternative test.
 - > recall patients for rescreening at recommended intervals, including those recently enrolled in public insurance programs.

> refer patients for treatment and support services, including facilitating enrollment into the MCTP.

- Describe plans for implementing case management.
- Describe plans to implement required data management activities.

± CSP credentialed clinicians providing diagnostic testing and evaluation for prostate cancer will be reimbursed for these services, as noted in Section 1 of this RFA. During the first grant year, prostate services provided through the CSP will be evaluated. Because the CSP does not endorse population-based prostate screening, there is no goal for prostate services, nor should a male with suspected prostate cancer be counted in the required percentage of males served, unless that person also has a colorectal cancer screening. For year one of the grant, data input for prostate cancer diagnostic services (from faxed hard copy provider forms) will be the responsibility of CSP staff, not partnership staff.

This will be the work plan for year one of the contract. Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.

7. Letters of Collaboration (Maximum page limit:10) Maximum score: 5

- Include letters demonstrating collaboration with other community partners, as previously defined in Section I of this RFA. Community partners include, but are not limited to: community organizations (such as service clubs, senior services programs, libraries, faith-based organizations, community centers, chambers of commerce, etc); health care providers in a variety of settings (hospitals, community health centers, local health departments, clinics, family planning providers, primary care providers, specialists, etc.); local businesses (media representatives, beauty salons and barbershops, etc.); health-related organizations (American Cancer Society, Cancer Information Services, etc.) and government (elected officials, local health departments, etc.).
- The letters should demonstrate the level of commitment, anticipated activities and in-kind contributions of each partnering agency and individual and not merely discuss 'support' of the program.
- These should be original rather than form letters and should be dated no earlier than six (6) months prior to the application due date, as listed on the cover of this RFA.

8. Budget and Justification (Using standard format – See Attachments 11, 12, and 13) Maximum score: 20 points

Infrastructure awards will be commensurate with the estimated total number of eligible clients, inclusive of men and women, to be served; the maximum infrastructure award for year one to any partnership will be \$345,000. Applicants should refer to Infrastructure Funding Ranges Based on Total Number of Clients to be Screened (Attachment 5) to determine the acceptable range of infrastructure to be awarded by the CSP based on the total number of clients to be screened within the proposed service area. The budget submitted is expected to be within the range for the number of eligible clients to be screened. Applicants who intend to serve a multi-county area should use the appropriate funding range based on the sum of the individual Counties' screening goals within the service area. (i.e. County A [400 clients] + County B [500 clients] = Infrastructure range for 900 clients.) Applicants may not calculate infrastructure as the sum of *infrastructure funding* for each individual County's goal within a multi-county service area.

The budget and budget justification should be presented as described in the Application Budget and Budget Justification Instructions (Attachment 11), Budget Template (Attachment 12) and the Sample Budget Work Sheet (Attachment 13) for a 12-month period, assuming an April 1, 2008 start date. All costs should be related to the provision of services, as described in the Scope of Services section, as well as be consistent with the scope of services, reasonable and cost effective. For each item, list amounts for **Total Cost, Amount Requested and In-Kind Contributions/Other Funds**. Individual budget lines should be rounded to the nearest dollar. All reported funds should be adequately justified in detail regardless of source (including in-kind). This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities. The budget is divided into two categories, personnel and other than personnel services (OTPS).

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

a. Personnel

- i. Title of position
- ii. Percentage of time (if less than full-time, indicate percentage of time to be spent working directly on this project). The Partnership Coordinator should work a minimum of 50% FTE directly on this project. All other personnel to be paid from this grant should work a minimum of 20% FTE directly on the partnership activities.
- iii. Annual salary, or rate per hour (if non-salaried or hourly rate applies)
- iv. Amount requested from NYSDOH
- v. In-kind contribution
- vi. Fringe benefits (indicate rate and cost).

b. Other Than Personnel Services (OTPS)

Enter a separate line item for each expenditure, defined as an expense directly related to activities that relate to one or more of the work plan outcomes from Section III, Scope of Work (e.g. supplies, travel, equipment, printing, postage, rent, telephone, etc.). Supplies may include funds for the purchase of FOBT or FIT kits and the cost of bowel preparation supplies for men and women who will be receiving a colonoscopy. (Please see Operations Manual for eligibility criteria and reimbursement for screening colonoscopy.) The amount requested and any in-kind contributions should be shown for each line item. Applicants should demonstrate how the proposed expenditures relate to at least one of the categories in the work plan.

Costs related to the implementation of public awareness campaigns seeking to reach the population at average and increased risk for breast, cervical and colorectal cancer are allowable but may not represent more than 25% of the OTPS portion of the program budget.

Participation in CSP sponsored trainings workshops and meetings are essential to the effective implementation of this program. Budgets should include travel funds for at least one partnership staff member to attend the statewide CSP contractors meeting to be held in Albany in 2008 and for up to three partnership staff members to attend two regional trainings during the first program year of the grant.

Do not include estimates of clinical services costs in the request. The NYSDOH will calculate the amount to be encumbered for clinical services. Clinical services for which there are no third-party payors will be offset by program funds on a fee-for-service basis according to the reimbursement schedule, contained in the Operations Manual.

c. Non-Allowable Costs

Indirect or administrative lines will not be accepted as OTPS budget lines. Individual itemized budget lines related to these costs (i.e. rent, utilities, telephone) will be allowed with appropriate justification. Expenditures for personal computer/printing equipment may be considered. No other equipment purchases will be allowed. Costs for remodeling or modification of structure will not be accepted as budget lines. Costs of research-related components will not be allowed.

Funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff or activities.

d. Match Requirement

A match equal to one-half the amount of the total requested should be demonstrated. Overhead costs may be used as matching funds in support of this project. All match items should be justified.

e. Performance Measure Withhold

An amount equal to 10% of the total budget requested should be deducted from the budget total and moved into a single OTPS line item labeled "Performance Measure Withhold." Four (4) weeks following the close of the first and third quarters, five (5) performance measures related to comprehensive screening and timeliness of follow-up will be compared to established program standards (Numbers 4, 7, 10, 11, and 12 on Attachment 3: Program Performance

Measures). Each measure that meets or exceeds the established standard will result in a release of 1% of the performance standard withhold amount. Notices will be issued to partnerships informing them of their measures, the established standard to be met and the allowable release amount (up to 5% at each review). Released amounts may then be moved into established or new budget lines through submission of a budget modification to the designated CSP staff. Due to this withhold, the OTPS should not be less than 10% of the total requested infrastructure amount.

3. Summary of Application Content, Format and Scoring

1. Cover Page	(1 page)	(Maximum Score: N/A points)
2. Summary of the application	(2 pages or less)	(Maximum Score: N/A points)
3. Service area/population to be served	(5 pages or less)	(Maximum Score: 10 points)
4. Applicant organization	(8 pages or less)	(Maximum Score: 15 points)
5. Technical proposal	(10 pages or less)	(Maximum Score: 30 points)
6. Work plan (use Work Plan Template)	(15 pages or less)	(Maximum Score: 20 points)
7. Letters of collaboration	(10 pages or less)	(Maximum Score: 5 points)
8. Budget and justification (use Budget Template)	(N/A)	(Maximum Score: 20 points)

B. Review Process

- Applications will be reviewed and evaluated by the CSP using an objective rating system reflective of the required items specified for each section.
- Applications need to receive a score of 60 or above in order to be considered for funding.
- The application with the highest acceptable score in a given service area will receive the award for that service area, with the exception of Bronx, Kings, New York, Queens and Suffolk Counties, in which multiple highest scoring applications will be awarded. It is the intent of the NYSDOH to serve the entirety of these five counties and to ensure that there is no duplication of service areas. In the case that the two/three highest scoring applicants propose like service areas within these five counties, the NYSDOH reserves the right to either award the next highest scoring applicant in the unserved area or to negotiate and modify service areas with the highest scoring applicants in order to ensure complete and non-duplicative service area coverage.
- Applications should propose to serve the entire service area in order to receive an award with the exception of Bronx, Kings, New York, Queens and Suffolk Counties. If there are no applications with an acceptable score in a given service area, the Department will consider

expanding an applicant's service area to include unserved counties/neighborhoods. If a contiguous area is not able to receive the award for an unserved area, the Department will consider awarding funding to another awardee to provide services in the unserved area. If none of these options is available, the Department will consider releasing an RFA for services in the unserved area/s.

- If additional funds become available or if available funds are reduced, then funding will be distributed or reduced proportionally in the same manner as outlined in this RFA.
- It is anticipated that there may be more worthy applications than can be funded with available resources.

Applications will be deemed to fall in one of three categories: 1) not approved 2) approved but not funded, and 3) approved and funded (with modifications).

- In selecting applications and determining award amounts, reviewers will consider the following factors:
 - The estimated size of the eligible population within the proposed service area.
 - The potential impact to reduce the cancer burden.
 - Clarity of the application.
 - Responsiveness to the RFA.
 - Applicant agency's organization and technical proposal.
 - Applicant agency's past performance in the delivery of preventive services to the service area/priority population.
 - Demonstrated ability to provide services to priority populations throughout the entire service area.
 - The appropriateness and comprehensiveness of the work plan.
 - Justification for costs included in the budget.

Following the awarding of grants from the RFA, applicants may request a debriefing from the CSP within three (3) months from the date of the award announcement. The debriefing will be limited to the positive and negative aspects of the subject application only.

Contractor Attestation

(To be signed and returned by successful applicants to this RFA)

I certify that the information provided is correct. I understand and agree that, at any time, the State may review all employer records and documentation necessary to ensure compliance with the requirements of the demonstration and that any monies found to have been expended which are not in compliance with the terms and conditions of the grant may be recouped by the State.

The applicant further agrees to:

- Comply with the requirements of the RFA including all appendices.
- Abide by all provisions of the contract, including Appendices A-2 and A-3, that are not otherwise discussed in the work plan developed as a response to this RFA.
- Implement all activities as per the Operations Manual and other communications from the NYSDOH CSP.
- Implement new screening, diagnostic and treatment technologies as they are adopted by the NYSDOH CSP throughout the course of the five year grant period.

Signature of official from lead/contracting agency: _____

Print/type Name: _____

Title and Organization: _____

Correspondence Address: _____

E-mail Address: _____

Telephone: _____

Fax: _____

Date Signed: _____

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type Integrated

Contractor: Allegany County Department of Health

Partnership: Screen for Health Partnership of Allegany Co.

County Office Building

7 Court Street

Belmont, NY 14813

Telephone: (585) 268-9250 **Fax:** (585) 268-9264

Counties Served:

Allegany

Contract Type CRC

Contractor: American Cancer Society Eastern Div. - Hudson Valley

Partnership: Orange County Healthy Living Partnership -CPI Program

2 Lyons Place

White Plains, NY 10601

Telephone: (914) 397-8806 **Fax:** (914) 949-4279

Counties Served:

Orange

Contract Type CRC

Contractor: American Cancer Society Eastern Div. - Rensselaer County

Partnership: Healthy Living Partnership of Albany and Rensselaer

260 Osborne Road

Loudonville, NY 10801

Telephone: (518) 454-4019 **Fax:** (518) 482-4593

Counties Served:

Rensselaer

Contract Type BCC

Contractor: American Cancer Society, Eastern Div. - Albany Co.

