NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposals for
Office of Quality and Patient Safety

RFP No. 1204091105

Medicaid Incentives for Prevention of Chronic Disease

Schedule of Key Events

RFP Release Date...........................................................................................................October 18, 2012

Written Questions Due..............................................................................................3:00pm ET, November 1, 2012

Response to Written Questions Posted.............................................on or about November 8, 2012

Proposal Due Date........................................................................................................3:00pm ET, November 29, 2012
Contacts Pursuant to State Finance Law § 139-j and 139-k

DESIGNATED CONTACT:

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:

Joseph Zeccolo
New York State Department of Health
Fiscal Management Group, Bureau of Contracts
Empire State Plaza
Corning Tower, Rm. 2266
Albany, NY  12237
Telephone: 518-474-7896
Email address: jxz02@health.state.ny.us

Permissible Subject Matter Contact:

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 Proposals
- Submission of Written Questions
- Debriefings
- Negotiation of Contract Terms after Award

Elizabeth Villamil
Office of Quality and Patient Safety
New York State Department of Health
Corning Tower, Rm 1938 | Empire State Plaza
Albany, NY  12237
Phone: 518.486.9012

- Minority and Women Owned Business Liaison

Cherlyn More
New York State Department of Health
Fiscal Management Group, Bureau of Contracts
Empire State Plaza
Corning Tower, Rm. 2266
Albany, NY  12237
Email: cbm01@health.state.ny.us

For further information regarding these statutory provisions, see the Lobbying Statute summary in Section D.11 of this solicitation.
# TABLE OF CONTENTS

## A. INTRODUCTION AND BACKGROUND

- A.1. INTRODUCTION AND BACKGROUND .......................................................... 1

## B. PROJECT SPECIFICATIONS

- B.1. Program Structure ............................................................................. 1
- B.2. Expected Volume ............................................................................... 3
- B.3. Functional Requirements ................................................................... 3

## C. PROPOSAL REQUIREMENTS

- C.1. Technical Proposal ............................................................................ 8
- C.2. Cost Proposal .................................................................................... 11
- C.3. Method of Award ................................................................................ 11

## D. ADMINISTRATIVE

- D.1. Issuing Agency .................................................................................. 12
- D.2. Inquiries ............................................................................................. 13
- D.3. Submission of Proposals .................................................................... 13
- D.4. Reserved Rights ................................................................................ 14
- D.5. Payment ............................................................................................ 15
- D.6. Term of Contract ................................................................................ 16
- D.7. Debriefing .......................................................................................... 16
- D.8. Protest Procedures ............................................................................. 16
- D.9. Vendor Responsibility Questionnaire ................................................. 16
- D.10. State Consultant Services Reporting ................................................. 16
- D.11. Lobbying Statute ............................................................................. 17
- D.12. Accessibility of State Agency Web-based Applications .................. 18
- D.14. New York State Tax Law Section 5-a .............................................. 19
- D.15. Piggybacking .................................................................................. 19

## E. LIST OF STANDARD CONTRACT APPENDICES

- E.1. LIST OF STANDARD CONTRACT APPENDICES ........................................ 22

## F. LIST OF ATTACHMENTS

- F.1. LIST OF ATTACHMENTS ................................................................. 23

1. Transmittal Form .................................................................................. 24
2. Bid Form ................................................................................................. 26
3. Lobbying Form ....................................................................................... 27
4. No-Bid Form ......................................................................................... 29
5. Vendor Responsibility Attestation ......................................................... 30
6. M/WBE Procurement Forms ................................................................ 31
7. Sample Standard NYS Contract Language and Appendices .......... 40
A. INTRODUCTION AND BACKGROUND

In September 2011, the Centers for Medicare and Medicaid Services (CMS) awarded the New York State Department of Health (Department) a multi-year grant under the authority of the Patient Protection and Affordable Care Act to provide incentives directly to Medicaid enrollees to prevent and manage select chronic diseases. Known as the Medicaid Incentives for Prevention of Chronic Disease (MIPCD) initiative, the purpose of this grant is to encourage or promote the use of preventive health services through the provision of financial awards for individuals who participate in specific prevention activities. This grant award covers the period September 13, 2011 through September 12, 2016. Through this Request for Proposal (RFP), the Department is seeking a contractor to issue and distribute debit cards to program participants.

B. PROJECT SPECIFICATIONS

B.1. Program Structure

The MIPCD program will have four study arms each targeting one of four conditions: pre-diabetes, diabetes, smoking and hypertension. Each arm will be piloted in a specific geographic region of the state and it is anticipated to be later expanded to other regions and have four groups, one group being a control group receiving no financial incentive. Initial incentive design, which is described below, may be amended as the Department gathers data and information about the most effective ways to engage recipients who have one of the chronic conditions identified above.

The Department will identify and enroll Medicaid participants into the MIPCD program. Enrollees will be randomly assigned to one of the four groups within the study arm. The Contractor will be required to make incentive payments, in the form of debit cards, to participants in the non-control groups: A, B and C, based on information provided to the contractor by the Department. The incentive schedules all provide combinations of cash payments for achieving specified milestones. The description of each arm, incentive activities and schedules are provided in Chart 1.

The maximum incentive payment per recipient per study arm is $250.

Over the term of the contract period the program is anticipated to phase in all regions and be statewide, but for each study arm the pilot areas will be:

- Pre-Diabetes: New York City;
- Diabetes: Four boroughs of NYC (Brooklyn, Bronx, Manhattan and Queens);
- Smoking Cessation: Western New York
- Hypertension: Four boroughs of New York City (Brooklyn, Bronx, Manhattan and Queens)
<table>
<thead>
<tr>
<th>Study Arm</th>
<th>Prevention Program</th>
<th>Incentive Activities/Milestones</th>
<th>Payment Frequency</th>
<th>Payment Schedule Group A</th>
<th>Payment Schedule Group B</th>
<th>Payment Schedule Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Diabetes</td>
<td>Diabetes Prevention Program (DPP)</td>
<td>Attending DPP sessions</td>
<td>Every 4 classes up to 4 times</td>
<td>$62.50 x 4</td>
<td>$0</td>
<td>$31.25 x 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Making progress toward 5% weight decrease</td>
<td>Every 4 weeks</td>
<td>$0</td>
<td>$62.50 x 4</td>
<td>$31.25 x 4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diabetes self-management education</td>
<td>Attending primary care appointment or filling diabetes related prescriptions</td>
<td>Up to 5 times</td>
<td>$50 x 5</td>
<td>$0</td>
<td>$25 x 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decreasing HbA1c by 0.6% or maintaining HbA1c under 8.0%</td>
<td>Up to 2 times</td>
<td>$0</td>
<td>$125 x 2</td>
<td>$62.50 x 2</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>Smoking cessation counseling and smoking cessation treatments</td>
<td>Class attendance or smoking cessation prescription filled</td>
<td>Up to 5 times</td>
<td>$50 x 5</td>
<td>$0</td>
<td>$25 x 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negative cotinine tests</td>
<td>Up to 2 times</td>
<td>$0</td>
<td>$100 1st test $150 2nd test</td>
<td>$50 1st test $75 2nd test</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Promoting primary care visits, prescription medication, self- monitoring</td>
<td>Attending primary care appointment for hypertension management or filling antihypertensive prescriptions</td>
<td>Up to 5 times</td>
<td>$50 x 5</td>
<td>$0</td>
<td>$25 x 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decreasing/maintaining systolic BP by 10mmHg or achieving target blood pressure</td>
<td>Up to 5 times</td>
<td>$0</td>
<td>$50 x 5</td>
<td>$25 x 5</td>
</tr>
</tbody>
</table>
B.2. Expected Volume

Over the term of the contract, the Department anticipates recruiting an estimated 16,700 participants for the NYS Medicaid Incentive Program, including roughly 12,500 who will receive cash incentives under the varying schedules. The figures are based on Department experience in incentivizing Medicaid enrollees to participate in surveys, prenatal care, and focus groups. Participants may be identified by the Department, by health plans and providers and recruited through direct mailings and plan or provider invitation. Eligibility will be based on health behaviors, risk factors, and diagnoses, as well as geographic area.

