

# **Request for Grant Applications**

RGA No. 1004071212

## **HEAL NY - Phase 16 Urgent Care Facility in Greenwich Village**

**Issued by the  
New York State Department of Health  
and the  
Dormitory Authority of the State of New York**

### **Key Dates:**

Questions Due: **April 12, 2010**

Applications Due: **April 16, 2010**

### **Contact Name and Address**

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# **HEAL NY**

## ***Urgent Care Facility in Greenwich Village***

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***New York State Department of Health***  
***Request for Grant Applications – Urgent Care Facility in Greenwich Village***

## **SECTION 1. GUIDELINES AND OVERVIEW**

### **1.1 Notice of Available Funds**

The New York State Department of Health (DOH) and the Dormitory Authority of the State of New York (DASNY) announce the availability of funds under the Health Care Efficiency and Affordability Law for New Yorkers (HEAL-NY), as established pursuant to Section 2818 of the Public Health Law (PHL). Funds under this Request for Grant Applications (RGA) are available, as a match for other identified private, Federal, municipal or other sources, for capital projects to assist in the creation of outpatient and ambulatory care services, including urgent care to service the community served by St Vincent Catholic Medical Center (SVCMC) .

Requests for funds are to be submitted using the application form attached to this announcement. The application consists of a Technical Application and a Financial Application. **All applications must be received in the Department of Health no later than 3:00 p.m. on Friday, April 16, 2010.**

Applications received under this announcement will be reviewed in accordance with the provisions of PHL Section 2818(2).

### **1.2 HEAL NY Urgent Care Facility in Greenwich Village**

Projects to be considered under this RGA will create ambulatory services, including urgent care, sponsored by hospitals and diagnostic and treatment centers (D&TCs), to address services needs arising from the reduction of outpatient and ambulatory services by SVCMC caused by the expected closure of outpatient services. A project will include:

- Creation, maintenance or expansion of comprehensive ambulatory care in the SVCMC service area, at existing SVCMC sites or other locations, including:
  - providing services without a required appointment,
  - expanded hours of accessibility (preference for 24 hours a day, 7 days a week hours),
  - basic medical imaging, including x-rays,
  - laboratory services, including point of care services and phlebotomy,
  - performing minor medical procedures (e.g., sutures, cyst removal, incision and drainage, splinting, etc.),

- use of electronic medical records,
- use of protocol-based care,
- accessibility to or the ability to provide rapid transit to full-service emergency room available for life-threatening conditions, and
- any other appropriate services.

### **1.2 .1 Elements of a Eligible Project**

An Eligible Project will demonstrate one or more of the following elements:

- a) creation of an urgent care capacity in the SVCMC service area and/or;
- b) renovation and expansion of existing facilities to improve efficiency and increase service capacity and/or;
- c) expansion of hours and /or days of service by ambulatory and primary care clinics within underserved communities and/or;
- d) expansion of the range of ambulatory and primary care services offered by established providers and/or;
- e) transition of services from emergency departments to ambulatory settings in order to reduce reliance on emergency rooms for primary care and/or;
- f) services to reduce barriers to primary care encountered by underserved populations.

### **1.3 Eligible Applicant**

An eligible applicant shall be an entity that is a legally existing organization, *capable of entering into a binding contract*, that is any one of the following:

- a general hospital as defined in Public Health Law (PHL) Section 2801(10);
- a diagnostic and treatment (D & T) center established under Article 28 of the Public Health Law;
- an organization eligible for approval for establishment as a primary care D & T center under Article 28 of the Public Health Law.

In order to be eligible for funding under PHL Section 2818(2), the provider must be deemed to the satisfaction of the Commissioner to be a provider that fulfills an unmet health care need for the community as determined by the Department through consideration of the

volume of Medicaid and medically indigent patients served; the service volume and case mix, including but not limited to maternity, pediatrics, trauma, behavioral and neurobehavioral, ventilator, and emergency room volume; and, the significance of the institution in ensuring health care service access as measured by market share within the region.

#### **1.4 Project Timeframes**

It is expected that the term of Grant Disbursement Agreements (GDAs) under the HEAL NY Ambulatory Care in Lower Manhattan Grant Program will begin on or about April 2010 and run for a period of up to two years. Grant based activities that are eligible for reimbursement by the award will be retroactive to the point in time where St Vincent's Medical Center ceases operations.

#### **1.5 Funding Allocation**

Determination of funding will be based on:

- An evaluation of the scope of work presented,
- The need for the Project within the community,
- The degree to which the Project meets the goals and priorities of the HEAL NY program,
- Appropriateness of expenses to the project, and
- Identification of matching funding sources (private, Federal, municipal or other)

Funds will be awarded in relation to the costs of the Project activities for the applicant facility with consideration of the facility's available resources. Award decisions will be governed by the following principles used in other HEAL NY Programs:

- Public funds for the Project implementation must be used judiciously and in the most prudent possible manner;
- Insofar as facilities are capable of funding their own project activities, they should do so and;
- The costs of implementation activities should be shared among all interested parties: and the State may only contribute a portion of these costs.

Using these principles, DOH and DASNY will review applications to determine the appropriate level of public investment needed for the proposed project. This approach will provide the basis for negotiation, as needed, of changes in costs and activities proposed by the applicant facility to implement the proposed Project. In some instances, DOH and DASNY may determine that no public funds are needed for an applicant to successfully implement their activities.

***Please note -- Award amounts may be less than the amount requested.***

## 1.6 Eligible Costs

Specific examples of costs eligible for funding under this RGA **include but are not limited to:**

- a) Renovation and upgrading of existing facilities;
- b) Construction of new facilities;
- c) Architectural and design fees;
- d) Consultant fees and other expenditures associated with the preparation of Certificate of Need (CON) applications required for the proposed establishment action, construction activity or service expansion;
- e) Planning, consulting and legal fees associated with the establishment of new facility operators and the integration of services between existing providers;
- f) Medical, dental and laboratory equipment; and
- g) Start-up costs and Transitional costs for a limited period of time. Includes an offset to staff salaries and variable costs during the initial period of operation. (Non-capital costs can only be a small segment in the proposal.)