Partnership: Albany Co. Healthy Women Partnership

260 Osborne Road

Loudonville, NY 12211

Telephone: (518) 454-4010 **Fax:** (518) 438-9608

Counties Served:

Albany

Contract Type Integrated

Contractor: American Cancer Society, Eastern Div. - Dutchess Co.

Partnership: Dutchess Co. Healthy Partnership

45 Reade Place

Poughkeepsie, NY 12601

Telephone: (845) 452-2635 **Fax:** (845) 486-6860

Counties Served:

Dutchess

Contract Type BCC

Contractor: American Cancer Society, Eastern Div. - Fulton Co.

Partnership: Healthy Women Partnership of Fulton & Montgomery Counties

260 Osbourne Road

Loudonville, NY 12211

Telephone: (518) 454-4010 **Fax:** (518) 438-9608

Counties Served:

Fulton

Contract Type BCC

Contractor: American Cancer Society, Eastern Div. - Putnam Co.

Partnership: Putnam Co. Healthy Living Partnership

220 Route 6

Mohopac, NY 10541

Telephone: (845) 628-2003 **Fax:** (845) 628-9327

Counties Served:

Putnam

Contract Type BCC

Contractor: American Cancer Society, Eastern Div. - Queens Co.

Partnership: Queens Healthy Living Partnership

97-77 Queens Boulevard

Suite 1110

Rego Park, NY 11374

Telephone: (718) 263-2225 **Fax:** (718) 261-0758

Counties Served:

Queens

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type BCC

Contractor: American Cancer Society, Eastern Div. - Rensselaer Co.

Partnership: Healthy Women Partnership of Rensselaer Co.

260 Osborne Road
Loudonville, NY 12211

Telephone: (518) 454-4010 **Fax:** (518) 438-9608

Counties Served:

Rensselaer

Contract Type BCC

Contractor: American Cancer Society, Eastern Div. - Rockland Co.

Partnership: Healthy Living Partnership of Rockland Co.

1 Executive Blvd
Ste 206
Suffern, NY 10901

Telephone: (845) 369-0742 **Fax:** (845) 368-4941

Counties Served:

Rockland

Contract Type Integrated

Contractor: American Cancer Society, Eastern Div. - Ulster Co.

Partnership: Ulster Co. Healthy Living Partnership

95 Schwenk Drive
Kingston, NY 12401

Telephone: (845) 331-8308 **Fax:** (845) 331-0381

Counties Served:

Ulster

Contract Type CRC

Contractor: Arnot Ogden Medical Center

Partnership: Colorectal & Prostate Health Initiative of Chemung & Schuyler Counties

600 Roe Avenue
Elmira, NY 14905

Telephone: (607) 737-4544 **Fax:** (607) 737-8175

Counties Served:

Chemung Schuyler

Contract Type CRC

Contractor: Bedford Stuyvesant Family Health Center, Inc.

Partnership: Bedford Stuyvesant Family Health

1413 Fulton Street
Brooklyn, NY 11216

Telephone: (718) 636-2082 **Fax:** (718) 636-2998

Counties Served:

Brooklyn

Contract Type Integrated

Contractor: Broome County Department of Health

Partnership: The Southern Tier Healthy Living Partnership

225 Front Street
Binghamton, NY 13905

Telephone: (607) 778-2884 **Fax:** (607) 778-3998

Counties Served:

Broome Chenango, Delaware, Otsego and Tioga

Contract Type CRC

Contractor: Cancer Services Network - Manhattan

Partnership: Manhattan Health Living Partnership

2348 Wickham Avenue
Bronx, NY 10409

Telephone: (718) 541-8269 **Fax:** (718) 828-4186

Counties Served:

New York

Contract Type BCC

Contractor: Cancer Services Network Inc. - Bronx

Partnership: Bronx Healthy Living Partnership

2348 Wickham Avenue
Bronx, NY 10469

Telephone: (718) 518-1468 **Fax:** (347) 427-2464

Counties Served:

Bronx

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type CRC**Contractor:** Cancer Services Network Inc. - Brooklyn**Partnership:** Brooklyn Health Living Partnership - CPI Program

2348 Wickham Avenue

Bronx, NY 10469

Telephone: (718) 518-1468 **Fax:** (718) 828-4186**Counties Served:**

Kings

Contract Type BCC**Contractor:** Cancer Services Network Inc. - Brooklyn**Partnership:** Brooklyn Healthy Living Partnership

2348 Wickham Avenue

Bronx, NY 10469

Telephone: (718) 518-1468 **Fax:** (718) 652-5636**Counties Served:**

Brooklyn

Contract Type BCC**Contractor:** Cancer Services Network Inc. - Manhattan**Partnership:** Manhattan Breast Health Partnership

2348 Wickham Avenue

Bronx, NY 10469

Telephone: (718) 518-1468 **Fax:** (718) 652-5636**Counties Served:**

New York

Contract Type BCC**Contractor:** Cancer Services Network Inc. - Staten Island**Partnership:** Healthy Women's Partnership, Richmond Co.

2348 Wickham Avenue

Bronx, NY 10469

Telephone: (718) 518-1468 **Fax:** (718) 652-5636**Counties Served:**

Richmond

Contract Type Integrated**Contractor:** Catskill Regional Medical Center**Partnership:** Sullivan Co. Cancer Screening Svc. Prog.

PO Box 800

68 Harris Bushville Road

Harris, NY 12742

Telephone: (845) 794-3300 **Fax:** (845) 794-6973**Counties Served:**

Sullivan

Contract Type BCC**Contractor:** Cattaraugus County Department of Health**Partnership:** Healthy Living Partnership of Cattaraugus County

1701 Lincoln Avenue

Suite 4010

Olean, NY 14760

Telephone: (716) 373-8050 **Fax:** (716) 373-0942**Counties Served:**

Cattaraugus

Contract Type Integrated**Contractor:** Cayuga County Department of Health & Human Services**Partnership:** Cayuga Co. Healthy Men & Women Partnership

8 Dill Street

Auburn, NY 13021

Telephone: (315) 253-1451 **Fax:** (315) 253-1409**Counties Served:**

Cayuga

Contract Type Integrated**Contractor:** Cayuga Area Preferred**Partnership:** Healthy Living Partnership of Tompkins Co.

101 Dates Drive

Ithaca, NY 14850

Telephone: (607) 274-4500 **Fax:** (607) 274-4214**Counties Served:**

Tompkins

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type BCC

Contractor: Central Suffolk Hospital dba Peconic Bay Medical Center/ACS, Suffolk

Partnership: Women's Health Partnership of Suffolk County

Peconic Bay Medical Center
1300 Roanoke Avenue
Riverhead, NY 11901

Telephone: (631) 548-6321 **Fax:** (631) 727-4838

Counties Served:

Suffolk

Contract Type Integrated

Contractor: Chautauqua County Department of Health

Partnership: Chautauqua Co. Partners for Prevention

7 North Erie Street
Mayville, NY 14757

Telephone: (716) 753-4314 **Fax:** (716) 753-4794

Counties Served:

Chautauqua

Contract Type CRC

Contractor: Clinton County Health Department

Partnership: Clinton County Healthy Living Partnership.

133 Margaret Street
Plattsburgh, NY 12901

Telephone: (518) 565-4840 **Fax:** (518) 565-4717

Counties Served:

Clinton

Contract Type BCC

Contractor: Clinton County Public Health Department

Partnership: Clinton County Healthy Living Partnership

133 Margaret Street
Plattsburgh, NY 12901

Telephone: (518) 565-4840 **Fax:** (518) 565-4472

Counties Served:

Clinton

Contract Type CRC

Contractor: Columbia County Community Healthcare Consortium

Partnership: Columbia County Health People Partnership

325 Columbia Street
Hudson, NY 12534

Telephone: (518) 822-8820 **Fax:** (518) 828-1479

Counties Served:

Columbia

Contract Type BCC

Contractor: Columbia County Community Healthcare Consortium

Partnership: Columbia Co. Healthy Women Partnership

325 Columbia Street
Hudson, NY 12534

Telephone: (518) 822-8820 **Fax:** (518) 828-1479

Counties Served:

Columbia

Contract Type BCC

Contractor: Community Action of Greene Co., Inc.

Partnership: Healthy Women Partnership of Greene Co.

53 South Jefferson Avenue
Catskill, NY 12414

Telephone: (518) 943-9205 **Fax:** (518) 943-2549

Counties Served:

Greene

Contract Type CRC

Contractor: Cornell Cooperative Extension - Allegany & Cattaraugus Counties

Partnership: Healthy Living Partnership of Cattaraugus County

28 Parkside Drive
Ellicottville, NY 14731

Telephone: (716) 699-2377 **Fax:** (716) 699-5701

Counties Served:

Cattaraugus Allegany

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type Integrated

Contractor: Cortland County Department of Health

Partnership: Healthy Living Partnership of Cortland Co.

60 Central Avenue

Room B25

Cortland, NY 13045

Telephone: (607) 756-3416 **Fax:** (607) 756-3419

Counties Served:

Cortland

Contract Type Integrated

Contractor: Erie County Department of Health

Partnership: Partners for Prevention, Cancer Screening Services of Erie Co.

95 Franklin Street

Rath Building, Room 979

Buffalo, NY 14202

Telephone: (716) 858-7695 **Fax:** (718) 858-8637

Counties Served:

Erie

Contract Type BCC

Contractor: Essex County Public Health Nursing Service

Partnership: Healthy Living Partnership of Essex Co.