The anticipated recruitment volume for each chronic disease arm is:

- Pre-Diabetes: An estimated 4,500 participants
- Diabetes: An estimated 4,100 participants
- Smoking Cessation: An estimated 5,900 participants
- Hypertension: An estimated 2,200 participants

Total: An estimated 16,700 participants

B.3. Functional Requirements

The Contractor must agree to participate in administering an incentive program for all four study arms: 1) pre-diabetes; 2) diabetes; 3) smoking cessation; and, 4) hypertension. A qualified Contractor and/or subcontractor(s) must have a combination of at least three years of organizational experience conducting incentive or debit card reward programs.

The table below identifies specific pieces of functionality essential to the administration of the project and the response requirements to be included in the bidder’s technical proposal narrative, detailing the bidder’s capability to undertake the project. These responses will be included in the bidder’s Proposal Narrative, further described in Section C.1.C.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong></td>
<td>Affirm understanding and agreement to comply with this requirement. Indicate the timeframe necessary to finalize a specific brand of cash card.</td>
</tr>
<tr>
<td><strong>1.2</strong></td>
<td>Affirm understanding and agreement to comply with this requirement. Describe the card issue and distribution process including</td>
</tr>
</tbody>
</table>

1. Card Specifications, Distribution and Oversight

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong></td>
<td>Affirm understanding and agreement to comply with this requirement. Indicate the timeframe necessary to finalize a specific brand of cash card.</td>
</tr>
<tr>
<td><strong>1.2</strong></td>
<td>Affirm understanding and agreement to comply with this requirement. Describe the card issue and distribution process including</td>
</tr>
<tr>
<td>SERVICES</td>
<td>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>The initial card will be provided to the cardholder at no cost to the cardholder.</td>
<td>recommended timeframes. Bidder must also describe the design and content of the card mailer and instructional materials.</td>
</tr>
<tr>
<td><strong>1.3</strong> The card must be accepted by any participating merchant, and the card must allow for Pin-based and signature-based purchases. The card must operate as a debit card or electronic payment type card and have no line of credit associated with it.</td>
<td><strong>1.3</strong> Affirm understanding and agreement to comply with this requirement.</td>
</tr>
<tr>
<td><strong>1.4</strong> The card must be similar in design and technology to any bank-issued Automated Teller Machine (ATM) card. The card must include security features to activate the card and prevent counterfeiting.</td>
<td><strong>1.4</strong> Affirm understanding and agreement to comply with this requirement. Describe the security measures and protocols for the proposed solution that are intended to satisfy the card security requirements.</td>
</tr>
<tr>
<td><strong>1.5</strong> The Contractor must issue cash cards that allow for access to funds and account balance inquires via an ATM with PIN usage.</td>
<td><strong>1.5</strong> Affirm understanding and agreement to comply with this requirement.</td>
</tr>
<tr>
<td><strong>1.6</strong> The Contractor must create and mail cash cards to Cardholders within five (5) business days of receipt of information from the Department. Funds must be fully available to Cardholders when the debit card is activated.</td>
<td><strong>1.6</strong> Affirm understanding and agreement to comply with this requirement. Describe the process for creating and mailing debit cards to designated Cardholders. Describe your ability to comply with the required timeframe of issuing debit cards within five business days.</td>
</tr>
<tr>
<td><strong>1.7</strong> Contractor shall be responsible for responding to a request for a replacement card and issuing a replacement card.</td>
<td><strong>1.7</strong> Affirm understanding and agreement to comply with this requirement. Describe the process for responding to a request for a replacement card. If bidder intends to assess replacement card costs to participants, the bidder must state that intent and the amount of that assessment.</td>
</tr>
<tr>
<td>SERVICES</td>
<td>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>1.8 Contractors cash card program must be compliant with all Federal and</td>
<td>1.8 Affirm understanding and agreement to comply</td>
</tr>
<tr>
<td>State laws, including Federal Reserve Regulation E, which are applicable</td>
<td>with this requirement. Describe how your program</td>
</tr>
<tr>
<td>to the issuance of the debit cards and/or other financial services/</td>
<td>meets the minimum requirements of Regulation E.</td>
</tr>
<tr>
<td>product(s) provided by Contractor pursuant to the RFP</td>
<td>Indicate in what areas your program exceeds these</td>
</tr>
<tr>
<td></td>
<td>requirements.</td>
</tr>
<tr>
<td>1.9 The Contractor must establish a process for participant to</td>
<td>1.9 Affirm understanding and agreement to comply</td>
</tr>
<tr>
<td>activate their cash cards in a way that minimizes the risk of</td>
<td>with this requirement. Provide specific details</td>
</tr>
<tr>
<td>fraudulent activation with zero liability to the Department.</td>
<td>for the proposed activation process.</td>
</tr>
<tr>
<td>1.10 Contractor must have processes to maintain and close cardholder</td>
<td>1.10 Affirm understanding and agreement to comply</td>
</tr>
<tr>
<td>accounts.</td>
<td>with this requirement. Contractor must describe</td>
</tr>
<tr>
<td></td>
<td>the process that assures each Cardholder account</td>
</tr>
<tr>
<td></td>
<td>remains available for load until the Department</td>
</tr>
<tr>
<td></td>
<td>advises that it no longer intends to make loads</td>
</tr>
<tr>
<td></td>
<td>to that cardholder account.</td>
</tr>
<tr>
<td>1.11 The Contractor may not impose any Cardholder fees for account</td>
<td>1.11 Affirm understanding and agreement to comply</td>
</tr>
<tr>
<td>maintenance and inactivity.</td>
<td>with this requirement.</td>
</tr>
<tr>
<td>1.12 The Contractor shall have card cancellation and expiration</td>
<td>1.12 Contractor must describe card cancellation</td>
</tr>
<tr>
<td>procedures.</td>
<td>and expiration procedures, including measures</td>
</tr>
<tr>
<td></td>
<td>to ensure the accuracy and security of</td>
</tr>
<tr>
<td></td>
<td>cancellation, reports reflecting cancelled</td>
</tr>
<tr>
<td></td>
<td>cards the Department would receive timeline for</td>
</tr>
<tr>
<td></td>
<td>reporting of cancellations and when remittance</td>
</tr>
<tr>
<td></td>
<td>transactions can no longer be processed against</td>
</tr>
<tr>
<td></td>
<td>cancelled accounts. Describe what happens if a</td>
</tr>
<tr>
<td></td>
<td>charge is posted to a canceled card.</td>
</tr>
</tbody>
</table>
### 2. Enrollment and Payment