## ***SECTION 2: APPLICATION AND SELECTION PROCESS***

### **2.1 Application Format and Submission Process**

Requests for funding under this RGA are to be submitted on the attached application form. The form consists of two components: the Technical Component and the Financial Component.

Applications must be **received** at the following address **by 3:00 PM** on April 16, 2010:

Robert G. Schmidt  
Director, HEAL NY Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
Corning Tower, Room 1119  
Albany, NY 12237

Late applications will not be accepted.<sup>1</sup> Applications **WILL NOT** be accepted via FAX or e-mail.

Eligible applicants need to submit two complete original and signed Technical Applications, along with two hard copies of the application and two copies on separate flash drives. Applicants need to submit two complete original and signed Financial Applications, along with two hard copies of the application and two copies on separate flash drives. These electronically readable flash drives should include a complete copy of the application, readable in Adobe's .pdf format. Application packages should be clearly labeled with the name and number of the RGA as listed on the cover of this RGA document.

Applications should be concise, single-spaced, and use at least a 12-point type.

## **2.2 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](http://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](mailto: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](http://www.osc.state.ny.us/vendrep) or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants should also complete and submit the Vendor Responsibility Attestation (Attachment 10).

## **2.3 Question and Answer Phase**

All substantive questions must be submitted in writing to:

Robert G. Schmidt  
Director, HEAL NY Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
Corning Tower, Room 1119  
Albany, NY 12237  
e-mail: [healnyphase16@health.state.ny.us](mailto:healnyphase16@health.state.ny.us)

To the degree possible, each inquiry should cite the RGA section and paragraph to which it refers. Written questions will be accepted through the date shown on the cover page of this RGA. Questions of a technical nature can be addressed in writing or via telephone by calling the HEAL NY office at 518-474-5565. Questions are of a technical nature if they are

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<sup>1</sup> 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.

limited to how to prepare the 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 GDA, are to be raised prior to or on the date shown on the cover page of this RGA.

It is expected that two business days from the date shown on the cover page of this RGA, written answers to all questions raised will be posted on the DOH website at <http://www.health.state.ny.us/>.

DOH and DASNY may elect to respond to questions in one or more sets, therefore applicants are encouraged to monitor the website regularly. Applicants wishing to receive an e-mail notification of the posting should submit a request, including the applicant's e-mail address, to [healnyphase16@health.state.ny.us](mailto:healnyphase16@health.state.ny.us).

## **2.4 Selection Process**

Applications received in response to this RGA will be evaluated as follows:

Stage 1: Each application will be reviewed for completeness. Applications missing material elements may be eliminated from further review. Applicants will be contacted by the Department if additional information is needed.

Stage 2: Each application will be reviewed to confirm the eligibility of the Eligible Applicant.

Stage 3: Applications passing the first two stages will be forwarded for technical and financial review. The technical review will evaluate the following components:

1. The extent to which the Application meets all of the requirements outlined in this RGA;
2. Ability of Eligible Applicant to complete the Project;
3. Viability of the Project; and
4. Application is in format described in RGA.

The Finance review will assess the following components:

1. Overall cost;
2. Reasonableness of the Project's budget;
3. Financial viability of the Project; and
4. The extent to which the application meets all requirements outlined in the RGA.

In addition to information provided in the grant application, DOH and DASNY may use information obtained from other sources, such as information obtained as a part of their normal regulatory responsibilities.



## **2.5 THE DEPARTMENT OF HEALTH AND THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK RESERVE THE RIGHT TO:**

1. Reject any or all applications received in response to this RGA.
2. Withdraw the RGA at any time, at the Department's sole discretion.
3. Make an award under the RGA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RGA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RGA.
7. Prior to application opening, amend the RGA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RGA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RGA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RGA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RGA.

17. Negotiate with successful applicants within the scope of the RGA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

## **2.6 Award Letter**

After DOH and DASNY have selected awardees, DOH and DASNY will issue an award letter to the awardees. The award letter is not a commitment to provide funds, but may assist awardees in finalizing other sources of financing as required to secure the full Project cost. The award letter will expire 90 days after issuance and, upon the termination of the award letter, DOH and DASNY may reallocate the funds to one or more other Eligible Applicants.

Following the awarding of grants under this RGA, unsuccessful applicants may request a debriefing from the DOH Division of Health Facility Planning, HEAL Implementation Team, no later than one month from the date of the announcement of awards. This debriefing will be limited to the positive and negative aspects of the subject application. Unsuccessful applicants that wish to protest awards made under this RGA should follow the procedures established by the New York State Comptroller found at [http://www.osc.state.ny.us/agencies/gbull/g\\_232.htm](http://www.osc.state.ny.us/agencies/gbull/g_232.htm).

## **2.7 Term of GDA**

Any GDA resulting from this RGA will be effective only upon approval by the New York State Office of the Comptroller. It is expected that GDAs resulting from this RGA will begin in April of 2010 and continue for up to two years.

# **SECTION 3: OTHER REQUIREMENTS**

## **3.1 Payment Requirements**

Payments under the resulting GDAs will be processed by DOH. The Grantee shall submit information of the type set forth below pursuant to the requirements to be set forth in the GDA.

1. Payment of such invoices by the State (NYS DOH) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be based on completion of specific milestones to be outlined in the Project work plan and must be within the specific GDA budget.

