

RFA Number 0908031109

**New York State
Department of Health
Office of Long Term Care
Division of Home and Community-Based Services
Bureau of Medicaid Waivers
Traumatic Brain Injury Program**

Request for Applications

Statewide Neurobehavioral Resource Project

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Questions Due: November 24, 2009
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Office of Long Term Care
Division of Home and Community-Based Services
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**Attn: Brenda Rossman
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I. Introduction

A. Description of Program

The New York State Department of Health (DOH) is responsible for delivering programs and services to individuals diagnosed with traumatic brain injury (TBI) within the scope of the federal Centers for Medicare and Medicaid Services' 1915(c) Home and Community-Based Services Waiver for Individuals with Traumatic Brain Injury (HCBS/TBI). The purpose of this Request for Applications (RFA) is to select a not-for-profit agency as a Statewide Neurobehavioral Resource Project contractor to assist the HCBS/TBI waiver staff in the care of persons whose TBI has resulted in neurobehavioral challenges to their ability to remain in the community.

This RFA is targeted to address the need statewide for expert neurobehavioral assessment, consultation, training, and technical assistance to waiver management staff and TBI waiver professionals across the State.

The grant is for an initial one year period, expected to begin January 1, 2010, renewable for four (4) additional one-year periods, ending December 31, 2014. Funding of approximately \$400,000 is available for the first year of the contract. The amount of funding for each of the following years of the contract may vary, depending on funding availability and satisfactory contractor performance. [Note that the dates may be subject to change.]

B. Background/Intent

Before the TBI program was established, many State residents with a TBI were forced to seek institutional placement out-of-state due to the lack of specialized services available in New York. The first TBI initiatives were referred to as "Project Return To/Remain in New York State."

The primary component of the current TBI Program is the HCBS/TBI Medicaid waiver, administered by DOH pursuant to Public Health Law, Article 27-cc. The law requires the Department, *"to develop a comprehensive statewide program ... with primary emphasis on community based services and to develop outreach services and to utilize existing organizations with demonstrated interest and expertise in serving persons with traumatic brain injuries and shall, within funds available, enter into contracts with such organizations."* The waiver is funded under the NYS Medicaid Program with Federal/State funds and operates under an aggregate statewide budget cap, which is regionally administered.

Today, the HCBS/TBI waiver provides a broad range of community-based alternatives to allow individuals with traumatic brain injury to live in their home communities. Currently, waiver program services are provided to approximately 2,700 individuals in community-based settings.

These components comprise the central focus of HCBS/TBI waiver program:

- **Repatriation:** Assisting individuals who have been residing in out-of-state facilities to return home to New York State and receive care in community based settings.
- **Diversion:** Preventing in-state and out-of-state facility placements through the development of community based services and supports for waiver eligible individuals.

- **Transition:** Assisting eligible individuals currently living in nursing homes to move to appropriate community-based settings.

Services provided under the waiver are delivered by community-based provider agencies and are designed to augment Medicaid State Plan services to allow individuals with a TBI to reside in the community with maximum independence. Each waiver participant must choose a TBI Service Coordinator to assist in the development of an Individualized Service Plan focused on that goal.

Nine Regional Resource Development Centers (RRDCs) under contract to DOH administer the TBI waiver statewide. (See Attachment 6 for an expanded description of the HCBS/TBI waiver, and Attachment 8 for a statewide RRDC map by region.) The RRDC contractors employ highly qualified Regional Resource Development Specialists (RRDSs) to evaluate each applicant's eligibility for the waiver program. RRDSs review and approve Individual Service Plans, assist individuals to access TBI waiver program services, and provide technical support to service providers with regard to waiver policies and procedures.

Additional supports for HCBS/TBI waiver participants include: a housing rental subsidy program; various TBI-related training and public awareness initiatives, particularly with regard to veterans and children; and the Neurobehavioral Resource Project targeted under this RFA.

Behavioral challenges resulting from TBI have been identified as the single greatest barrier to successful community integration for certain individuals with TBI. The first Statewide Neurobehavioral Resource Project was funded in 1996 to assist DOH in the evaluation and development of behavioral support plans for individuals whose challenging behaviors may jeopardize their ability to remain in the community. The Project provides crisis intervention and behavioral assessment for the statewide TBI provider network.

The Neurobehavioral Resource Project provides training, consultation and technical assistance to State and RRDC staff, and other TBI waiver professionals to help TBI waiver participants avoid unnecessary institutionalization through the development of needed supports for high-risk, high-need individuals. The Neurobehavioral Project has been an essential element in both the repatriation of certain individuals whose neurobehavioral difficulties and crises had resulted in out-of-state placements, and the support of community-based waiver professionals to successfully serve individuals whose challenging behaviors may jeopardize their ability to remain in the community.

The Neurobehavioral Project also provides consultation to the RRDC contractors. In cases where waiver participants are at risk of losing their community placements due to behavioral challenges, RRDC staff submit referrals to the Neurobehavioral Resource Project for consultation and technical assistance. Neurobehavioral consultation is also requested during the waiver application stage when RRDC staff have concerns about whether a potential participant can be safely served in the community. The availability of the Neurobehavioral Resource Project has resulted in a wide range of individuals with TBI-related behavioral difficulties being able to live safely and with dignity in the least restrictive environment.

The Neurobehavioral Resource Project also includes an Apprenticeship Program designed to train professional staff in best practices for working with individuals with neurobehavioral challenges. The Apprenticeship Program is a key element of a statewide strategy to increase TBI provider capacity and has enabled TBI service professionals to develop the skills necessary to qualify as much-needed TBI Behavioral Specialists. The program invites selected TBI professionals who demonstrate excellence in clinical and leadership skills for

intensive trainings provided by Project staff on best practices in behavioral intervention, functional assessment and crisis intervention. Many trainees have subsequently taken on supervisory responsibilities within their respective agencies. To date, over 150 TBI service professionals have participated in this successful program.

Neurobehavioral Resource Project staff are included in current efforts to explore cross-system opportunities to enhance the State's capacity to serve multi-diagnosed persons with TBI through collaboration with the Offices of Alcohol and Substance Abuse Services (OASAS) and Mental Health (OMH), and the Most Integrated Setting Coordinating Council (MISCC).

Additional information regarding the TBI waiver program is available on the DOH website at: http://nyhealth.gov/facilities/long_term_care.

C. Problem/Issue Resolution

Normal functioning of the brain disrupted by traumatic injury, acute clinical incidents and/or disease may create a unique constellation of neurobehavioral disabilities and challenges for each individual. Such challenges may be physical, cognitive, psychosocial, behavioral; separately or in combination. The frontal and limbic regions of the brain, which control executive function and emotional response, are the most vulnerable in a closed head injury. These injuries often result in serious difficulties in executive function, related cognition, communication and the ability to self-regulate behavior. Associated neurobehavioral difficulties affect impulse control, insight, and personal awareness. Cognitive challenges such as short and long term memory problems render traditional behavioral interventions ineffective, and even counter-productive and damaging to persons with brain injuries.

Since 1996, the Statewide Neurobehavioral Resource Project has worked with approximately 2,000 TBI waiver participants with at-risk behavior, and has trained over 1,000 service professionals. The Project receives approximately 20 new referrals per month, and works with more than 200 participants throughout the State on an annual basis. The Project currently employs three full-time behavioral specialists to provide technical consultation and crisis intervention statewide. Appropriate assurance and health and safety considerations for TBI participants require continuance of the Neurobehavioral Resource Project. Specifically, the contract will:

- Provide individual consultation, training, and technical assistance in crisis intervention and behavioral assessment to HCBS/TBI administrators and service professionals;
- Continue the Apprenticeship Program; and
- Expand the capacity of the State's neurobehavioral service delivery system.

II. Who May Apply

A. Minimum Eligibility Requirements

Applications will be accepted only from not-for-profit non-governmental organizations. Applicants must have the ability to electronically transfer information and reports using compatible encryption software to the DOH Bureau of Medicaid Waivers via e-mail.

Attachment 3 **must** be signed, completed and submitted with the application.

B. Preferred Eligibility Requirements

- The applicant/contractor should be knowledgeable about the HCBS/TBI waiver and have substantial experience in serving persons with TBI and co-existing disabilities. Familiarity with other service delivery systems such as OMH, OASAS, and OMRDD is necessary.
- The applicant/contractor should have a demonstrated ability to work with persons with behavioral challenges resulting from their TBI, and to provide technical assistance to service providers, as well as experience in collaborating with State agencies and other stakeholders.

The applicant/contractor shall have the ability to identify for employment, either directly or by contract, a qualified individual, with the training and experience specified in this RFA to fulfill the appropriate functions and activities of the Project Director. The Project Director should meet the specific qualifications listed in Appendix A-2.

