

NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposals for

**Independent Evaluation of the New York State Comprehensive Tobacco Use
Prevention and Control Program**

New York State Department of Health
Bureau of Chronic Disease Epidemiology and Surveillance
Erastus Corning II Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237-0679

RFP #: 0611070727

Schedule of Key Events

Letter of Interest Due:	April 30, 2007
Written Questions Due:	May 7, 2007
Responses to Written Questions Posted:	May 21, 2007
Proposals Due Date:	July 2, 2007

Contacts Pursuant to State Finance Law §§ 139-j and 139-k

DESIGNATED CONTACTS:

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

Patricia Bubniak NYS Department of Health Empire State Plaza Corning Tower – Room 710 Albany, NY 12237-0676	OR	Deborah Grabau NYS Department of Health Empire State Plaza Corning Tower – Room 710 Albany, NY 12237-0676
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Permissible Subject Matter Contacts:

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

Submission of written proposals or bids:

Patricia Bubniak NYS Department of Health Empire State Plaza Corning Tower – Room 710 Albany, NY 12237-0676	OR	Deborah Grabau NYS Department of Health Empire State Plaza Corning Tower – Room 710 Albany, NY 12237-0676
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For further information regarding these statutory provisions, see the Lobbying Statute summary in Section E, 10 of this solicitation.

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A. INTRODUCTION

The Health Care Reform Act of 2000 (HCRA 2000) created the Tobacco Use Prevention and Control Program within the Department of Health “to improve the health, quality of life, and economic well-being of all New York citizens (Public Health Law Section 1399-ii).

Section 1399 jj (HCRA 2000, Public Health Law Section 1399-jj) further specifies that “the Department shall conduct an independent evaluation of the statewide tobacco use prevention and control program under Section-1399 ii of this article. The purpose of this evaluation is to direct the most efficient allocation of state resources devoted to tobacco education and cessation to accomplish the maximum prevention and reduction of tobacco use among minors and adults. Such evaluation shall be provided to the governor, the majority leader of the senate and the speaker of the assembly on or before September first, two thousand one, and annually on or before such date thereafter. The comprehensive evaluation design shall be guided by the following:

- Sound evaluation principles including, to the extent feasible, elements of controlled experimental methods;
- An evaluation of the comparative effectiveness of individual program designs which shall be used in funding decisions and program modifications; and
- An evaluation of other programs identified by state agencies.”

In order to comply with state law, independent evaluation services were competitively procured and contracted for the five year period beginning January 2003. This request for proposals (RFP) seeks evaluation services to develop a new five year evaluation plan that will update the original procurement and revise and advance the evaluation work consistent with the evolution of the Tobacco Use Prevention and Control Program (TCP) and the tobacco control environment in New York State. The new evaluation plan must incorporate methods for transitioning, without loss of evaluation capacity, current projects deemed critical to the ongoing evaluation of the TCP and plans for the development of new projects designed to fill existing gaps in the evaluation plan.

B. BACKGROUND

Preventing and reducing tobacco use are the most important public health actions that can be taken to improve the health of New Yorkers. Tobacco addiction is the leading preventable cause of morbidity and mortality in New York and in the United States. Cigarette use, alone, results in an estimated 440,000 deaths each year in the U.S., and 25,000 deaths in New York State. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death. These include heart disease, stroke, many forms of cancer, other lung and vascular diseases.

Nonsmokers who breathe the smoke from other peoples' cigarettes also suffer adverse health consequences related to their exposure to tobacco smoke. According to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), researchers have identified more than 4,000 chemicals in tobacco smoke, including at least 43 that cause cancer in humans and animals. The US Environmental Protection Agency estimates that environmental tobacco smoke, also called secondhand smoke, causes approximately 62,000 deaths each year among non-smokers in the United States, including 3,000 deaths each year from lung cancer. An estimated 300,000 children across the nation develop lower respiratory tract infections each year as a result of exposure to secondhand smoke, with approximately 15,000 of these children hospitalized each year due to their infections. Exposure to secondhand smoke is a primary cause of asthma and acute asthmatic events among children. Tobacco smoke also has a direct impact on the health of the developing fetus. Women who smoke during pregnancy have a higher incidence of delivering low birth weight babies, a leading cause of infant death.

The New York State Tobacco Control Program currently operates with a total of \$87.355 million in funding from two sources: state funds (\$85.485 million) and the Centers for Disease Control and Prevention (\$1.87 million). The program was built upon a foundation of community action established during the National Cancer Institute-funded Project ASSIST (1991-1999) and is based on the coordinated, comprehensive, statewide approach to tobacco control promoted and funded by the CDC beginning in 1999. The program seeks to prevent initiation of tobacco use, reduce current use of tobacco products through promotion of cessation, reduce the social acceptability of tobacco use, and eliminate exposure to secondhand smoke by implementing a three-pronged strategy:

- 1) **Community mobilization** to change the community environment that supports tobacco use, change community attitudes about tobacco, and de-normalize tobacco use;
- 2) **Media and counter-marketing** to increase awareness of the dangers of secondhand smoke, motivate tobacco users to stop, expose tobacco industry propaganda, and de-glamorize tobacco use; and
- 3) **Cessation** systems, services, and support to motivate individual tobacco users to attempt to stop smoking and to increase the likelihood of cessation success.

The Tobacco Control Program is additionally supported by an in-house surveillance and evaluation team that concentrates on partner-level evaluation needs and the surveillance needs of the program and the Department. A training grant and other administrative program personnel help build and maintain an effective tobacco control infrastructure.

The Program's activities follow recommendations from the National Cancer Institute's *Strategies to Control Tobacco Use in the United States: A blueprint for public health action in the 1990s*; CDC's *Best Practices for Comprehensive Tobacco Control Programs*; the Surgeon General's report on *Reducing Tobacco Use: A Report of the Surgeon General*; and the Task Force on Community Preventive Services *Guide to Community Preventive Services: Tobacco Use Prevention and Control*.

Community Mobilization Action Areas

- Community Partnerships for Tobacco Control
- Reality Check Youth Action Programs
- Tobacco Free School Policy Programs
- Enforcement of youth access restrictions

Community Partnerships for Tobacco Control. Current efforts to change community environments and attitudes and de-normalize tobacco use include funding 29 community partnerships covering all 62 New York state counties. Partnerships engage local stakeholders, educate community leaders and the public, and mobilize the community to strengthen tobacco-related policies to restrict tobacco company presence in the community, the use and availability of tobacco products in the community, and limit opportunities for exposure to secondhand smoke. Community partnerships work with local businesses, employers, community leaders, work places, health care institutions, providers, schools and community groups to address tobacco company advertising, sponsorship and promotion and to implement effective tobacco-free policies in the outdoor environment, change public opinion about tobacco and tobacco use, and promote access to cessation services for those who desire assistance to stop smoking. Community partnerships have been successful in promoting initiatives to strengthen clean indoor air laws, product placement laws, tobacco advertising restrictions, and youth access laws and penalties. Partnerships have implemented multi-media campaigns, media and community events and other activities to inform, educate, engage and empower the general population in order to decrease the social acceptability of tobacco use.