2. DOH shall make payment to the Grantee, no more frequently than quarterly, based upon eligible expenses actually incurred by the Grantee, upon presentation to DOH of a Standard Voucher Form, together with such supporting documentation as DOH may require, in the forms to be set forth in the GDA or as otherwise determined by DOH.

3. In no event will DOH make any payment which would cause the aggregate disbursements to exceed the Grant amount.

4. All costs for which reimbursement is sought must have been incurred by the Grantee.

### **3.2 Reporting Requirements**

The grantee shall submit a quarterly report to DOH which, at a minimum, includes:

1. Discussion of milestones achieved and evaluation of Project status;
2. Discussion of any delays or other issues encountered;
3. Plan of action for addressing any delays or other issues encountered;
4. Objectives for the next reporting period;
5. Objectives for the remaining Project period;
6. Discussion of any quality control monitoring performed; and
7. Financial report of Project expenses and revenues.

*Post implementation reports are required annually for three years.*

### **3.3 General Specifications**

1. By signing the "Application Form" each signatory attests to their express authority to sign on behalf of the Eligible Applicant.
2. The Eligible Applicant 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 GDA will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the Eligible Applicant's acceptance of all conditions and terms contained in this RGA. If an Eligible Applicant does not accept a

certain condition or term, this must be clearly noted in an attachment to the application cover letter.

4. An Eligible Applicant may be disqualified from receiving awards if such Eligible 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 other State contracts or has failed to meet all regulatory requirements relating to CON and federal and state standards of care.

### **3.4 Provisions Upon Default**

1. The services to be performed by the Applicant shall be at all times subject to the direction and control of the State as to all matters arising in connection with or relating to the GDA resulting from this RGA.

2. In the event that the Eligible Applicant, through any cause, fails to perform any of the terms, covenants or promises of any GDA resulting from this RGA, DOH and DASNY shall thereupon have the right to terminate the GDA by giving notice in writing of the fact and date of such termination to the Applicant and the right to recoup grant funds paid.

3. If, in the judgment of DOH and DASNY, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, DOH and DASNY shall thereupon have the right to terminate any GDA resulting from this RGA by giving notice in writing of the fact and date of such termination to the Eligible Applicant. In such case the Eligible Applicant shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Eligible Applicant 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 Eligible Applicant was engaged in at the time of such termination, subject to audit by the State Comptroller.

### **3.5 GDA Appendices**

The following will be incorporated as appendices into any Grant Disbursement Agreements resulting from this Request for Application:

1. APPENDIX A: Standard Clauses for All New York State GDAs

2. APPENDIX A-1: Agency Specific Clauses

3. APPENDIX B: Budget

4. APPENDIX C: Payment and Reporting Schedule

5. APPENDIX D: Work plan

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

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

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

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

**SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

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

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

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

**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.**

7. APPENDIX F: Project/Contract Contingencies

8. APPENDIX G: Notices

**HEAL NY Legislation (PHL 2818)  
Chapter 63 of the Laws of 2005**

**§ 2818. Health care efficiency and affordability law for New Yorkers (HEAL NY) capital grant program.**

§ 2818. Health care efficiency and affordability law of New Yorkers

(HEAL NY) capital grant program. 1. The commissioner and the director of the dormitory authority of the state of New York shall enter into an agreement, subject to the approval of the director of the budget, for the purpose of administering the funds available to the health care efficiency and affordability law for New Yorkers (HEAL NY) capital grant program as authorized under section sixteen hundred eighty-j of the public authorities law, in a manner that will encourage improvements in the operation and efficiency of the health care delivery system within the state. A copy of such agreement, and any amendments thereto, shall be provided to the chair of the senate finance committee, the director of the division of budget and the chair of the assembly ways and means committee. Such agreement shall include criteria, to be developed by the commissioner and the director of the authority, to be considered in their evaluation of applications and determination of awards, including, but not limited to:

(a)determination of eligible applicants, provided that such eligible applicants shall include entities representative of any part of the health care delivery system;

(b)consideration of statewide geographic distribution of funds;

(c)minimum and maximum amounts of funding to be awarded under the program;

(d)the relationship between the project proposed by an applicant and identified community need; and

(e)the extent to which the applicant has access to alternative financing.

Such agreement shall be provided to the chair of the senate finance committee, the director of the division of budget and the chair of the assembly ways and means committee no later than thirty days prior to the scheduled approval of the first bond issuance for the program by the public authorities control board. The authority shall also report quarterly to such chairpersons on the awards made through the program, including the name of the applicant, a description of the project and the amount of the award.

The commissioner and the director of the authority shall award grants to eligible applicants after due public notice of the availability of funds and through a process which ensures to the maximum extent practicable and where appropriate, competition among such applicants, consistent with the following requirements: the commissioner and the director of the authority shall publish the priorities and goals that are to be achieved through grant funding, and regularly provide public notice of the availability of funding. These priorities and goals shall be consistent with objectives and determinations of the Commission on Health Care facilities in the Twenty-First Century established pursuant to a chapter of the laws of two thousand five, provided, however, that nothing shall prohibit the commissioner and the director for the authority from awarding grants prior to a final report by the commission. For each project that will be recommended for approval, the commissioner and the director of the authority shall report to the chair of the senate finance committee, the director of the division of budget and the chair of the assembly ways and means committee how the project meets the priorities, goals and criteria established pursuant to this section.

Contracts awarded to eligible applicants shall require that work performed thereunder shall be deemed "public work" and subject to and performed in accordance with articles eight, nine and ten of the labor law and the contractors performing such work shall also be deemed a state agency for the purpose of article fifteen-A of the executive law and subject to the provisions of such article.

