

NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposal for

New York State Department of Health
Center for Environmental Health
Division of Environmental Health Protection
Bureau of Community Environmental Health and Food Protection

RFP No. 15871

Coordinating Center of Excellence for Lead Poisoning Prevention

Schedule of Key Events

RFP Release Date	July 1, 2015
Written Questions Due	July 20, 2015
Response to Written Questions (on or about)	August 10, 2015
Letter of Interest Due (optional)	August 14, 2015
Proposal Due Date (No later than)	4:45PM September 15, 2015
Anticipated Contract Start Date	January 1, 2016

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

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For further information regarding these statutory provisions, see the Lobbying Statute summary in Section E, 10 of this solicitation.

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Glossary of Terms

CCELPP - Coordinating Center of Excellence for Lead Poisoning Prevention

CDC - Centers for Disease Control and Prevention

EBLL - Elevated blood lead level

HCP - Health care provider

LHD - Local health department

NHANES - National Health and Nutrition Examination Survey

NYSDOH - New York State Department of Health

PHL - Public Health Law

RFP - Request for Proposal

RLRC - Regional Lead Resource Center

SMART - Specific, Measurable, Achievable, Relevant, and Timebound

A. INTRODUCTION

The New York State Department of Health (NYSDOH) is issuing this Request for Proposal (RFP) to identify one (1) contractor to serve as the New York State Coordinating Center of Excellence for Lead Poisoning Prevention (CCELPP) to support the Department's efforts to promote a standard of excellence statewide among health care providers (HCPs), local health departments (LHDs), and communities to prevent childhood lead poisoning, and to identify and care for children and pregnant women exposed to lead using best practices. It is expected the selected CCELPP, under the supervision of the NYSDOH, will create and supervise a working network of designated Regional Lead Resource Center (RLRC) providers across NYS through subcontracts to develop, implement, and evaluate evidence-based best practice, collaborative strategies consistent with NY regulations, and guidelines to meet these goals.

The CCELPP and network of contracted RLRC providers, under the supervision of the CCELPP, will be expected to use best practice strategies to provide education and training, technical assistance, and medical consultation to HCPs, LHDs, and community groups throughout NYS. The CCELPP and network of RLRC providers will also be expected to design and implement an effective service delivery model for interim lead safe housing for families of children with lead poisoning during remediation or abatement of their homes, and when in the housing, provide follow-up services for the child in accordance with PHL, regulations, and State guidelines. All activities and interim lead safe housing will need to be provided in each of the Metropolitan/Hudson Valley, Western, Capital, and Central Area Regions. For the purpose of this initiative, the geographic regions and counties in each region are defined in Table 1.

This RFP represents one of many steps the NYSDOH is taking to prevent childhood lead poisoning. NYSDOH will award one (1) contract as a result of the RFP for a term of five (5) years. Anticipated start date is shown in the in the Schedule of Key Events.

Table 1. New York State Counties by Region

Metropolitan/Hudson Valley	Capital District	Central Region	Western Region
Bronx	Albany	Broome	Allegany
Dutchess	Clinton	Cayuga	Cattaraugus
Kings	Columbia	Chenango	Chautauqua
Nassau	Delaware	Cortland	Chemung
New York	Essex	Herkimer	Erie
Putnam	Franklin	Jefferson	Genesee
Rockland	Fulton	Onondaga	Livingston
Orange	Greene	Lewis	Monroe
Queens	Hamilton	Madison	Niagara
Richmond	Montgomery	Oswego	Ontario
Suffolk	Otsego	St. Lawrence	Orleans
Westchester	Rensselaer	Tioga	Seneca
Sullivan	Saratoga	Tompkins	Schuyler
Ulster	Schenectady	Oneida	Steuben
	Schoharie		Wayne
	Warren		Wyoming
	Washington		Yates