Reality Check Youth Action Programs. Partnerships with youth organizations throughout the state, including county health departments and community-based organizations, seek to change community norms regarding tobacco use through civic action. These programs engage middle and high school aged youth from all economic and cultural backgrounds in activities aimed at de-glamorizing and de-normalizing tobacco use in their communities, and exposing the manipulative and deceptive marketing practices of the tobacco industry. Branded under the name Reality Check, program initiatives have included community education linked to social action; media advocacy, media and community events, and advocacy with decision makers to obtain pro-tobacco control policies and resolutions.

Tobacco Free School Policy Programs. Tobacco Free School Policy Partners provide resources and support to schools around the state seeking to develop, implement, and enforce effective tobacco-free school policies. Schools play a key role in creating

attitude and behavioral change among students, families and members of the community. By creating an environment that supports and promotes tobacco-free values and behaviors, schools can be leaders in the fight for tobacco-free lifestyles for children and adults. Funding is currently provided to 30 School Policy Partners across the state.

Enforcement of youth access restrictions. Supported by the NYSDOH Center for Environmental Health, local activities to enforce the Adolescent Tobacco Use Prevention Act (ATUPA) and the Clean Indoor Air Act (CIAA) further change community attitudes about tobacco use as a normative behavior. Educating retailers about the law and citing those who violate it put the whole community on notice that youth smoking is something to be prevented. These activities can help focus community attention on the issue of youth access to tobacco and provide a call to action to community members. When enforcement reaches a high level of compliance, it may contribute to reduced youth access to tobacco products. Enforcement of the CIAA plays an important role in protecting nonsmokers from the health hazards associated with secondhand smoke exposure and further denormalizing tobacco use and promoting cessation.

Media and Counter-Marketing Action Areas

The tobacco education media campaign includes television, radio, billboard and print advertising, with the goals of educating New Yorkers about the health risks of tobacco use and the dangers of secondhand smoke, motivating tobacco users to stop, and promoting use of the New York State Smokers' Quitline. The media campaign includes television, radio, billboard and print advertising and is based on ads and materials available to New York State from the CDC Media Campaign Resource Center.

Counter-marketing efforts seek to expose the promotional strategies employed by the tobacco industry, de-glamorize tobacco use, and build and sustain anti-industry community sentiment. The counter-marketing efforts support local activities as part of a statewide initiative, reinforce and enhance partner actions and messages at the local level, and provide support for partner community education efforts.

Cessation Support and Services Action Areas

- Smokers' Quitline
- Tobacco Cessation Centers
- Medicaid coverage of pharmacotherapies for cessation

Program efforts to motivate individual tobacco users to try to stop and to support tobacco users in their cessation efforts include:

- Funding the New York State Smokers' Quitline, which provides cessation information and referral services to people who call the toll-free number 1-866-NY-QUITS (1-866-697-8487). The Quitline receives approximately 100,000 calls per year and has documented high quit rates among the subset of callers who

- speak with an intervention specialist.
- Funding for 19 Cessation Centers that work with health care institutions, organizations and providers to implement systems to screen all patients for tobacco use and prompt providers to offer brief advice to quit and assistance with quitting to those who use tobacco.
- Coverage of over-the-counter and prescription cessation therapies for Medicaid-enrolled New Yorkers. These covered services play an important role in addressing access to cessation services in a population with a high rate of tobacco use.

Programmatic Organizational Structure: Field Operations

The New York Tobacco Control Program's field operation is organized into four (4) geographic regions and each region is divided into two (2) areas (see Attachment 1).

Western Region

- Rochester Area
- Buffalo Area

Central Region

- Northern Central Area
- Southern Central Area

Capital Region

- Northern Capital Area
- Southern Capital Area

Metropolitan Region

- Lower Hudson Valley Area
- New York City Area

Each area is staffed by a local Area Manager who provides oversight and contract management to funded community partners in the area. Modality Leads provide guidance and technical assistance to these partners to enhance effective program implementation. Working with the Area Managers and Modality Leads, community partners align goals; share best practices; develop strategic plans; develop and implement public relations activities; identify training and technical assistance needs; communicate statewide policy and program initiatives; and communicate problems and issues facing the field. Communication and networking are accomplished through Area, Regional, Modality, and Statewide meetings. Training is provided through specially developed workshops.

C. DETAILED SPECIFICATIONS

Bidders may review the original evaluation planning document developed by the current contractor, RTI, International and the three Independent Evaluation Reports available online at:

<http://www.nyhealth.gov/funding/>

The current contractor was funded at \$2.6 million per year for years 1 – 4 and \$6.4 million for year 5. Activities and projects conducted in years 1 – 4 include all those listed as EVALUATION STUDIES AND REPORTING REQUIREMENTS in Section C.2, projects a through k. Projects for Year 5 include those listed in the same section, items l through p. Funding in any one year may vary depending on the projects being conducted.

1. WHO MAY BID

All public sector non-profit and for-profit organizations are eligible to bid. Bidders must have experience evaluating large-scale public health programs, preferably tobacco control programs, and developing, implementing and interpreting studies to measure the effectiveness of public health programs. Relevant experience includes expertise in quantitative and qualitative research methods, development, implementation, analysis and interpretation of cross-sectional, ethnographic and cohort studies, developing logic models and identifying program performance measures, and performing independent evaluations of public health interventions.

Bidders with current DOH tobacco-related contracts or otherwise having a working or advisory relationship with DOH must demonstrate that an acceptable mechanism has been developed to assure that there is no conflict of interest in undertaking the evaluation. Eligible bidders are those entities that have NO affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent organization or can demonstrate an acceptable mechanism to assure that there is no conflict of interest in undertaking the evaluation. **All proposals must include a statement verifying the bidder's "no tobacco" status** (See "Corporate Acknowledgement" Section D.1.j.viii below). Subcontractors will be considered, and subcontractors must meet the same requirements as the principal bidder and must be approved by DOH.