PO Box 217

132 Water Street

Elizabethtown, NY 12932

Telephone: (518) 873-3500 **Fax:** (518) 873-3507

Counties Served:

Essex

Contract Type CRC

Contractor: Faxton - St Luke's Healthcare

Partnership: Faxton St Lukes Healthcare

1676 Sunset Avenue

Utica, NY 13502

Telephone: (315) 624-4390 **Fax:** (315) 624-4472

Counties Served:

Oneida/Herkimer/Madison

Contract Type Integrated

Contractor: Franklin County Public Health Nursing Service

Partnership: Franklin Co. Healthy Living Partnership

3 Main Street

Saranac Lake, NY 12983

Telephone: (518) 891-4471 **Fax:** (518) 891-6819

Counties Served:

Franklin

Contract Type BCC

Contractor: Glens Falls Hospital

Partnership: Washington Co. Healthy Living Partnership

100 Park Street

Glens Falls, NY 12801

Telephone: (518) 926-6570 **Fax:** (518) 926-6580

Counties Served:

Washington

Contract Type BCC

Contractor: Glens Falls Hospital (Saratoga)

Partnership: Saratoga Healthy Living Partnership

Glens Falls Hospital, C.R. Wood Cancer Center

100 Park Street

Glens Falls, NY 12801

Telephone: (518) 926-6571 **Fax:** (518) 926-6580

Counties Served:

Saratoga

Contract Type Integrated

Contractor: Glens Falls Hospital (Warren)

Partnership: Warren/Hamilton Healthy Living Partnership

Glens Falls Hospital, C.R. Wood Cancer Center

100 Park Street

Glens Falls, NY 12801

Telephone: (518) 926-6571 **Fax:** (518) 926-6580

Counties Served:

Essex Washington, Saratoga, Warren and Hamilton

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type Integrated

Contractor: Lewis County Public Health Agency

Partnership: Lewis and Jefferson County Wellness Connection

7785 N. State Street
Lowville, NY 13367

Telephone: (315) 376-5454 **Fax:** (315) 376-9459

Counties Served:

Jefferson Lewis

Contract Type BCC

Contractor: Memorial Hospital for Cancer & Allied Diseases

Partnership: Breast Examination Center of Harlem

1275 York Avenue
New York, NY 10001

Telephone: (212) 639-2764 **Fax:** (212) 717-3079

Counties Served:

BECH

Contract Type CRC

Contractor: Nassau County Healthcare Corporation

Partnership:

2201 Hempstead Turnpike
East Meadow, NY 11554

Telephone: (516) 572-6501 **Fax:** (516) 572-5609

Counties Served:

Nassau

Contract Type BCC

Contractor: Nassau County Healthcare Corporation

Partnership: Nassau Health Care Corp. Breast & Cervical Cancer

2201 Hempstead Turnpike
Room 2450

East Meadow, NY 11554

Telephone: (516) 572-3300 **Fax:** (516) 572-4828

Counties Served:

Nassau

Contract Type Integrated

Contractor: Niagara County Health Department

Partnership: Healthy Living Partnership of Niagara Co.

5467 Upper Mountain Road
Lockport, NY 14094-1894

Telephone: (716) 439-7434 **Fax:** (716) 439-7440

Counties Served:

Niagara

Contract Type BCC

Contractor: Oneida County Health Department

Partnership: Healthy Women Partnership of Oneida, Herkimer and Madison Counties

800 Park Ave
Suite 3

Utica, NY 13501

Telephone: (315) 798-5248 **Fax:** (315) 798-5071

Counties Served:

Oneida/Herkimer/Madison

Contract Type Integrated

Contractor: Onondaga County Health Department

Partnership: Onondaga Co. Partnership for Healthy Living

John H Mulroy Civic Center, 9th Floor
421 Montgomery Street
Syracuse, NY 13202

Telephone: (315) 435-3280 **Fax:** (315) 435-2835

Counties Served:

Onondaga

Contract Type BCC

Contractor: Ontario County Community Health Services

Partnership: Ontario/Yates Healthy Women Partnership

3019 County Complex Drive
Canandaigua, NY 14424

Telephone: (585) 396-4343 **Fax:** (585) 396-4551

Counties Served:

Ontario/Yates

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type CRC

Contractor: Ontario County Public Health Department

Partnership: Cancer Services Program of Ontario,
Seneca and Yates

PO Box 97

Corning, NY 14830

Telephone: (607) 962-8459 **Fax:** (607) 962-9755

Counties Served:

Ontario

Contract Type Integrated

Contractor: Orleans County Department of Health

Partnership: Orleans Co. Healthy Living Partnership

14012 Route 31 West

Albion, NY 14411

Telephone: (525) 589-3250 **Fax:** (585) 589-2878

Counties Served:

Orleans

Contract Type Integrated

Contractor: Oswego County Opportunities, Inc.

Partnership: Oswego Co. Partnership for Health

239 Oneida Street

Fulton, NY 13069

Telephone: (315) 598-4715 **Fax:** (315) 592-5019

Counties Served:

Oswego

Contract Type CRC

Contractor: Peconic Bay Medical Center

Partnership: Women's Health Partnership of Suffolk
County

1300 Ronoake Avenue

Riverhead, NY 11901

Telephone: (631) 548-6082 **Fax:** (631) 548-6048

Counties Served:

Suffolk

Contract Type CRC

Contractor: Putnam County Health Department

Partnership: Putnam Co. Healthy Living Partnership

1 Geneva Road

Brewster, NY 10509

Telephone: (845) 278-6558 **Fax:** (845) 278-6026

Counties Served:

Putnam

Contract Type CRC

Contractor: Rockland County Department of Health

Partnership: Rockland County Colorectal Cancer
Screening Partnership

Rockland County Commissioner of Health

50 Sanatorium Road, Building J

Pomona, NY 10970

Telephone: (845) 364-3865 **Fax:** (845) 364-3837

Counties Served:

Rockland

Contract Type BCC

Contractor: Schoharie County Department of Health

Partnership: Schoharie Co. Healthy Living Partnership

PO Box 667

276 Main Street

Schoharie, NY 12137

Telephone: (518) 295-8474 **Fax:** (518) 295-8786

Counties Served:

Schoharie

Contract Type CRC

Contractor: Schoharie County Department of Health

Partnership: Schoharie Co. Healthy Living Partnership

PO Box 667

276 Main Street

Schoharie, NY 12157

Telephone: (518) 295-8365 **Fax:** (518) 295-8786

Counties Served:

Schoharie

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type BCC

Contractor: Seneca County Department of Health

Partnership: Seneca County Health Women's
Partnership

31 Thurber Drive
Waterloo, NY 13165

Telephone: (315) 539-1936 **Fax:** (315) 539-9493

Counties Served:

Seneca

Contract Type CRC

Contractor: Seneca County Health Department

Partnership: Cancer Services Program of Ontario,
Seneca and Yates

PO Box 97
Corning, NY 14830

Telephone: (607) 962-8459 **Fax:** (607) 962-9755

Counties Served:

Seneca

Contract Type Integrated

Contractor: St. James Mercy Hospital

Partnership: Wellness Council of the Southern
Tier/Steuben Co.

411 Canisteo St
Hornell, NY 14843

Telephone: (607) 324-8147 **Fax:** (607) 324-8152

Counties Served:

Steuben

Contract Type Integrated

Contractor: St. Lawrence County Public Health
Department

Partnership: St. Lawrence Co. Public Health Dept.

80 State Highway 310
Suite 2

Canton, NY 13617

Telephone: (315) 386-2325 **Fax:** (315) 386-2744

Counties Served:

St. Lawrence

Contract Type CRC

Contractor: St. Mary's Hospital at Amsterdam

Partnership: Screen for Life of Fulton and Montgomery
Counties

427 Guy Park Avenue
Amsterdam, NY 12010

Telephone: (518) 770-7516 **Fax:** (518) 842-9604

Counties Served:

Fulton Montgomery

Contract Type CRC

Contractor: St. Peter's Hospital

Partnership: Healthy Living Partnership of Albany
and Rensselaer

St. Peter's Hospital Foundation
319 S. Manning Blvd., Suite 309
Albany, NY 12208

Telephone: (518) 482-4433 **Fax:** (518) 482-4593

Counties Served:

Albany

Contract Type CRC

Contractor: St. Vincent Catholic Medical Centers

Partnership: Queens Healthy Living Partnership (QCPI)

152-11 89th Avenue
Jamaica, NY 11432

Telephone: (718) 558-9308 **Fax:**

Counties Served:

Queens

Contract Type CRC

Contractor: Staten Island University Hospital

Partnership: Staten Island University Hospital

360 Edison Street
Staten Island, NY 10306

Telephone: (718) 226-9034 **Fax:** (718) 226-8966

Counties Served:

Richmond

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type CRC

Contractor: Trustees of Columbia University in the City of New York

Partnership: Trustees of Columbia University, for the Bronx

630 W. 168th Street, Box 49
New York, NY 10032-3702

Telephone: (212) 342-9059 **Fax:** (212) 305-3697

Counties Served:

Bronx

Contract Type CRC

Contractor: Trustees of Columbia University in the City of New York

Partnership: Columbia University Colorectal Cancer Screening Program

Mailman School of Public Health
722 W. 168th Street, Room 723
New York, NY 10032

Telephone: (212) 305-4191 **Fax:** (212) 305-3697

Counties Served:

Columbia Presbyterian

Contract Type BCC

Contractor: Trustees of Columbia University in the City of New York

Partnership: Columbia University Breast Cancer Screening Partnership

Columbia University Irving Research Ctr., Avon
Foundation Breast Imaging Ctr.

1130 St. Nicholas Ave.
New York, NY 10087-9789

Telephone: (212) 851-4517 **Fax:** (212) 851-4530

Counties Served:

Columbia Presbyterian

Contract Type Integrated

Contractor: United Memorial Medical Center

Partnership: Healthy Living Partnership of Genesee Co.

127 North Street
Batavia, NY 14020

Telephone: (585) 343-6030 **Fax:** (585) 344-8187

Counties Served:

Genesee

Contract Type Integrated

Contractor: University of Rochester

Partnership: Women's Health Partnership

Office of Research & Project Administration
517 Hylan Building, 5th Floor
Rochester, NY 14627

Telephone: (585) 273-3960 **Fax:** (585) 275-9492

Counties Served:

Monroe Livingston

Contract Type CRC

Contractor: Via Health of Wayne

Partnership: Cancer Screening Partnership of Wayne County

111 Driving Park Avenue
PO Box 111

Newark, NY 14513

Telephone: (315) 332-2298 **Fax:** (315) 332-2371

Counties Served:

Wayne

Attachment 2: NYSDOH Cancer Services Program Contractor List

Breast, Cervical and Colorectal Contractors

Contract Type BCC

Contractor: Wayne County Public Health Service

Partnership: Cancer Screening Partnership of Wayne County

1519 Nye Road
Suite 200
Lyons, NY 14489

Telephone: (315) 946-5749 **Fax:** (315) 946-5762

Counties Served:

Wayne

Contract Type Integrated

Contractor: Westchester County Department of Health

Partnership: Healthy Living Partnership of Westchester Co.