Current providers of waiver services, as well as any corporation, foundation or any other legal entity under the control of the waiver service provider agencies, may apply; however, such entities should document to DOH satisfaction how any potential conflict of interest will be avoided by completing and signing Attachment 3 attesting to such processes, and responding to Attachment 4. In documenting how a potential conflict of interest will be avoided, it is expected that such applicants will show how the systems of each entity will be kept separate and apart and how policies ensuring the Neurobehavioral Resource Project Director and staff can function with independence and autonomy will be enforced. Whether a potential applicant is such a legal entity under the control of a waiver service provider will be determined by DOH. Successful applicant will have to document how any potential conflict of interest will be avoided to DOH's satisfaction upon the commencement of the contract.

III. Project Narrative/Work Plan Outcomes

A. Project Expectations

The Neurobehavioral Resource Project is intended as a major support to the TBI waiver program to assist individuals with brain injury and behavioral challenges to remain in their home communities through: crisis intervention, behavioral assessment, development of needed support services and service infrastructure, technical consultation, and investigation of clinically complex cases at the Department's request. Services are to be provided statewide.

Accordingly, the Project Contractor should employ a Project Director who is an established expert in neurobehavioral sciences, and who will be responsible to:

- Work closely with the DOH TBI program staff and the statewide RRDC network, to promote safe, successful person-centered services for individuals whose TBI has resulted in behavioral challenges.
- Conduct, at the Department's request, comprehensive clinical assessments, and develop behavioral support plans of TBI waiver participants with behavioral challenges complicated by mental health and/or substance abuse issues. Reports should be submitted according to the Department's timeframes.

- Provide technical support and best practice training to professionals working with persons with challenging behaviors by working directly with these individuals, their family members, social supports and service providers in their home communities and/or at the request of the Department or the RRDCs.
- Investigate sensitive situations and/or provide emergency crisis intervention upon request of the Department.
- Conduct, at the Department's request, comprehensive reviews of participant Behavioral Plans as an element of TBI program's Quality Assurance/Quality Improvement (QA/QI) initiative.
- Work on behalf of the Department to identify and promote neurobehavioral best practices and policies in serving persons with behavioral challenges resulting from their TBI; explore innovative approaches to develop neurobehavioral expertise at the local level; assist DOH with the administration and planning of the DOH annual TBI Best Practice conference; explore cross-system opportunities to further expand the State's capacity to serve multi-diagnosed persons, through collaboration with the Offices of Alcohol and Substance Abuse Services (OASAS) and Mental Health (OMH) and the Most Integrated Setting Coordinating Council (MISCC).
- Manage and supervise the Neurobehavioral Apprenticeship Program to train professional staff in best practices in working with individuals with neurobehavioral challenges. Specifically, it is expected that at least twenty five individuals will be identified each year for participation the Apprenticeship Program who demonstrate potential to provide neurobehavioral interventions in a managerial capacity in; develop and submit a standardized Neurobehavioral Apprenticeship Program curriculum for DOH approval; and set performance criteria by which to evaluate candidates' successful completion of the Apprenticeship Program.

B. Contractual Rights and Responsibilities

- **Executive Direction:** The Applicant will identify by name and title an individual who will have authority to take action on issues and concerns communicated by the Department. DOH reserves the right to directly contact this person at any time during the contract term.

The Applicant, in the submitted application, will identify by name and title the individual the Contractor has authorized to provide executive direction of the Contractor's performance of the contract services, including response to issues and concerns communicated by DOH. The Applicant (and successful Contractor) will provide a telephone number that DOH can call at any time (i.e., 24 hours a day, 7 days a week) to directly contact the Contractor's designee. The Contractor agrees to immediately notify DOH of any changes to the contact information, including those that are temporary.

Project Leadership: The Project Director is the key personnel position. The Department's decision to enter into an agreement with the contractor will be due in large part to the specific individual that the contractor identifies as Project Director. To be qualified to be the Project Director, the individual should possess substantial clinical experience with persons with a TBI and/or a neurobehavioral disorder in community- based settings. The Project Director should meet the specific qualifications listed in Appendix A-2.

- Accordingly,
 - a) If the Contractor reassigns the individual holding this position or changes the percentage of the individual's time allocated to the Project, or if such individual leaves the position for any reason at any time during the term of the Contract, the Contractor shall:
 - Within two (2) business days of the occurrence, provide written notice to DOH;
 - Within five (5) business days of the occurrence of one of the above events, the Contractor shall submit to DOH a written description of how the Contractor will continue to fulfill its responsibilities under this Agreement; and
 - Within two (2) business days of the selection of a new Project Director, the Contractor will provide to DOH documentation that the individual is qualified for the position. If in the opinion of DOH, the replacement candidate does not possess the minimum qualifications to fulfill its responsibilities under this Agreement, DOH will notify the Contractor of the need for correction and the Contractor will replace the individual with a person who does meet the minimum qualifications.
 - b) The Department will have thirty days from the date of such reassignment or departure to either approve the replacement Project Director chosen by the Contractor to fill such position or to terminate the Contract. The Contractor will not be paid for unfilled key personnel positions. If the Contractor fails to fill the vacancy with a qualified person acceptable to the Department, DOH may immediately terminate the Contract.
 - c) If the Contractor fails to provide notification of the reassignment or departure of such individual, DOH may, upon becoming aware of such event, immediately terminate the Contract. In the event the Department does not approve the Contractor's designee, the Contractor shall submit a replacement for the Department's approval within two weeks.
- **Project Staffing:** The Contractor may also employ Neurobehavioral Resource Project Associates, who meet the minimum qualifications specified in Attachment A-2, to assist the Project Director. The Department, with reasonable notice and written justification, may require the Contractor to remove from the Contract any employee justified by DOH as being incompetent, otherwise unacceptable, or whose employment on the Contract is considered contrary to the best interests of the public or the State. In such event, the Contractor shall have thirty calendar days in which to fill the vacancy with another employee of acceptable experience and skills subject to prior written approval of DOH.
- **Continuation of Services:** The awarded Contractor must provide full support and assistance in the transition of operations to a successor contractor or to DOH to assure an orderly and controlled transition and to minimize any disruption of services described herein.

The awarded Contractor must continue to provide services and notifications to waiver participants as directed by DOH.

The awarded Contractor must maintain staffing adequate to meet obligations under the contract during the transition period and must transfer all original copies of participant records to any responsible agency, entity, or location as determined by DOH within twenty business days of the termination of the contract-at no cost to the Department or to the

successor contractor agency. Any copies of records for the purposes of the former contractor will be made at no expense to DOH.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health, Office of Long Term Care, Division of Home and Community Based Services, Bureau of Medicaid Waivers, Traumatic Brain Injury 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 must be submitted in writing to:

Charlotte Mason
New York State Department of Health
Office of Long Term Care
Division of Home and Community Based Services
Bureau of Medicaid Waivers
99 Washington Avenue, Room 826
Albany, NY 12210

Attn: Brenda Rossman

Questions via telephone will not be accepted. Each question should cite the particular RFA section and paragraph number to which it refers, as much as is practicable. Responses to questions will be posted on the DOH website at: <http://www.nyhealth.gov/funding/>. The questions must be received by the address above by 4:00PM on the date posted on the cover sheet of this RFA.

Questions of a technical nature can be addressed in writing or via telephone by calling (518) 486-6562.

Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application. It is anticipated that written answers to all questions will be provided on or before the date posted on the cover sheet of this RFA.

C. Applicant Conference and Letter of Interest

- An Applicant Conference will not be held for this project.
- Letters of Interest are not required for this project. However, a letter may be sent to the address in part B above to request all further correspondence or changes regarding this RFA be sent to the applicant. This information will also be posted as available on the DOH website at <http://www.nyhealth.gov/funding/>.

D. How to File an Application

Application packages should be sealed, and clearly labeled, including the outside envelope, with applicant name, phone number, and RFA name and number. Applications will not be accepted via fax or email.

Submit one original signed application, and four (4) copies, including Attachment 10. Applicants should also submit an electronic copy of the application. Attachment 3 – Applicant Attestation **must** be attached to the application. [See Attachment 2 – Grant Application Summary Form.] The application should be fully collated and unbound.

Electronic files should be submitted on a CD-ROM. The CD-ROM should be clearly labeled with the applicant's name and RFA number. The paper copy will be used if the CD-ROM is damaged. The CD-ROM should contain:

- Table of Contents and Narrative Section in a *single* Microsoft Word (.doc) file;
- Attachment 10 in a *single* Microsoft Excel (.xls) file;
- Table of Contents and Narrative Section in a *single* Portable Document Format (.pdf) file;
- Attachment 10 in a *single* Portable Document Format (.pdf) file;
- All Appendix material in a *single* Portable Document Format (.pdf) file of not greater than 12MB; and
- Signed Forms (Attachment 2, Grant Application Summary Form; Attachment 3, Applicant Attestation; and Attachment 5, Vendor Responsibility Attestation) in a *single* Portable Document Format (.pdf) file.