If any other country, nation, province, state or political subdivision is known to discriminate against a New York State business enterprise competing for procurement contracts in that jurisdiction, the Commissioner of Economic Development may place them on the list of "discriminatory jurisdictions". The State Finance Law (Section 165.6.d.) prohibits NYS agencies from awarding any

procurement to any bidder whose principal place of business is located in a discriminatory jurisdiction. NOTE: The current list of discriminatory jurisdictions subject to this provision includes the states of Alaska, Hawaii, Louisiana, South Carolina, West Virginia, and Wyoming.

2. EVALUATION STUDIES AND REPORTING REQUIREMENTS

The bidder's response to the proposal requirements detailed in Section D should give careful consideration to the evaluation studies and reporting requirements listed in this section.

a. Adult Tobacco Survey

This comprehensive surveillance tool collects data on a broad range of tobacco related issues including tobacco use, cessation, purchasing, secondhand smoke exposure, knowledge and attitudes, health related issues and pro- and anti-tobacco media exposure. Information from this survey will enable the program to follow trends on a quarterly basis and can be adapted to quickly changing needs of program (e.g., Clean Indoor Air Act, media).

The ATS was initially developed by CDC and then adapted to the needs of New York by the program in partnership with the independent evaluator. The target population for the ATS is adults aged 18 and older living in residential households in New York. The purpose of the ATS is to monitor progress toward program goals by measuring tobacco use behaviors, attitudes, and related influences on tobacco use. In addition, the survey monitors awareness and use of NYTCP activities and services.

The ATS is a random-digit-dial (RDD) telephone survey designed to produce statewide representative samples of New York adults aged 18 and older. In order to provide timely surveillance of program activities and targeted outcomes, the ATS is collected on a quarterly basis and includes approximately 2,000 New York adults in each quarterly survey.

The sample follows a stratified dual-frame design. The two frames were defined as (1) an RDD frame and (2) a residential listed frame. This kind of design provided a representative sample while increasing the "hit rate" of current residential units to improve data collection efficiency. The average time required to conduct the most recent version of the survey is 21.7 minutes. Smokers require an average 29.1 minutes and non-smokers 20.3 minutes to complete the survey.

Bidders should state expected response rates, any special strategy(ies) to increase or maintain response rates and provide documentation regarding surveys the bidder has conducted.

b. Adult Cohort Survey

This longitudinal survey follows a sample of approximately one thousand adult smokers and recent quitters identified from the cross-sectional ATS. The Adult Cohort Survey focuses on exposure to TCP interventions and cessation services, cessation attempts and history, and knowledge, attitudes, and beliefs related to smoking, tobacco control, and cessation. The purpose of this survey is to better understand the relationship between TCP interventions and individual efforts to stop using tobacco over time. In this way, it is hoped that programmatic efforts can be informed by successful quit attempts.

c. Youth Cohort Survey

This longitudinal telephone survey of approximately 1500 youth ages 13 to 16 who are current smokers or are considered to be “open to smoking” is designed to better understand youth initiation of smoking, the transition from experimental smoking to habitual smoking in vulnerable youth, and the characteristics of youth who do not become habitual smokers. It is also designed to examine the relationship between TCP interventions, smoking initiation and cessation and tobacco-related knowledge, behaviors, and attitudes over time.

d. Retail Advertising Tobacco Study (RATS)

The Retail Advertising Tobacco Study (RATS) assesses tobacco advertising and promotions in retail stores licensed to sell tobacco in New York. The RATS describes and monitors the amount, type and placement of pro-tobacco advertising and promotions including price and discount information in the retail environment. These data are used to support and evaluate statewide initiatives to reduce retail advertising of tobacco products.

A protocol was developed for measuring community and retailer characteristics, levels of store interior and exterior tobacco advertising, prevalence of ads within 3 feet of the floor or within 12 inches of candy and toys, number of store-owned functional items (such as clocks or shopping baskets), and prevalence of promotions (multipack discount, gifts with purchase, cents-off). In addition, we also measured violations of the Master Settlement Agreement (MSA) and New York Youth Access Laws: stores with exterior signage that exceeds 14 square feet, brand name merchandise and free giveaways, self-service displays of tobacco products in unlocked containers located in areas accessible to the public, and compliance with the signage provisions of the Adolescent Tobacco Use Prevention Act (ATUPA).

e. Health Care Provider and Provider Organization Survey

This survey provides information to evaluate the impact of the TCP's 19 Cessation Centers in their efforts to increase provider and provider organization support of tobacco control through greater use of US DHHS *Clinical Guideline for Treating Tobacco Use and Dependence*. The *Guideline* calls for implementation of tobacco use screening and provider reminder systems and provision of treatments including pharmacotherapies and behavioral counseling for patients who use tobacco.

The health care provider organization survey effort includes surveys of 1) hospitals and 2) group medical practices and 3) providers within these organizations and practices. These surveys provide information about adherence to the clinical practice guideline and tobacco cessation services offered. The three studies have served as a baseline against which progress toward related programmatic goals and objectives are measured. For the baseline data collection, 96 hospital surveys, 72 medical practice surveys, and 996 provider surveys were completed.

f. Substance Abuse Facility Survey

The Substance Abuse Facility Survey (SAFS) assessed the current state of treatment for tobacco dependence by substance abuse treatment facilities and attitudes, beliefs, and concerns regarding tobacco control policies, especially smoke-free campuses. The study included approximately 300 substance abuse treatment facilities in the state. To obtain both an administrative and a clinical perspective, two participants from each facility were asked to complete a mailed questionnaire, the program director and the clinical/medical director (or head nurse).

g. Community Activity Tracking

The Community Activity Tracking (CAT) system is a web-based partner reporting tool designed for contract management, process monitoring, and community partner evaluation. Contractors enter their annual work plans online and report their TCP activities monthly. The system generates reports of activities for use by contractors, TCP contract managers, and the independent evaluator.