2. Notwithstanding the provisions of subdivision one of this section, the commissioner and the director of the dormitory authority may award, in an amount not to exceed twenty-five percent of the health care system improvement capital grant program allocation in any given fiscal year, grants to eligible applicants without the process set forth in subdivision one of this section. With respect to the process for the awarding of such funds without the process set forth in subdivision one of this section, the commissioner and the director of the dormitory authority shall determine eligible awardees based solely on an applicant's ability to meet the following criteria:

(i) Have a loss from operations for each of the three consecutive preceding years as evidenced by audited financial statements; and

(ii) Have a negative fund balance or negative equity position in each of the three preceding years as evidenced by audited financial statements; and

(iii) Have a current ratio of less than 1:1 for each of three consecutive preceding years; or

(iv) Be deemed to the satisfaction of the commissioner to be a provider that fulfills an unmet health care need for the community as determined by the department through consideration of the volume of Medicaid and medically indigent patients served; the service volume and mix, including but not limited to maternity, pediatrics, trauma, behavioral and neurobehavioral, ventilator, and emergency room volume; and, the significance of the institution in ensuring health care services access as measured by market share within the region.

(c) Prior to an award being granted to an eligible applicant without a competitive bid or request for proposal process, the commissioner and the director of the dormitory authority shall notify the chair of the senate finance committee, the chair of the assembly ways and means committee and the director of the division of budget of the intent to grant such an award. Such notice shall include information regarding how the eligible applicant meets criteria established pursuant to this section.

3. Notwithstanding subdivisions one and two of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other inconsistent provision of law, of the funds available for expenditure pursuant to this section, thirty million dollars may be allocated and distributed by the commissioner without a competitive bid or request for proposal process for grants to residential health care facilities for the purpose of restructuring such facilities to achieve a reduction in certified inpatient bed capacity. Consideration relied upon by the commissioner in determining the allocation and distribution of these funds shall include, but not be limited to, the following: (a) the existing and projected need for inpatient nursing home beds and community based long-term care services in the area in which a facility applying for such funds is located; (b) the quality of the care being provided by the facility; (c) the ability of the facility to access, in a timely manner, alternative sources of funding, including other sources of government funding; and (d) whether additional funding would permit the facility to achieve greater stability and efficiency in the delivery of needed health care services.

4. Notwithstanding the provisions of subdivision one of this section, the commissioner and the director of the dormitory authority may award, in an amount not to exceed twenty-five million dollars of the health care system improvement capital grant program allocated in any given fiscal year, grants to eligible applicants without the process set forth in subdivision one of this section to provide necessary restructuring support to hospitals for transition to a new reimbursement methodology.

(a) With respect to the process for the awarding of such funds without the process set forth in subdivision one of this section, the commissioner and director of the dormitory authority shall determine eligible awardees based solely on an applicant's ability to meet the following criteria:

(i) have a loss of operations for each of the three consecutive preceding years as evidence by audited financial statements; and

(ii) have a negative fund balance or negative equity position in each of the three preceding years as evidence by audited financial statements; and

(iii) have a current ratio of less than 1:1 for each of three consecutive preceding days;<sup>2</sup> or

(iv) be deemed to the satisfaction of the commissioner to be a provider that fulfills an unmet health care need for the community as determined by the department through consideration of the volume of Medicaid and medically indigent patients served; the service volume and mix, including but not limited to maternity, pediatrics, trauma, behavior and neurobehavioral, ventilator, and emergency room volume;

and, the significance of the institution in ensuring health care services access as measured by market share within the region; or

(v) be deemed to the satisfaction of the commissioner to have incurred operating losses resulting from the implementation of reimbursement rate reforms and other reductions enacted by a chapter of the laws of two thousand nine, to provide for the continued financial viability of the applicant.

(b) Prior to an award being granted to an eligible applicant without a competitive bid or request for proposal process, the commissioner and the director of the dormitory authority shall notify the chair of the senate finance committee, the chair of the assembly ways and means committee and the director of the budget of the intent to grant such an award. Such notice shall include information regarding how the eligible applicant meets criteria established pursuant to this section.

5. (a) Notwithstanding subdivision one, two or three of this section, the commissioner, with the approval of the director of the budget, may expend funds for the purpose of providing cost effective increased access to the capital markets, including but not limited to through the use of mortgage insurance, credit enhancement, letters of credit, bond insurance or other arrangements, for capital projects that are determined to meet one or more of the following objectives for hospitals licensed under this article:

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<sup>2</sup> The word “days” is a drafting error and should be “years.” This error is being corrected.



**§1680-j. Authorization for the issuance of bonds for the health care efficiency and affordability law for New Yorkers (HEAL NY) capital grant program**

Notwithstanding any other provision of law to the contrary, the dormitory authority of the state of New York is hereby authorized to issue bonds or notes in one or more series in an aggregate principal amount not to exceed seven hundred fifty million dollars excluding bonds issued to fund one or more debt service reserve funds, to pay costs of issuance of such bonds, and bonds or notes issued to refund or otherwise repay such bonds or notes previously issued, for the purposes of financing project costs authorized under section twenty-eight hundred eighteen of the public health law. Of such seven hundred fifty million dollars, ten million dollars shall be made available to the community health centers capital program established pursuant to section twenty-eight hundred seventeen of the public health law.

1. Such bonds and notes of the dormitory authority shall not be a debt of the state and the state shall not be liable thereon, nor shall they be payable out of any funds other than those appropriated by the state to the authority for debt service and related expenses pursuant to any service contract executed pursuant to subdivision two of this section, and such bonds and notes shall contain on the face thereof a statement to such effect. Except for purposes of complying with the internal revenue code, any interest income earned on bond proceeds shall only be used to pay debt service on such bonds. All of the provisions of the dormitory authority act relating to bonds and notes which are not inconsistent with the provisions of this section shall apply to obligations authorized by this section, including but not limited to the power to establish adequate reserves therefore and to issue renewal notes or refunding bonds thereof. The issuance of any bonds or notes hereunder shall further be subject to the approval of the director of the division of the budget, and any projects funded through the issuance of bonds or notes hereunder shall be approved by the New York state public authorities control board, as required under section fifty-one of this chapter.