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> The Contractor must enable secure file connectivity to Department for all electronic transfers. The connectivity must be accomplished with a secure, automated, and password protected system.</td>
<td><strong>2.1</strong> Affirm understanding and agreement to comply with this requirement. Describe how you will meet this requirement.</td>
</tr>
<tr>
<td><strong>2.2</strong> The Contractor must accept enrollment files transmitted from the Department containing names, addresses and client identification number of participants receiving an incentive, the cash card activation security key(s), the amount of the incentive to be posted to the card account and any other necessary program information.</td>
<td><strong>2.2</strong> Affirm understanding and agreement to comply with this requirement. Describe your standard enrollment file process and provide a sample file format.</td>
</tr>
<tr>
<td><strong>2.3</strong> Upon receipt of the enrollment file the Contractor must verify that a card account can be established for each participant on the enrollment file. The Contractor must electronically transmit an acknowledgement file containing the enrollment file records with the following information: an account number for each participant who had a debit card account established and error information for any accounts that could not be created.</td>
<td><strong>2.3</strong> Affirm understanding and agreement to comply with this requirement. Describe your acknowledgement file process and provide a sample file format. The Contractor must specify the timeframe for returning the acknowledgement file after receipt of the enrollment file.</td>
</tr>
<tr>
<td><strong>2.4</strong> The Contractor must be able to load funds onto the cards upon receipt of the enrollment file.</td>
<td><strong>2.4</strong> Affirm understanding and agreement to comply with this requirement. Describe the events that occur from the time cardholder enrollment is received to when funds are deposited into an account. Include a timeline of these events.</td>
</tr>
</tbody>
</table>
3. Customer Service

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>The Contractor must provide customer service to the Department in order to effectively and timely address issues related to any and all card services required in this RFP.</td>
</tr>
<tr>
<td></td>
<td>3.1 Affirm understanding and agreement to comply with this requirement. Describe the proposed customer services that will be available to the Department.</td>
</tr>
<tr>
<td>3.2</td>
<td>The Contractor must provide to Cardholders an interactive voice response system (IVR) debit card activation process. If the Cardholder cannot activate via the IVR, there must be an option of telephone operator assistance.</td>
</tr>
<tr>
<td></td>
<td>3.2 Affirm understanding and agreement to comply with this requirement. Describe ability to comply with this requirement.</td>
</tr>
</tbody>
</table>

4. Monthly Reporting

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>REQUIRED TECHNICAL PROPOSAL NARRATIVE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>The Contractor must be able to provide the following monthly electronic reports (but not be limited to this listing), in both aggregate and account detail level (when necessary) to the Department:</td>
</tr>
<tr>
<td></td>
<td>Financial Reporting</td>
</tr>
<tr>
<td></td>
<td>• Number of loads and amounts</td>
</tr>
<tr>
<td></td>
<td>• Number of ATM withdrawals and amount</td>
</tr>
<tr>
<td></td>
<td>• Number and dollar amount of transactions</td>
</tr>
<tr>
<td></td>
<td>• Aggregate account balance</td>
</tr>
<tr>
<td></td>
<td>Card Account Activity</td>
</tr>
<tr>
<td></td>
<td>• Activated, active, inactive and closed accounts</td>
</tr>
<tr>
<td></td>
<td>• Accounts with accrued inactivity fees</td>
</tr>
<tr>
<td></td>
<td>Card Issuance Activity</td>
</tr>
<tr>
<td></td>
<td>• Cards issued (initial/replacement), activated, not activated or not carded</td>
</tr>
<tr>
<td></td>
<td>• Canceled cards</td>
</tr>
<tr>
<td></td>
<td>4.1 Affirm understanding and agreement to comply with this requirement. Describe ability to comply with this requirement, including standard and custom reporting options that are available.</td>
</tr>
</tbody>
</table>
As part of their due diligence, bidders should review the requirements of Article 13-B (Transmitters of Money) of the New York Banking Law (see http://public.leginfo.state.ny.us/) to determine if they may have to be licensed under that Article of law if they are the winning bidder.

Specifically, Article 13-B provides that no individual, partnership, corporation, association, joint association, trust or other group, however organized, shall engage in the business of receiving money for transmission or transmitting the same without a license obtained from the Superintendent of the New York State Department of Financial Services. These licensing requirements generally do not apply to banking institutions.

Questions related to transmitters of money licensing requirements should be directed to New York State Department of Financial Services - Licensed Financial Services their website at: http://www.dfs.ny.gov/banking/moneytransmitter.htm.

C. PROPOSAL REQUIREMENTS

Bidders should submit their proposals as outlined below. The Technical and Cost proposals should be packed separately and marked legibly. These should be packed together into a third package, sealed and marked accordingly with proper bidder name and address. Outer proposal packages should be clearly labeled with the program name and RFP number as listed on the cover page.

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.

C.1. Technical Proposal

No cost information can be included in the Technical Proposal. A complete technical proposal will consist of the following components, in the order listed, and should be:

- Printed on 8 ½ x 11 inch white paper, double-sided;
- Prepared using 11 point font or larger; and
- Submitted in 3-ring binders with tab divider between major sections

A. Transmittal Form
B. Table of Contents
C. Proposal Narrative
D. Vendor Responsibility Attestation
E. Lobbying Form

A. Transmittal Form
The Transmittal Form (Attachment 1) should be signed and submitted with the technical proposal. It will be evaluated as part of the Compliance Evaluation screening. Failure to comply may result in disqualification of the bidder’s proposal. The Transmittal Form should include:

1. Bidder’s complete name and address
2. Legal structure of the entity submitting the offer
3. NYS Vendor ID number;
4. Name, mailing address, email address, fax number and telephone number for both the authorized signatory and the person the Department should contact regarding the proposal;
5. Bidder attestations:
   By signing the Transmittal Form, bidder certifies they:
   o accept the contract terms and conditions contained in this RFP including any exhibits and attachments
   o have received and acknowledged all Department amendments to the RFP, as may be amended
   o are prepared, if requested by the Department, to present evidence of legal authority to do business in New York State, subject to the sole satisfaction of the Department
   o (i) do not qualify its proposal, or include any exceptions from the RFP and (ii) acknowledge that should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the Department; and
   o certifies the proposal will remain valid for a minimum of 365 calendar days from the closing date for submission of proposals.
6. Statement that the bidder either:
   o includes a disclosure of any potential conflict of interest, including but not limited to, all business, financial, or beneficial relationships or interests in any affiliation or contractual relationship with any health care provider, health insurer, its affiliates, its subsidiaries or its parent. In cases where such a relationship(s) and/or interest(s) exists, (ii) the bidder must describe how an actual or potential conflict of interest and/or disclosure of confidential information relating to an award under this contract will be avoided, and (iii) the bidder guarantees knowledge and full compliance with the New York State Public Officers' Law, as amended, including but not limited to Sections 73 and 74, with regard to ethical standards applicable to State employees; OR
   o states there is no conflict(s) of interest
7. Statement that the bidder does/does not propose to utilize the services of a subcontractor(s). If the proposal includes the services of a subcontractor(s), the bidder should include, in an appendix to the Transmittal Form, a subcontractor summary for each subcontractor, including:
   o Complete name of the subcontractor
   o Complete address of the subcontractor
   o A general description of the type and scope of work the subcontractor will be performing
   o Percentage of work the subcontractor will be providing
   o A statement confirming that the subcontractor is prepared, if requested by the Department, to present evidence of legal
authority to do business in New York State, subject to the sole satisfaction of the Department

- Written confirmation that the subcontractor agrees to comply with all commitments agreed to by the bidder in performing the contracted work as well as agreement with the project and the costs and a commitment to perform work indicated in the time period specified

B. Table of Contents

All pages in the proposal should be numbered and the Table of Contents should delineate each of the subsections described in Sections B.3 and C.1. below.

C. Proposal Narrative

The bidder’s proposal narrative should be double spaced.

In addition to the response requirements listed in section B.3, the bidder’s proposal narrative should include the following sections:

1) A description of the bidder’s organizational capacity and staffing qualifications, including a minimum of three years of experience providing cash cards and conducting incentive reward programs. This section should demonstrate how your organization will successfully meet the requirements of the RFP as detailed in Section B.

2) The bidder should also provide a description of the three most recent related projects and the name, title and contact information for references on these projects.