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared. Applicants are strongly encouraged to seek appropriate technical support in the creation of electronic files and to review the electronic files prior to submission. Some materials may require scanning and insertion into the file. Discretion should be exercised in the resolution of figures and scanned materials. Excess resolution will increase the size of the file without any appreciable increase in viewing quality. Applicants should also be aware that while color figures may be included, applications may be printed in black and white. Under no circumstances should electronic files contain any password protection whatsoever. The paper copy will be used if the CD-ROM is damaged.

Applications must be **received** at the address below by 4:00 PM by the date posted on the cover sheet of this RFA*.

Charlotte Mason
New York State Department of Health
Office of Long Term Care
Division of Home and Community Based Services
Bureau of Medicaid Waivers
99 Washington Avenue, Room 826
Albany, NY 12210
Attn: Brenda Rossman

*** It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a**

documentable delay by the carrier may be considered at the Department of Health's discretion.

E. The Department's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If DOH is not successful in negotiating a contract with the selected applicant within an acceptable time frame, DOH may begin contract negotiations with the next qualified applicant(s) to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

F. Term of Contract

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

It is expected that the contract resulting from this RFA will start on January 1, 2010, continue for a 12-month period, and be renewable for four one-year periods, ending December 31, 2014, dependent upon continued funding availability and satisfactory contractor performance.

G. Payment and Reporting Requirements

1. The State (NYS DOH) may, at its discretion, make an advance payment to not-for-profit grant contractors subsequent to contract execution in an amount not to exceed twenty-five percent of the total contract amount.
2. The Contractor shall submit quarterly invoices and required expenditure reports to the State's designated payment office:

Traumatic Brain Injury Waiver
NYS Department of Health
Office of Long Term Care
Division of Home and Community Based Services
Bureau of Medicaid Waivers
One Commerce Plaza, Suite 826
Albany, NY 12210

Payment of such invoices by the State shall be made in accordance with Article XI-A of the New York State Finance Law. Payment will be made on a cost-reimbursement basis allowed in the contract budget and workplan.

The grant contractor shall submit quarterly and annual reports using a standardized format provided by DOH, attend quarterly and other meetings at the request of DOH, and agree to accept site visits at the discretion of DOH/OLTC staff.

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

H. Vendor Responsibility Questionnaire

New York State Procurement Law requires that State agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact DOH or the Office of the State Comptroller for a copy of the paper form. Applicants must also complete and submit the Vendor Responsibility Attestation [see Attachment 5].

I. General Specifications

1. By signing the "Applicant Attestation" (Attachment 3), each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction. The Project Director should meet the specific qualifications listed in Appendix A-2.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) should be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

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

J. Appendices

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

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 - Agency Specific Clauses

APPENDIX A-2 - Program Specific Clauses

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Work Plan

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

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

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** - Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** - Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** - Certificate of Disability Benefits Insurance OR
- **DB-155** - Certificate of Disability Benefits Self-Insurance

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

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

APPENDIX X - Modification Agreement Form

V. Completing the Application

A. Application Content and Scoring System

A contractor will be selected based on a submitted application demonstrating their ability to fully implement the Neurobehavioral Resource Project and assure effective oversight of all program functions. Please submit your application(s) according to the following pertinent contract-specific format:

A completed application consists of the following items, clearly labeled and presented in the order indicated below.

- **Grant Application Summary Form** (Use Attachment 2)
- **Table of Contents**
- **Narrative Section**
- **Budget/Cost Sheets** (Use Attachment 10)
- **Applicant Attestation** (Use Attachment 3)
- **Vendor Responsibility Attestation** (Use Attachment 5)

Grant Application Summary Form

A form is provided (Attachment 2) that will serve as the application cover sheet. This form may be recreated on the applicant's computer, provided the applicant strictly adheres to the given format.

This form should be completed and signed by an official in the applicant organization having the authority to agree to and ensure deliverables in the application, usually the Chief Executive Officer or the Chairperson of the Board of Directors. The Cover Sheet shall provide the name of a person who shall be contacted by those seeking information about your application. Required contact information includes a full mailing address, telephone number and extension, fax number and e-mail address.

Table of Contents

The Table of Contents should indicate by page number the location of all required components of your application including attachments.

Narrative Section

Maximum Score = 80 points for sections 1-5; 100 points overall.

Applicant should fully explain and justify each narrative response. Awarded points will be based on the evaluated quality and thoroughness of the response up to the total noted for each section. The Applicant should address all components of each section below to receive full credit.

1. Organizational Focus - 5 Points

Describe your agency, including the agency's knowledge of and commitment to the principles of the most integrated setting mandate of Title II of the Americans with Disabilities Act (ADA of 1990) and the independent living concepts of personal choice and control. Describe how the Neurobehavioral Project will fit into your agency's organizational structure. Please attach an organizational chart.

2. Knowledge of Persons with TBI and Behavioral Challenges - 15 Points

Discuss your agency's knowledge and experience working in community settings with individuals with behavioral challenges resulting from their brain injuries, and what uniquely qualifies your agency to be the contractor for this project. Provide three examples of individuals with behavioral challenges resulting from a TBI, and the suggested approach for how to overcome these obstacles within the framework of the TBI waiver service delivery system in different parts of the State. Discuss how you propose to balance participant choice for care and providers with the need to assure the health and welfare of the individuals. Additionally, describe how your staff would propose to assist individuals who have a difficulty with communication due to their TBI.

3. Knowledge of Current TBI Provider Capacity - 15 Points

Discuss your understanding of regional variances in TBI waiver provider capacity, as well as TBI population with neurobehavioral challenges in New York State. Discuss TBI community service providers and give two examples of challenges they face in meeting the needs of people with TBI behavioral challenges. Describe how your agency and your Neurobehavioral Project team would provide consultation to participants, their family members, waiver providers and RRDCs on a statewide basis with respect to addressing these challenges.

4. Workplan Development - 20 Points

Describe the proposed plan to operate and enhance the current Neurobehavioral Project in New York State in the context of regional variances in the TBI population and waiver provider capacity across the State. Describe your plan to provide statewide coverage to address multiple crises simultaneously and respond to referrals in different geographic locations across the State. Describe your proposed plan to collaborate with other service delivery systems such as OASAS, OMH, and stakeholders at MISCC. Discuss how you propose to provide trainings to providers to improve the quality of TBI behavioral plans, and manage the Apprenticeship Program.

5. Key Project Personnel - 25 Points

Identify the Project Director and other Project Associates who meets the specified minimum qualifications, providing his/her name, functions and current resumes. Indicate the percentage of staff time that will be devoted to this contract. Describe key personnel's knowledge of and experience with TBI in the following areas: providing clinical consultation/crisis intervention on TBI-related behavioral issues; conducting behavioral assessments and developing TBI-related behavioral plans; working with individuals with co-existing disabilities; experience in assessing behavioral intervention plans at a provider level as part of quality assurance/quality improvement activities; providing trainings on best practices in behavioral intervention; and experience in collaborating with providers and state agencies from other service delivery systems such as OMH, OASAS, and MISCC. (In the situation where the applicant cannot yet identify the Project Director or other key personnel, the applicant should describe the qualities, skills and level of experience that will be required to fill these positions).

6. Budget - 20 Points

Assuming a start date of January 1, 2010, submit an initial one year budget, related to the provision of Neurobehavioral Resource Project services. Indicate start-up expenses as distinct from annual/ongoing expenses. [See Attachment 10.]

Provide a narrative justification for each budgeted cost documented on Attachment 10. Use forms 1-5. The proposed budget will be evaluated on the basis of thorough support and cost-effective administration of the contracted activities, and reasonableness of cost within the context of the range of responsibilities of the contract, e.g., geographic area, local labor market factors and targeted population.

Please note the indirect rate is limited to ten percent (10%) of the total annual budgeted amount.

Funding received for this contract may only be used for expanded and/or new activities undertaken pursuant to this RFA, and may not supplant existing funds for current staff or activities. 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.

B. Application Format

All applications should be submitted on double-spaced typed pages (not including the cover page and attachments), using a 12-point font and one-inch margins. Pages may be printed on both sides.

Applications for this contract should include the Grant Application Summary Form that states: "Neurobehavioral Resource Project."

The Grant Application Summary Form should state the contract name, address of the applicant, as well as the applicant's contact name and phone number, fax number and e-mail address.