2. Notwithstanding any other law, rule or regulation to the contrary, in order to assist the dormitory authority in undertaking the administration and financing of projects authorized under this section, the director of the budget is hereby authorized to enter into one or more service contracts with the dormitory authority, none of which shall exceed more than thirty years in duration, upon such terms and conditions as the director of the budget and the dormitory authority agree, so as to annually provide to the dormitory authority, in the aggregate, a sum not to exceed the annual debt service payments and related expenses required for the bonds and notes issued pursuant to this section. Any service contract entered into pursuant to this subdivision shall provide that the obligation of the state to pay the amount therein provided shall not constitute a debt of the state within the meaning of any constitutional or statutory provision and shall be deemed executory only to the extent of monies available and that no liability shall be incurred by the state beyond the monies available for such purposes, subject to annual appropriation by the legislature. Any such contract or any payments made or to be made thereunder may be assigned or pledged by the dormitory authority as security for its bonds and notes, as authorized by this section.

3. Notwithstanding any law to the contrary, and in accordance with section four of the state finance law, the comptroller is hereby authorized and directed to transfer from the health care reform act (HCRA) resources fund (061) to the general fund, upon the request of the director of the budget, up to \$6,500,000 on or before March 31, 2006, and the comptroller is further hereby authorized and directed to transfer from the healthcare reform act (HCRA); Resources fund (061) to the Capital

Projects Fund, upon the request of the director of budget, up to \$139,000,000 for the period April 1, 2006 through March 31, 2007, up to \$171,100,000 for the period April 1, 2007 through March 31, 2008, up to \$208,100,000 for the period April 1, 2008 through March 31, 2009, up to \$151,600,000 for the period April 1, 2009 through March 31, 2010, and up to \$238,000,000 for the period April 1, 2010 through March 31, 2011

# APPLICATION CHECKLIST/FORMAT

## 1. Application – Technical Component

- \_\_\_\_\_ Technical Component Cover Page
- \_\_\_\_\_ Eligible Applicant Certification
- \_\_\_\_\_ Executive Summary
- \_\_\_\_\_ Project Description
- \_\_\_\_\_ Project Monitoring Plan

## 2. Application – Financial Component

- \_\_\_\_\_ Financial Component Cover Page
- \_\_\_\_\_ Executive Summary
- \_\_\_\_\_ Project Budget
- \_\_\_\_\_ Project Funding Sources
- \_\_\_\_\_ Cost Effectiveness
- \_\_\_\_\_ Project Financial Viability
- \_\_\_\_\_ Eligible Applicant Financial Stability
- \_\_\_\_\_ General Corporate Information

## 3. Packaging the Application

- \_\_\_\_\_ Two (2) original, signed, complete applications
- \_\_\_\_\_ Two (2) copies of the complete application
- \_\_\_\_\_ Two (2) clearly labeled USB/flash drives that each contain a full PDF copy of the complete application. The definition of a complete application includes the technical components, financial components and all attachments.
- \_\_\_\_\_ Application package is labeled: HEAL NY Urgent Care Facility in Greenwich Village, RGA  
#1004071212

# ***HEAL NY Program Grant Application***

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## ***Urgent Care Facility in Greenwich Village***

### ***Technical Application Cover Page***

**Project Name**\_\_\_\_\_

**Eligible Applicant Legal Corporate Name**\_\_\_\_\_

**Applicant's Category:**

\_\_\_\_\_

**Applicant's Address (include County)**\_\_\_\_\_

\_\_\_\_\_

**Applicant Federal ID #:**\_\_\_\_\_

**NYS Charities Registration #:**\_\_\_\_\_

#### **Contact Information**

**Name**\_\_\_\_\_ **Title**\_\_\_\_\_

**Phone**\_\_\_\_\_ **Fax**\_\_\_\_\_

**E-mail**\_\_\_\_\_

**Signature of an individual who will be authorized to bind the Eligible Applicant to any GDA resulting from this application:**

*Signature* \_\_\_\_\_

*Title, if signatory is different from contact person* \_\_\_\_\_

## ELIGIBLE APPLICANT CERTIFICATION

---

### CERTIFICATION FOR HEALTH CARE EFFICIENCY AND AFFORDABILITY LAW (HEAL NY) GRANTS

I hereby warrant and represent to the New York State Department of Health ("DOH") and the Dormitory Authority of the State of New York ("the Authority") that:

- If awarded a HEAL NY grant, the funds will be expended solely for the project purposes described in this proposal and in the GDA and for no other purpose.
- I understand that in the event that the project funded with the proceeds of a HEAL NY grant ceases to meet one or more of the criteria set forth above, then DOH and/or the Dormitory Authority shall be authorized to seek recoupment of all HEAL NY grant funds paid to the Grantee and to withhold any grant funds not yet disbursed.
- With respect to the process for the awarding of HEAL funds without the process set forth in subdivision one of HEAL NY Legislation (PHL 2818), I certify that as an eligible applicant for discretionary funding we meet the following criteria:
  - (i) Have a loss from operations for each of the three consecutive preceding years as evidenced by audited financial statements; and
  - (ii) Have a negative fund balance or negative equity position in each of the three preceding years as evidenced by audited financial statements; and
  - (iii) Have a current ratio of less than 1:1 for each of three consecutive preceding years;  
or
  - (iv) may be deemed to the satisfaction of the Commissioner to be a provider that fulfills an unmet health care need for the community as determined by the Department through consideration of the volume of Medicaid and medically indigent patients served; the service volume and case mix, including but not limited to maternity, pediatrics, trauma, behavioral and neurobehavioral, ventilator, and emergency room volume; and, the significance of the institution in ensuring health care service access as measured by market share within the region.