CAT was launched in December 2004 and permits Community Partnerships, Youth Action Partners, Cessation Centers, and School Policy Partners to systematically record their approved annual work plans and monthly progress reports online. CAT is the primary reporting tool between local programs and the Department. It is designed to improve accountability by ensuring that partners live up to the expectations of their proposed and approved annual work plan. As

such, CAT is an important tool in the ongoing monitoring of TCP local partners, and the smooth transition of this tool must be addressed by the bidder. A copy of the current CAT instruction manual will provide the bidder with a sense of the scope of the system. A copy of the manual is available at the website:

<http://www.nyhealth.gov/funding/>. The bidder should give consideration to at least one dedicated programmer to maintain and continue development of the CAT system.

h. Community Partner Evaluation Study

This study is designed to evaluate the effectiveness of community partners at the local level. It combines elements of the Community Activity Tracking System (CAT), Adult Tobacco Survey, interviews with funded partners, observations of partner meetings and events, and other area level evaluation activity.

i. News Media Tracking

This study tracks tobacco related news stories as reported in New York State daily, weekly and monthly newspapers including articles that mention TCP partners by name. News media tracking data can show the extent of news media coverage and how that coverage may help or hinder achieving TCP objectives. The focus and slant of articles provide an indicator of how TCP interventions are perceived in the community at large. Articles are identified using a three-tiered approach of key words related to tobacco, legislative terms and other tobacco-related terms.

j. Four Annual Topical Reports

Each year of the contract, four topical reports will be prepared and submitted for approval to the Department. The contractor will work with the Department to determine the nature, scope, and audience of the reports.

k. Annual Independent Evaluation Report

In addition to these evaluation projects, an annual Independent Evaluation Report (IER), developed by the Independent Evaluator, must be submitted by the Department to the Governor and New York State Legislature by September 1st of each year. In order to meet the September 1st deadline, the following schedule of deliverables must be followed by the successful bidder:

Evaluation Report Detailed Outline due Third Week of April of each year
Evaluation Report Draft 1 due Third Week of June of each year
Evaluation Report Draft 2 due August 1 of each year

These reports should be a comprehensive but readable assessment of the TCP's progress toward preventing and reducing tobacco use based on the evaluation systems established by the vendor and other information available to the vendor (e.g., national data sets such as the National Health Interview Survey and the Current Population Survey). The report should address the components of the program and provide a synthesis of all relevant information including those outside the scope of this contract, such as the Youth Tobacco Survey, Current Population Survey, taxation data, etc. The first three reports are available on the New York State Department of Health's website at:

<http://www.nyhealth.gov/funding/>

I. Tobacco Free School Policy Program Evaluation

A series of studies will examine the impact of the Tobacco Free School Policy Programs focusing on intermediate outcomes by analyzing data gathered through the Community Activity Tracking System, school staff telephone interviews, surveys, and site visits. Baseline and follow-up data will evaluate the impact these programs are having on promoting strong and effective school policy in the approximate 300 to 350 schools with which they are working.

m. Media Tracking Survey

The tobacco marketing and countermarketing Media Tracking Survey monitors smokers' exposure to and use of cigarette promotions and the impact of promotions on smoking behaviors, as well as smokers' exposure to and impact of Department countermarketing messages. In addition to a comprehensive set of questions on current and past smoking and cessation behavior, the survey will assess exposure to and use of retail point of purchase promotions such as buy-one-get-one-free, and price reductions; use of coupons; attendance at cigarette company sponsored events; participation in online communities; participation in merchandise rewards programs such as Camel Cash; and brand switching behaviors related to promotions. This survey will be conducted with approximately 3,000 smokers through an online sampling mechanism.

n. Young Adult Tobacco Survey

This survey of approximately 2,500 young adults 18-24 years old helps the program better understand young adult tobacco use and corresponding influences. Sampling methods may incorporate online sampling, brief cell phone calls, and incentives to improve response rates.

o. National Comparison Sample for the Adult Tobacco Survey

To help interpret the New York ATS data and the possible association between activities of the NY TCP changes in tobacco-related outcomes, a national telephone survey, using a survey instrument based on the New York and national ATS, will be conducted with approximately 4,000 participants.

p. Youth Tobacco Survey

The Department has conducted a Youth Tobacco Survey (YTS) biennially since 2000 to track youth tobacco use, tobacco related behaviors, exposure to marketing, and other important youth-related indicators. Sampling for this survey allowed estimates for New York City, the remainder of the State, and New York State as a whole. For 2008, the Department is planning to conduct an expanded YTS that will produce tobacco-related estimates for each of the eight Administrative Areas of the NY TCP (See Attachment 1 for map of areas) as well as the original regions, New York City, remainder of state, and state as a whole. We are planning to survey three classrooms in each of 225 middle schools and 225 high schools.

Preparation for this project will be started by the current independent evaluation contract in April 2007 with school sample selection, questionnaire development, and recruitment of schools through the end of 2007. Data collection, analysis, and report development will be incorporated into the contract with the successful bidder under this RFP. Survey administration will be conducted in the spring 2008 semester.

D. PROPOSAL REQUIREMENTS

1. Technical Proposal Requirements

Your written response to this Request for Proposals must include all of the following:

- a. A description of the bidder's organizational capacity and staffing qualifications, including experience providing large-scale public health evaluation services, working with state agencies, including health departments, and experience with tobacco control evaluation and planning. Organizational capacity must match the scale and scope of this project. Staffing qualifications should indicate experience at all levels of this project including project development, data collection, data analysis, interpretation and synthesis of results, and report development for professional and public audiences. This section should show how your organization will successfully function and meet the requirements of this project (15 points);

b. A plan for providing adequate staffing and maintaining adequate levels of management oversight of the various projects in place including a flow chart describing how the bidder will conduct internal management of this large-scale project. Management oversight must be adequate to ensure the integrity of evaluation projects throughout the course of the contract period (5 points);

c. The bidder's overall approach to continuing current surveillance and evaluation projects (see Section C.2, EVALUATION PROJECTS AND REPORTING REQUIREMENTS). The bidder's response should reflect and be grounded in sound evaluation and scientific principles. The bidder's response should address each of the projects currently in place, and should address response rate issues regarding the Adult Tobacco Survey noted in Section C.2.above. (10 points);

d. A plan and timeline for regular review and communication of evaluation information and presentation of information to program staff, stakeholders and the public to enhance program performance. Communication should be in the form of frequent briefings, conference calls, face to face meetings, presentations and publications. (5 points);

e. A plan and timeline for delivery of evaluation information to the Department and TCP staff for subsequent dissemination to key program stakeholders, funded partners, Advisory Board members (quarterly meetings), the State Legislature and Governor, the advocacy community and the general public. The plan should include the development of topical reports and the annual Independent Evaluation Report; the latter is due to the Department according to the schedule listed in Section C.2.k – Annual Independent Evaluation Report) such that a final version can be delivered to the legislature on September 1st of each year. Additional capacity to produce ad hoc reports as needed should be considered. (5 points);

f. The bidder should provide:

- a clear assessment of the current evaluation approach, its comprehensiveness, existence of gaps in projects, and dissemination of information
- recommendations for revising the current evaluation approach, including adding or deleting specific studies, revising or modifying specific approaches and projects, and appropriate methodologies for doing so
- A description of the research methodologies to be implemented to fill evaluation gaps grounded in sound evaluation and scientific principles (15 points);

g. An itemized description of each project deliverable proposed in year 1 of the contract, along with a description of the process to revise deliverables and timelines based on input from TCP staff or changes to the program (20 points).