B. BACKGROUND

NYS has been a leader in the prevention of childhood lead poisoning, and also in the diagnosis and treatment of children with elevated blood lead levels for over two decades. In 1991, the Centers for Disease Control and Prevention (CDC) defined blood lead levels (BLLs) greater than or equal to (\geq) 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) as the “level of concern” for children aged one (1) to five (5) years. NYS then adopted Public Health Law (PHL) Title 10 of Article 13, and Administrative Rules and Regulations Part 67 in 1993, also defining an “elevated blood lead level” as a blood lead concentration $\geq 10 \mu\text{g}/\text{dL}$. NY was one of the first states to mandate universal blood lead testing of children at one and two years of age, and pregnant women found to be at risk of exposure. Regulations regarding surveillance, control measures to prevent lead poisoning, and guidelines to identify, and manage children and pregnant women exposed to lead were adopted. In addition, the roles and responsibilities of HCPs, LHD Lead Poisoning Prevention Programs (LPPPs), and laboratories were established. Among other duties, LHDs were, and still are, responsible for ensuring completion of follow-up services for lead poisoned children. In 1993, an environmental assessment was required at a BLL of 20 $\mu\text{g}/\text{dL}$ or greater, and as of June 2009, the level was lowered to 15 $\mu\text{g}/\text{dL}$ or greater. Other responsibilities for LHD LPPP staff include providing lead poisoning prevention education for the general public, professionals, HCPs, parents of young children, and pregnant women.

NYS has made great strides in reducing the proportion of children with BLLs $\geq 10 \mu\text{g}/\text{dL}$ due to the many successful strategies implemented to prevent childhood lead poisoning. The Childhood Lead Poisoning Primary Prevention Program (CLPPPP) began in 2007 as a pilot project in eight areas of the state with the highest incidence of lead poisoned children to find and correct lead hazards in homes where children could be at risk. CLPPPP became a permanent program in 2009 and today there are 15 CLPPP programs. In addition, lead hazard identification and lead poisoning prevention education has been included during Healthy Neighborhood Program home visits since late 1980s. Another success initiative, Regional Lead Resource Centers, have provided statewide lead poisoning prevention education, consultations with HCPs and/or medical management of children and pregnant women with lead poisoning, and support to LHDs.

The incidence and prevalence of childhood lead poisoning has been declining in New York State in recent years, but much work remains. NYS PHL and regulations mandate universal blood lead testing by HCPs for all children at or around age one year, and again at or around age two years, and annual risk assessment with blood lead testing as indicated at ages six months to six years. The number of children receiving risk assessments and blood lead testing in accordance with regulations has not yet reached the desired level in a number of localities:

- In 2008-11, 70% of children in NYS received at least one blood lead test at or around age one (9-18 months) (*2008 birth cohort*). The proportion of children tested at least once at or around age one has increased more than 10% since 2001.
- In 2011, 63% of 2 year olds had been tested, and 47% of 3 year olds had 2 tests in NYS (excluding NYC).
- Forty percent of NYS children (excluding NYC) screened for lead were on or eligible for Medicaid Managed Care. (*2005 birth cohort, 2005-08 data*).
- Among NYS (excluding NYC) children with a non-elevated initial screening test, 33% received a second lead test (*2008-2011 data*).
- Among NYC children, 75% had at least one blood lead test at one year of age and 63% had two tests by age three (*2008 birth cohort*).

As we now know, there is no safe BLL. Exposure to even small amounts of lead resulting in blood lead levels less than $5 \mu\text{g}/\text{dL}$ may contribute to behavior problems, learning disabilities, and lowered intelligence scores. To estimate the number of children aged one (1) to five (5) years in the United States (U.S.) at risk for adverse health effects from lead exposure and to assess the impact of prevention efforts, CDC analyzed data from two consecutive cycles of National Health and Nutrition Examination Survey (NHANES) from the periods 1999-2002 to 2007 to 2010 and found 2.6 percent (%) of the children

(estimated at 535,000) had BLLs at or above the upper reference value of 5 µg/dL¹. The Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP), CDC's expert advisors, recommended CDC eliminate the term "level of concern, and use the "reference value" of 5 µg/dL as the level at which action should be taken by HCPs, LHDs, parents and communities to reduce the child's exposure to sources of lead and initiate follow-up services. CDC adopted the recommendations and changed their policies in May 2012.

Children who live in older housing are more likely to have BLLs \geq 5 ug/dL than the population of children in the United States as a whole. Lead poisoning affects children from all backgrounds; however children at or below the poverty level, children enrolled in Medicaid, children from racial/ethnic minority groups, and immigrant and refugee women and children continue to be at higher risk.