3) The qualifications of the staff that would be assigned to this contract and estimated share of time each would allocate to this project. Key staff involved in administering this program, defined as the senior vendor staff (e.g., team leaders, lead analysts, etc.) who are responsible for delivering the vendor’s services on this program, should have a minimum of three years’ experience conducting an incentive or reward based program;

4) A detailed timeline showing each step in the incentive process including initial preparation of the predesigned card and dates for submitting reports.

5) For all subcontractors intended to fulfill the requirements of the study, the role and relevant experience of the subcontractor(s) should be clearly defined and described.

For all subcontractors the bidder intends to use in fulfilling the requirements of the contract, the roles and relevant experience of the subcontractor(s) should be clearly defined and described in all areas of the proposal narrative, in addition to the information required as an attachment to the Transmittal Form.
D. Vendor Responsibility Attestation
   See Section D.9 and Attachment 5.

E. Lobbying Form
   See Section D.11 and Attachment 3.

C.2. Cost Proposal

   A complete cost proposal consists of the following components:

   A. Bid Form
   B. M/WBE Procurement Forms

   A. Bid Form

   The Department requests the bidder provide one price for card production/distribution and one price for card re-loading.

   **Contractor will receive funding files from the Department to fund cards.**

   All participants must receive cash cards with the incentive payments prescribed in Chart 1 for the study group they are assigned. No deviation from this payment schedule will be allowed except where determined by the Department. No fees or other miscellaneous charges will be incurred by the participant using the cash card or the Department.

   The Department seeks a cost-effective bid. The bid price must reflect all costs, including but not limited to, those associated with card and account management, personnel, travel, reporting, materials and services, and miscellaneous expenses.

   B. M/WBE Procurement Forms
      See Section D.16 and Attachment 6.

C.3. Method of Award

   A. Technical Evaluation

   A Technical Evaluation Committee will evaluate and score each bidder’s Technical Proposal. Up to 70 points will be awarded for the evaluation of the bidder’s Technical Proposal. The highest scoring bidder will receive the full points available. The evaluation of the bidder’s technical approach will be based on the responses provided in the proposal and responses to any clarifying questions. Information from the Cost Proposal or the evaluation of the Cost Proposal will not be available to the Technical Evaluation Committee during their evaluation. Detailed evaluation criteria will not be disclosed to bidders.
The technical raw scores will be normalized as follows: \((X/Y)\times Z\) where:

- \(X\) is Total Weighted Raw Score of proposal being scored;
- \(Y\) is Total Weighted Raw Score of highest scoring Technical proposal; and
- \(Z\) is Technical points available.

**B. Cost Evaluation**

Each Bidder’s Cost Proposal will be scored using the scale described below. Up to 30 points will be awarded for the evaluation of the Bidder’s Cost Proposal. The lowest Bidder will receive the full points available. Cost will be calculated as \((A/B)\times C\) where:

- \(A\) is Total Price of lowest price Cost proposal;
- \(B\) is Total Price of Cost proposal being scored; and,
- \(C\) is Cost points available.

**C. Total Combined Score**

To arrive at the Total Combined Score, the Department will combine the bidder’s normalized Technical and Cost Scores. The maximum score a bidder can receive is 100 points.

In the event of a tie, the determining factor(s) for award, in the following order of importance, will be:

1. Lowest cost;
2. Minority/Women-owned Business Enterprise (M/WBE) utilization;
3. Past Experience
4. References

**D. Notification of Award**

After evaluation and selection of the successful bidder, all bidders will be notified in writing of the selection or non-selection of their proposals. The name of the successful bidder will be disclosed. Press releases pertaining to this project shall not be made without prior written approval by the State and then only in conjunction with the issuing office.

**D. ADMINISTRATIVE**

**D.1. Issuing Agency**

This 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.
D.2. Inquiries

Prospective bidders may submit questions relating to the RFP in writing by email to the designated contact listed on page i of the RFP. Each question should cite the particular RFP part and section to which it refers. Questions must be received by the Department on or before 3:00pm Eastern Time on the date specified in the schedule of key events on the cover page of the RFP.

Questions and answers, as well as any RFP updates and/or modifications, will be posted on the Department’s website at http://www.health.ny.gov/funding/. All such updates will be posted on or about the date identified on the cover page of this RFP.

There will be no bidder’s conference in conjunction with this RFP.

D.3. Submission of Proposals

Interested bidders should submit:

Technical Proposal: two (2) signed originals, ten (10) copies in hardcopy format and one (1) electronic copy in a standard searchable PDF format on a closed session CD-R (not CD-RW), with copy/read permissions only.

Cost Proposal: two (2) signed originals, six (6) copies in hardcopy format and one (1) electronic copy in a standard searchable PDF format on a closed session CD-R (not CD-RW), with copy/read permissions only.

Original proposals should be marked as such. Where signatures are required, the original proposals should be signed in ink. Electronic signatures are not acceptable.

No electronic or email submissions will be accepted. All copies must be received by the Department of Health no later than the date and time specified on the cover sheet of this RFP. In case of any discrepancy between the electronic and the hard copy documents the hard copy shall supersede.

Responses should be clearly marked “Medicaid Incentives for Chronic Disease Prevention, RFP #1204091105” and directed to:

Maria Amadeo
New York State Department of Health
Office of Quality and Patient Safety
Corning Tower, Room 1920
Albany, NY 12237

It is the bidders’ responsibility to see that bids are delivered to Room 1920 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 2019 will not be considered.
D.4 Reserved Rights

THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency’s sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 120 days from the bid opening; and,
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 a bidder’s proposal and/or to determine a bidder’s compliance with the requirements of the solicitation.

D.5 Payment

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

Elizabeth Villamil
Office of Quality and Patient Safety
New York State Department of Health
Corning Tower, Room 1938
Albany, NY 12237
Invoices and/or vouchers shall be submitted to the designated payment office on a quarterly basis. Payment will be based on the number of cards processed (including distribution and reloading) at the fixed price per card. The cash amounts put on the cards will be detailed on the invoice or voucher and paid as a reimbursable cost. Invoices and/or vouchers must include the following information:

- Time period of expenses
- Number of cash cards x price per card
- Number of card re-loads x price per card
- Cash amounts put on cards
- Invoice Total

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only 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 or by telephone at 518-486-1255. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or 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](http://www.osc.state.ny.us/epay).

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

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

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

D.6. Term of Contract

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

The anticipated time period for this contract is December 1, 2012 to September 12, 2016.

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.
D.7 Debriefing

Once an award has been made, bidders may request a debriefing of their proposals in accordance with State Finance Law. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

D.8. Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at: http://www.osc.state.ny.us/agencies/gbull/g_232.htm.

D.9. Vendor Responsibility Questionnaire

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

D.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.

The 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.

State Consultant Services Form A: Contractor’s Planned Employment and Form B: Contractor’s Annual Employment Report may be accessed electronically at:
D.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 New York State Commission on Public Integrity 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 bidders 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 New York State Commission on Public Integrity;

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 lobbyists 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 Offerors. 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 State Commission on Public Integrity regarding procurement lobbying, the 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 New York State Commission on Public Integrity.

D.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 New York State Enterprise IT Policy NYS-P08-005, “Accessibility Web-based Information and Applications”, and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-based Information Applications, 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 New York State Enterprise IT Standard NYS-S08-005, 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.

D.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.dhsses.ny.gov/ocs/breach-notification/.
D.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 complete.

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 a bidder meeting the registration requirements but who is not registered in accordance with the law.

Winning bidders 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.

Winning bidders 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 offer or non-responsive and non-responsible. Bidders shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

Forms ST-220-TD and ST-220-CA may be accessed electronically at:

ST-220-TD:

ST-220-CA:

D.15.  Piggybacking

New York State Finance Law section 163(10)(e) (see also http://www.ogs.state.ny.us/procurecounc/pgbguidelines.asp) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York
State Agencies, and other authorized purchasers, subject to conditions and the Contractor’s consent.


NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of New York State Department of Health contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that New York State Department of Health establish goals for maximum feasible participation of New York State Certified minority- and women- owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, New York State Department of Health hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises ("MBE") participation and 10% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that New York State Department of Health may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: http://www.esd.ny.gov/mwbe.html.

For guidance on how New York State Department of Health will determine a Contractor’s “good faith efforts,” refer to 5 NYCRR §142.8.
In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and New York State Department of Health may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract (“Bidder”) agrees to submit the following documents and information as evidence of compliance with the foregoing:

A. Bidders are required to submit a MWBE Utilization Plan on Form #1 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to New York State Department of Health.

B. New York State Department of Health will review the submitted MWBE Utilization Plan and advise the Bidder of New York State Department of Health acceptance or issue a notice of deficiency within 30 days of receipt.

C. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the Department of Health, Room 2266, Albany, NY 12237, (518) 474-7896 (phone)/486-9100 (fax), a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by New York State Department of Health to be inadequate, New York State Department of Health shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on Form #2. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

D. New York State Department of Health may disqualify a Bidder as being non-responsive under the following circumstances:
   a) If a Bidder fails to submit a MWBE Utilization Plan;
   b) If a Bidder fails to submit a written remedy to a notice of deficiency;
   c) If a Bidder fails to submit a request for waiver; or
   d) If New York State Department of Health determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to New York State Department of Health, but must be made prior to the submission of a request for final payment on the Contract.
Contractors are required to submit a Contractor’s Quarterly MWBE Contractor Compliance & Payment Report on Form #3 to the New York State Department of Health address, phone and fax information, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over $25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan (Form #4) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the New York State Department of Health, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

E. APPENDICES

The following will be incorporated as appendices into any contract resulting from this Request for Proposal. This Request for Proposals, excluding Attachment 7: “Sample Standard NYS Contract Language and Appendices”, 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 any Bid Forms 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:
      o CE-200, 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
      o 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
      o 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:
      o CE-200, 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
      o DB-120.1 – Certificate of Disability Benefits Insurance
      o DB-155 – Certificate of Disability Benefits Self-Insurance

Appendix G - Notices

Appendix H - Health Insurance Portability and Accountability Act (HIPAA)

Appendix X – Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

F. ATTACHMENTS

1. Transmittal Form
2. Bid Form
3. Lobbying Form
4. No-Bid Form
5. Vendor Responsibility Attestation
6. New York State Department of Health M/WBE Procurement Forms
7. Sample Standard State Contract with Appendices
Attachment 1

Medicaid Incentives for Prevention of Chronic Disease Program
TRANSMITTAL FORM
RFP #1204091105

Bidder Name: ________________________________________________________
Bidder Address: __________________________________________________________________
__________________________________________________________________________
NYS Vendor ID Number: _____________________ DUNS #: __________________________
Type of Legal Business Entity: _____________________________________________

Contact Person Information:
Name: ___________________________________
Title: ____________________________________
Address: __________________________________________________________________
Phone: _____________________ Fax: __________________________
Email: ___________________________________

Conflict of Interest Certification (Check only one):
☐ I certify that there are business relationships and/or ownership interests for the above name bidder that may represent a conflict of interest for the organization as bidder, as described in Section C.1.A.6. of the RFP. Attached to this letter is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided and the bidder’s knowledge and full compliance with the NYS Public Officer’s Law, as amended, including but not limited to, Sections 73 and 74; OR
☐ I certify that no conflict(s) of interest exist for the above named bidder.

Subcontractor Certification (Check only one):
☐ I certify that the proposal submitted by the above named bidder proposes to utilize the services of a subcontractor(s). Attached to this Transmittal Form is a list of subcontractors and a subcontractor summary for each. The summary document for each includes the information detailed in this RFP Section C.1.A.8; OR
☐ I certify that the proposal submitted by the above named bidder does not propose to utilize the services of any subcontractor.

By signing below, the bidder attests to all of the following:
I certify that the bidder accepts the contract terms and conditions contained in this RFP including any exhibits and attachments.

I certify that the bidder has received and acknowledged all Department amendments to the RFP, as may be amended.

I certify that the bidder is prepared, if requested by the Department, to present evidence of legal authority to do business in New York State, subject to the sole satisfaction of the Department.

I certify that the bidder (i) does not qualify its proposal, or include any exceptions from the RFP and (ii) acknowledges that should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the Department.

I certify that the proposal of the bidder will remain valid for a minimum of 365 calendar days from the closing date for submission of proposals.

Signature of Individual Authorized to Bind the Above Named Organization In a Contract with NYS:

__________________________________________________

(Signature)

Date:  _______________________

Print Name: _________________________________

Title  _________________________________

Address: ______________________________________________________________

Phone:  _________________________

Fax:  _________________________

Email:  _________________________
PROCUREMENT TITLE: Medicaid Incentives for the Prevention of Chronic Disease Program

RFP #1204091105

Bidder Name: ________________________________________________________

Bidder Address: _______________________________________________________

________________________________________________________

Bidder NYS Vendor ID No: ___________________________

_________________________________________________

(Name of Bidder)

bids prices per card as follows:

Price Per Card for Production/Distribution: $___________

Price Per Card for Re-Loading: $___________

Prices above include all costs associated with the administration of the program.

These prices do not include the cash value associated with the cards.

Signature of Individual Authorized to Bind the Above Named Organization In a Contract with NYS:

______________________________
(Signature)

Date: ________________

Print Name: _________________________________

Title _________________________________

Address: _________________________________

Phone: _________________________________

Fax: _________________________________

Email: _________________________________
PROCUREMENT TITLE: Medicaid Incentives for Prevention of Chronic Disease Program
RFP #1204091105

Bidder Name: __________________________________________________________

Bidder Address: ________________________________________________________

______________________________________________________________

Bidder NYS Vendor ID No: ________________________

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.ny.gov/ACPL/.

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 questions 1.a through 1.c. If no, proceed to question 2.a:

1 a. 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.

____________________________________________________________________
(Officer Signature)  (Date)

____________________________________________________________________
(Officer Title)  (Telephone)

____________________________________________________________________
(e-mail Address)
PROCUREMENT TITLE: Medicaid Incentives for Prevention of Chronic Disease Program
RFP #1204091105

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.

_____ Please retain our firm on your mailing list. We are unable to bid at this time because:

_____________________________________
(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 5
Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section E.8. 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](https://portal.osc.state.ny.us) within the last six months.

☐ A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.