Applications should be clear and comprehensive, yet concise. The application should contain the information in each of the scored areas listed in Section V-A. Responses in each area should be completed on separate sheets of paper clearly labeled (e.g., V.A.-1,

V.A.-2, etc). The value assigned to each scored area is an indication of the relative weight that will be given when scoring the application.

Question	Points
1. Organizational Focus	5
2. Knowledge of Persons with TBI and Behavioral Challenges	15
3. Knowledge of Current TBI Provider Capacity	15
4. Workplan Development	20
5. Key Project Personnel	25
6. Budget	20
Total Points	100

C. Application Review Process

Application review and evaluation will be conducted through the DOH Office of Long Term Care.

In the situation of a tie in the highest scoring applicants for this contract, the Department reserves the right to meet with and interview those applicants. This meeting will not be an opportunity to amend or enhance the application.

D. Method of Contract Award

The Department will award a contract to the highest scoring passing applicant and offers the best value on the basis of the most optimized quality, cost, and efficiency among all responsive and responsible applicants.

No later than 90 days following the awarding of grant from this RFA, applicants may request a debriefing from the DOH Office of Long Term Care, limited to the positive and negative aspects of the subject application.

Attachment 1

GRANT CONTRACT (STANDARD)

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

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

_____	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
_____	APPENDIX A-1	Agency-Specific Clauses (Rev 10/08)
_____	APPENDIX B	Budget
_____	APPENDIX C	Payment and Reporting Schedule
_____	APPENDIX D	Program Workplan
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

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

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

CONTRACTOR

By: _____
(Print Name)

Title: _____

Date: _____

Contract No. _____

STATE AGENCY

By: _____
(Print Name)

Title: _____

Date: _____

State Agency Certification:

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

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

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

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

STATE OF NEW YORK

AGREEMENT

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

WITNESSETH:

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

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

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

I. Conditions of Agreement

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

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A1.

- A. 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.
- B. 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.

- C. 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

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, licenser, 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 set-off 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 10/08)

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 an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
 - c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
 - d) The terms *covered 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. Where the STATE does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.

12. 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; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC for approval;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan will require OSC approval.
- 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.

13. 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:**

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR

- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

14. 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.
15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.
16. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX A-2 - Program Specific Clauses

New York State's Medicaid Agency Data Use Agreement

The Contractor will comply with all requirements of New York State's Medicaid Agency Data Use Agreement (DUA), DUA Number 15407, with the Centers for Medicare and Medicaid Services (CMS). In addition, the Contractor agrees that all staff assigned to the project and/or having access to such data will sign an Addendum to New York State's DUA (DUA Number 15407), which signifies their understanding of and agreement to comply with the terms of the DUA.

Conflict of Interest

During the term of this Contract, the Contractor shall not engage in any business or personal activities or practices or maintain any relationships that conflict in any way with the Contractor fully performing its obligations under this Contract.

Additionally, the Contractor acknowledges that, in governmental contracting, even the appearance of a conflict of interest is harmful to the interests of the State. Thus, the Contractor agrees to refrain from any practices, activities, or relationships that could reasonably be considered to be in conflict with the Contractor's fully performing its obligations to the Department under the terms of this Contract.

In the event the Contractor is uncertain whether the appearance of a conflict of interest may reasonably exist, the Contractor shall submit to the Department a full disclosure statement setting forth the relevant details for the Department's consideration and direction. Failure to promptly submit a disclosure statement or to follow the Department's direction in regard to the apparent conflict shall be grounds for termination of the Contract.

At the time of commencement of this contract, the Contractor shall submit to DOH documentation disclosing any connections or affiliations it has with providers of MA services for which it may make referrals. [See Attachment 4.]

Minimum Experience and Qualifications Requirements for Project Director

EDUCATION and/or EXPERIENCE:

To be qualified to be the **Project Director**, the individual should possess substantial clinical experience with persons with a TBI and/or a neurobehavioral disorder in community based settings. Project Director must have one of the following credentials:

- (A) A license and current registration to practice medicine in New York, and board eligibility or board certification in psychiatry with three (3) years of experience providing behavioral services; or
- (B) A license and current registration to practice psychology in New York State, and three (3) years of experience in providing behavioral services or traumatic brain injury services; or
- (C) Master of Social Work, Doctorate or Master degree in Psychology, Registered Physical Therapist (licensed by NYS Education Department pursuant to Article 136 of the NYS Education Law), Mental Health Practitioner (licensed by NYS Education Department pursuant to Article 163 of the NYS Education Law), Registered Professional Nurse (licensed by the NYS Education Department pursuant to Article 139 of the NYS Education Law), Certified Special Education Teacher (certified by the NYS

Education Department), Certified Rehabilitation Counselor (certified as a Certified Rehabilitation Counselor by the Commission on Rehabilitation Counselor Certification), Licensed Speech Language Pathologist (licensed by the NYS Education Department pursuant to Article 159 of the NYS Education Law), or Registered Occupational Therapist (licensed by the NYS Education Department pursuant to Article 156 of the NYS Education Law), and a minimum five (5) years of experience providing neurobehavioral services.

A Neurobehavioral Resource **Project Associate** must have one of the following credentials:

(A) Bachelor's degree from an accredited college or university; or

(B) Licensed and current registration to practice nursing in New York State; or

(C) Limited permit or license and current registration to practice as an Occupational Therapist in New York State; or

(D) Certified and current registration to practice as a Physical Therapy Assistant in New York State

Additionally, the Neurobehavioral Resource Project Associate must have the following experience: a minimum, two (2) years experience working with individuals with traumatic brain injury, or other behavioral disabilities or difficulties, and have successfully completed training in behavioral analysis and crisis intervention techniques provided by the Positive Behavioral Interventions and Supports program within 3 months of employment.

APPENDIX B

BUDGET
(sample format)

Organization Name: _____

Budget Period: Commencing on: _____ Ending on: _____

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE:	_____

Other Than Personal Service Amount

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

TOTAL OTHER THAN PERSONAL SERVICE _____

GRAND TOTAL _____

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

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed 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:

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

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

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

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

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

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

D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments

shall be in conformance with the rules and regulations of the Office of the State Comptroller.

- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than ____ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.

- F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located at:
 - Traumatic Brain Injury Waiver
 - Bureau Medicaid Home and Community Based Services
 - Division of Home and Community Based Services
 - Office of Long Term Care
 - New York State Department of Health
 - 99 Washington Avenue, Suite 826
 - Albany, New York 12210

Attn: Brenda Rossman

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than 30 days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA shall be made separate from payments under this AGREEMENT and shall not be applied toward or amend amounts payable under Appendix B of this AGREEMENT.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. The CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

II. Progress and Final Reports

Organization Name: _____

Report Type:

A. Narrative/Qualitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than 30 days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the _____ (Organization) _____ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

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

B. Statistical/Quantitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than 30 days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report

_____ (Organization Name) _____ will submit, on a quarterly basis, not later than 30 days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

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

APPENDIX D

PROGRAM WORKPLAN
(sample formats)

To be completed by the awarded contractor and approved by DOH.

APPENDIX D

Statewide Neurobehavioral Resource Project

Contract Period:

OBJECTIVES	ACTIVITIES TO MEET OBJECTIVES	PERSON(S) RESPONSIBLE	COMPLETION DATE	TRACKING/EVALUATION METHODS

ALTERNATE FORMAT ON NEXT PAGE

PROGRAM WORKPLAN (alternate format)

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

I. CORPORATE INFORMATION

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

II. SUMMARY STATEMENT

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

III. PROGRAM GOALS

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

IV. SPECIFIC DELIVERABLES

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

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

APPENDIX H

Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Appendix

I. Definitions:

- (a) A Business Associate shall mean the CONTRACTOR.
- (b) A Covered Program shall mean the STATE.
- (c) Other terms used, but not otherwise defined, in this agreement shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, including those at 45 CFR Parts 160 and 164.

II. Obligations and Activities of the Business Associate:

- (a) The Business Associate agrees to not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
- (b) The Business Associate agrees to use the appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement and to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any electronic Protected Health Information that it creates receives, maintains or transmits on behalf of the Covered Entity pursuant to this Agreement.
- (c) The Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate in violation of the requirements of this Agreement.
- (d) The Business Associate agrees to report to the Covered Program, any use or disclosure of the Protected Health Information not provided for by this Agreement, as soon as reasonably practicable of which it becomes aware. The Business Associate also agrees to report to the Covered Entity any security incident of which it becomes aware.
- (e) The Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Program, agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.
- (f) The Business Associate agrees to provide access, at the request of the Covered Program, and in the time and manner designated by the Covered Program, to Protected Health Information in a Designated Record Set, to the Covered Program or, as directed by the Covered Program, to an Individual in order to meet the requirements under 45 CFR 164.524, if the business associate has protected health information in a designated record set.
- (g) The Business Associate agrees to make amendment(s) to Protected Health Information in a designated record set that the Covered Program directs or agrees to pursuant to 45 CFR 164.526 at the request of the Covered Program or an Individual, and in the time and manner designated by Covered Program, if the business associate has protected health information in a designated record set.