The primary cause of the majority of lead poisoning cases in NYS is deteriorating lead based paint and paint contaminated dust and soil in and around pre-1950 housing. Lead-based paint in older homes may also be exposed during renovation and remodeling. Less commonly, secondary sources such as water contaminated by its flow through lead pipes or brass fixtures, and certain consumer products that contain lead can be significant contributory sources. Other sources contributing to lead poisoning can include lead-glazed ceramic ware, certain ethnic spices, foods and cosmetics. People in certain occupations such as painters, plumbers, mechanics, or construction workers may be exposed to lead on the job and bring it home on their skin and clothes. Hobbies that use lead, such as making pottery or stained glass, refinishing furniture, making lead figurines, using indoor firing ranges or loading homemade ammunitions also can be sources of exposure for young children.

Over 90 percent of all lead-based paint used in housing is in pre-1950 housing. Forty three percent (3,300,000) of homes in New York State were built prior to 1950, over one million more than the next highest state. In 2012, 33 zip codes (2% of the approximately 1,800 non-New York City zip codes) accounted for 48 percent of all the children who were identified with BLLs > 10 ug/dL in upstate NY. In addition, these 33 high-incidence zip codes have a substantially higher proportion of pre-1950 housing stock (58 percent) than elsewhere in the state. Additional information is available in the recently developed NYS Community Health Indicator Reports for Child and Adolescent Health at <http://www.health.ny.gov/statistics/chac/indicators/cah.htm> or the New York City Health and Mental Hygiene publication, *New York City Childhood Lead Poisoning Prevention Program -- Annual Report 2012* on the NYC website at <http://www.nyc.gov/html/doh/html/environmental/lead-pubs.shtml>. Statewide data regarding the incidence of confirmed high blood lead levels by year, county and zip code can be found on the New York State Department of Health public website at <https://health.data.ny.gov/Health/Childhood-Blood-Lead-Testing-and-Incidence-of-Bloo/iebf-7vjk>

¹ CDC. Blood Lead Levels in Children Aged 1-5 Years – United States, 1999-2010 MMWR April 5, 2013

Blood lead testing at age one is intended to identify children soon after they become mobile, when they may potentially be exposed to environmental sources of lead. Testing all children for blood lead again at age two is critical, even if the initial blood lead test result is less than the reference value of 5 ug/dL. Children's lead exposure generally peaks at age two due to increased exploration of the environment and normal hand-to-mouth behavior, which results in the ingestion of lead dust. Following identification, these children benefit from interventions to reduce levels and prevent further exposure. Analysis demonstrated that among those children with blood lead results less than 10 ug/dL on initial testing, and who were tested a second time, two percent were found to have blood lead levels at or above 10 ug/dL on the second test.

Lead poisoning is also an important concern for women of preconception age, and especially for pregnant women. A lead poisoned pregnant woman may experience maternal hypertension, preterm delivery, miscarriage or stillbirth. Since bloodborne lead crosses the placenta, a pregnant woman with lead poisoning may expose her fetus to the toxic effects of lead. Studies have shown that children born to mothers with lead poisoning are at increased risk for having BLLs \geq 10 ug/dL at birth and associated cognitive and developmental delays. In addition, data demonstrate that lead exposure during the perinatal period may have a latent effect; with permanent adverse effects identified when children reach 20 to 25 years of age. NYS PHL and its implementing regulations require HCPs:

- Provide prenatal anticipatory guidance on lead poisoning prevention to all pregnant women.
- Assess each pregnant woman for risk of exposure to lead using a recommended risk assessment tool at the initial prenatal visit.
- Test or refer for blood lead testing each pregnant woman found to be at risk.

NYS continues to expand the emphasis on primary prevention of lead poisoning, while maintaining and strengthening blood lead testing, surveillance, education, and case coordination activities. Prevention of exposure to lead is the best way to protect children but if an exposure has occurred, taking action early to reduce the child's future exposure to lead is imperative. Educating and training HCPs, LHDs, and communities about the importance of primary prevention, testing every child at one and two years of age, and again whenever there may have been an exposure to lead, assessing every pregnant woman for risk of exposure to lead and testing if found to be at risk; and coordinating follow-up services between the child's HCP, parent/guardian, LHD team, and other health and housing professionals as needed when a BLL is greater than the reference value of 5 ug/dL is essential.