145 Huguenot Street
New Rochelle, NY 10801

Telephone: (914) 813-5229 **Fax:** (914) 813-4147

Counties Served:

Westchester

Contract Type BCC

Contractor: Wyoming County Department of Health

Partnership: Cancer Services Partnership of Wyoming County

5362 Mungers Mill Road
Silver Springs, NY 14550

Telephone: (585) 786-8890 **Fax:** (585) 786-3537

Counties Served:

Wyoming

Contract Type CRC

Contractor: Wyoming County Department of Health

Partnership: Wyoming County Cancer Prevention Partnership

338 North Main Street
Warsaw, NY 14569

Telephone: (585) 786-8890 **Fax:** (585) 786-3537

Counties Served:

Wyoming

Contract Type CRC

Contractor: Yates County Public Health Department

Partnership: Cancer Services Program of Ontario, Seneca and Yates

PO Box 97
Corning, NY 14830

Telephone: (607) 962-8459 **Fax:** (607) 962-9755

Counties Served:

Yates

Contract Type BCC

Contractor: YWCA of Elmira & The Twin Tiers

Partnership: Healthy Women Partnership of Chemung & Schuyler Counties

211 Lake Street
Elmira, NY 14901

Telephone: (607) 733-5575 **Fax:** (607) 733-9524

Counties Served:

Chemung

Contract Type Integrated

Contractor: YWCA of Schenectady

Partnership: Healthy Living Partnership of Schenectady Co

44 Washington Avenue
Schenectady, NY 12305

Telephone: (518) 374-3394 **Fax:** (518) 374-3385

Counties Served:

Schenectady

Contract Type BCC

Contractor: YWCA Orange County

Partnership: Orange Co. Healthy Women Partnership

565 Union Avenue
New Windsor, NY 12553

Telephone: (845) 564-8050 **Fax:** (845) 561-1860

Counties Served:

Orange

Attachment 2: NYSDOH Cancer Services Program Contractor List

Community Based Cancer Support Services Contractors

Adelphi University School of Social Work

1 South Avenue
Garden City, NY 11530

Telephone: (516) 877-4313 **Fax:** (516) 877-4336

Counties Served:

Nassau and Suffolk

American Cancer Society - Capital Region

260 Osborne Road
Loudonville, NY 12111

Telephone: (518) 454-4006 **Fax:** (518) 438-9608

Counties Served:

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

American Cancer Society - Hudson Valley Region

95 Schwenk Drive
Kingston, NY 12401

Telephone: (845) 331-8308 **Fax:**

Counties Served:

Columbia, Dutchess, Ulster

American Cancer Society - Nassau Region

6800 Jericho Turnpike
Suite 200W

Syosset, NY 11791

Telephone: (516) 921-6082 **Fax:** (516) 921-5149

Counties Served:

Nassau

American-Italian Cancer Foundation

112 E. 71st Street, 2B
New York, NY 10021

Telephone: (212) 628-9090 **Fax:** (212) 517-6089

Counties Served:

New York, Kings, Queens, Richmond and Bronx

Breast Cancer Options Inc.

101 Hurley Ave., Suite 10
Kingston, NY 12401

Telephone: (845) 339-4673 **Fax:** (845) 339-6784

Counties Served:

Columbia, Greene, Dutchess, Sullivan, Orange and
Ulster

Camp Good Days and Special Times. Inc.

1332 Pittsford/Mendon Road
Mendon, NY 14503

Telephone: (800) 785-2135 **Fax:**

Counties Served:

Niagara, Orleans, Erie, Genesee, Wyoming,
Livingston, Monroe, Wayne, Ontario, Yates, Seneca,
Cayuga, Oswego, Oneida, Madison and Onondaga

Capital Region Action Against Breast Cancer

125 Wolf Road
Suite 124

Albany, NY 12205

Telephone: (518) 435-1055 **Fax:** (518) 435-1245

Counties Served:

Albany, Schenectady, Rensselaer, and Saratoga

Attachment 2: NYSDOH Cancer Services Program Contractor List

Community Based Cancer Support Services Contractors

Chai Lifeline, Inc.

151 West 30th St.
New York, NY 10001

Telephone: (212) 699-6607 **Fax:** (212) 465-0949

Counties Served:

Westchester, Orange, Rockland, Nassau and Suffolk
New York, Kings, Queens, Richmond and Bronx

Charles B. Wang Community Health Center

268 Canal Street
1st Floor

New York, NY 10013

Telephone: (212) 966-0228 **Fax:** (212) 966-9330

Counties Served:

New York, Kings, Queens, Richmond and Bronx
Of NYC

Columbia County Community Healthcare Consortium - Adult Services

The Healthcare Consortium
325 Columbia Street
Hudson, NY 12534

Telephone: (518) 822-8820 **Fax:** (518) 828-1479

Counties Served:

Columbia and Greene

Columbia County Community Healthcare Consortium - Children Services

The Healthcare Consortium
325 Columbia Street
Hudson, NY 12543

Telephone: (518) 822-8820 **Fax:** (518) 828-1479

Counties Served:

Columbia and Greene

CURE Childhood Cancer Association

200 Westfall Road
Rochester, NY 14620

Telephone: (585) 473-0180 **Fax:** (585) 473-0201

Counties Served:

Onondaga, Cortland, Tioga, Chemung, Tompkins,
Steuben, Cayuga, Yates, Ontario, Monroe, Schuyler,
Seneca, Livingston, and Wayne

Erie County Medical Center

462 Grider St.
Buffalo, NY 14215

Telephone: (716) 898-5590 **Fax:** (716) 898-4661

Counties Served:

Erie

Gilda's Club Capital Region NY, Inc.

8 Wade Road
Latham, NY 12110

Telephone: (518) 782-9833 **Fax:** (518) 782-9835

Counties Served:

Albany, Schenectady, Rensselaer, Saratoga,
Columbia, Fulton, Greene, Schoharie, Washington
and Warren

Glens Falls Hospital

103 Park Street
Glens Falls, NY 12801

Telephone: (518) 926-6528 **Fax:** (518) 926-6643

Counties Served:

Warren, Saratoga, Washington, Essex, Fulton and
Hamilton

Attachment 2: NYSDOH Cancer Services Program Contractor List

Community Based Cancer Support Services Contractors

Good Shepherd Hospice - Adult Services

4747 Nesconset Highway
Port Jefferson Station, NY 11776

Telephone: (631) 474-5500 **Fax:** (631) 474-2568

Counties Served:

Nassau and Suffolk

Huntington Hospital

270 Park Avenue
Huntington, NY 11743

Telephone: (631) 351-2568 **Fax:** (631) 351-2069

Counties Served:

Suffolk

Ithaca Breast Cancer Alliance

100 West Seneca St.
Ithaca, NY 14850

Telephone: (607) 277-0960 **Fax:** (607) 275-0632

Counties Served:

Tompkins, Cayuga, Chemung, Cortland, Schuyler,
Seneca, and Tioga

Mount Sinai School of Medicine - Adult Services

1425 Madison Avenue
New York, NY 10029

Telephone: (212) 659-5506 **Fax:** (212) 849-2564

Counties Served:

New York, Kings, Queens, Richmond and Bronx

Mount Sinai School of Medicine - Children Services

One Gustave L. Levy Place
PO Box 1252
New York, NY 10029

Telephone: (212) 241-6866 **Fax:** (212) 426-7730

Counties Served:

New York, Kings, Queens, Richmond and Bronx

NYU School of Medicine-Ctr. For Immigrant Health

550 1st Avenue
OBV CD-402
New York, NY 10016

Telephone: (212) 263-3074 **Fax:** (212) 263-8234

Counties Served:

New York, Kings, Queens, Richmond and Bronx

Sound Shore Medical Center of Westchester

16 Guion Place
New Rochelle, NY 10802

Telephone: (914) 632-5000 **Fax:** (914) 632-1976

Counties Served:

Lower Westchester

St. James Mercy Hospital

411 Canisteo Street
Hornell, NY 14843

Telephone: (607) 324-8147 **Fax:** (607) 324-8152

Counties Served:

Steuben, East Allegany and Southern Livingston

Attachment 2: NYSDOH Cancer Services Program Contractor List

Community Based Cancer Support Services Contractors

Stony Brook University Hospital

Health Science Ctr. L5-080

Stony Brook, NY 11794

Telephone: (631) 444-3215 **Fax:** (631) 444-7679

Counties Served:

Suffolk

SUNY Downstate Medical Center/The Research Foundation

450 Clarkson Avenue

PO Box 20

Brooklyn, NY 11203

Telephone: (718) 270-2785 **Fax:** (718) 270-1578

Counties Served:

Kings

To Life!, Inc.

410 Kenwood Avenue

Delmar, NY 12054

Telephone: (518) 439-5975 **Fax:** (518) 475-9141

Counties Served:

Albany, Schenectady, Rensselaer, Saratoga,
Columbia, Greene, Montgomery, Fulton, Schoharie
and Otsego

Volunteer Counseling Service of Rockland County

77 South Main Street

New City, NY 10956

Telephone: (845) 634-5729 **Fax:** (845) 634-7839

Counties Served:

Rockland, Westchester and Orange

Winthrop University Hospital

120 Mineola Blvd.

S. 210

Mineola, NY 11501

Telephone: (516) 663-4479 **Fax:** (516) 663-3070

Counties Served:

Nassau

Yates County Public Health

417 Liberty Street

Penn Yan, NY 14527

Telephone: (315) 536-5160 **Fax:** (315) 536-5145

Counties Served:

Yates

Attachment 2: NYSDOH Cancer Services Program Contractor List

Legal and Supportive Services Contractors

Clinical Legal Studies Program at Albany Law School

80 New Scotland Avenue
Albany, NY 12208

Telephone: (518) 445-3224 **Fax:** (518) 434-8612

Counties Served:

Albany, Schenectady, Rensselaer

Nassau/Suffolk Law Services Committee, Inc.

1 Helen Kelley Way
5th Floor
Hempstead, NY 11550

Telephone: (516) 292-8100 **Fax:** (516) 292-6529

Counties Served:

Nassau and Suffolk

Legal Services of Central New York, Inc.

472 South Salina Street
Suite 300
Syracuse, NY 13202

Telephone: (315) 475-3127 **Fax:** (315) 475-2706

Counties Served:

Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, St. Lawrence, Tioga, Tompkins

Legal Services of the Hudson Valley

4 Cromwell Place
White Plains, NY 10601

Telephone: (914) 949-1305 **Fax:** (914) 949-6213

Counties Served:

Westchester

Legal Assistance of Western New York, Inc.

One Franklin Square
PO Box 487
Geneva, NY 14456

Telephone: (315) 781-1465 **Fax:** (315) 781-2565

Counties Served:

Allegany, Cattaraugus, Chautauqua, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

The Family Center

66 Reade Street
New York, NY 10007

Telephone: (212) 766-4522 **Fax:** (212) 766-1696

Counties Served:

New York City

Attachment 2: NYSDOH Cancer Services Program Contractor List

Mobile Mammography Initiative Contractors

Bellevue Woman's Hospital

2210 Troy Road

Niskayuna, NY 12309

Telephone: (518) 346-9560 **Fax:** (518) 346-9573

Counties Served:

Albany, Columbia, Fulton, Greene, Montgomery,
Rensselaer, Saratoga, Schenectady, Schoharie,
Ulster, Warren, Washington

Canton Potsdam Hospital

50 Leroy Street

Potsdam, NY 13676

Telephone: (315) 261-5935 **Fax:** (315) 261-6413

Counties Served:

St. Lawrence, Northern Franklin

Nassau County Healthcare Corporation

2201 Hempstead Turnpike

East Meadow, NY 11554

Telephone: (516) 572-3300 **Fax:** (516) 572-4828

Counties Served:

Nassau

Nathan Litteaur Hospital

220 N. Comrie Ave.

Johnstown, NY 12095

Telephone: (518) 736-1120 **Fax:** (518) 762-5723

Counties Served:

Fulton, Montgomery, Hamilton, Schoharie, Herkimer

Our Lady of Lourdes Memorial Hospital, Inc.