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

Signature of Organization Official: __________________________________________
Print/type Name: ____________________________________________________________
Title: ______________________________________________________________________
Organization: ________________________________________________________________
Date Signed: __________________________________________________________________
Attachment 6

New York State Department of Health
M/WBE Procurement Forms

The following forms are required to maintain maximum participation in M/WBE procurement and contracting:

Submitted with Bid:

- M/WBE Form#1: Bidder's M/WBE Utilization Plan
- M/WBE Form#2: M/WBE Waiver Request (if applicable)
- M/WBE Form#4: M/WBE Staffing Plan
- M/WBE Form#5: Equal Employment Policy Statement – Sample

Submitted only by successful bidder:

- M/WBE Form#3: QUARTERLY UPDATE - M/WBE CONTRACTOR COMPLIANCE & PAYMENT Report
- M/WBE Form#6: M/WBE Workforce Employment Utilization Report
# BIDDER/CONTRACTOR M/WBE UTILIZATION PLAN

<table>
<thead>
<tr>
<th>Bidder/Contractor Name:</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor ID:</td>
<td>RFP/Contract No.</td>
</tr>
<tr>
<td>RFP/Contract Title:</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Plan to Meet M/WBE Goals**

**PROJECTED M/WBE USAGE**

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Dollar Value of Proposal Bid</td>
<td>100</td>
<td>$</td>
</tr>
<tr>
<td>2. MBE Goal Applied to the Contract</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3. WBE Goal Applied to the Contract</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4. M/WBE Combined Totals</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:

<table>
<thead>
<tr>
<th>MBE Firm (Exactly as Registered)</th>
<th>Description of Work (Products/Services) [MBE]</th>
<th>Projected MBE Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (____) -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (____) -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (____) -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 3
New York State Department of Health
BIDDER/CONTRACTOR PROPOSED M/WBE UTILIZATION PLAN
WOMEN OWNED BUSINESS ENTERPRISE (WBE)
INFORMATION

In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:

<table>
<thead>
<tr>
<th>WBE Firm (Exactly as Registered)</th>
<th>Description of Work (Products/Services) [WBE]</th>
<th>Projected WBE Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (____) -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (____) -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number (____) -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New York State Department of Health

M/WBE UTILIZATION WAIVER REQUEST

<table>
<thead>
<tr>
<th>Bidder/Contractor Name:</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor ID:</td>
<td>RFP/Contract No.</td>
</tr>
</tbody>
</table>

Explaination why Bidder/Contractor is unable to meet M/WBE goals for this project:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Include attachments below to evidence good faith efforts:

- Attachment A. List of the general circulation, trade and MWBE-oriented publications and dates of publications soliciting for certified MWBE participation as a subcontractor/supplier and copies of such solicitation.
- Attachment B. List of the certified MWBEs appearing in the Empire State Development MWBE directory that were solicited for this contract. Provide proof of dates or copies of the solicitations and copies of the responses made by the certified MWBEs. Describe specific reasons that responding certified MWBEs were not selected.
- Attachment C. Descriptions of the contract documents/plans/specifications made available to certified MWBEs by the contractor when soliciting their participation and steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from certified MWBEs.
- Attachment D. Description of the negotiations between the contractor and certified MWBEs for the purposes of complying with the MWBE goals of this contract.
- Attachment E. Identify dates of any pre-bid, pre-award or other meetings attended by contractor, if any, scheduled by OGS with certified MWBEs whom OGS determined were capable of fulfilling the MWBE goals set in the contract.
- Attachment F. Other information deemed relevant to the request.

Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Submitted by: ___________________________ Title: __________________

__________________________
Signature
New York State Department of Health
QUARTERLY UPDATE
M/WBE CONTRACTOR COMPLIANCE & PAYMENT REPORT

Contractor Name:  
Contract Title:  
Contract No.:  

<table>
<thead>
<tr>
<th>TOTAL PROJECTED M/WBE USAGE (from original M/WBE Utilization Plan)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Dollar Value Contract</td>
<td>100</td>
</tr>
<tr>
<td>2. Planned MBE Goal Applied to the Contract</td>
<td>$</td>
</tr>
<tr>
<td>3. Planned WBE Goal Applied to the Contract</td>
<td>$</td>
</tr>
<tr>
<td>4. M/WBE Combined Totals</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTUAL M/WBE USAGE* AS OF ____________________ (insert date)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Dollar Value Completed to date</td>
<td>100</td>
</tr>
<tr>
<td>2. MBE Utilization to date</td>
<td>$</td>
</tr>
<tr>
<td>3. WBE Utilization to date</td>
<td>$</td>
</tr>
<tr>
<td>4. M/WBE Combined Utilization to date</td>
<td>$</td>
</tr>
</tbody>
</table>

* Report usage from contract start date to quarterly end-date inserted above.

Explain any deficiencies in attaining M/WBE goals in the space below:

Submitted by: _________________________  Title:_________________

___________________  Signature
New York State Department of Health
M/WBE STAFFING PLAN

Check applicable categories: ☐ Project Staff ☐ Consultants
☐ Subcontractors

Contractor
Name_________________________________________________________

Address

<table>
<thead>
<tr>
<th>STAFF</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pacific Islander</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managers/Supervisors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craft/Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Assistance Recipients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Name and Title)

(Signature)

____________________
Date
M/WBE AND EEO POLICY STATEMENT

I, _________________________, the (awardee/contractor)____________________ agree to adopt the following policies with respect to the project being developed or services rendered at ____________________________________________________________________________________:

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals set by the State for that area in which the State-funded project is located, by taking the following steps:

1. Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
2. Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
3. Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
4. Where feasible, divide the work into smaller portions to enhance participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
5. Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
6. Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.
(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization’s obligations herein.
(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

_________________________________________________  ______________________________
Name & Title                                                                 Signature & Date
New York State Department of Health
WORKFORCE EMPLOYMENT UTILIZATION REPORT

Check applicable categories: □ Project Staff  □ Consultants
□ Subcontractors

Contractor Name____________________________ Contract #___________________

Staff Used on Contract for the quarter   /   /   to   /   /

<table>
<thead>
<tr>
<th>STAFF</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pacific Islander</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managers/Supervisors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craft/Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain variances from original staffing plan submitted in the space below:

____________________________________________
(Name and Title)

____________________________________________
(Signature)

____________________
Date
Attachment 7

SAMPLE STANDARD NYS CONTRACT LANGUAGE AND APPENDICES
MISCELLANEOUS / CONSULTANT SERVICES

STATE AGENCY (Name and Address): .    NYS COMPTROLLER'S NUMBER: .

______________________________ . ORIGINATING AGENCY CODE:12000

CONTRACTOR (Name and Address): . TYPE OF PROGRAM(S): .

______________________________ .

CHARITIES REGISTRATION NUMBER: . CONTRACT TERM

______________________________ . FROM:

TO:

CONTRACTOR HAS ( ) HAS NOT ( ) TIMELY FILED WITH THE ATTORNEY GENERAL’S CHARITIES BUREAU ALL REQUIRED PERIODIC OR ANNUAL WRITTEN REPORTS.

FUNDING AMOUNT FOR CONTRACT TERM:

FEDERAL TAX IDENTIFICATION NUMBER: .

MUNICIPALITY NO. (if applicable):

STATUS:

CONTRACTOR IS ( ) IS NOT ( ) A SECTARIAN ENTITY .

CONTRACTOR IS ( ) IS NOT ( ) A NOT-FOR-PROFIT ORGANIZATION .

( ) IF MARKED HERE, THIS CONTRACT'S RENEWABLE FOR ___ ADDITIONAL ONE-YEAR PERIOD(S) AT THE SOLE OPTION OF THE STATE AND SUBJECT TO APPROVAL OF THE OFFICE OF THE STATE COMPTROLLER.

N Y STATE BUSINESS ENTERPRISE .

STATE OF NEW YORK AGREEMENT .

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

Precedence shall be given to these documents in the order listed below.

___ APPENDIX A Standard Clauses as required by the Attorney General for all State Contracts.

___ APPENDIX X Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

___ APPENDIX Q Modification of Standard Department of Health Contract Language

___ STATE OF NEW YORK AGREEMENT

___ APPENDIX D General Specifications

___ APPENDIX B Request For Proposal (RFP)

___ APPENDIX C Proposal

___ APPENDIX E-1 Proof of Workers' Compensation Coverage

___ APPENDIX E-2 Proof of Disability Insurance Coverage

___ APPENDIX H Federal Health Insurance Portability and Accountability Act Business Associate Agreement

___ APPENDIX G Notices

___ APPENDIX M Participation by Minority Group Members and Women with respect to State Contracts: Requirements and Procedures
IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

CONTRACTOR: ____________________________________________

STATE AGENCY: ____________________________________________

By: _______________________________________________________

By: _______________________________________________________

Printed Name: ________________________________________________

Printed Name: ________________________________________________

Title: ________________________________________________________

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 )
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 Department of Health (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:
WHEREAS, the STATE has formally requested contractors to submit bid proposals for the project described in Appendix B for which bids were opened on the date noted on the face pages of this AGREEMENT; and

WHEREAS, the STATE has determined that the CONTRACTOR is the successful bidder, and the CONTRACTOR covenants that it is willing and able to undertake the services and provide the necessary materials, labor and equipment in connection therewith;

NOW THEREFORE, in consideration of the terms hereinafter mentioned and also the covenants and obligations moving to each party hereto from the other, the parties hereto do hereby agree as follows:

I. Conditions of Agreement

A. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.