Minimum Bidder Eligibility & Minimum Subcontractor Eligibility

Eligible bidders must be/have all of the following:

- Hospital licensed under Article 28 of the PHL
- Pediatric or Family Residency Program with a current Accreditation Certificate (should include a copy with proposal)

- Pediatric intensive care unit with 5 years of experience in chelation therapy for lead poisoning

All RLRC providers subcontracted by the bidder must meet the same Minimum Bidder Eligibility requirements as the bidder, as stated in this section. Proposed subcontractor's failure to meet these minimum eligibility requirements will result in the **bidder's** proposal being disqualified.

C. DETAILED SPECIFICATIONS

1. Contract Deliverables

The CCELPP will be a resource for HCPs, LHDs, and communities working with children and pregnant women to prevent lead poisoning, and will provide consultation services, clinical care and/or lead safe housing for children and pregnant women with BLLs \geq 5 ug/dL (as needed) throughout NYS. It is anticipated the awarded contractor will provide statewide coverage by subcontracting with an entity in each of the four (4) regions (Metropolitan/Hudson Valley, Western, Capital, and Central) that encompass the 56 counties in NYS and the New York City boroughs (Manhattan, Queens, Bronx, Brooklyn, Staten Island). NYSDOH must review and approve all RLRC provider candidates prior to receiving a subcontract from the CCELPP. The network of RLRC providers as subcontractors must be in place within six (6) months of OSC approval or contract start date of the CCELPP contract, whichever is later.

The contractor will be expected to provide for approval, within three months of OSC approval or contract start date of the CCELPP contract, whichever is later, a comprehensive one year workplan using a SMART (specific, measurable, achievable, relevant, and time-bound) format and a realistic timeline to meet all of the deliverables associated with establishing and operating a CCELPP, including a plan to solicit RLRC provider candidates. One year workplans, using a SMART format and realistic timeline, for each of the subcontracted RLRC providers must also be submitted to NYSDOH for approval within three months of the execution of the subcontracts by the CCELPP.

The CCELPP will be required to submit to NYSDOH quarterly progress reports, within 30 calendar days of the end of each quarter, detailing the progress made toward achieving the contract deliverables by the CCELPP, and by each of the subcontracted RLRC providers. Payment for services rendered each quarter will not be made until progress reports are received and contract deliverables are met (see E. 5. Payment).

The NYSDOH reserves the right to monitor and audit the selected candidate and subcontractors throughout the contract period, which may include unannounced site visits.

The CCELPP will be expected to accomplish all of the following program activities within the network of subcontracted RLRCs and in collaboration with LHDs and NYSDOH.

- a. Increase blood lead testing of one and two year old children, and of children and pregnant women found to be at risk for exposure to lead by providing outreach, education and technical assistance to HCPs, LHDs, and communities.
 - Assess the educational, technical assistance, and consultation needs of HCPs in each region.

- Collaborate with LHDs to identify HCPs with the lowest blood lead testing rates for one and two year old children in each county.
- Prioritize outreach efforts to HCPs with the lowest testing rates first.
- Develop and implement effective, evidence-based outreach, education, technical assistance, and individual consultation to HCPs on lead poisoning in children and pregnant women in accordance with NYS PHL, regulations, and guidance to best meet the needs of patients and families in each region. Education to and collaboration with local chapters of professional medical groups is expected. For this RFP, a HCP includes all health care professionals who may provide medical care for a child, pregnant or a postpartum women at this time or in the near future, i.e., physicians, physician assistants, nurse practitioners, registered professional nurses, licensed practical nurses, medical assistants, residents, medical students, nursing students, and health-related students. Education for HCPs should be a major emphasis of the CCELPP work, and must address multiple areas including, at a minimum:
 - Anticipatory guidance for parents and pregnant women emphasizing primary prevention of lead poisoning
 - Assessing children at every well child visit and pregnant woman at the initial prenatal visit for risk of exposure with a risk assessment tool, and ordering a blood lead test if a risk is identified
 - Blood lead testing requirements for all one and two year old children
 - Initiating clinical care of children and pregnant women with BLLs ≥ 5 ug/dL using best practices, including at a minimum, risk reduction education, nutritional assessment and counseling, a lead exposure assessment to identify the source of lead, developmental screening, evaluating the risk of others living in the home, and testing if at risk; and the importance of communication/coordination with the LHD where the child resides.