169 Riverside Drive

Binghamton, NY 13905

Telephone: (607) 798-5254 **Fax:** (607) 798-6720

Counties Served:

Broome, Chenango, Delaware, Tioga

Queens Cancer Center of the Queens Health Network

82-68 164th Street, Room A531

Jamaica, NY 11432

Telephone: (718) 883-4031 **Fax:** (718) 883-6295

Counties Served:

Borough of Queens

St. Barnabas Hospital

4422 Third Avenue

Bronx, NY 10457

Telephone: (718) 960-3931 **Fax:**

Counties Served:

Bronx

St. James Mercy Hospital

411 Canisteo Street

Hornell, NY 14843

Telephone: (607) 324-8147 **Fax:** (607) 324-8152

Counties Served:

Steuben, Allegany, Monroe, Livingston

Attachment 2: NYSDOH Cancer Services Program Contractor List

Mobile Mammography Initiative Contractors

St. Vincent Catholic Medical Centers

152-11 89th Avenue

Jamaica, NY 11432

Telephone: (718) 558-2050 **Fax:**

Counties Served:

Boroughs of Brooklyn and Queens

Project Renewal

200 Varick Street

9th Floor

New York, NY 10014

Telephone: (212) 620-0340 **Fax:** (212) 633-9044

Counties Served:

**NYSDOH Cancer Services Program
Program Performance Measures 2008-2009**

	Indicator Type	Performance Measure Description	Goal
1	BCC Screening	% of screening mammogram clients ages 50 and older	>=75%
2	BCC Screening	% of initial program Pap tests that are for rarely/never screened women	>=20%
3	BCC Screening	% of women re-screened by mammogram in 8-18 months	>=60%
4	CRC Screening	% of male clients	>=20%
5	CRC Screening	% of clients re-screened by fecal test within 10-14 months	>=60%
6	Integrated Screening	% of clients ages 50-64	>=75%
7	Integrated Screening	% of eligible women ages 50 and older with comprehensive screenings (i.e., breast, cervical and colorectal)	>=50%
8	Integrated Screening	% of annual screening goal completed in each county	100%
9	Integrated Screening	% of eligible population screened	>=20%
10	Cervical cancer diagnostic	% abnormal cervical screens followed up within 60 days	>=75%
11	Breast cancer diagnostic	% abnormal breast screens followed up within 60 days	>=75%
12	Colorectal cancer diagnostic	% abnormal fecal tests followed up within 60 days	>=75%
13	Treatment	% of eligible clients enrolled in the MCTP	>=90%
14	Program Management	% of Screening Intake Forms (SIFs) submitted on time	>=75%
15	Program Management	% of Follow-Up Forms (FFs) submitted on time	>=75%
16	Program Management	Semi-annual reports submitted accurately and on time	100%
17	Program Management	Renewal work plan and budget submitted accurately and on time	100%
18	Program Management	% of monthly vouchers submitted accurately and on time	>=75%
19	Program Management	% grant funds expended	>=90%

BCC = Breast and Cervical Cancer

CRC = Colorectal Cancer

Screening Goal Ranges By County

County	Number of People To Be Screened
Albany	1,001-2,000
Allegany	151-200
Bronx	7,001-8,000
Broome	801-900
Cattaraugus	301-350
Cayuga	301-350
Chautauqua	501-600
Chemung	351-400
Chenango	201-250
Clinton	301-350
Columbia	251-300
Cortland	151-200
Delaware	201-250
Dutchess	1,001-2,000
Erie	2,001-3,000
Essex	151-200
Franklin	151-200
Fulton	201-250
Genesee	251-300
Greene	201-250
Hamilton	0-50
Herkimer	251-300
Jefferson	351-400
Kings (Brooklyn)	12,001-13,000
Lewis	101-150
Livingston	201-250
Madison	251-300
Monroe	1,001-2,000
Montgomery	201-250
Nassau	1,001-2,000
New York (Manhattan)	5,001-6,000
Niagara	901-1000
Oneida	901-1000
Onondaga	1,001-2,000
Ontario	401-450
Orange	1,001-2,000
Orleans	151-200
Oswego	451-500
Otsego	251-300
Putnam	401-450
Queens	8,001-9001
Rensselaer	601-700

County	Number of People To Be Screened
Richmond (Staten Island)	1,001-2,000
Rockland	1,001-2,000
Saratoga	801-900
Schenectady	601-700
Schoharie	101-150
Schuyler	51-100
Seneca	101-150
St. Lawrence	401-450
Steuben	401-450
Suffolk	2,001-3,000
Sullivan	301-350
Tioga	201-250
Tompkins	251-300
Ulster	701-800
Warren	251-300
Washington	251-300
Wayne	351-400
Westchester	2,001-3,000
Wyoming	151-200
Yates	101-150

NOTE: Screening goals are based on an *estimate* of the eligible priority populations in each county. The eligible priority populations used to determine these estimates included women age 40 or older and men age 50 or older who are uninsured or underinsured and at or below 250% of the federal poverty level in each county. The CSP set a screening goal of approximately 20% of the estimated eligible priority populations, reflected in the screening goal ranges presented here.

Infrastructure Funding Ranges Based on Total Number of Clients to be Screened

Number of Clients	Infrastructure Funding Range	
	Low	High
301-350	\$132,775	\$146,250
351-400	\$146,250	\$158,750
401-450	\$158,750	\$168,750
451-500	\$168,750	\$177,500
501-600	\$177,500	\$195,000
601-700	\$195,000	\$212,500
701-800	\$212,500	\$230,000
801-900	\$230,000	\$242,500
901-1000	\$242,500	\$252,500
1001-1100	\$252,500	\$261,500
1101-1200	\$261,500	\$270,500
1201-1300	\$270,500	\$277,500
1301-1400	\$277,500	\$284,500
1401-1500	\$284,500	\$291,500
1501-1600	\$291,500	\$298,500
1601-1700	\$298,500	\$305,500
1701-1800	\$305,500	\$310,000
1801-1900	\$310,000	\$314,500
1901-2000	\$314,500	\$319,000
2001-2100	\$319,000	\$323,500
2101-2200	\$323,500	\$325,500
2201-2300	\$325,500	\$327,500
2301-2400	\$327,500	\$329,500
2401-2500	\$329,500	\$331,500
2501-2600	\$331,500	\$335,500
2601-2700	\$333,500	\$334,500
2701-2800	\$334,500	\$335,500
2801-2900	\$335,500	\$336,500
2901-3000	\$336,500	\$337,500
3001-3100	\$337,500	\$338,000
3101-3200	\$338,000	\$338,500
3201-3300	\$338,500	\$339,000
3301-3400	\$339,000	\$339,500
3401-3500	\$339,500	\$340,000
3501-3600	\$340,000	\$340,500

3601-3700	\$340,500	-	\$341,000
3701-3800	\$341,000	-	\$341,500
3801-3900	\$341,500	-	\$342,000
3901-4000	\$342,000	-	\$342,500
4001-4100	\$342,500	-	\$342,700
4101-4200	\$342,700	-	\$342,900
4201-4300	\$342,900	-	\$343,100
4301-4400	\$343,100	-	\$343,300
4401-4500	\$343,300	-	\$343,500
4501-4600	\$343,500	-	\$343,600
4601-4700	\$343,600	-	\$343,700
4701-4800	\$343,700	-	\$343,800
4801-4900	\$343,800	-	\$343,900
4901-5000+	\$343,900	-	\$345,000

**Sample
Letter of Intent**

Sheri Scavone
Director, Cancer Services Program
New York State Department of Health
Riverview Center
150 Broadway, 3rd Floor West
Albany, New York 12204

Re: RFA # 0707301113
Integrated Cancer Services Program
Breast, Cervical and Colorectal Cancer Screening
Partnerships (CSP Partnerships)

Dear Ms. Scavone:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request that our organization be placed on the mailing list for any updates, written responses to questions, or amendments to the RFA.

Our organization, (*insert name of organization*), will provide services in (*insert proposed service area*). The individual who will serve as the contact for this application is:

(insert name, address, telephone number and e-mail address)

We understand that in order to automatically receive any RFA updates and/or modifications as well as answers to submitted questions, the New York State Department of Health requires that this letter be received by the Bureau of Chronic Disease Services, Cancer Services Program by close of business, (*insert date*).

Sincerely,

Vendor Responsibility Attestation

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

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

Application Cover Page

Title of Project: _____

**Name of Applicant
Organization:** _____

Type of Organization: _____

County to be Served: _____

Project Director's Name: _____

Title: _____

Address: _____

E-Mail (required): _____

Telephone: _____ **Fax:** _____

Signature: _____

**Individual Authorized to
Sign the Contract Name:** _____

Title: _____

Address: _____

E-Mail: _____

Telephone: _____ **Fax:** _____

Signature: _____

Total State Funds Requested: _____

NYS Charity Registration Number: _____

Federal IRS Tax Identification Number: _____

Partnership Name:

**NYSDOH Cancer Services Program
Partnership Assessment Tool**

Partner Name	Role											Other Roles (Please list any that apply)			
	Clinical Service	Recruitment	In-kind OTPS	In-kind Staff	Data Management	Public Awareness	Case Management	Fiscal Management	Lead Agency	DOE	Letter of Support				

NYSDOH Cancer Services Program Partnerships Work Plan Template and Instructions

Purpose: The purpose of this Request for Applications (RFA) is to support community-based programs that provide uninsured and underinsured men and women in New York State (NYS) with routine screening for breast, cervical and colorectal cancer, with the overall goal of reducing the mortality rates for these diseases in NYS. These community-based programs (known as Cancer Services Program partnerships, or CSP partnerships) will coordinate recruitment for and provision of comprehensive, age-appropriate breast, cervical and colorectal cancer screening services and follow-up care to eligible men and women who are either uninsured or underinsured for these services.

Contracting agencies funded as a result of this RFA will ensure that the priority populations, as defined in this RFA, are recruited and provided with access to screening, diagnostic and treatment services for breast, cervical and colorectal cancer. To achieve this, applicants must develop and implement a work plan that addresses required activities, as stated in the RFA, Section III, Scope of Work:

- 1. Partnership building and management** – Build and maintain collaborative relationships with health, human service, education and other community organizations to provide and promote utilization of cancer screening services among the priority populations throughout the entire proposed service area.
- 2. Recruitment of the priority populations** – Enroll members of the priority populations into comprehensive, age-appropriate breast, cervical and colorectal cancer screening services through public education and active outreach and inreach activities.
- 3. Screening and diagnostic activities** – Identify and recruit licensed medical providers throughout the entire service area to join the partnership and provide comprehensive, age-appropriate screening and diagnostic and treatment services as per the Operations Manual.
- 4. Case management** – Ensure that all men and women with abnormal screening results are assessed for their need for case management services and are provided with such services accordingly.

5. Program management - Provide leadership, coordinate and administer the program to implement all required activities and meet contractual agreements in a timely manner, ensuring that barriers to implementation of the required activities are addressed to reduce potential effects on program performance.