**Applicant Name** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_

**Title (Please Print)** \_\_\_\_\_

Please note that in accordance with Part 86-2.6 of the Commissioner's Administrative Rules and Regulations, **ONLY** the following individuals may sign the attestation form:

- Proprietary Sponsorship – Operator/Owner
- Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive Officer, Chief Financial Officer or any Member of the Board of Directors
- Public Sponsorship – Public Official Responsible for Operation of the Facility

# ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

## PART I-PROJECT INFORMATION ( To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
1. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres    Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____ Date: _____	
Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

## MULTIPLE PROVIDER / PARTICIPANT CONSENT FORM

**\*REQUIRED FOR APPLICATIONS WITH MULTIPLE PARTICIPANTS IN PROJECT \***

### **Lead Applicant in Grant Application**

- Lead Applicant has requested and received consent from the co-applicants listed below to fully participate and assist in the implementation of all aspects of the project described in the grant application. Lead Applicant understands that it will be asked to sign a Grant Disbursement Agreement relating to the entire project should the application lead to an award.

Lead Applicant Name: \_\_\_\_\_ (please type)

Lead Applicant Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Participant in Grant Application** (Please list all participants)

- Participant understands all aspects of the project described in the grant application submitted by the Lead Applicant (above) and consents to its inclusion therein.
- If the grant is awarded, Participant agrees to fully cooperate in the implementation of the project described in the grant application and consents to Lead Applicant executing a Grant Disbursement Agreement in connection therewith.

Participant Name: \_\_\_\_\_ (please type)

Participant Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ***Technical Application Format***

**Project Name:** \_\_\_\_\_

**Eligible Applicant  
Name:** \_\_\_\_\_

### **A. Executive Summary (not to exceed one page)**

This part of the Technical Application should describe:

- The overall Project.
- How the Project meets stated objectives.

### **B. Project Description**

#### **1. Eligible Applicant**

In this section, provide basic organizational information on the Eligible Applicant. Complete the Eligible Applicant Certification. This should include information such as the Eligible Applicant's exact corporate name, board composition, ownership and affiliations, staffing, and services provided. Also provide information that will allow DOH and DASNY to understand how the Eligible Applicant is prepared to proceed with the Project. Provide any experience the Eligible Applicant has with Projects of this type, how the Eligible Applicant fits within the public health community, and evidence that the Eligible Applicant will be able to implement the Project. **This section should not exceed one page.**

**2. Overview:** Provide a general description of the Project, its goals and objectives. Describe how the goals and objectives of the Project are consistent with those outlined by the HEAL NY Program.

**3. Community Need:** Describe how the Project will relate to identified health needs in the community. This should be based on documented information, such as health status indicators, demographics, insurance status of the population, and data on service volume, occupancy, and discharges by existing providers. Identify areas of overcapacity and/or under-capacity. This information will be used to confirm that the applicant fulfills an unmet health care need for the community as described in Public Health Law section 2818(2).

**4. Project Activities:** Describe the project objectives to be attained and the activities to achieve each. Objectives may be process objectives or outcome objectives.



- Process objectives involve an action or set of actions; for example, renovation of a building or development of a governance agreement.
- Outcome objectives address a measurable change or impact; for example an increase in number of patients.
- Objectives are attained through implementation of an accompanying set of activities (or sub-objectives), usually occurring in sequence. Objectives should be verifiable through measurable indicators wherever possible.

5. Project Timeline: Provide a timeline for the Project up through the date of implementation, including identification of major milestones and the person or entity accountable for each milestone. If applicable, the Eligible Applicant should describe in detail the phasing plan anticipated to achieve implementation. This phasing plan should identify specific milestones and dates of completion for each milestone. If applicable, the application and phasing plan should also address:

- Timeframes for any architectural and engineering design and construction necessary to accomplish each phase.
- Scheduled milestones for the preparation and processing of any application, as required by CON regulations (10 NYCRR Part 710), necessary to secure DOH approval for service revisions, relocations, or capital construction that rises to the level of CON review.

6. Continuation: Describe how the services and activities established or enhanced by the project will continue after its completion.

7. Project Team: Describe how the project team has the expertise and experience necessary to successfully complete the project within the timeframes outlined and achieve the goals and objectives set forth in the application. Provide information on any key contractors that the Eligible Applicant will contract with to facilitate the implementation of the project.

### **C. Project Monitoring Plan**

Describe the methodology that will be used to track progress within the project, including any quality assurance testing that will be performed. Describe how the monitoring plan will include identification of barriers and strategies to resolve issues.

**The Technical Application should not exceed ten (10) pages, including the Executive Summary.**

***Financial Application Cover Page***

**Project Name**\_\_\_\_\_

**Eligible Applicant Legal Corporate Name**\_\_\_\_\_

**Applicant's Category:**

\_\_\_\_\_

**Applicant's Address (include County)**

\_\_\_\_\_

\_\_\_\_\_

**Applicant Federal ID #:**\_\_\_\_\_

**NYS Charity Registration #:**\_\_\_\_\_

**Provide the following information for a contact person.**

Name\_\_\_\_\_ Title\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_ E-mail\_\_\_\_\_

**Provide the name and phone number of the person responsible for preparing the applicant's financial statements.**

Name\_\_\_\_\_ Phone\_\_\_\_\_

**Provide the name and phone number of the applicant's director of internal audit. If there is none, provide the name and phone number of the board member responsible for overseeing financial matters.**

Name\_\_\_\_\_ Phone\_\_\_\_\_

**Signature of an individual who would be authorized to bind the Eligible Applicant to any GDA resulting from this application:**

*Signature* \_\_\_\_\_

*Title, if signatory is different from contact person*\_\_\_\_\_

# ***Financial Application Format***

**Project Name:** \_\_\_\_\_

**Eligible Applicant Name:** \_\_\_\_\_

## **Executive Summary**

This part of the Financial Application should briefly describe:

- The overall Project.
- How the Project meets HEAL NY stated goals.