h. A plan for incorporating information from other available data sources into the overall program evaluation, including, for example, data from the Behavioral Risk Factor Surveillance System, the Youth Tobacco Survey, Current Population Survey, Medicaid expenditures, tax receipts, etc. (Pass/Fail);

i. If the successful bidder is a vendor other than the current contractor, a transition plan is required. The transition plan, submitted as part of the proposal, will describe how the successful bidder will assume responsibility for ongoing evaluation projects implemented by the current contractor so that there is no loss of data collection and no compromise to the overall evaluation effort. **Note that any development work, computer systems, software or other products produced by the original vendor as part of the first independent evaluation contract, will be turned over to the new vendor.** The bidder's plan to transition current evaluation projects, without loss of evaluation information, from the current contractor to the successful bidder will be scored Pass/Fail;

j. Corporate Acknowledgment

The corporate acknowledgment must be attached in the form of the standard business letter and signed by an individual authorized to legally bind the bidder. The letter will include statements:

- i. indicating that the bidder is a corporation or other legal entity;
- ii. identifying the individuals that were involved in the preparation of the proposal;
- iii. accepting without qualification, all terms and conditions as stated in the proposal. The DOH will not accept requests to revise the mandatory terms and conditions of this request past the deadline for questions, which is May 7, 2007. The department is under no obligation to accept changes suggested by the bidder;
- iv. specifying that the bidder has sole and complete responsibility for the production and completion of all deliverables;
- v. certifying that no personnel currently employed by or under contract to the department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the bidder's proposal;

- vi. certifying that the individuals signing this proposal are the people in the bidder's organization authorized to make decisions as to the prices quoted in the cost proposal;
- vii. identifying the use of any subcontractor(s) being proposed and appending a transmittal letter, signed by an individual authorized to legally bind the subcontractor, and stating and detailing the following:
 - the general scope of work to be performed by the subcontractor;
 - written confirmation that the subcontractor agrees to comply with all commitments agreed to by the original contractor in performing the contracted work as well as agreement with the project and the costs;
 - the subcontractor's commitment to perform work indicated in the time period specified, and an affirmation that they have no affiliation with any tobacco company or its affiliates.
- viii. certifying that the bidder does not have any affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent or can demonstrate an acceptable mechanism to assure that there is no conflict of interest in undertaking the evaluation.

2. Cost proposal requirements

The department seeks a cost-effective bid. Bid price must reflect all costs, including those associated with personnel, travel, materials and services, and miscellaneous expenses. For purposes of this RFP, costs should be separately determined for each of the evaluation projects listed in Section C.2, EVALUATION PROJECTS AND REPORTING REQUIREMENTS, above. Personnel, materials and services costs related to each project should be included in the costs for each of the evaluation projects. Administrative costs and costs for travel and miscellaneous expenses unrelated to a specific project are listed separately from project costs. No cost information should be in the technical proposal.

Actual reimbursement will be based on a fixed price per deliverable, based on the bidder's bid price per deliverable. At the Department's discretion, the fixed price per deliverable may be adjusted to account for modifications in scope of work. Change in scope of work will require approval by OSC.

Summarize all Year One costs in Attachments 11, 12, and 13. Identify all Primary Contractors for any evaluation projects where contractors are anticipated. Note that we are asking only for Year One costs at this time since it is likely that evaluation projects will be modified in Years Two through Five. As noted, change in scope of work will require approval by OSC. Escalation of costs for Years Two through Five will be allowed and will be

based on the current National Consumer Price Index.

Each bidder must include satisfactory evidence that it has sufficient financial capacity to perform the type, magnitude and quality of services sought through this RFP. This may include information such as audited annual financial statements, reports by a third party service (e.g., Dunn & Bradstreet), etc. This information also must be included for all subcontractors that will be performing components of this project. Each bidder must include audited financial statements for the last 3 years of operations.

If there is no best value bid that falls within the department's budget, the department reserves the option to return to all bidders and secure a best and final offer. To remain within budget, the department reserves the right to adjust the scope of work.

Bidders must submit one original, signed proposal and six copies. The Technical and Cost components must be packed in separate, sealed envelopes and marked legibly. These can be packed into a third envelope and sealed/marked accordingly with proper bidder name and address. Proposal packages should be clearly labeled with the name and number of the RFP as listed on the cover of this document. No proposals will be accepted via fax or e-mail. It is the bidder's responsibility to see that proposals are delivered to the proper address prior to the date and time specified. For the purpose of developing your Technical and Cost Proposals, a description of each of the current evaluation projects is described below.

3. Method of Award

Vendor Selection

At the discretion of the Department of Health, all bids may be rejected. The evaluation of the bids will include, but not be limited to the following considerations:

- a. The specificity and completeness of your response will determine how well your proposal scores. Points will be taken away for failure to be concise and speak to the point directly. The State will award funding to the bidder whose proposal receives the best overall combined score for both the technical proposal (75 points) and cost proposal (25 points). See table below for breakdown of scoring.

b. At the discretion of the Department of Health, an interview may be conducted with the highest scoring bidder based on combined technical and cost proposal scores. The interview will be scored on a pass/fail basis. Should the bidder fail the interview, the Department may interview the second highest bidder and so on. The award will be given to the highest scoring bidder that passes the interview, should the Department choose to conduct such an interview.

Method of Scoring

		<u>Points</u>
A.	Technical (75 points total) – See Proposal Requirements (Section D) Above for Detailed Descriptions of Technical Proposal Items	
	1a. Organizational Capacity and Staffing Qualifications	15
	1b. Staffing and Management Oversight Plan	5
	1c. Overall approach to current and additional surveillance and evaluation projects	10
	1d. Plan for review and communication with program and stakeholders	5
	1e. Plan for disseminating evaluation information	5
	1f. Assessment of current evaluation approach, recommended revisions, description of methodologies to be implemented	15
	1g. Itemized description of Year One (1) Project Deliverables	20
	1h. Plan for incorporating other data sources into evaluation plan	Pass/Fail
	1i. Transition plan (Required only if not the current vendor)	Pass/Fail
	1j. Corporate Acknowledgement	Pass/Fail
B.	Cost (25 points total) The bidder with the lowest total cost will receive the maximum score, and other bidders will receive a proportional score relative to the lowest bid.	25
C.	Optional Interview highest scoring bidder (Pass/Fail)	Pass/Fail
Total Score		100

E. ADMINISTRATIVE

1. Issuing Agency

This Request for Proposal (RFP) is a solicitation issued by the NYS Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all proposals.