Table 2. Consultations, Technical Assistance and Education to Health Care Providers

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase blood lead testing of one and two year old children, and of children and pregnant women found to be at risk for exposure to lead by conducting consultations, technical assistance and education to health care providers per year regarding lead poisoning prevention, blood lead testing requirements, clinical care including coordination with LHDs, and the importance of participation in community-based lead poisoning prevention activities, and local coalitions in each region.	<p>20 requests for consultation</p> <p>5 requests for technical assistance</p> <p>8 educational sessions</p>	<p>100 requests for consultation</p> <p>100 requests for technical assistance</p> <p>50 educational sessions</p>	<p>20 requests for consultation</p> <p>5 requests for technical assistance</p> <p>8 educational sessions</p>	<p>20 requests for consultation</p> <p>5 requests for technical assistance</p> <p>8 educational sessions</p>	<p>160 requests for consultation</p> <p>115 requests for technical assistance</p> <p>74 educational sessions</p>

Note: The numbers provided in the above table are annual volume based on previous contract activity for the particular services shown and are meant to be representative of the quantities of a particular service utilized. The numbers provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

Table 3. Consultations, Technical Assistance and Education to Local Health Departments

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase blood lead testing of one and two year old children, and of children and pregnant women found to be at risk for exposure to lead by conducting consultations, technical assistance and education to local health departments regarding lead poisoning prevention, blood lead testing requirements, case coordination with HCPs, the rest of the LHD team (clinical and environmental), and other professionals, and the importance of participation in community-based lead poisoning prevention activities, and local coalitions in each region.	<p>20 requests for consultation</p> <p>5 requests for technical assistance</p> <p>8 educational sessions</p>	<p>80 requests for consultation</p> <p>100 requests for technical assistance</p> <p>50 educational sessions</p>	<p>20 requests for consultation</p> <p>5 requests for technical assistance</p> <p>8 educational sessions</p>	<p>20 requests for consultation</p> <p>5 requests for technical assistance</p> <p>8 educational sessions</p>	<p>140 requests for consultation</p> <p>115 requests for technical assistance</p> <p>74 educational sessions</p>

Note: The numbers provided in the above table are annual volume based on previous contract activity for the particular services shown and are meant to be representative of the quantities of a particular service utilized. The numbers provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

b. Clinical Care and Follow-up Services

- Provide consultation and technical assistance to HCPs and LHDs on clinical care and follow-up services for specific children and pregnant women with BLLs ≥ 5 ug/dL, and provide clinical care, including chelation therapy, when necessary.
- The CCELPP and subcontracted RLRCs, will be expected to accept referrals for the medical treatment of a child, pregnant or postpartum woman with lead poisoning, and to provide individual case consultation to a child's, or a pregnant or post-partum woman's HCP, as necessary. Clinical costs are NOT a component of this RFP and the resulting contract. All clinical service costs should be billed to the patient's third party payer (health insurance). Parents of children and pregnant women without insurance should be referred to a health navigator within health

facility or to NY State of Health - Health Plan Marketplace located at <https://nystateofhealth.ny.gov/> to apply for health insurance.

- Clinical care of a lead poisoned child or pregnant woman must be provided in accordance with generally accepted medical standards and public health guidelines.
- At a minimum, one physician must be available for on-call to provide consultation services and clinical care across the state as needed 7 days a week.
- Please note: LHDs cannot release child specific information to the CCELPP or subcontracted RLRCs without obtaining parental consent unless there is an established doctor-patient relationship between the CCELPP or RLRC and the child or pregnant woman, or a consultant arrangement is in place between the LHD and the CCELPP or RLRC provider.

Table 4. Referrals for Medical Treatment

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase timely, comprehensive, and coordinated clinical care using best practice standards for children and pregnant women with lead poisoning, across the four (4) regions by accepting referrals for the medical treatment of a child, pregnant/postpartum woman with lead poisoning . Track and document the number of per year in each region.	<p>Children 2 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 6 cases</p> <p>Pregnant Women 2 cases</p>	<p>Children 2 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 2 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 12 cases</p> <p>Pregnant Women 5 cases</p>

Note: The numbers provided in the above table are annual volume based on previous contract activity for the particular services shown and are meant to be representative of the quantities of a particular service utilized. The numbers provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