- (h) The Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of, the Covered Program available to the Covered Program, or to the Secretary of Health and Human Services, in a time and manner designated by the Covered Program or the Secretary, for purposes of the Secretary determining the Covered Program's compliance with the Privacy Rule.
- (i) The Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528. No such disclosures shall be made without the prior written permission of the New York State Department of Health, Office of Medicaid Management.
- (j) The Business Associate agrees to provide to the Covered Program or an Individual, in time and manner designated by Covered Program, information collected in accordance with this Agreement, to permit Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

III. Permitted Uses and Disclosures by Business Associate

(a) General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, the Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the Covered Program as specified in the Agreement to which this is an addendum, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Program.

(b) Specific Use and Disclosure Provisions:

(1) Except as otherwise limited in this Agreement, and only with the prior written permission of the Department the Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(2) The Business Associate may use Protected Health Information to report violations of law to appropriate federal and State authorities, consistent with 45 CFR •164.502(j)(1).

IV. Obligations of Covered Program

Provisions for the Covered Program To Inform the Business Associate of Privacy Practices and Restrictions

(a) The Covered Program shall notify the Business Associate of any limitation(s) in its notice of privacy practices of the Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of Protected Health Information.

(b) The Covered Program shall notify the Business Associate of any changes in, or revocation of, permission by the Individual to use or disclose Protected Health Information, to the extent that such changes may affect the Business Associate's use or disclosure of Protected Health Information.

(c) The Covered Program shall notify the Business Associate of any restriction to the use or

disclosure of Protected Health Information that the Covered Program has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected Health Information.

V. Permissible Requests by Covered Program

The Covered Program shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Program. Such Medicaid Protected Health Data may not be in any way permanently combined with other information gained from other sources.

VI. Term and Termination

(a) *Term.* Effective April 14, 2003 in the event of termination for any reason, all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in The Agreement.

(b) *Termination for Cause.* Upon the Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for the Business Associate to cure the breach and end the violation or may terminate this Agreement and the master Agreement if the Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or the Covered Program may immediately terminate this Agreement and the master Agreement if the Business Associate has breached a material term of this Agreement and cure is not possible.

(c) *Effect of Termination.*

(1) Except as provided in paragraph (c)(2) below, upon termination of this Agreement, for any reason, the Business Associate shall return or destroy all Protected Health Information received from the Covered Program, or created or received by the Business Associate on behalf of the Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Business Associate. The Business Associate shall retain no copies of the Protected Health Information.

(2) In the event that the Business Associate determines that returning or destroying the Protected Health Information is infeasible, the Business Associate shall provide to the Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, the Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

VII. Violations

(a) It is further agreed that any violation of this agreement may cause irreparable harm to the State, therefore the State may seek any other remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.

(b) The business associate shall indemnify and hold the State harmless against all claims and costs resulting from acts/omissions of the business associate in connection with the business associate's obligations under this agreement.

Miscellaneous

- (a) *Regulatory References.* A reference in this Agreement to a section in the HIPAA Privacy Rule means the section as in effect or as amended, and for which compliance is required.
- (b) *Amendment.* The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Program to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act, Public Law 104-191.
- (c) *Survival.* The respective rights and obligations of the Business Associate under Section VI of this Agreement shall survive the termination of this Agreement.
- (d) *Interpretation.* Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits the Covered Program to comply with the HIPAA Privacy Rule.
- (e) If anything in this agreement conflicts with a provision of any other agreement on this matter, this agreement is controlling.
- (f) *HIV/AIDS.* If HIV/AIDS information is to be disclosed under this agreement, the business associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.

Agency Code 12000
APPENDIX X

Contract Number: _____

Contractor: _____

Amendment Number X-_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

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

Prior to this amendment, the contract value and period were:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____ .
(Value before amendment) (Initial start date)

This amendment provides the following addition (complete only items being modified):

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____ .

This will result in new contract terms of:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____ .
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

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

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

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

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

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

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

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

**NEW YORK STATE DEPARTMENT OF HEALTH
GRANT APPLICATION SUMMARY FORM**

(Must be attached to application packet)

1. TITLE OF PROJECT Statewide Neurobehavioral Resource Project	
2. NAME AND ADDRESS OF APPLICANT	3. NAME, SIGNATURE AND TITLE OF OFFICIAL AUTHORIZED TO ENTER INTO CONTRACT ON BEHALF OF THE APPLICANT NAME: _____ SIGNATURE: _____ TITLE: _____
4. EMPLOYER IDENTIFICATION NUMBER (Fed EIN) _____	5. BUDGET PERIOD 1/1/10 – 12/31/10
6. NOT-FOR-PROFIT STATUS NYS Charity Registration Number _____	7. AMOUNT REQUESTED FOR BUDGET PERIOD
8. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator) NAME TITLE OFFICE TELEPHONE OFFICE FAX NUMBER e-Mail Address	9. CONTACT PERSON NAME TITLE OFFICE TELEPHONE OFFICE FAX NUMBER e-Mail Address

Attachment 3

Applicant Attestation

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 RFA 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.

I certify that, if awarded the Statewide Neurobehavioral Resource Project contract, my organization including our employees and/or subcontractors,

- will or**
- will not**

provide TBI waiver services.

I certify that, if awarded the Statewide Neurobehavioral Resource Project contract, my organization including our employees and/or subcontractors,

- will or**
- will not**

provide State Plan Medicaid services.

I certify that, if my organization currently or in the future directly or indirectly through one or more affiliates provides TBI waiver services, my organization has or will have sufficient organizational mechanisms and policies in place to ensure the independence and autonomy the Statewide Neurobehavioral Resource Project and to preserve the waiver participants' right to freedom of choice in selection of service providers.

I certify that my organization will provide, and our staff able to use, computer software compatible with the products used by the Department to organize, analyze and store waiver participant data and information about available community resources and to transfer reports and other information to the DOH Bureau of Long Term Care via e-mail.

I have included Attachment 4 as justification and explanation of the above.

[Note: At least one copy of the submitted applications must contain original signatures.]

Signature of official from lead organization: _____

Print/type Name: _____

Title and Organization: _____

Correspondence Address: _____

E-mail Address: _____

Telephone: _____

Fax Number: _____

Date Signed: _____

Attachment 4

Applicant Affiliation Disclosure

Corporate Summary

1. Provide a brief description, including name and address, of the applicant. Include a chart describing the applicant's owners, members or other controlling relationships and identifying agencies or entities of which the applicant is an owner, or member or is somehow related/affiliated. Complete the Contractor/Subcontractor Background Questionnaire for the applicant and any subcontractors that are to be used.
2. List the name, title and responsibilities of all officers, identifying those who are authorized to negotiate a contract with the Department and who will have ultimate responsibility and accountability for this contract.
3. Describe the role of Board members in governance and policy making.
4. Give the full name and address of any organization with which the applicant will subcontract for any services under the RFA, percentage of effort of such subcontractors, and mechanisms for assuring effective and efficient operations. List responsible officers of each subcontractor, including those individuals authorized to negotiate for subcontractors. List any financial interest the applicant has in proposed subcontractors. Applicants should submit a letter of interest from the subcontractor explicitly indicating the potential subcontractor's agreement to participate or enter into sub-contractual arrangements and willingness to fulfill the terms of the RFA.
5. Describe any litigation in which the Applicant is presently involved.

Waiver Service Provider Status

If the applicant is part of a legal entity that does or may provide TBI waiver services through another part of the organization, the applicant must demonstrate that there are sufficient organizational mechanisms and policies in place to ensure that the contractor can function with independence and autonomy as needed to guarantee the intended participant protections.

Current providers of waiver services, as well as any corporation, foundation or any other legal entity under the control of the waiver service provider agencies, may apply; however, such entities must certify that the organization has processes in place to mitigate any potential conflict of interest and must complete and sign Attachment 3 attesting to such processes. In documenting how a potential conflict of interest will be avoided, it is expected that such bidders will show how the systems of each entity will be kept separate and apart and how policies ensuring the contractor can function with independence and autonomy will be enforced. Whether a potential applicant is such a legal entity under the control of a waiver service provider is determined by the DOH.