2. Letter of Interest

All potential bidders are encouraged to send a Letter of Interest by April 30, 2007 to Patricia Bubniak or Deborah Grabau at the address listed below. The Letter of Interest should include:

- a. The name of the head of the organization;
- b. The name of the principal investigator for the project;
- c. Complete mailing address;
- d. Telephone number and fax number, and
- e. E-mail address.

3. Inquiries

Any and all questions concerning this solicitation must be written and received no later than 5:00PM on May 7, 2007, and directed to:

Patricia Bubniak
NYS Department of Health
Empire State Plaza
Corning Tower – Room 710
Albany, NY 12237-0676
pab05@health.state.ny.us

OR

Deborah Grabau
NYS Department of Health
Empire State Plaza
Corning Tower – Room 710
Albany, NY 12237-0676
dll08@health.state.ny.us

Questions and answers, as well as any RFP updates and/or modifications, will be posted on the Department of Health's website at <http://www.nyhealth.gov/funding/> by May 21, 2007. Bidders wishing to receive these documents via mail must send a request, in writing, to the Department at the address above.

There will be no bidder's conference for this RFP. Questions and answers will be handled in the manner described here.

4. Submission of Proposals

Interested vendors should submit one (1) original and six (6) signed copies of their Bid Proposal not later than 5:00 PM on July 2, 2007.

Responses should be clearly marked “Independent Evaluation of the New York State Comprehensive Tobacco Use Prevention and Control Program” and directed to:

Patricia Bubniak
NYS Department of Health
Empire State Plaza
Corning Tower – Room 710
Albany, NY 12237-0676

OR
Deborah Grabau
NYS Department of Health
Empire State Plaza
Corning Tower – Room 710
Albany, NY 12237-0676

It is the bidders' responsibility to see that bids are delivered to Room 710 in the Corning Tower prior to the date and time of the bid due date. Late bids due to delay by the carrier or not received in the Department's mail room in time for transmission to room 710 will not be considered.

- The Bid Form must be filled out in its entirety.
- The responsible corporate officer for contract negotiation must be listed. This document must be signed by the responsible corporate officer.
- All evidence and documentation requested under Section D. PROPOSAL REQUIREMENTS must be provided at the time the proposal is submitted.

5. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO

- a. Reject any or all proposals received in response to this RFP.
- b. Waive or modify minor irregularities in proposals received after prior notification to the bidder.
- c. Adjust or correct cost or cost figures with the concurrence of bidder if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
- d. Negotiate with vendors responding to this RFP within the requirements to serve the best interests of the State.
- e. Eliminate mandatory requirements unmet by all offerers.
- f. If the Department of Health is unsuccessful in negotiating a contract with the selected vendor within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified vendor(s) in order to serve and realize the best interests of the State.

6. Payment

If awarded a contract, the contractor shall submit invoices to the State's designated payment office:

Lynn Heffernan, Fiscal Unit
NYS Department of Health
Division of Chronic Disease Prevention and Adult Health
Empire State Plaza,
Corning Tower – Room 515
Albany, NY 12237-0675

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment will be made based on the timely submission of deliverables. Ten percent of each payment will be withheld pending acceptance of the final deliverables and products. Organizations will not be eligible for advances under this contract.

7. Term of Contract

This agreement shall be effective upon approval of the NYS office of the State Comptroller.

It is expected that the contract resulting from this RFP will have the following time period: 1/13/2008 to 1/12/2013.

This agreement may be canceled at any time by the Department of Health giving to 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 canceled.

8. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than three months from date of award announcement.

9. Vendor Responsibility Questionnaire

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

Attachment 7 contains the "Vendor Responsibility Questionnaire" that all bidders must complete and submit with their proposal.

In addition to the questionnaire, bidders are required to provide the following with their proposal:

- Proof of financial stability in the form of audited financial statements, Dunn & Bradstreet Reports, etc.
- Department of State Registration.
- Certificate of Incorporation, together with any and all amendments thereto; Partnership Agreement; or other relevant business organizational documents, as applicable.
- N.Y.S. Dept of Taxation and Finance's Contractor Certification
- Form ST-220TD and ST-220CA.

10. State Consultant Services Reporting

Chapter 10 of the Laws of 2006 amended certain sections of State Finance Law and Civil Service Law to require disclosure of information regarding contracts for consulting services in New York State.

Winning bidders for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

Winning bidders must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

Both of these forms are included as attachments 5 and 6 of this document.

11. Lobbying Statute

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, provides, among other things, the following as pertains to development of procurement contracts with governmental entities:

- a. makes the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b. requires the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c. requires governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d. authorizes the Temporary State Commission on Lobbying to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;

- e. directs the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f. requires the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment;
- g. expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;
- h. modifies the governance of the Temporary State Commission on lobbying;
- i. provides that opinions of the Commission shall be binding only on the person to whom such opinion is rendered;
- j. increases the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- k. establishes the Advisory Council on Procurement Lobbying.

Generally speaking, two related aspects of procurements were amended: (i) activities by the business and lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental agencies establishing procurement contracts (through amendments to the State Finance Law).

Additionally, a new section 1-t was added to the Legislative Law establishing an Advisory Council on Procurement Lobbying (Advisory Council). This Advisory Council is authorized to establish the following model guidelines regarding the restrictions on contacts during the procurement process for use by governmental entities (see Legislative Law §1-t (e) and State Finance Law §139-j). In an effort to facilitate compliance by governmental entities, the Advisory Council has prepared model forms and language that can be used to meet the obligations imposed by State Finance Law §139-k, Disclosure of Contacts and Responsibility of Offerers. Sections 139-j and 139-k are collectively referred to as “new State Finance Law.”

It should be noted that while this Advisory Council is charged with the responsibility of providing advice to the New York Temporary State Commission on Lobbying (Lobbying Commission) regarding procurement lobbying, the Lobbying Commission retains full responsibility for the interpretation, administration and enforcement of the Lobbying Act established by Article 1-A of the Legislative Law (see Legislative Law §1-t (c) and §1-d). Accordingly, questions regarding the registration and operation of the Lobbying Act should be directed to the Lobbying Commission.

12. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any web-based intranet and internet information and applications development, or programming delivered pursuant to the contract or procurement will comply with NYS Office for Technology Policy P04-002, "Accessibility of New York State Web-based Intranet and Internet Information and Applications", and NYS Mandatory Technology Standard S04-001, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to NYS Mandatory Technology Standard S04-00, as determined by quality assurance testing. Such quality assurance testing will be conducted by Department of Health, contractor or other, and the results of such testing must be satisfactory to the Department of Health before web content will be considered a qualified deliverable under the contract or procurement.

13. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual's unencrypted personal information plus one or more of the following: social security number, driver's license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at:
<http://www.cscic.state.ny.us/security/securitybreach/>

14. New York State Tax Law Section 5-a

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

Contractor must complete and submit directly to the New York State Taxation and Finance, Contractor Certification Form ST-220-TD attached hereto. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the contractor, its affiliate(s), or its subcontractor(s), a new form (ST-220-TD) must be filed with DTF.

Contractor must complete and submit to the Department of Health the form ST-220-CA attached hereto, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer non-responsive and non-responsible. Offerers shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

F. APPENDICES

The following will be incorporated as appendices into any contract resulting from this Request for Proposal. This Request for Proposal will, itself, be referenced as an appendix of the contract.

- APPENDIX A - Standard Clauses for All New York State Contracts
- APPENDIX B - Request for Proposal
- APPENDIX C - Proposal
The bidder's proposal (if selected for award), including the Bid Form and all proposal requirements.
- APPENDIX D - General Specifications
- APPENDIX E
Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:
 - Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **WC/DB-101**, Affidavit That An Out-Of-State Or Foreign Employer Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR
 - **C-105.2** – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
 - **SI-12** – Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance.
- Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:
- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **WC/DB-101**, Affidavit That An Out-Of-State Or Foreign Employer Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR
 - **DB-120.1** – Certificate of Disability Benefits Insurance OR the **DB-820/829** Certificate/Cancellation of Insurance; OR
 - **DB-155** – Certificate of Disability Benefits Self-Insurance
- Appendix H - Health Insurance Portability and Accountability Act (HIPAA) (if applicable)

G. ATTACHMENTS

1. Bid Form
2. No Bid Form
3. Appendix A – Standard Clauses for All New York State Contracts
4. Appendix D – General Specifications
5. N.Y.S Taxation and Finance Contractor Certification Form ST-220TD
6. N.Y.S Taxation and Finance Contractor Certification Form ST-220CA
7. N.Y.S. Office of the State Comptroller Vendor Responsibility Questionnaire
(for procurements greater than or equal to \$100,000)
8. State Consultant Services Form A, Contractor's Planned Employment From
Contract Start Date through End of Contract Term
9. State Consultant Services Form B, Contractor's Annual Employment Report
10. Tobacco Control Program Area Structure Map
11. List of evaluation projects and proposed costs per project.
12. Other administrative costs.
13. Total Year One Costs

Attachments 1 and 2

1) Bid Form

2) No-Bid Form

NEW YORK STATE
DEPARTMENT OF HEALTH

BID FORM

PROCUREMENT TITLE: _____ FAU # _____

Bidder Name:

Bidder Address:

Bidder Fed ID No:

A. _____ bids a total price of \$ _____
(Name of Offerer/Bidder)

B. Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document*. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No Yes

If yes, please answer the next questions:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

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

No

Yes

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

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

2a. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

2b. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

(Add additional pages as necessary)

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

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

With Bid

Upon Award

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

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

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

(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

NEW YORK STATE
DEPARTMENT OF HEALTH

NO-BID FORM

PROCUREMENT TITLE: _____ FAU # _____

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

- We do not provide the requested services. Please remove our firm from your mailing list
- We are unable to bid at this time because:

- Please retain our firm on your mailing list.

(Firm Name)

(Officer Signature) _____
(Date)

(Officer Title) _____
(Telephone)

(e-mail Address)

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

Attachment 3

Appendix A – Standard Clauses for all New York State Contracts

(See Attached PDF File)

Attachment 4

Appendix D – General Specifications

(See Attached PDF File)

Attachment 5

N.Y.S Taxation and Finance
Contractor Certification Form ST-220TD

(See Attached PDF File)

Attachment 6

N.Y.S Taxation and Finance
Contractor Certification Form ST-220CA

(See Attached PDF File)

Attachment 7

N.Y.S. Office of the State Comptroller
Vendor Responsibility Questionnaire

New York State

OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS

Vendor Responsibility Questionnaire

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

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

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

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

FEIN #

1. VENDOR IS: <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FILED:		5. WEBSITE ADDRESS (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		7. TELEPHONE NUMBER	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE</i> , if different from above		10. TELEPHONE NUMBER	11. FAX NUMBER
12. PRIMARY PLACE OF BUSINESS IN NEW YORK STATE IS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, please provide landlord's name, address, and telephone number below:		13. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Title Telephone Number Fax Number e-mail	
14. VENDOR'S BUSINESS ENTITY IS (please check appropriate box and provide additional information):			
a) <input type="checkbox"/> Business Corporation	Date of Incorporation	State of Incorporation*	
b) <input type="checkbox"/> Sole Proprietor	Date Established		
c) <input type="checkbox"/> General Partnership	Date Established		
d) <input type="checkbox"/> Not-for-Profit Corporation	Date of Incorporation	State of Incorporation* Charities Registration Number	
e) <input type="checkbox"/> Limited Liability Company (LLC)	Date Established		
f) <input type="checkbox"/> Limited Liability Partnership	Date Established		
g) <input type="checkbox"/> Other – Specify:	Date Established	Jurisdiction Filed (if applicable)	
* If not incorporated in New York State, please provide a copy of authorization to do business in New York.			
15. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)			
16. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER:			
17. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS AND THE THREE OFFICERS WHO DIRECT THE DAILY OPERATIONS OF THE VENDOR (Attach additional pages if necessary):			
a) NAME (print)	TITLE	b) NAME (print)	TITLE
c) NAME (print)	TITLE	d) NAME (print)	TITLE

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

FEIN #

A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE CONTRACTING AGENCY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.