Cancer Services Program Partnerships Work Plan Instructions:

1. The objectives and activities outlined in the work plan should reflect the overall program purpose and activities listed in Section III of the RFA (Scope of Work).
2. The work plan template on the following pages should be completed using a font size of at least 8 pt.
3. The work plan should cover the one-year period, April 1, 2008 – March 31, 2009.
4. Work plan development should conform to the format in the templates, as follows:
 - a) Address each of the work plan goals in a separate table.
 - b) Develop SMART objectives and activities to address the required activities as described in Section V of this RFA and complete all columns. See section 5.c below for definitions and examples of SMART objectives.
 - c) Note that measures of effectiveness have been included and are consistent with the Program Performance Measures (PMs) developed by the CSP (see Program Performance Measures, Attachment 3).
5. Definitions to aid in completion of each column in the templates are provided here:
 - a) **Goals** – A goal is a general, “big picture” statement of an outcome a program intends to accomplish to fulfill its mission. The goals for these funded programs have been written and are included in each of the work plan template tables.
 - b) **Measures of effectiveness:** These are the standards that a program sets for itself to measure progress in achieving goals through the program objectives. Many measures of effectiveness may be required to fully assess progress toward an objective. When writing measures of effectiveness, be sure they are measurable; they should contain a numeric value, or an observable behavior. They should be significant and truly gauge success in working toward or meeting the goal.

Ask: How will we know if our program has achieved this objective? What would it take to convince me that our program has achieved this objective?

Measures of effectiveness should be based on the available data. In many instances, the CSP provides the data to measure the effectiveness of implementation of the program objectives and activities. For example, the CSP provides partnerships with Performance Measures (PMs) developed by the CSP (see Program Performance Measures, Attachment 3). The PM reports are generated and routinely sent by the CSP to partnerships. Partnerships can also run their own reports by querying the on-line data system (Indus) or by submitting a data request to the CSP Data Unit. Measures of effectiveness that are consistent with specific PMs and appropriate to required objectives are already written in the work plan template. Applicants should use these PMs, and may include additional measures of effectiveness where appropriate.

Examples of other sources of data from which to measure effectiveness are: scores on training pre/post tests, information from focus groups of members of the priority populations, data from the Cancer Information Service and other government sources, Census data, participants completing a quiz during training, clients completing a service satisfaction survey, New York State Cancer Registry data, etc. Note that New York State cancer-related data can be found on-line at: www.health.state.ny.us/statistics/.

- c) **SMART Objectives** – Work plans must contain SMART objectives for each goal. (SMART = Specific, Measurable, Achievable, Relevant, and Time-bound) Inclusion of as many SMART objectives as appropriate to accomplish the goals within the work plan time period is encouraged.

Note that required SMART objectives have been included for each goal and are listed in the work plan template.

Definitions of the components of a SMART objective follow, along with examples to help you create your own.

SMART Objectives include specific activities, events, and/or interactions to be completed by a certain date in order to accomplish the overall goal. Objectives are written in an active tense and use active verbs such as convene, write, conduct, produce, develop, identify, visit, organize, design, promote, educate, train, distribute, etc.

- **Specific** – an observable action, behavior, or achievement is described and linked to a rate, number, percentage, or frequency. When reaching individuals, a specific population description must be included in the objective
Ask: Is there a description of a precise or specific action or event, which is linked to a rate, number, percentage or frequency?
- **Measurable** – a system, method, or procedure exists that allows the tracking and recording of the event, behavior or action

- Ask:* Is there a reliable system in place to measure progress toward the achievement of the objective?
- **Achievable** – the objective has a likelihood of success and is realistic given the resources and time period
Ask: With a reasonable amount of effort can the objective be achieved?
 - **Relevant** – the target directly supports the corresponding goal
Ask: Will this objective lead to the desired results?
 - **Time-bound** – specifically lists the dates for the task to be started and completed
Ask: Is there a start and/or finish date clearly stated and defined?

Examples of SMART objectives:

- ◆ By April 30, 2008, assess partnership membership and invite at least 3 new partners, ensuring that all counties in the service area are represented.
- ◆ By August 2008, conduct 3 community meetings to identify local resources as payment options for services not covered by the CSP.
- ◆ By November 2008, recruit 10 *ASK Me* locations in underserved zip codes of each county in the service area to refer and enroll at least 80 new clients.
- ◆ By December 2008, identify 25 individuals through local churches to participate in a one-on-one recruitment training.
- ◆ By December 2008, recruit 2 new colorectal cancer screening and diagnostic service providers in the service area.

Examples of objectives that are NOT SMART:

- Eliminate breast cancer in ABC County by tomorrow.
(Not achievable)
- Reduce the amount of cancer in women by June 2008.
(Not specific or measurable)
- Create a cancer screening media plan.
(Not specific, measurable, or time-bound)
- Increase breast cancer knowledge by developing a poster contest.
(Not specific, measurable, achievable, time-bound, or relevant)

- d) **Activities planned to achieve this objective** –Activities are what a program does, or its specific tasks, to meet the stated objectives and ultimately fulfill the goal.

Ask: To meet the objectives, what action is needed? What else might work? Do we have the resources to do this?

- e) **Staff/Partnership member(s) responsible** – Identify individual staff or partnership members responsible for specific tasks within each activity. Include reference to any partners by organization, as appropriate (e.g., ACS, My County Hospital, etc.)

- f) **Completed by (month & year)** – These are the dates (e.g., by month, quarter) for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. Use established timeframes to help organize activities, such as prep work for “Mammography Day” activities.

Ask: What activities need to come first? When do we plan to have this finished?

6. Sample Work Plan:

Goal 1: Partnership building and management activities		Measures Of Effectiveness:	
Build and maintain collaborative relationships with health, human service, education and other community organizations to provide and promote utilization of cancer screening services among the priority populations throughout the entire proposed service area.		# of partners (Partnership Assessment Tool, Attachment 10) # of partnership meetings	
Objectives	Activities Planned to Achieve this Objective	Staff/Partnership Members Responsible	Completed By (month & year)
a) By 10/1/08, ensure that partnership membership reflects a broad-based, diverse group of health, human service, education and other local/community organizations reflecting the needs of priority populations throughout the entire service area.	<ol style="list-style-type: none"> 1) Research and develop a list of community agencies and organizations that serve the priority populations 2) Develop an introductory letter about the partnership (services, mission and collaborative opportunities) 3) Send letter to potential community partners to explore partnership membership 4) Contact potential community partners via phone call two weeks after letter is sent to explore opportunity to become a partnership member 	Partnership Coordinator	<ol style="list-style-type: none"> 1) May 2008 2) June 2008 3) June 2008 4) August 2008
b) Between April 1, 2008 and March 31, 2009, conduct at least four meetings of all partnership members	<ol style="list-style-type: none"> 1) Send meeting notice reminder and agenda to partner agencies 2 weeks prior to meeting 2) Review and monitor progress towards meeting work plan goals and objectives; revise as needed 3) Review performance measures; identify strengths and weaknesses; plan and implement systems and activities to improve 4) Monitor budget; identify modifications as necessary 5) Plan events and activities per work plan; explore and identify partner roles and responsibilities 6) Send meeting minutes and reminder for next partnership meeting 	<ol style="list-style-type: none"> 1)Partnership Coordinator 2)Partnership Coordinator 3)Data Manager 4)Partnership Coordinator 5)Partnership Coordinator/ Recruitment Specialist 6)Partnership Coordinator 	<ol style="list-style-type: none"> 1) June 2008, September 2008, December 2008, March 2009

Work Plan Template

Goal 1: Partnership building and management activities Build and maintain collaborative relationships with health, human service, education and other community organizations to provide and promote utilization of cancer screening services among the priority populations throughout the entire proposed service area.		Measures of effectiveness: # of partners (Partnership Assessment Tool, Attachment 10) # of partnership meetings	
Objectives	Activities planned to achieve this objective	Staff/Partnership member(s) responsible	Completed by (month & year)

Work Plan Template

<p>Goal 2: Outreach and recruitment activities</p> <p>Enroll members of the priority populations into comprehensive, age-appropriate breast, cervical and colorectal cancer screening services through public education and active outreach and inreach activities.</p>		<p>Measures of effectiveness:</p> <p>X # of eligible clients from the priority populations screened for breast, cervical or colorectal cancer will be entered onto Indus</p> <p>Program performance measure provided by CSP:</p> <ul style="list-style-type: none"> • (PM1) % of screening mammogram clients ages 50 and older • (PM2) % of initial program Pap tests that are for rarely/never screened women • (PM4) % of male clients • (PM6) % clients age 50 – 64 • (PM7) % of eligible women ages 50 and older with comprehensive screenings (breast, cervical and colorectal) • (PM8) % annual screening goal completed in each county • (PM9) % of eligible population screened 	
Objectives	Activities planned to achieve this objective	Staff/Partnership member(s) responsible	Completed by (month & year)

Work Plan Template

Goal 3: Screening and diagnostic activities Identify and recruit licensed medical providers throughout the entire service area to join the partnership and provide comprehensive, age-appropriate screening and diagnostic and treatment services as per the Operations Manual.		Measures of effectiveness: # of clinical service providers # of screenings by provider (Indus query) Program performance measure provided by CSP: <ul style="list-style-type: none"> (PM3) % of women rescreened by mammogram in 8-18 months (PM5) % of clients rescreened by fecal test within 10 to 14 months (PM13) % of eligible clients enrolled in the MCTP 	
Objectives	Activities planned to achieve this objective	Staff/Partnership member(s) responsible	Completed by (month & year)

Work Plan Template

Goal 4: Case Management Ensure that all men and women with abnormal screening results are assessed for their need for case management services and are provided with such services accordingly.		Measures of effectiveness: Program performance measure provided by CSP: <ul style="list-style-type: none"> • (PM10) % abnormal cervical screens followed up within 60 days • (PM11) % abnormal breast screens followed up within 60 days • (PM12) % abnormal fecal tests followed up within 60 days • (PM13) % of eligible clients enrolled in the MCTP 	
Objectives	Activities planned to achieve this objective	Staff/Partnership member(s) responsible	Completed by (month & year)

Work Plan Template

<p>Goal 5: Program Management</p> <p>Provide leadership, coordinate and administer the program to implement all required activities and meet contractual agreements in a timely manner, ensuring that barriers to implementation of the required activities are addressed to reduce potential effects on program performance.</p>		<p>Measures of effectiveness:</p> <p>Program performance measure provided by CSP:</p> <ul style="list-style-type: none"> • (PM14) % of SIF's submitted on time • (PM15) % of FF's submitted on time • (PM16) Semi-annual reports submitted accurately and on time • (PM17) Work plan and budget submitted accurately and on time • (PM18) % of monthly vouchers submitted accurately and on time • (PM19) % of grant funds expended 	
Objectives	Activities planned to achieve this objective	Staff/Partnership member(s) responsible	Completed by (month & year)

Application Budget and Budget Justification Instructions

General Instructions

- The budget and budget justification should cover the one year period from April 1, 2008 through March 31, 2009.
- All budget lines should be calculated as whole dollar amounts (i.e. 50% of \$32,115 salary = \$16,057.50 budget amount = \$16,058)
- All reported funds must be directly related to the proposed project and justified in detail regardless of source (including in-kind).
- Awarded funds may not be used to supplant existing funding sources.