1. Current providers of waiver services as well as any corporation, foundation or any other legal entity under the control of the waiver service provider agencies may apply; however, such entities must show to the Department's satisfaction how any potential conflict of interest will be avoided through the use of firewalls and other mechanisms, and must complete and sign Attachment 3 attesting to such processes. Such processes, at a minimum, must include the establishment and maintenance of satisfactory firewalls and separate Federal Employer Identification Numbers for each entity. Whether a potential applicant is such a legal entity under the control of a waiver

service provider is determined by Waiver program staff and NYS Department of Health Division of Legal Affairs.

2. The entity awarded the Neurobehavioral contract, including their employees and/or subcontractors, **will not** be authorized to provide waiver services unless it is shown to the satisfaction of the Department that such entities possess the capabilities to ensure that no actual, potential or perceived conflict of interest will exist with respect to the provision of these services contemporaneously with the performance of this contract.
3. Such applicants must include an affirmative statement of this status and fully detail the steps that will be taken to avoid the appearance of a conflict of interest. [Attachment 3 **must** be signed, completed and attached to the application to so attest.]
4. A list of any members or subcontractors of your agency who are providers of waiver services **must** be attached to your application. Also, list any organizations or agencies of which you are a member that provide waiver services. Describe for each the nature of the relationship and any factors that preserve the autonomy of the applicant, and any procedures that you, if awarded a contract, will implement to prevent preferential treatment when reviewing behavioral plans or conducting investigations at the request of DOH for your benefit or the benefit of your associated member organizations, agencies or subcontractors. If any of your members or subcontractors is a provider of waiver services, you **must** have firewalls in place, prior to the effective date of this contract, between the networks of each of these entities. Such firewalls are subject to Department of Health review and approval.

Medicaid State Plan Service Provider Status

1. To minimize the potential for conflicts of interest, it is preferred that the entity selected for this contract not provide nor be affiliated with other entities that provide Medicaid State Plan services. Such applicants must include an affirmative statement of this status in lieu of the disclosure required below. [Attachment 3 **must** be signed and attached to the application to so attest.]
2. Applicants that **will provide** or that **will be affiliated** with other entities that provide Medicaid State Plan services must state how they will avoid potential conflicts of interest. [Attachment 3 **must** be signed and attached to the application to so attest.]

A list of any members or subcontractors of your agency who are providers of Medicaid State Plan services, including services that they provide, **must** be attached to your application. Also, a list of any organizations or agencies of which you are a member that provide Medicaid State Plan services **must** be attached to your application. **Describe for each** the nature of the relationship and any factors that preserve the autonomy of the applicant and procedures that you, if awarded a contract, will implement to prevent preferential treatment when reviewing behavioral plans or conducting investigations at the request of DOH for your benefit or the benefit of your associated member organizations, agencies or subcontractors. If any of your members or subcontractors is a provider of State Plan Medicaid services, you **must** have firewalls in place, prior the effective date of this contract, between the networks of each of these entities. Such firewalls are subject to Department of Health review and approval.

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: _____

Attachment 6

Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury

The Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury (HCBS/TBI) is one component of a comprehensive strategy developed by the New York State Department of Health to assure that New Yorkers with a traumatic brain injury could receive services within New York in the least restrictive setting.

Philosophy

The HCBS/TBI Medicaid Waiver was developed based on the philosophy that:

- An individual with a TBI has the same right to be in control of his or her life as anyone else in our society.
- An individual with a TBI must be able to choose where he or she wants to live, with whom he or she will live and who will provide any needed services.
- The individual with a TBI has the right to learn as a member of society, by encountering and managing risks, and through experience learn from related failures.

What is a HCBS Medicaid Waiver?

- Medicaid has an institutional bias providing comprehensive services only on an inpatient basis; the waiver is an opportunity for comprehensive services to be available in the community.
- A HCBS Waiver allows states to assemble a package of carefully tailored services to comprehensively meet the needs of a targeted group in a community-based setting.
- A state must assure, through an individualized service plan, the waiver participant's health and welfare.
- The State must assure that the overall cost of serving the waiver participants in the community is less than the cost of serving this same group in an institution.

Why did New York State Develop the HCBS/TBI Medicaid Waiver?

- In the 1970s and 80s New York was sending individuals with TBI to out-of-state nursing homes. By the late 1980s, 500 people were in those facilities at a cost to Medicaid of \$56 million.
- The waiver provides a cost-effective community-based alternative to nursing facility care.
- Individuals with TBI and their families advocated for community-based services and supports.
- Institutional care prevents individuals with a TBI from becoming reintegrated into his/her home community.

Expected Outcomes from the HCBS/TBI Medicaid Waiver

- Individuals with TBI will be able to choose where and with whom they live.
- Individuals with TBI will be able to live self-satisfying lives.
- With a decrease in reliance on expensive nursing facility care, the state Medicaid program will realize significant savings.

To be Eligible for the HCBS/TBI Medicaid Waiver, an Individual Must:

1. Have a diagnosis of TBI or a related diagnosis
2. Be eligible for nursing facility level of care
3. Be enrolled in the Medicaid Program
4. Be 18-64 years old
5. Be given a choice of living in the community or in a nursing facility
6. Have or find a living arrangement which meets the individual's needs
7. Be able to be served with the funds and services available under the HCBS/TBI Waiver and New York State Medicaid State Plan

Supports and Services for Waiver Participants include:

Informal Supports

- Family
- Friends
- Community

Other State and Federally Funded Services

- VESID
- HEAP
- Housing subsidies/subsidized housing
- Education benefits
- Mental health
- Substance abuse services
- Other

Waiver Services

- Service Coordination
- Independent Living Skills Training and Development
- Structured Day Program
- Substance Abuse Programs
- Positive Behavior Intervention and Supports
- Community Integration Counseling
- Home and Community Support Services
- Environmental Modifications
- Respite Care
- Assistive Technology
- Transportation

The Use of a Regional Aggregate Budgeting System

The HCBS/TBI Medicaid Waiver uses a regional aggregate cap to determine the amount of funds available for waiver services and to:

1. Provide the opportunity to serve individuals with greater needs
2. Assure that the maximum benefits possible under the waiver will be realized
3. Allow for maximum creativity and innovation
4. Increase flexibility to accommodate for an individual's short term needs

Attachment 7

Applicable NYS Medicaid State Plan Services include but are not limited to:

Inpatient and outpatient hospital services, including emergency room services

Services of licensed medical professionals, specifically: physicians, dentists, Nurse practitioners, nurse-midwives, private duty nursing, clinical psychologists, physical/occupational/speech therapists and audiologists

Nursing facility services, including adult day health care

Certified home health agency services

Free-standing clinic services, including rural health centers and federally qualified health centers

Laboratory and radiology services

Services of chiropractors, podiatrists, portable x-ray providers and clinical social workers for the coinsurance and deductibles for qualified Medicare beneficiaries

Intermediate care facility services for individuals with developmental disabilities

Optometrist services, eyeglasses, prosthetic and orthotic devices; and hearing aids

Prescription and non-prescription drugs; durable medical equipment; and medical and surgical supplies

Personal emergency response services

Diagnostic, screening, preventive and rehabilitative services (such as Office of Mental Health rehabilitation services in community residences, Assertive Community Treatment, Teaching Family Homes, Family Based Treatment, Intensive Psychiatric Rehabilitative Treatment and Personalized Recovery Oriented Services)

Personal care services, including the Consumer Directed Personal Assistance Program and Assisted Living Programs

Transportation to Medicaid covered services

Hospice

Comprehensive Medicaid Case Management (such as the Office of Mental Retardation and Developmental Disabilities' Medicaid Service Coordination)