### **A. Project Budget**

Provide a Project Budget that includes all components of the application, including those that will be funded with sources other than HEAL NY grant funds. Show the amount of each budget line that will be funded with HEAL NY grant funds. Provide a detailed discussion of the reasonableness of each budgeted item. These budget justifications should be specific enough to show what the Eligible Applicant means by each request and how the request supports the overall Project.

### **B. Project Fund Sources**

Identify and describe all private or other sources of funding, if any, for the Project, including governmental agencies or other grant funds.

### **C. Cost Effectiveness**

Describe why the project is a cost-effective investment as compared to other alternatives. Describe any savings to the health care system relative to the project costs. Include a discussion of all means by which projected savings can be verified after the project is complete.

### **D. Project Financial Viability**

Provide a detailed discussion showing how the project will support the institution's financial viability upon completion. Provide financial feasibility projections for retiring any capital debt, associated with the project. Include supporting documents such as projected balance sheets, income statements, cash flows, etc. from the project start through three years after project completion.

### **E. Eligible Applicant Financial Stability**

Provide evidence of the financial stability of the Eligible Applicant. This would include a copy of the prior two annual audited financial statements and any other evidence of this stability. Entities whose financial statements have not been subjected to an audit should include any additional information available to satisfy this test and appropriate certifications.

## **F. General Corporate Information:**

1. Provide a list of vendors or contractors who can be contacted regarding the applicant's business practices.
2. Provide the name of any parent, sibling, or subsidiary corporation of the applicant.
3. Include with the application a copy of Form 990 or evidence of an up-to-date filing with the Attorney General of New York State.
4. Provide a current NYS Vendor Responsibility Questionnaire.

## **Budget Forms Required**

- Project Expenses and Justification; and,
- Project Fund Sources

These two forms should be completed to show all expenses and fund sources associated with the proposed project.

Total fund sources should equal total expenses. If fund sources exceed expenses, please write a detailed explanation.

The budget forms should include the name, phone number, and e-mail address of the person responsible preparing for the budget.

# Project Expenses and Justification

**Project Name:** \_\_\_\_\_

**Eligible Applicant Name:** \_\_\_\_\_

*Each category of expenses (left column) should be accompanied by a written justification (right column). Each justification should include a discussion of how the expense will support the project, and state whether the applicant believes the expense is capitalizable.*

Cost Category	Anticipated HEAL NY Funds	Total Expense	Capitalizable Expense  Choose YES or NO for each line.	Justification
<b>EXAMPLES ONLY</b>				
<u>Acquisition</u>				
Land Costs	\$	\$	YES NO	
Building Costs	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
<u>Capital Work</u>				
New Construction	\$	\$	YES NO	
Equipment	\$	\$	YES NO	
Renovation	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
<u>Fees</u>				
Architectural/Design	\$	\$	YES NO	
Engineering	\$	\$	YES NO	
Legal	\$	\$	YES NO	
Installation	\$	\$	YES NO	
Construction Management	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
<u>Closure</u>				
Discharge of LT Debt	\$	\$	YES NO	
Payment of Debt	\$	\$	YES NO	
Medical Records Storage	\$	\$	YES NO	
Employee Expenses	\$	\$	YES NO	
<u>Start-up/Transition</u>	\$	\$	YES NO	
Staffing Costs	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
Other (specify)	\$	\$	YES NO	
<u>Debt Restructuring</u>	\$	\$	YES NO	
<u>Other Categories</u> (specify)				
-	\$	\$	YES NO	
-	\$	\$	YES NO	
-	\$	\$	YES NO	
<b>TOTAL</b>	\$	\$		

Name, phone number, and e-mail address of the person responsible preparing for the budget:

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Project Fund Sources

**Project Name:** \_\_\_\_\_

**Eligible Applicant Name:** \_\_\_\_\_

	Currently Committed	Anticipated	Total	
<b>HEAL NY</b>	\$	\$	\$	
<b>Other Funds</b>	\$	\$	\$	<b>A</b>
<b>Total</b>	\$	\$	\$	<b>B</b>

### Other Funds' Components

Applicant Direct Funds	\$	\$	\$
Program Income *	\$	\$	\$
Federal Government	\$	\$	\$
Foundations	\$	\$	\$
Corporations	\$	\$	\$
Bonds	\$	\$	\$
Loans	\$	\$	\$
Board/Individual Contributions	\$	\$	\$
Other (describe)	\$	\$	\$
<b>Total</b>	\$	\$	\$

\*Any program income realized during the project should be applied to project costs.

Name, phone number, and e-mail address of the person responsible preparing for the budget:

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

# **Grant Disbursement Agreement**

## **APPENDIX A: STANDARD CLAUSES FOR ALL NYS CONTRACTS**

### **TABLE OF CONTENTS**

- 1. Executory Clause**
- 2. Non-Assignment Clause**
- 3. Comptroller's Approval**
- 4. Workers' Compensation Benefits**
- 5. Non-Discrimination Requirements**
- 6. Wage and Hours Provisions**
- 7. Non-Collusive Bidding Certification**
- 8. International Boycott Prohibition**
- 9. Set-Off Rights**
- 10. Records**
- 11. Identifying Information and Privacy Notification**
- 12. Equal Employment Opportunities for Minorities and Women**
- 13. Conflicting Terms**
- 14. Governing Law**
- 15. Late Payment**
- 16. No Arbitration**
- 17. Service of Process**
- 18. Prohibition on Purchase of Tropical Hardwoods**
- 19. MacBride Fair Employment Principles**
- 20. Omnibus Procurement Act of 1992**
- 21. Reciprocity and Sanctions Provisions**

## GRANT CONTRACT (MULTI YEAR)

STATE AGENCY (Name and Address):

\_\_\_\_\_

NYS COMPTROLLER'S NUMBER:

.