18.	Is the vendor certified in New York State as a (check please): <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women's Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE)? Please provide a copy of any of the above certifications that apply.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
19.	Does the vendor use, or has it used in the past ten (10) years, any other Business Name, FEIN, or D/B/A other than those listed in items 2-4 above? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
20.	Are there any individuals now serving in a managerial or consulting capacity to the vendor, including principal owners and officers, who now serve or in the past three (3) years have served as:		
a)	An elected or appointed public official or officer? List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
b)	A full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency? List each individual's name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
c)	If yes to item #20b, did this individual perform services related to the solicitation, negotiation, operation and/or administration of public contracts for the contracting agency? List each individual's name, business title or consulting capacity and the New York State agency name, and consulting/advisory position with applicable service dates. List each contract name and assigned NYS number.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
d)	An officer of any political party organization in New York State, whether paid or unpaid? List each individual's name, business title or consulting capacity and the official political party position held with applicable service dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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

FEIN #

21.	<p>Within the past five (5) years, has the vendor, any individuals serving in managerial or consulting capacity, principal owners, officers, major stockholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies), affiliate¹ or any person involved in the bidding or contracting process:</p> <p>a)</p> <ol style="list-style-type: none"> 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on a New York State contract for failure to comply with the MacBride Fair Employment Principles; 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise denied, de-certified, revoked or forfeited; 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of:</p> <ol style="list-style-type: none"> 1. federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law; 2. state or federal environmental laws; 3. unemployment insurance or workers' compensation coverage or claim requirements; 4. Employee Retirement Income Security Act (ERISA); 5. federal, state or local human rights laws; 6. civil rights laws; 7. federal or state security laws; 	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	<p>8. federal Immigration and Naturalization Services (INS) and Alienage laws; 9. state or federal anti-trust laws; or 10. charity or consumer laws?</p> <p>For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the vendor.</p>		
22.	<p>In the past three (3) years, has the vendor or its affiliates¹ had any claims, judgments, injunctions, liens, fines or penalties secured by any governmental agency? Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
23.	<p>Has the vendor (for profit and not-for profit corporations) or its affiliates¹, in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances? Indicate if this is applicable to the submitting vendor or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the vendor and the name of the auditing agency.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
24.	<p>Is the vendor exempt from income taxes under the Internal Revenue Code? Indicate the reason for the exemption and provide a copy of any supporting information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
25.	<p>During the past three (3) years, has the vendor failed to:</p> <p>a) file returns or pay any applicable federal, state or city taxes? Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</p> <p>b) file returns or pay New York State unemployment insurance? Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
26.	<p>Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates¹ within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates regardless of the date of filing? Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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27.	<p>Is the vendor currently insolvent, or does vendor currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it? <i>Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
28.	<p>Has the vendor been a contractor or subcontractor on any contract with any New York State agency in the past five (5) years? <i>List the agency name, address, and contract effective dates. Also provide state contract identification number, if known.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
29.	<p>In the past five (5) years, has the vendor or any affiliates¹:</p> <ul style="list-style-type: none"> a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded; b) received an overall unsatisfactory performance assessment from any government agency on any contract; or c) had any liens or claims over \$25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days ? <p><i>Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

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State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- has not altered the content of the questions in the questionnaire in any manner;
- has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- is knowledgeable about the submitting vendor's business and operations;
- understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- is under duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

Name of Business	Signature of Owner/Officer_____
Address	Printed Name of Signatory
City, State, Zip	Title

Sworn to before me this _____ day of _____, 20_____;

Notary Public

Print Name

Signature

Date

Attachments 8 and 9

8) State Consultant Services Form A, Contractor's Planned Employment from Contract Start Date through End of Contract Term

9) State Consultant Services Form B, Contractor's Annual Employment Report

Instructions

State Consultant Services
Form A: Contractor's Planned Employment
And
Form B: Contractor's Annual Employment Report

Form A: This report must be completed before work begins on a contract. Typically it is completed as a part of the original bid proposal. The report is submitted only to the soliciting agency who will in turn submit the report to the NYS Office of the State Comptroller.

Form B: This report must be completed annually for the period April 1 through March 31. The report must be submitted by May 15th of each year to the following three addresses:

1. the designated payment office (DPO) outlined in the consulting contract.
2. NYS Office of the State Comptroller
Bureau of Contracts
110 State Street, 11th Floor
Albany, NY 12236
Attn: Consultant Reporting
or via fax to –
(518) 474-8030 or (518) 473-8808
3. NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239
Attn: Consultant Reporting

Completing the Reports:

Scope of Contract (Form B only): a general classification of the single category that best fits the predominate nature of the services provided under the contract.

Employment Category: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract. Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)

Number of Employees: the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.

Number of hours (to be) worked: for Form A, the total number of hours to be worked, and for Form B, the total number of hours worked during the Report Period by the employees in the employment category.

Amount Payable under the Contract: the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

State Consultant Services
FORM B

OSC Use Only
Reporting Code:
Category Code:

Contractor's Annual Employment Report
Report Period: April 1, ____ to March 31, ____

New York State Department of Health	Agency Code 12000
Contract Number:	
Contract Start Date: / /	Contract End Date: / /
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

Analysis	Evaluation	Research
Training	Data Processing	Computer Programming
Other IT Consulting	Engineering	Architect Services
Surveying	Environmental Services	Health Services
Mental Health Services	Accounting	Auditing
Paralegal	Legal	Other Consulting

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Totals this page:	0	0	\$ 0.00
Grand Total:	0	0	\$ 0.00

Name of person who prepared this report: _____ Phone #: _____
 Title: _____

Preparer's signature: _____
 Date Prepared: / / _____ Page of _____
 (use additional pages if necessary)

Attachment 10

Tobacco Control Program Area Structure Map

(See Attached PDF File)

Attachment 11

List of evaluation projects and proposed costs per project

Attachment 11. List of evaluation projects and proposed costs per project.

Evaluation Components		If outside contractor is planned, identify here	Year 1 Component Costs
C.2.a	Adult Tobacco Survey		
C.3.b	Adult Cohort Survey		
C.3.c	Youth Cohort Survey		
C.3.d	Retail Advertising Study		
C.3.e	Health Care Provider and Provider Organization Survey		
C.3.f	Substance Abuse Facility Survey		
C.3.g	Community Activity Tracking		
C.3.h	Community Partner Evaluation Study		
C.3.i	News Media Tracking		
C.3.j	Four Annual Topical Reports		
C.3.k	Annual Independent Evaluation Report		
C.3.l	School Policy Partner Survey		
C.3.m	Media Tracking Survey		
C.3.n	Young Adult Tobacco Survey		
C.3.o	National Comparison Sample for the Adult Tobacco Survey		
C.3.p	Youth Tobacco Survey		

	Optional Bidder Proposed Project #1 (as described in D.1.f)		
	Optional Bidder Proposed Project #2 (as described in D.1.f)		
	Optional Bidder Proposed Project #3 (as described in D.1.f)		
		Year One Total Project Costs	

Attachment 12

Other administrative tasks not associated with a unique evaluation project
in Attachment 6

Attachment 12. Other administrative costs

Tasks			Year 1 Costs
Other Administrative Costs			
Travel Costs			
Miscellaneous Costs (Please List)			
		<p align="center">Year One Total for Other Administrative Costs</p>	

Attachment 13

Total Year One Costs

Attachment 13. Total Year One Costs	
Year One Total Project Costs (From Attachment 11)	
Year One Total Other Costs (From Attachment 12)	
Year One Total Costs	