Inpatient psychiatric facility services for individuals under age 21

Child (foster) Care Agencies

Free-standing inpatient alcoholism facilities

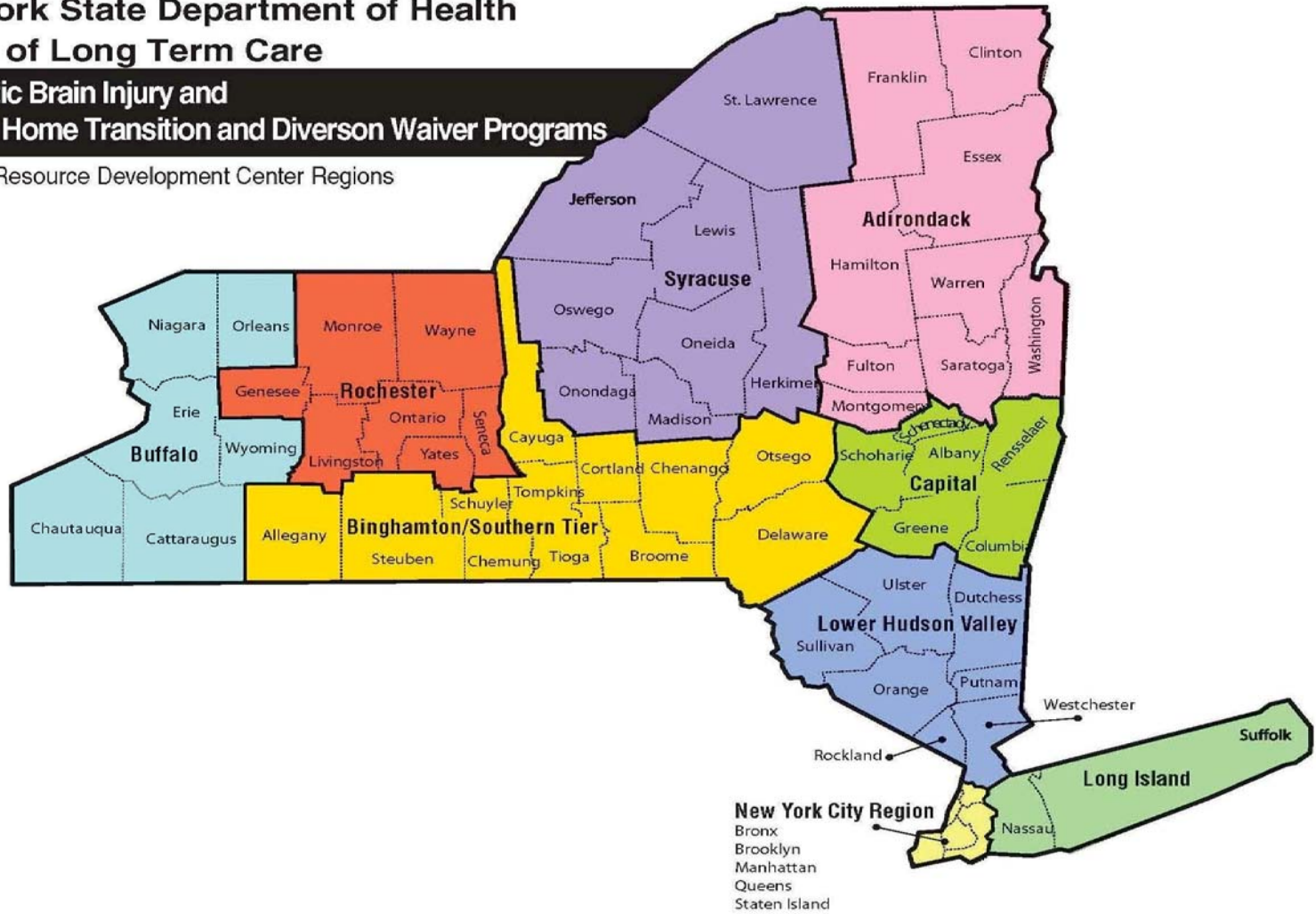
For more information see the DOH website:

http://www.health.state.ny.us/health_care/medicaid/index.htm#services

New York State Department of Health
Office of Long Term Care

Traumatic Brain Injury and
Nursing Home Transition and Diversion Waiver Programs

Regional Resource Development Center Regions



TBI STATEWIDE NEUROBEHAVIORAL RESOURCE PROJECT RFA BUDGET FORM CHECKLIST

The following is a series of budget forms that **must** be submitted with the application.

Applicant Name:

RFA No.: 0908031109

Contract Period: January 1, 2010 through December 31, 2010

Contact Person:

Telephone Number: ())

Fax Number: ())

E-mail Address:

- _____ This Checklist
- _____ Appendix B (Tables A, A-1 and A -2)
- _____ Budget Narrative/Justification (Forms 1 and 2)
- _____ Fringe Benefit Rate (Form 3)
- _____ Travel Budget (Form 4)
- _____ Subcontract/Consultant (Form 5)
- _____ Appendix D (Workplan)
- _____ Other Information (as needed)

**TRAUMATIC BRAIN INJURY PROGRAM
STATEWIDE NEUROBEHAVIORAL RESOURCE PROJECT
Instructions For Completing
Operating Budget and Funding Request**

(Tables A, A-1, and A-2)

IN COMPLETING TABLES A-1 AND A-2, LIST THE PERSONAL SERVICES (PS) AND NON-PERSONAL SERVICES (NPS) THAT SUPPORT THIS INITIATIVE, EVEN IF NO FUNDING IS BEING REQUESTED FROM NYS.

TABLE A (Operating Budget and Funding Request Summary Sheet)

This table will summarize the sub and grand totals on Tables A-1 and A-2.

TABLE A-1 Personal Services (PS):

List ALL personnel working on this grant, even if no funding is being requested from NYS. Failure to list ALL personnel expenses on Table A-1 may result in the disapproval of future requests to revise the budget.

Column No.:

- (1) Personal Services: List **ALL** personnel working on the grant, even if **no** funding is being requested from NYS.
- (2) Budgeted Salary - enter the budgeted amount to be paid to the employee during the year, regardless of funding source.
- (3) Full-Time Annualized Salary - enter the amount of funding needed to support this position for 12 months on a full-time basis, regardless of funding source.
- (4) Number of Months Funded - enter the number of months the position will be funded by this grant. Note: the number of months may be less than the contract period, but cannot exceed the number of months in the contract period.
- (5) Percent (%) FTE - enter the % of time the incumbent will work on the grant on a full-time basis. One (.1) FTE is based on the number of hours worked in one week (e.g. 40 hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40 hour workweek, an individual working 10 hours per week on the project spends .25 percent of his/her time on the project (i.e. $10/40 = .25$) Please show in decimal form.
- (6) Total Expenses - To calculate, multiply the full-time annualized salary by the % FTE. Multiply the result by the number of months funded divided by 12 (i.e. $\text{salary} \times \% \text{ FTE} \times \# \text{ of months funded} / 12$).

- (7) Amount requested from NYS - enter the amount of expenses requested to be reimbursed by NYS.
- (8) Other Sources - include amounts expected to be received from all other sources, including local appropriation, in-kind, revenue earned from items funded by this grant, etc. A separate amount should be indicated for each source of funding specified in column 9.
- (9) Specify Other Sources - specify the source of funds for each amount shown in Column 8.
- See Subtotal Salaries line - enter the subtotal of the salaries in Columns 6, 7, 8 and 9.
- See Fringe Benefits - show the percentage of Fringe Benefits derived on Fringe Benefit Rate Form 2. Multiply this rate by the sub-total of the salaries in Column 6 and enter the result on the Fringe Benefits line in Column 6. The sum of Column 7, 8 and 9 of this budget line must equal Column 6.
- See Subtotal PS line - sum the "Sub-Total Salaries" amounts and "Fringe Benefits" amounts shown in Columns 6, 7, 8 and 9.

TABLE A-2 Non-Personal Services (NPS)

List ALL non-personal expenses related to this grant, even if no funding is being requested from NYS. Failure to list ALL non-personal expenses on Table A-2 may result in the disapproval of future requests to revise the budget.

Column No.:

- (1) Non-Personal Services - List **ALL** expenses related to this grant, even if **no** money is being reimbursed by NYS.
- (2) Total Expenses - The total expenses for all items should be indicated. This column must equal the sum total of the figures in columns 3, 4 and 5.
- (3) Amount Requested from New York State - Direct funding requests to New York State will be indicated by all of the amounts in this column.
- (4) Other Sources of Funds - include amounts expected to be received from all other sources such as local appropriation, in-kind, revenue earned from items funded by this grant, etc. A separate dollar amount should be indicated for each source of funding specified in column 5.
- (5) Specify Other Sources of Funds - Specify the source of funds for each amount shown in Column 4.

NOTE: THE OPERATING BUDGET AND FUNDING REQUEST MUST BE ACCOMPANIED BY THE BUDGET NARRATIVE/JUSTIFICATION FORMS.

Contractor Name:

Contract Number:

TABLE A
TBI Statewide Neurobehavioral Resource Project
OPERATING BUDGET AND FUNDING REQUEST
SUMMARY SHEET
CONTRACT PERIOD:

	Total Expenses	Amount Requested From NYS	Other Sources of Funds	Specify Other Sources of Funds
Personal Services (PS)				
Non-Personal Services (NPS)				
GRAND TOTAL (PS + NPS):				

TABLE A-1
TBI Statewide Neurobehavioral Resource Project
OPERATING BUDGET AND FUNDING REQUEST
SUMMARY SHEET
CONTRACT PERIOD:

PERSONAL SERVICES (PS)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
List the title of ALL personnel working on the grant, even if no funding is being requested from NYS:	*Budgeted Salary	Full-time Annualized Salary	# of Months Funded	% FTE Annual (show in decimal form (e.g. .25))	Total Expenses	Amount Requested From NYS	Other Sources of Funds	Specify Other Sources of Funds
Sub-Total Salaries								
Fringe Benefit Rate _____%								
Sub-Total PS								

*Enter employee's part-time annual salary *regardless of funding source*. If employee has full-time status (i.e. 40 hrs/wk), proceed to Column 3.