Table 5. Comprehensive Consultations for Medical Treatment for Lead Poisoning

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase timely, comprehensive, and coordinated clinical care using best practice standards for children and pregnant women with lead poisoning, across the four (4) regions by consulting with a child’s HCP or pregnant woman’s OB/GYN on the medical treatment for BLLs \geq 5 ug/dL . Track and document the number of children and pregnant women consulted on per year in each region.	<p>Children 20 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 100 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 20 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 20 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 160 cases</p> <p>Pregnant Women 5 cases</p>

Note: The numbers provided in the above table are annual volume based on previous contract activity for the particular services shown and are meant to be representative of the quantities of a particular service utilized. The numbers provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

Table 6. Lead Poisoning Clinical Care

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase timely, comprehensive, coordinated clinical care using best practice standards for children and pregnant women with lead poisoning, including inpatient chelation services, across the four (4) regions by providing hospitalization and chelation therapy . Track and document the number of children and pregnant women hospitalized for chelation therapy per year in each region	<p>Children 4 cases</p> <p>Pregnant Women 0 cases</p>	<p>Children 12 cases</p> <p>Pregnant Women 1 case</p>	<p>Children 4 cases</p> <p>Pregnant Women 0 cases</p>	<p>Children 4 cases</p> <p>Pregnant Women 0 cases</p>	<p>Children 24 cases</p> <p>Pregnant Women 1 case</p>

Note: The numbers provided in the above table are annual volume based on previous contract activity for the particular services shown and are meant to be representative of the quantities of a particular service utilized. The numbers provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

- Design and implement an effective service delivery model for interim lead safe housing and appropriate follow-up and supportive services for families with a child or children with confirmed BLLs ≥ 5 ug/dL, with preference being given to children with a confirmed BLLs ≥ 45 ug/dL and the child has had or will be receiving chelation therapy. This service will provide temporary relocation of lead poisoned children and their families during remediation or abatement of their homes, after all other lead safe housing options have been exhausted. At a minimum, one (1) lead safe housing unit in NYS must be identified and available within one (1) month of OSC approval or contract start date of the CCELPP contract, whichever is later, and one (1) in each of the four (4) regions within one (1) month of the execution of the RLRC providers' subcontracts. While relocated in the interim lead safe housing, the child will receive all necessary clinical care and the family will receive education about risk reduction and follow-up services in accordance with State guidelines. Household items, except for food and beverages, necessary for a family of up to six (6) members to live in the unit, 24

hours a day, 7 days a week, will need to be provided. Families requiring more than one month of housing will need to be approved by the NYSDOH. All housing units must be inspected by the LHD (or NYCDOHMH) environmental staff or by staff in the NYSDOH District or Regional Environmental Office. All interim housing must be declared as lead safe prior to use by families with a lead poisoned child. Interim lead safe housing units may be arranged through collaboration with other community agencies.

Table 7. Interim Lead Safe Housing

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase timely, comprehensive, coordinated management of children with lead poisoning by providing interim lead safe housing and appropriate supportive services for families of children with confirmed blood lead levels requiring chelation therapy across the four (4) regions. Track and document the number of families that have been referred for lead safe housing, the number of families lead safe housing has been offered to, the number of families that have received lead safe housing, and the number of families that have refused lead safe housing per year in each region.	<p>Referred for housing 1 families</p> <p>Housing offered 1 families</p> <p>Received housing 1 families</p>	<p>Referred for housing 2 families</p> <p>Housing offered 2 families</p> <p>Received housing 2 families</p>	<p>Referred for housing 1 families</p> <p>Housing offered 1 families</p> <p>Received housing 1 families</p>	<p>Referred for housing 1 families</p> <p>Housing offered 1 families</p> <p>Received housing 1 families</p>	<p>Referred for housing 5 families</p> <p>Housing offered 5 families</p> <p>Received housing 5 families</p>

Note: The numbers provided in the above table are annual volume based on previous contract activity for the particular services shown and are meant to be representative of the quantities of a particular service utilized. The numbers provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

- c. Capacity Building in Health Care and Public Health Systems to prevent lead poisoning by engaging HCPs, professional medical groups, LHD staff, parents, housing agencies, community agencies, faith-based organizations, and the

general public in the development of a community coalition and/or participation in an established coalition to promote lead poisoning prevention efforts.