Format

- Prepare a budget for the total infrastructure award calculated as per instructions in the RFA, Section V.A.2.h.
- Use the Budget Template (Attachment 12).
- For each item, list amounts for **Total Cost, Amount requested** and **in-Kind Contributions/Other Funds**
- A comprehensive justification for each line item should follow the budget.
- The budget format should consist of two sections: 1) personnel and 2) other than personal services (OTPS).

Budget Sections

A. Personnel

This section should include the following information, as per the Budget Template (Attachment 12):

1. Title of position.
2. Percentage of time to be spent on partnership activities.
 - a. If this position is less than full-time (100% FTE*), indicate the percentage of time to be spent working directly on this grant/CSP partnership activities).
 - b. The Partnership Coordinator must work a minimum of 50% FTE directly on this project.
 - c. All other personnel to be paid from this grant must work a minimum of 20% FTE directly on partnership activities.
 - d. If a single salaried employee is working on multiple CSP-funded screening contracts, the total of all budget line items for this employee must represent at least 20% FTE. For example, a Fiscal Manager who is funded 10% FTE by Partnership A and 10% FTE by Partnership B would meet the minimum 20% FTE requirement.

* Note: Full-time equivalent (FTE) is a way to measure a worker's involvement in a project. An FTE of 1.0 (100% FTE) means that the person is equivalent to a full-time worker, while an FTE of 0.5 (50% FTE) signals that the worker is only part-time (or half-time).

e. Examples of FTE/Salary calculation:

<u>Personnel</u>	<u>% Time (on grant)</u>	<u>Annual Salary</u>	<u>Requested Amount</u>	<u>In-Kind Amount</u>	<u>Total Amount</u>
Partnership Coordinator	60	\$45,000	\$27,000	\$0	\$27,000
Case Manager	50	\$40,000	\$0	\$10,000	\$10,000

Explanation:

The Partnership Coordinator is a full-time employee, working 40 hours per week and will work 60% of the time (or 24 hours per week) on CSP partnership activities. 60% of this employee's annual salary is \$27,000 (.60 X \$45,000 = \$27,000). The applicant is requesting that all 60% of the employee's time be funded through the NYSDOH grant.

The Case Manager is a full-time employee, working 40 hours per week. She will work 50% of the time (or 20 hours per week) on CSP partnership activities. The other 50% of her time will be spent on a different grant project. The applicant is requesting that only 25% of the employee's time spent working on the CSP partnership activities be funded through the NYSDOH grant. The remaining 25% will be supported through an in-kind contribution.

3. Annual salary or rate per hour
 - a. Indicate rate and cost
4. Amount requested from NYSDOH
5. In-kind contribution. This is a non-cash input which can be given cash value. Examples of in-kind contributions are as follows:
 - a. A local community organization provides free meeting space to the partnership.
 - b. A government agency donates some paper to print books.
 - c. A consultant donates his time to your program.
 - d. A taxi company donates the use of its taxis at no cost or at a cost below market
6. Total budget. This is the sum of the amount requested from NYSDOH and in-kind contributions.

B. Other than Personnel Services (OTPS)

- OTPS expenses, defined as expenses directly related to activities that relate to one, or more, of the work plan outcomes from Section III, Scope of Work (e.g. supplies, travel, equipment, printing, postage, rent, telephone) should be shown in this section. The amount of request and in-kind contributions should be shown for each category.
- Enter a separate line item for each expenditure,
- Supplies may include funds for the purchase of FOBT or FIT kits and the cost of bowel preparation supplies for men and women who will be receiving a colonoscopy. (Please see Operations Manual for eligibility criteria and reimbursement for screening colonoscopy.)
- The amount requested and any in-kind contributions should be shown for each line item.
- Costs related to the implementation of public awareness campaigns seeking to reach the population at average and increased risk for breast, cervical and colorectal cancer are allowable but may not represent more than 25% of the OTPS portion of the budget.

- Budgets should include travel funds for at least one partnership staff member to attend the statewide CSP contractors meeting to be held in Albany in 2008 and for up to three partnership staff members to attend each of two regional trainings during the first program year of the grant.

Non-allowable Costs

- Indirect or administrative lines will not be accepted as OTPS budget lines. Itemized budget lines related to these costs (i.e. rent, heat, telephone) will be allowed with appropriate justification.
- Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.
- Costs of research-related activities will not be allowed.

Match Requirement

- A match equal to one-half the amount of the infrastructure request must be demonstrated. (In-kind subtotal must be at least 50% of the subtotal of the amount requested from NYSDOH)
- All partners are expected to contribute to this match.
- Overhead costs may be used as matching funds in support of this project.

Performance Measure Withhold

- An amount equal to 10% of the total budget requested should be deducted from the budget total and moved into a single OTPS line item labeled “Performance Measure Withhold.”
- The OTPS should not be less than 10% of the total requested infrastructure amount.
- Four (4) weeks following the close of the first and third quarters, five (5) performance measures related to comprehensive screening and timeliness of follow-up will be compared to established program standards (Numbers 4, 7, 10, 11 and 12 on Program Performance Measures, Attachment 3). Each measure that meets or exceeds the established standard will result in a release of 1% of the performance standard withhold amount. Notices will be issued to partnerships informing them of their measures, the established standard to be met and the allowable release amount (up to 5% at each review). Released amounts will then be moved into established or new OTPS budget lines through submission of a budget modification to the designated CSP staff.

Budget Justification

- Applicants should demonstrate how the proposed expenditures relate to at least one of the categories in the work plan.
- Provide justification and a breakdown for each item requested in the budget.
- Provide details (i.e. brief job descriptions, description of how position or other line item contributes to program objectives and work plan) and demonstrate *all calculations* (i.e. telephone service must detail costs per line or staff person; postage must include how postage will be used, postage rate, approximate number of pieces to be mailed, etc.).
- For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

Budget Template

Partnership Name: _____
 Budget Period: April 1, 2008 – March 31, 2009
 CONTRACT AGENCY: _____

Screening Goal: _____
 Range of Infrastructure (From Attachment 4): _____

CATEGORY			REQUESTED AMOUNT	IN-KIND AMOUNT*	TOTAL AMOUNT
PERSONNEL	% TIME ON THE PROJECT	ANNUAL SALARY at 1.0 FTE			
Fringe @ XX%					
A. PERSONNEL TOTAL					
OTHER THAN PERSONAL SERVICES (OTPS)					
Travel					
Postage					
Public Awareness/Advertising**					
Office Supplies					
Printing & Copying					
Equipment					
Subcontract					
Medical Supplies (fecal test kits, bowel prep)					
Performance Measure Withhold***					
B. OTPS Total					
C. TOTAL BUDGET ***					

* Match calculation: In-kind total must be at least 50% of NYSDOH total (from line C)

In-kind Contributions

NYSDOH Infrastructure Total

Percentage

** Public awareness/advertising line cannot exceed 25% of OTPS Budget in NYSDOH column

Percentage

*** Total Budget: C= A + B

Performance Measure Withhold: 10% of total amount requested***

Sample Budget Worksheet

Partnership Name: Healthy Living Partnership of Our County

Sample Budget Period: April 1, 2008 – March 31, 2009

CONTRACT AGENCY: XYZ OrganizationScreening Goal: 350 clientsRange of Infrastructure (From Attachment 4): 300-350 clients \$132,775-\$146,250

CATEGORY			REQUESTED AMOUNT	IN-KIND AMOUNT*	TOTAL AMOUNT
PERSONNEL	% TIME ON THE PROJECT	ANNUAL SALARY at 1.0 FTE			
Coordinator	100%	\$50,000	\$50,000	\$0	\$50,000
Outreach & Recruitment Coordinator	100%	\$40,000	\$20,000	\$20,000	\$40,000
Data Manager	80%	\$30,000	\$9,600	\$14,400	\$24,000
Case Manager	80%	\$40,000	\$16,000	\$16,000	\$32,000
Fringe @ 26%			\$24,856	\$13,104	\$37,960
A. PERSONNEL TOTAL			\$120,456	\$63,504	\$183,960
OTHER THAN PERSONAL SERVICES (OTPS)					
Travel			\$890	\$1,000	\$1,890
Postage			\$425	\$700	\$1,125
Public Awareness/Advertising**			\$2,000	\$3,000	\$5,000
Office Supplies			\$3,200	\$4,500	\$7,700
Printing & Copying			\$2,250	\$2,500	\$4,750
Equipment			\$0	\$0	\$0
Subcontract – (name of agency)			\$1,500	\$0	\$0
Medical Supplies (fecal test kits, bowel prep)			\$900	\$0	\$900
Performance Measure Withhold***			\$14,625		\$14,625
B. OTPS Total			\$25,790	\$11,700	\$37,490
C. TOTAL BUDGET			\$146,246	\$75,204	\$221,450

* Match calculation: In-kind total must be at least 50% of NYSDOH total (from line C)

In-kind Contributions	\$75,204
NYSDOH Infrastructure Total	\$146,246
Percentage	51%

** Public awareness/advertising line cannot exceed 25% of OTPS Budget in NYSDOH column

Percentage	8%
------------	----

*** Total Budget: C= A + B

Performance Measure Withhold: 10% of total amount requested***

GRANT CONTRACT

STATE AGENCY (Name and Address): _____	.	NYS COMPTROLLER'S NUMBER: _____
	.	
	.	ORIGINATING AGENCY CODE: _____
CONTRACTOR (Name and Address): _____	.	TYPE OF PROGRAM(S) Integrated Cancer Services Program
	.	
FEDERAL TAX IDENTIFICATION NUMBER: _____	.	INITIAL CONTRACT PERIOD FROM: 4/1/08 TO: 3/31/09
	.	
MUNICIPALITY NO. (if applicable): _____	.	FUNDING AMOUNT FOR INITIAL PERIOD: _____
	.	
CHARITIES REGISTRATION NUMBER: ____ - ____ - ____ or () EXEMPT: (If EXEMPT, indicate basis for exemption): _____	.	MULTI-YEAR TERM (if applicable): FROM: 4/1/08 TO: 3/31/13
	.	
CONTRACTOR HAS() HAS NOT() TIMELY FILED WITH THE ATTORNEY GENERAL'S CHARITIES BUREAU ALL REQUIRED PERIODIC OR ANNUAL WRITTEN REPORTS. _____	.	
	.	
CONTRACTOR IS() IS NOT(X) A SECTARIAN ENTITY CONTRACTOR IS() IS NOT(X) A NOT-FOR-PROFIT ORGANIZATION	.	

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

<input checked="" type="checkbox"/>	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
<input checked="" type="checkbox"/>	APPENDIX A-1	Agency-Specific Clauses (Rev 9/07)
<input checked="" type="checkbox"/>	APPENDIX B	Budget – See Budget Attachments to this RFA
<input checked="" type="checkbox"/>	APPENDIX C	Payment and Reporting Schedule – See RFA
<input checked="" type="checkbox"/>	APPENDIX D	Program Workplan – See Work Plan Template in this RFA
<input checked="" type="checkbox"/>	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

<input checked="" type="checkbox"/>	APPENDIX A-2	Program-Specific Clauses
<input checked="" type="checkbox"/>	APPENDIX A-3	Program-Specific Clauses
–	APPENDIX E-1	Proof of Workers' Compensation Coverage
–	APPENDIX E-2	Proof of Disability Insurance Coverage
–	APPENDIX H	Federal Health Insurance Portability and Accountability Act Business Associate Agreement
–	APPENDIX _____	_____

STATE OF NEW YORK

AGREEMENT

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

WITNESSETH:

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

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

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

I. Conditions of Agreement

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

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

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its

subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.

- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

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

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.
- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

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

V. Property

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

VI. Safeguards for Services and Confidentiality

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

STANDARD CLAUSES FOR NYS CONTRACTS APPENDIX A

Page 1 June, 2006

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 \$50,000 (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 \$85,000 (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 affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms 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, 110 State Street, 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

Fax: 518-292-5884

<http://www.empire.state.ny.us>

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

Telephone: 518-292-5250

Fax: 518-292-5803

<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 9/07)

AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - ◆ an institution of higher education,
 - ◆ a hospital, or
 - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under

Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.

- b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.
- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
 - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
 - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
- d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
 - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
 - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
 - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports

have been submitted.

4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

a. LOBBYING CERTIFICATION

- 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.
 - a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
 - ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the

awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.

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

- b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
- c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

transactions). Debarment or suspension by one federal agency has government-wide effect.

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

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

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d) The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

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

2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
- b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.

7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.

11. Other Modifications

- a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:
 - ◆ Appendix B - Budget line interchanges;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan.
- b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

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

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

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

- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

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

13. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.

14. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX B

BUDGET

See Budget Attachments in this RFA

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 **twenty-five** 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:

- ❶ 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
- ❷ 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:

- ❶ the end of the first monthly/quarterly period of this AGREEMENT; or
- ❷ 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 **ninety** days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE **monthly** 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 **Division of Chronic Disease Prevention and Adult Health, Empire State Plaza, Corning Tower, Room 515, Albany, New York 12237-0675**.
- G. All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than **thirty** 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 – See reporting requirements in this RFA

APPENDIX D

PROGRAM WORKPLAN

(See Work Plan Instructions and Template in this RFA)

APPENDIX A-2
PROGRAM SPECIFIC CLAUSES

1. Any publishable or otherwise reproducible material developed under, or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated for profit by the CONTRACTOR or any other party unless prior written approval is secured from the STATE. The STATE authorizes the CONTRACTOR to disseminate materials developed under this AGREEMENT free of charge, or at cost, to other parties. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.
2. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT must contain the following acknowledgment: "Funded by a grant from the New York State Department of Health, Bureau of Chronic Disease Services."
3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. The CONTRACTOR, its officers, employees, agents and subcontractors, shall treat all information which is obtained through performance of activities under this AGREEMENT as confidential information, and shall maintain and use such information only for the purposes intended, and only to the extent necessary to perform its obligations, under this AGREEMENT.
5. The STATE routinely releases data to the CONTRACTOR in aggregate form to assist in the administration and improvement of the program. Any secondary release by the CONTRACTOR, its officers, employees, agents and subcontractors, of aggregate or individual-level data for any other purposes, including research, requires prior approval from the STATE, and potentially the New York State Department of Health Human Subjects Review Board.
6. CONTRACTOR will provide to the STATE information regarding prospective Providers of Screening and Diagnostic Services (herein referred to as "Providers") as required by the STATE. The STATE agrees to inform the CONTRACTOR in writing as to whether the prospective Providers are acceptable to the STATE, in a timely manner. The CONTRACTOR agrees to provide any information that may be required by the STATE to determine whether the Providers continue to satisfy the credentialing criteria established by the STATE. The CONTRACTOR agrees to solely use Providers that are acceptable to the STATE for services covered by the Cancer Services Program. If the CONTRACTOR is a licensed health care facility, nothing herein shall relieve CONTRACTOR of its legal responsibility for credentialing practitioners, including investigations prior to granting or renewing professional privileges consistent with Public Health Law section 2805-j and 2805-k.

7. CONTRACTOR shall notify Providers that the STATE requires that Providers maintain a current, unrestricted, valid license to practice their profession in the State of New York. CONTRACTOR shall also notify Providers of all of the requirements for participation in the Cancer Services Program.
8. CONTRACTOR agrees to directly provide screening and/or diagnostic services. If the CONTRACTOR is unable to directly provide services or, if the CONTRACTOR is a direct provider and supplements its provisions of services by agreements with other providers of screening and diagnostic services, the CONTRACTOR will establish a written agreement for the provision of services with all Providers determined by the STATE to be acceptable for participation in the Cancer Services Program. The written agreement shall at a minimum include all of the requirements of the STATE for Provider participation as set forth in Appendix A-3.
9. CONTRACTOR, if such CONTRACTOR is not a direct Provider of Screening and Diagnostic Services, is not responsible for determining the suitability of any potential Provider. Only the STATE may determine acceptability of any Provider for participation in the program hereunder.
10. CONTRACTOR agrees to cooperate fully with the STATE's quality assurance efforts by providing access to medical and/or financial records, including, when applicable, original mammograms, for purposes of inspection, auditing and copying. CONTRACTOR agrees to participate in discussions to explore reasons for unusual data patterns, and by facilitating remediation of providers' clinical and/or data reporting deficiencies in a timely manner. This paragraph shall survive termination of this AGREEMENT.
11. CONTRACTOR shall report to the STATE in a timely manner any complaints about the quality of care provided by a Provider. CONTRACTOR shall also notify all entities affiliated with the partnership of their duty to report complaints about a Provider.
12. Only the CONTRACTOR may submit voucher claims to the STATE for reimbursement of services performed under this AGREEMENT. Entities that are affiliated with the CONTRACTOR in the partnership, or entities that accept responsibility for and/or perform activities under this Agreement may not submit claims for reimbursement directly to the STATE. The CONTRACTOR is responsible for disbursing funds paid to it under this Agreement to the entities in its partnership pursuant to the agreement among the CONTRACTOR and the other entities participating in the partnership. CONTRACTOR is responsible for notifying entities affiliated with the CONTRACTOR in the partnerships and entities that accept responsibility and/or perform activities under this Agreement that no such entity may submit voucher/claims for reimbursement directly to the STATE.
13. CONTRACTOR shall establish subcontract agreements, regardless of monetary compensation, for required partnership roles, as defined in the Cancer Services Program Operations Manual, not directly fulfilled by the CONTRACTOR.

APPENDIX A-3

Providers of screening and/or diagnostic services in the New York State Department of Health Cancer Services Program, hereafter called the PROGRAM, agree to:

1. Abide by the applicable clinical guidelines, eligibility criteria and case management sections of the PROGRAM Operations Manual.
2. Provide clients of the PROGRAM with the same quality of care as afforded to any other patients in their care.
3. Request reimbursement for clinical services ONLY for clients who meet the eligibility criteria as defined in the PROGRAM Operations Manual.
4. Treat the PROGRAM as the payor of last resort. All providers agree to first bill client's other insurance and/or third party payor for services provided through the PROGRAM Provider further agrees that it may only seek PROGRAM reimbursement from the State contractor for the partnership and may not submit claims for reimbursement directly to the State.
5. Accept reimbursement rates established by the PROGRAM as payment in full for all services that are covered by the PROGRAM. Providers agree not to charge clients for the difference between the PROGRAM reimbursement rate and the provider's usual fees. Under no circumstances shall providers , bill PROGRAM clients for services that are covered by the program
6. Promptly refer PROGRAM clients for all needed and appropriate diagnostic and treatment services without consideration of their ability to pay. This assurance includes any and all necessary services NOT covered by the PROGRAM
7. Obtain signed consent forms from all PROGRAM clients for the provision of clinical services and release of their medical information to the partnership and the New York State Department of Health for the purposes of case management, tracking and for reimbursement .
8. Submit accurate demographic, screening, diagnostic, treatment and any other data required by the State in a timely manner and in the format required by the State. The provider agrees that reimbursement for clinical services will not be provided by the State to the State

contractor for the partnership for reimbursement to the provider until data have been submitted and accepted on the PROGRAM data system.

9. Maintain adequate medical, business, financial, personnel, and other records, which may be applicable to the program. PROGRAM providers shall make such records available to the New York State Department of Health and other authorized governmental agencies for inspection, auditing and copying at no charge. This paragraph shall survive termination of this AGREEMENT.
10. Assure that all licensed health care professionals at their facility are appropriately licensed to practice their profession in the State of New York, and maintain the appropriate credentials for the services that they are providing.
11. Immediately notify the PROGRAM (i) if Provider's or Practitioner's license to practice or certification to operate in any state, certification(s) to prescribe medication, if applicable, or staff privileges at any hospital, if applicable, are voluntarily surrendered, restricted temporarily or permanently, reclassified, suspended or revoked for any reason; and (ii) if Provider or Practitioner is indicted or convicted of a criminal offense, regardless of the nature of the offense, or if Provider or Practitioner becomes subject to any disciplinary action taken by a government program, hospital, managed care organization, or licensing authority, including but not limited to an active or stayed suspension or restriction of Provider's or Practitioner's license or certification.
12. Provide all information necessary to comply with the PROGRAM credentialing and recredentialing activities, and further to provide such information within a reasonable time period.
13. Provide access to medical records, including, when applicable, original mammograms, and/or any other information that may be required in the course of both quality assurance reviews and interventions to explore reasons for unusual data patterns, and make such records available for inspection, auditing and copying, and agree to undertake any proposed plans to remediate any clinical and/or data reporting deficiencies in a timely manner. This paragraph shall survive termination of this AGREEMENT.
14. The PROGRAM reserves the right to discontinue any services providers participation in the PROGRAM for any reason.

**Integrated Cancer Services Program
Breast, Cervical and Colorectal Cancer Screening Partnerships
(CSP Partnerships)
RFA Number 0707301113**

Application Checklist

Applicant Name: _____

- Signed original, plus four (4) copies of the application (including attachments) are enclosed.
- Application does not exceed 50, double-spaced pages (not including cover page, budget pages and attachments); is numbered consecutively, including attachments; and uses 12 point font and 1-inch margins on all sides (with exception of the work plan which allows for 8 point font or greater and no margin requirement).
- Applicant name and RFA# 0707301113 are inserted as header on all application pages.
- Vendor Responsibility Attestation (Attachment 7), completed, signed and returned with application.
- Application Cover Page (Attachment 8), completed, signed and attached as cover to the application.
- Partnership Assessment Tool (Attachment 9) completed and included as attachment.
- Work plan is included, using template provided (Attachment 10).
- Resumes for Partnership Coordinator and other key staff are included, as are job descriptions and descriptions of subcontractual agreements (if applicable) and an organizational chart.
- Letters of Collaboration are included, are original, not form letters and are dated no earlier than 6 months prior to the application due date.

- A 12-month budget using the budget form provided (Attachment 12) is included.
- Map of service area included if proposing to serve area in Bronx, New York, Queens, Suffolk or Kings County.
- Contractor Attestation (Attachment 1), completed, signed and returned. (Note that this is not required as part of the application to this RFA. Successful applicants to this RFA will be required to sign and return the Contractor Attestation in order to initiate the contract.)