ORIGINATING AGENCY CODE:

.

CONTRACTOR (Name and Address):

\_\_\_\_\_

TYPE OF PROGRAM(S)

.

.

.

FEDERAL TAX IDENTIFICATION NUMBER:

INITIAL CONTRACT PERIOD

MUNICIPALITY NO. (if applicable):

FROM:

.

TO:

.

CHARITIES REGISTRATION NUMBER:  
PERIOD:

FUNDING AMOUNT FOR INITIAL

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ 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 G	Notices



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

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

Contract No.

\_\_\_\_\_  
\_\_\_\_\_  
CONTRACTOR . STATE AGENCY

CONTRACTOR \_\_\_\_\_ . STATE AGENCY \_\_\_\_\_  
 \_\_\_\_\_ .

By: \_\_\_\_\_ . By: \_\_\_\_\_  
\_\_\_\_\_  
(Print Name) (Print Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_ . Date: \_\_\_\_\_

State Agency Certification:

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

\_\_\_\_\_  
STATE OF NEW YORK       )  
  )   SS:  
County of \_\_\_\_\_ )

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

\_\_\_\_\_  
(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE .

STATE COMPTROLLER'S SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_

.  
\_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

. Title:

Date: \_\_\_\_\_  
\_\_\_\_\_

. Date:

## STATE OF NEW YORK

### AGREEMENT

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

#### WITNESSETH:

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

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

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

#### I. Conditions of Agreement

- A. The period of this AGREEMENT shall be as specified on the face page hereof. Should funding become unavailable, this AGREEMENT may be suspended until funding becomes available. In such event the STATE shall notify the CONTRACTOR immediately of learning of such unavailability of funds, however, any such suspension shall not be deemed to extend the term of this AGREEMENT beyond the end date specified on the face page hereof.
- B. Funding for the entire contract period shall not exceed the amount specified as "Funding Amount for Initial Period" on the face page hereof.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. To modify the AGREEMENT, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, change in scope, or change in the term, is subject to the approval of

the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A-1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

## II. Payment and Reporting

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

- D. The CONTRACTOR shall provide complete and accurate billing vouchers to the Agency's designated payment office in order to receive payment. Billing vouchers submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone at 518-474-4032. CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms must be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9<sup>th</sup> Floor  
Albany, NY 12236

### III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.

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

#### IV. Indemnification

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

#### V. Property

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

VI. Safeguards for Services and Confidentiality

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

APPENDIX A-1  
(REV 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 must 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 must 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

children's certification be included in any subawards which contain provisions for services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

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

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

***Instructions for Certification***

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

prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

- d) The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e) The prospective lower tier participant agrees by submitting this proposal that, must 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 II, 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 B  
BUDGET  
(sample format)

Organization \_\_\_\_\_

Name: \_\_\_\_\_

Budget Period: \_\_\_\_\_

Commencing on: \_\_\_\_\_

Ending on: \_\_\_\_\_

Personal Service

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

Total Salary \_\_\_\_\_

Fringe Benefits (specify rate) \_\_\_\_\_

TOTAL PERSONAL SERVICE: \_\_\_\_\_

Other Than Personal Service

Amount

Category

Supplies

Travel

Telephone

Postage

Photocopy

Other Contractual Services (specify)

Equipment (Defray Cost of Defibrillator)

\_\_\_\_\_

TOTAL OTHER THAN PERSONAL SERVICE

\_\_\_\_\_

GRAND TOTAL

\_\_\_\_\_

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

## APPENDIX C

### PAYMENT AND REPORTING SCHEDULE

#### I. Payment and Reporting Terms and Conditions

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

- u 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
- u 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:

- u the end of the first <monthly or quarterly> period of this AGREEMENT; or
- u 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. The CONTRACTOR shall provide complete and accurate billing vouchers to the Agency's designated payment office in order to receive payment. Billing vouchers submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone at 518-474-4032. The CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms must be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9<sup>th</sup> Floor  
Albany, NY 12236

- 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 or quarterly> voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the \_\_\_\_\_.

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

- 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, or a portion thereof, may be applied toward payment of amounts payable under Appendix B of this AGREEMENT or may be made separate from payments under this AGREEMENT, at the discretion of the STATE.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. If payment is to be

made separate from payments under this AGREEMENT, 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

Insert Reporting Requirements in this section. Provide detailed requirements for all required reports including type of report, information required, formatting, and due dates. Please note that at a minimum, expenditure reports (to support vouchers) and a final report are required. Other commonly used reports include:

Narrative/Qualitative: This report properly determines how work has progressed toward attaining the goals enumerated in the Program Workplan (Appendix D).

Statistical/Qualitative Report: This report analyzes the quantitative aspects of the program plan - for example: meals served, clients transported, training sessions conducted, etc.

## APPENDIX D

### PROGRAM WORKPLAN

(sample format)

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

#### I. CORPORATE INFORMATION

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

#### II. SUMMARY STATEMENT

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

#### III. PROGRAM GOALS

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

#### IV. SPECIFIC DELIVERABLES



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

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

## Appendix G

### NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

**State of New York Department of Health**

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

**[Insert Contractor Name]**

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.

**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:

\$ \_\_\_\_\_  
(Value before amendment)

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
(Initial start date)

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

\$ \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

This will result in new contract terms of:

\$ \_\_\_\_\_  
(All years thus far combined)

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Initial start date) (Amendment end date)

Signature Page for:

Contract Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Amendment Number: X-\_\_\_\_\_

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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)

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**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:\_\_\_\_\_

## 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: \_\_\_\_\_