- On a quarterly basis, staff in the CCELPP and subcontracted RLRC providers will actively participate in regional or community lead poisoning prevention coalitions and other community-based lead related prevention activities, and take steps to engage other local HCPs and members of local chapters of medical professional groups to join in the community level lead poisoning prevention efforts to increase parent/caregivers, homeowners, landlords, and the general public’s practice of basic lead poisoning prevention, hazard identification and hazard reduction.
- In those regions that do not have a lead poisoning prevention coalition, engage HCPs and members of local chapters of medical professional groups, in collaboration with LHDs, and other community members to initiate and establish a new lead poisoning prevention coalition.
- See Tables 8 - 9 (below) for the required minimum number of activities to be completed annually.

Table 8. Community Lead Poisoning Prevention Activities

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase leadership and collaboration of health care providers in community prevention activities by <u>providing the required minimum number of prevention efforts annually to engage local health care providers and members of local chapters of medical professional groups to attend regional or community coalitions in community-level lead poisoning prevention efforts or if none, initiate a new effort.</u> Track and document the number per year in each region.	15 prevention efforts	25 prevention efforts	15 prevention efforts	15 prevention efforts	70 prevention efforts

Table 9. Family Targeted Lead Poisoning Prevention Activities

Deliverables	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase parent/caregiver practice of basic lead poisoning prevention, hazard identification and hazard reduction activities by providing the required minimum number of activities annually to educate families. Track and document the number per year in each region.	15 activities	25 activities	15 activities	15 activities	70 activities

- Assist the NYSDOH with ongoing policy and program development related to lead poisoning prevention and clinical management of children and pregnant women through provision of expert input in the creation of new lead poisoning prevention guidance, and the revision of guidance for management of lead exposure in children and pregnant women as requested. At a minimum, quarterly conference calls will be held with CCELPP staff to review progress with deliverables, and it is expected CCELPP staff will have routine communication with the subcontracted RLRC providers. At a minimum, one annual report must be made to the NYS Lead Advisory Council.

d. Materials Development and Regional Information Clearinghouse:

- Develop and disseminate to HCPs, LHDs, parents, and other professional groups and community agencies pamphlets, flyers, educational brochures, newsletters, etc. culturally appropriate educational materials, and relevant NYSDOH clinical guidance documents for use with families and others. New materials developed by the CCELPP through this initiative will require approval by the NYSDOH prior to dissemination and once approved, made available in print and electronically for the targeted audiences. The CCELPP will also create a master list of all lead poisoning prevention and clinical management materials available at the CCELPP and subcontracted RLRC providers and distribute to NYSDOH, LHDs, and HCPs.
- See Table 10 (below) for the required minimum number of activities to be completed annually.

Table 10. Development of Educational Materials

Deliverable	Capital District	Metropolitan/Hudson Valley	Western Region	Central Region	Minimum State Total
Increase knowledge of basic lead poisoning prevention, hazard identification and hazard reduction across the four (4) regions by developing and disseminating a required minimum number of new or revised educational materials annually. Track and document the number per year in each region	2 educational materials	2 educational materials	2 educational materials	2 educational materials	8 educational materials

e. Program Evaluation:

- Design and implement evaluation tools and methods to monitor and assess the implementation and effectiveness of all activities.

f. Minimum Staffing Requirements

- At a minimum, the contractor must have a part-time licensed physician medical director who has at least five (5) years' experience in childhood lead poisoning prevention and the medical management of children and pregnant women.
 - Each subcontractor must have a part-time (0.25 FTE) licensed physician medical director who has at least five (5) years' experience in the medical management of children.
- The contractor and each subcontractor must have a full-time coordinator for this project (1.0 FTE).
 - The coordinator of the CCELPP must have at least 5 years of experience in childhood lead poisoning prevention and risk reduction; outreach and education to HCPs, parents, professional groups, and communities; and program evaluation.
 - The coordinator of each subcontracted RLRC must have at least 2 years of experience in childhood lead poisoning prevention and risk reduction; outreach and education to HCPs, parents, professional groups, and communities; and program evaluation.