B. The maximum compensation for the contract term of this AGREEMENT shall not exceed the amount specified on the face page hereof.

C. This AGREEMENT may be renewed for additional periods (PERIOD), as specified on the face page hereof.

D. To exercise any renewal option of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT. The modification agreement is subject to the approval of the Office of the State Comptroller.

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

F. For the purposes of this AGREEMENT, the terms "Request For Proposal" and "RFP" include all Appendix B documents as marked on the face page hereof.

G. For the purposes of this AGREEMENT, the term "Proposal" includes all Appendix C documents as marked on the face page hereof.

II. Payment and Reporting

A. The CONTRACTOR shall submit complete and accurate invoices and/or vouchers, together with supporting documentation required by the contract, the State Agency and the State Comptroller, to the STATE’S designated payment office in order to receive payment:

B. Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only 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, by email at epunit@osc.state.ny.us or by telephone at 518-486-1255. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or 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 should be submitted to the following address:

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

III.  Term of Contract

A. Upon approval of the Office of the State Comptroller, this AGREEMENT shall be effective for the term as specified on the cover page.

B. This Agreement may be terminated by mutual written agreement of the contracting parties.

C. This Agreement may be terminated by the Department for cause upon the failure of the Contractor to comply with the terms and conditions of this Agreement, including the attachments hereto, provided that the Department shall give the contractor written notice via registered or certified mail, return receipt requested, or shall deliver same by hand-receiving Contractor’s receipt therefor, such written notice to specify the Contractor’s failure and the termination of this Agreement. Termination shall be effective ten (10) business days from receipt of such notice, established by the receipt returned to the Department. The Contractor agrees to incur no new obligations nor to claim for any expenses made after receipt of the notification of termination.

D. This Agreement may be deemed terminated immediately at the option of the Department upon the filing of a petition in bankruptcy or insolvency, by or against the Contractor. Such termination shall be immediate and complete, without termination costs or further obligations by the Department to the Contractor.

E. 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.

IV.  Proof of Coverage

Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:
A. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:

1. CE-200, 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

2. 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


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

1. CE-200, 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

2. DB-120.1 – Certificate of Disability Benefits Insurance OR

3. DB-155 – Certificate of Disability Benefits Self-Insurance

V. 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.
APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Executory Clause</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Non-Assignment Clause</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Comptroller’s Approval</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Workers’ Compensation Benefits</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Non-Discrimination Requirements</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Wage and Hours Provisions</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Non-Collusive Bidding Certification</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>International Boycott Prohibition</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Set-Off Rights</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Records</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Identifying Information and Privacy Notification</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Equal Employment Opportunities For Minorities and Women</td>
<td>4-5</td>
</tr>
<tr>
<td>13</td>
<td>Conflicting Terms</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>Governing Law</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>Late Payment</td>
<td>5</td>
</tr>
<tr>
<td>16</td>
<td>No Arbitration</td>
<td>5</td>
</tr>
<tr>
<td>17</td>
<td>Service of Process</td>
<td>5</td>
</tr>
<tr>
<td>18</td>
<td>Prohibition on Purchase of Tropical Hardwoods</td>
<td>5-6</td>
</tr>
<tr>
<td>19</td>
<td>MacBride Fair Employment Principles</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>Omnibus Procurement Act of 1992</td>
<td>6</td>
</tr>
<tr>
<td>21</td>
<td>Reciprocity and Sanctions Provisions</td>
<td>6</td>
</tr>
<tr>
<td>22</td>
<td>Compliance with New York State Information Security Breach and Notification Act</td>
<td>6</td>
</tr>
<tr>
<td>23</td>
<td>Compliance with Consultant Disclosure Law</td>
<td>6</td>
</tr>
<tr>
<td>24</td>
<td>Procurement Lobbying</td>
<td>7</td>
</tr>
<tr>
<td>25</td>
<td>Certification of Registration to Collect Sales and Compensating Use Tax by Certain 7 State Contractors, Affiliates and Subcontractors</td>
<td>7</td>
</tr>
</tbody>
</table>
STANDARD CLAUSES FOR NYS CONTRACTS

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

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

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State’s previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller’s approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor’s business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State’s prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER’S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds $50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds $10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller’s approval of contracts let by the Office of General Services is required when such contracts exceed $85,000 (State Finance Law Section 163.6.a).

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

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

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor’s employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.
7. **NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

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

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

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

11. **IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.** (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee’s Federal employer identification number, (ii) the payee’s Federal social security number, and/or (iii) the payee’s Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. **EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.** In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of $25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of $100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition,
reduction, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of $100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor’s equal employment opportunity policy that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NYS Department of Economic Development
Division for Small Business
30 South Pearl St -- 7th Floor
Albany, New York 12245
Telephone: 518-292-5220
Fax: 518-292-5884
http://www.empire.state.ny.us

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

NYS Department of Economic Development
Division of Minority and Women's Business Development
30 South Pearl St -- 2nd Floor
Albany, New York 12245
Telephone: 518-292-5250
Fax: 518-292-5803
http://www.empire.state.ny.us

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

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

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

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. 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).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.
25. **CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.**

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.
Contract Number:__________ Contractor:________________________

Amendment Number X- ______

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

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

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

This amendment is__ is not__ a contract renewal as allowed for in the existing contract.

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

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

$________________________ From ______ / ____ / ____ to ______ / ____ / ____.
(Value before amendment) (Initial start date) (Initial end date)

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

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

This will result in new contract terms of:

$________________________ From ______ / ____ / ____ to ______ / ____ / ____.
(All years thus far combined) (Initial start date) (Amendment end date)
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 )
County of ____________ ) SS:

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

   ________________________________
   (Signature and office of the individual taking acknowledgement)

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

By: ___________________________ Date: ___________________________
   (signature)
Printed Name: ___________________________
Title: ___________________________

ATTORNEY GENERAL’S SIGNATURE
By: ___________________________ Date: ___________________________

STATE COMPTROLLER’S SIGNATURE
By: ___________________________ Date: ___________________________
APPENDIX D GENERAL SPECIFICATIONS

A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that all specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specifications, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.

B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, e-mail, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.

C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department, and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable, and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety shall be liable to the State of New York for any excess cost on account thereof.

D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.

E. The Department of Health will make no allowance or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.

F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

G. The successful bidder will be required to complete the entire work or any part thereof as the case may be, to the satisfaction of the Department of Health in strict accordance with the specifications and pursuant to a contract therefore.

H. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

I. Non-Collusive Bidding By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
   a. The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
   b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;
   c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collision as the act and deed of the corporation.

J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
L. Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.

M. Technology Purchases Notification --The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"

1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.

2. If this RFP results in procurement of software over $20,000, or of other technology over $50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.

3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.

N. Date/Time Warranty

1. Definitions: For the purposes of this warranty, the following definitions apply:

"Product" shall include, without limitation: when solicited from a vendor in a State government entity's contracts, RFPs, IFBs, or mini-bids, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g., consulting, systems integration, code or data conversion or data entry, the term "Product" shall include resulting deliverables.