Contractor Name:

Contract Number:

TABLE A-2
TBI Statewide Neurobehavioral Resource Project
OPERATING BUDGET AND FUNDING REQUEST
SUMMARY SHEET
CONTRACT PERIOD:

NON-PERSONAL SERVICES (NPS)

(1)	(2)	(3)	(4)	(5)
List ALL expenses related to this initiative even if no funding is being requested from NYS:	Total Expenses	Amount Requested From NYS	Other Sources of Funds	Specify Other Sources of Funds
Printing and Copying Postage Supplies (including software) Telephone Travel: Training In-State Out-of-State Services: Other (itemize): Subcontractors Consultants Sub-Total NPS				
Total Expenses (PS + NPS)				

**TBI Statewide Neurobehavioral Resource Project
BUDGET NARRATIVE/JUSTIFICATION
INSTRUCTIONS**

Forms 1, 2, 3, 4, 5 and Workplan:

Personal Services (PS): Form 1

Form 1 must include a description for each position contained in Table A-1. The percentage of time spent on various duties, where appropriate, must be included. Contracted, consultant or per-diem staff are not to be included in the description/justification. These expenses should be shown as consultant or contractual services under the "Non-Personal Services" (NPS) section of Form 2.

Non-Personal Services (NPS): Forms 2, 3, 4, and 5

Supplies and Materials (including software):

Definition: **Any single item with a per unit cost of \$500 or less.** Software costs should be broken-out separately under supplies, regardless of cost. Provide a delineation of the items of expense and the estimated cost of supplies along with a justification of their need. Note: Some supplies may be consolidated under generic headings like "general office supplies, conference supplies, etc."

Equipment:

Definition: **Any item with a per unit cost of \$500 or more.** Provide a delineation of each piece of equipment that includes the estimated cost, the personnel on the budget for whom the equipment is purchased, a justification of need, and a justification of the amount requested to be reimbursed by NYS. Explanations should be more detailed if the equipment is unique or if special features are included that constitute a higher cost. Additionally, each item of equipment purchased with these funds must be reported on the "Equipment Inventory Report" at the end of the contract year.

Travel:

Complete Form 4 as appropriate and enter amount requested to be reimbursed by NYS as shown on Table A-2. Provide a delineation of the funding requested in each of the following sub-categories, if applicable.

Other Expenses:

List any item of expense not included elsewhere in the budget. Items might include insurance, space occupancy, advertising, etc. Provide a justification and allocation

methodology for EACH item listed.

Example: Insurance - The total policy for the agency is \$5,000. This contract constitutes 5% of the total agency budget, as such, the amount requested is \$250.

$\$50,000 \text{ contract budget} / \$1,000,000 \text{ agency budget} = 5\%$

Example: Rent - There are alternate methods for determining the amount of rent that can be reimbursed under this contract. One method uses square footage, the other FTE information. Please choose the method that most applies to your agency:

Method A: Rent is \$8 per square foot. Staff listed on the budget utilize 300 square feet.

As such, the amount requested from NYS is 300 sq. ft. x \$8.00/sq. ft. = \$2,400.

Method B: Thirty (30) FTEs occupy space with an annual rent of \$10,000. Three (3) of the 30 FTEs work on this grant. Therefore, the percentage of FTEs working on the grant, as compared to FTEs in the space, equal 3/30 or 10%.

Rent allocation: $\$10,000 \times 10\% = \$1,000$

Subcontracts/Consultant Services:

Provide a listing of all subcontracts, including consultant contracts which will support contract deliverables along with a description of the services to be provided. This should include all contracts that support the program even if funded by other sources. Include an estimate of the number of hours to be worked and the rate per hour, if applicable, for subcontracts supported in full or in part with requested funds.

If the subcontractor/consultant has not yet been selected, please indicate "**Not Selected**" under the Subcontractor/Consultant line and provide all other pertinent information.

Note: All proposed subcontracts require the review and approval of the Department prior to the execution of an agreement between the Contractor and subcontractors. A copy of the executed agreement is required to be submitted before this line can be approved for reimbursement.

Workplan

Complete the workplan by describing your objectives and the proposed activities to meet your objectives. Describe the strategies you will use to accomplish the workplan activities and how you plan to measure your progress in each workplan area.

Contractor Name:

Contract Number:

**TB Statewide Neurobehavioral Resource Project
BUDGET NARRATIVE/JUSTIFICATION**

FORM 1

CONTRACT PERIOD:

PERSONAL SERVICES (PS):

Position Title	Incumbent Name	Description/Justification Please specify activities delineated in the workplan for EACH title. Use additional sheets if necessary.

Contractor Name:

Contract Number:

**TBI Statewide Neurobehavioral Resource Project
BUDGET NARRATIVE/JUSTIFICATION
FORM 2
CONTRACT PERIOD:**

NON-PERSONAL SERVICES (NPS):

Item	Cost	Description/Justification (use additional sheets if necessary)

Contractor Name:

Contract Number:

**TBI Statewide Neurobehavioral Resource Project
BUDGET NARRATIVE/JUSTIFICATION**

FORM 3

CONTRACT PERIOD:

PART A

Does your organization have a federally approved fringe benefit rate?

Yes: _____ If yes, do **not** complete Part B and proceed to next line.

Federally Approved Rate: _____ Period of Applicability: _____ *Attach copy of Federal Approval - all pages.*

No: _____ If no, proceed to Part B.

PART B

Specify the components and percentages comprising the fringe benefit rate.

Note: If positions have different fringe benefit rates, please use an average for all positions.

Component	Rate
F.I.C.A & Medicare Tax	
Health Insurance	
Unemployment Insurance	
Disability Insurance	
Life Insurance	
Worker's Compensation	
Pension/Retirement	
Other: (delineate)	
*Total Fringe Rate	

*This rate must be equal to the percentage shown in the budget, Appendix B, Table A-1.

Contractor Name:
Contract Number:

**TBI Statewide Neurobehavioral Resource Project
BUDGET NARRATIVE/JUSTIFICATION
FORM 4
CONTRACT PERIOD:**

PROVIDE A DELINEATION OF THE FUNDING REQUESTED IN EACH OF THE FOLLOWING SUB-CATEGORIES, IF APPLICABLE. ATTACH ADDITIONAL SHEETS AS NECESSARY.

In-State Staff and Volunteer Travel Include number of staff, titles of staff and volunteer estimated travel costs (including transportation, lodging and meals for the contract period), and purpose of travel. *See example below.* \$ _____

Out-of-State Staff and Volunteer Travel and Conference Travel Provide an estimate of the amount you anticipate spending on out-of-state and conference travel along with a delineation of the travel and a justification of how the travel relates to program objectives. All out-of-state travel must have prior approval. *See example below.* \$ _____

EXAMPLES: According to the examples below, provide as much information as possible about the event(s) to which staff are traveling. Please indicate if this information is not available when the budget is submitted. Failure to do so will result in a delay of the review and approval of the budget. If this information is not submitted at this time, approval must be requested before travel is undertaken.

In-State: Program Coordinator and Data Coordinator to attend 2 related in-State conferences; 2 staff X 2 conferences each X \$300 per conference (including transportation, lodging and meals) = \$1,200.

Out-of-State: Program Coordinator and Data Coordinator to attend conference (including transportation, lodging and meals) at a cost of \$900 per person = \$1,800.

TOTAL FUNDING REQUESTED FOR TRAVEL: \$ _____
* _____

*The amount shown here must equal the total cost of travel found on Table A-2.

Note: For information on travel reimbursement guidelines, go to

Contractor Name:

Contract Number:

**TBI Statewide Neurobehavioral Resource Project
BUDGET NARRATIVE/JUSTIFICATION
FORM 5
CONTRACT PERIOD:**

Provide a listing of all subcontracts, including consultant contracts, that will be supported in full or in part with these funds.

A line item budget for the funding requested must be attached for each subcontract. If the subcontractor has not yet been selected, indicate "Not Selected" in the "Agency Name" column and provide all other pertinent information.

AGENCY NAME	TOTAL FUNDING	AMOUNT REQUESTED FROM NYS	DESCRIPTION OF SERVICES (use additional sheets if necessary)

Contractor Name:

Contract Number:

Appendix D
TBI Statewide Neurobehavioral Resource Project
WORKPLAN
CONTRACT PERIOD:

OBJECTIVES	ACTIVITIES TO MEET OBJECTIVES	PERSON(S) RESPONSIBLE	COMPLETION DATE	TRACKING/EVALUATION METHODS