"Third Party Product" shall include product manufactured or developed by a corporate entity independent from the vendor and provided by the vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. "Third Party Product" does not include product where vendor is: (a) a corporate subsidiary or affiliate of the third party manufacturer/developer; and/or (b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

2. Date/Time Warranty Statement

Contractor warrants that Product(s) furnished pursuant to this Contract shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations. Where a Contractor proposes or an acquisition requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

Where Contractor is providing ongoing services, including but not limited to: i) consulting, integration, code or data conversion, ii) maintenance or support services, iii) data entry or processing, or iv) contract administration services (e.g., billing, invoicing, claim processing), Contractor warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due to the inaccuracy of Contractor’s business operations in processing date/time data (including, but not limited to, calculating, comparing, and sequencing) various date/time transitions, including leap year calculations. Contractor shall be responsible for damages resulting from any delays, errors or untimely performance resulting therefrom, including but not limited to the failure or untimely performance of such services.

This Date/Time Warranty shall survive beyond termination or expiration of this contract through: a) ninety (90) days or b) the Contractor’s or Product manufacturer/developer’s stated date/time warranty term, whichever is longer. Nothing in this warranty statement shall be construed to limit any rights or remedies otherwise available under this Contract for breach of warranty.

O. No Subcontracting Subcontracting by the contractor shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.

P. Superintendent by Contractor The Contractor shall have a representative to provide supervision of the work which Contractor employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the Contractor.

Q. Sufficiency of Personnel and Equipment If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department shall have the authority to require the Contractor to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.

R. Experience Requirements The Contractor shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this contract and must show that it is currently performing similar services. The Contractor shall submit at least two references to substantiate these qualifications.
S. Contract Amendments This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The contractor shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

T. Provisions Upon Default

1. In the event that the Contractor, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor.

2. If, in the judgment of the Department of Health, the Contractor acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

U. Upon termination of this agreement, the following shall occur:

1. Contractor shall make available to the State for examination all data, records and reports relating to this Contract; and

2. Except as otherwise provided in the Contract, the liability of the State for payments to the Contractor and the liability of the Contractor for services hereunder shall cease.

V. Conflicts If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the Contractor shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the Department of Health will furnish the Contractor supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:

   a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).

   b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than $500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than $1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than $500,000 for damages arising out of damage to or destruction of property during any single occurrence and not less than $1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.

      i. Contractor's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.

      ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

      iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

X. 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 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 whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

d. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered Transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

e. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions.

g. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of parties Excluded from Federal Procurement and Non-procurement Programs.

h. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

i. Except for transactions authorized under paragraph 5 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.

Y. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.

2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless
prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.

3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.

4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.

5. The CONTRACTOR, its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.

Z. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:

   a. The NYS Department of Health, at the STATE's designated payment office address included in this AGREEMENT; and

   b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting -or via fax at (518) 474-8030 or (518) 473-8808; and


AA. Provisions Related to New York State Procurement Lobbying Law The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

BB. Provisions Related to New York State Information Security Breach and Notification Act 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.

CC. Lead Guidelines 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.

December, 2011
Appendix H

for CONTRACTOR that uses or discloses individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program

I. Definitions. For purposes of this Appendix H of this AGREEMENT:
A. “Business Associate” shall mean CONTRACTOR.
B. “Covered Program” shall mean the STATE.
C. Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and implementing regulations, including those at 45 CFR Parts 160 and 164.

II. Obligations and Activities of Business Associate:
A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required By Law.
B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT.
C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.
D. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:
   1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
   2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
   3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
   4. A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
   5. Contact procedures for Covered Program to ask questions or learn additional information.
E. Business Associate agrees to ensure that any agent, including a subcontractor, to
whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Program agrees to the same restrictions and conditions that apply through this AGREEMENT to Business Associate with respect to such information.

F. Business Associate agrees to provide access, at the request of Covered Program, and in the time and manner designated by Covered Program, to Protected Health Information in a Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.

G. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.

H. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program’s compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.

I. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

J. Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.

K. Business Associate agrees to comply with the security standards for the protection of electronic protected health information in 45 CFR § 164.308, 45 CFR § 164.310, 45 CFR § 164.312 and 45 CFR § 164.316.

III. Permitted Uses and Disclosures by Business Associate

A. Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.

B. Business Associate may use Protected Health Information for the proper management and administration of Business Associate.

C. Business Associate may disclose Protected Health Information as Required By Law.

IV. Term and Termination

A. This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by
Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.

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

C. Effect of Termination.
   1. Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
   2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

V. Violations
A. Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
B. Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate’s obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided,
however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.

VI. Miscellaneous

A. Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.

B. Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.

C. Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.

D. Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.

E. HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.
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.
APPENDIX M

PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES

I. General Provisions

A. The New York State Department of Health is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 ("MWBE Regulations") for all State contracts as defined therein, with a value (1) in excess of $25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of $100,000 for real property renovations and construction.

B. The Contractor to the subject contract (the "Contractor" and the "Contract," respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the New York State Department of Health (the "New York State Department of Health"), to fully comply and cooperate with the New York State Department of Health in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women ("EEO") and contracting opportunities for certified minority and women-owned business enterprises ("MWBEs"). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR §142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the "Human Rights Law") or other applicable federal, state or local laws.

C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

II. Contract Goals

A. For purposes of this procurement, the New York State Department of Health hereby establishes an overall goal of 20% for Minority and Women-Owned Business Enterprises ("MWBE") participation, 10% for Minority-Owned Business Enterprises ("MBE") participation and 10% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs).

B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof,
Contractor should reference the directory of New York State Certified MBWEs found at the following internet address:

http://www.esd.ny.gov/mwbe.html

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the New York State Department of Health for liquidated or other appropriate damages, as set forth herein.

III. Equal Employment Opportunity (EEO)

A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the “Division”). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.

B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.

2. The Contractor shall submit an EEO policy statement to the New York State Department of Health within seventy two (72) hours after the date of the notice by New York State Department of Health to award the Contract to the Contractor.

3. If Contractor or Subcontractor does not have an existing EEO policy statement, the New York State Department of Health may provide the Contractor or Subcontractor a model statement (see Form #5 - Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).

4. The Contractor’s EEO policy statement shall include the following language:
a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its workforce.

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

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

d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

C. Form #4 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. Form #6 - Workforce Employment Utilization Report (“Workforce Report”)

1. Once a contract has been awarded and during the term of Contract, Contractor is responsible for updating and providing notice to the New York State Department of Health of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational
categories. The Workforce Report must be submitted to report this information.

2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.

3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.

E. Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Utilization Plan

A. The Contractor represents and warrants that Contractor has submitted an MWBE Utilization Plan (Form #1) either prior to, or at the time of, the execution of the contract.

B. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section III-A of this Appendix.

C. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, New York State Department of Health shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

V. Waivers

A. For Waiver Requests Contractor should use Form #2 – Waiver Request.

B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a Request for Waiver form documenting good faith efforts by the Contractor to meet such goals. If the
documentation included with the waiver request is complete, the New York State Department of Health shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.

C. If the New York State Department of Health, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the New York State Department of Health may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Report

Contractor is required to submit a Quarterly MWBE Contractor Compliance Report (Form #3) to the New York State Department of Health by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

VII. Liquidated Damages - MWBE Participation

A. Where New York State Department of Health determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the New York State Department of Health liquidated damages.

B. Such liquidated damages shall be calculated as an amount equaling the difference between:
   1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
   2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.

C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the New York State Department of Health, Contractor shall pay such liquidated damages to the New York State Department of Health within sixty (60) days after they are assessed by the New York State Department of Health unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the New York State Department of Health.