2. Outcomes to be Achieved

The CCELPP and network of subcontracted RLRCs will provide education, support and direction to HCPs, LHDs, and community agencies. The CCELPP must identify ways to assess the needs of these target individuals, groups, and communities; improve communication among those involved; design and implement effective strategies to accomplish the outcomes of this initiative; and evaluate the effectiveness of activities. Progress towards meeting the outcomes must be reported to the NYSDOH Bureau of Community Environmental Health and Food Protection within 30 days of the end of each quarter, during quarterly conference calls, and in an annual summary report. Their work will assist NYSDOH in the elimination of childhood lead poisoning by 2020 through the achievement of the following outcomes:

- a. Increase HCPs awareness of blood lead testing requirements.
- b. Increase timely, comprehensive, coordinated clinical management of children and pregnant women with lead poisoning by collaborating with HCPs and LHDs.
- c. Increase leadership of and collaboration with HCPs in community lead poisoning prevention activities in targeted high risk areas for lead poisoning in the state.
- d. Increase parent/caregiver practice of basic lead poisoning prevention, hazard identification, and hazard reduction activities by collaborating with LHD staff and their efforts to provide lead poisoning prevention educational materials to parents and caregivers.

D. TECHNICAL PROPOSAL REQUIREMENTS (70 percent)

The technical proposal should include all of the following, 1 – 2f, in the order below. Additional pages provided beyond the maximum noted per section will not be reviewed.

1. Proposal Format - **All proposals should conform to the format prescribed below.**

Technical proposals should not exceed **40 double-spaced typed pages** (not including the cover page, cost proposal, and attachments: letters of cooperation or memoranda of understanding, organizational chart), using a pitch font not smaller than **twelve (12)** with **one (1) inch margins** on all sides.

Bidders should submit three (3) signed originals (handwritten signature) and two (2) signed copies, including attachments of their technical proposal and two (2) signed originals and three (3) signed copies of the cost proposal (Attachment 3). The proposals should be printed on 8 1/2 x 11" standard letter-size paper. Pages should be consecutively numbered. Please do not include audiotapes, videotapes or any other unsolicited information, as it will not be passed on to reviewers. Forms may be downloaded from the electronic version of this RFP that appears on the Department's public website: <http://www.nyhealth.gov>.

2. Technical Proposal Content - **All sections in the proposal should be labeled to correspond to the numbers and letters presented below.**

a. Cover Page: **(The cover page will not count toward the page limit.)**

The cover page should provide the name of a person who should be contacted by those seeking information about the proposal, the full mailing address, telephone number and extension, fax number and e-mail address.

b. Minimum Bidder Eligibility & Minimum Subcontractor Eligibility **(The Minimum Bidder Eligibility & Minimum Subcontractor eligibility will not count toward the page limit.)**

Bidders should describe and provide documentation, regarding how they and their proposed subcontractors meet the Minimum Bidder Eligibility & Minimum Subcontractor Eligibility, as stated in RFP Section B. Background, subsection entitled "Minimum Bidder Eligibility & Minimum Subcontractor Eligibility."

A copy of the current Accreditation Certificate, for the bidder and the proposed subcontractors' Pediatric or Family Residency Program, should be included with the proposal.

c. Program Summary: **(Not to exceed 1 page)**

Summarize the proposed program in one page or less. Describe the intent of the program, targeted area of need, population(s) to be served, scope of activities and the anticipated outcomes.

d. Statement of Need: **(Not to exceed 16 double-spaced pages)**

The bidder should describe the need for services in all 56 counties throughout New York State including the five boroughs in New York City as a CCELPP.

For each stated area of need, the bidder should describe the evidence base for the need that is identified. Examples of such evidence include community needs assessments, health care provider surveys, focus group reports, surveillance data, and scientific literature. Also describe any barriers that are identified.

At a minimum, this description should include:

- A brief environmental/health assessment of the area, including social, demographic, and health characteristics of the area which at a minimum describe age, race, income, and health status indicators.
- Testing rates, incidence and prevalence of BLLs ≥ 5 ug/dL in children and the local impact of the BLLs on the target population.
- The learning needs of HCPs within the area related to lead testing, lead poisoning prevention practice, and clinical management of children and pregnant women with BLLs ≥ 5 ug/dL .
- Available service delivery, gaps in service delivery and any barriers to access quality comprehensive health care services. Identify what services are needed to improve accessibility, availability, acceptability, and affordability of lead-related health care services for children and pregnant women.
- Any other relevant characteristics or needs specific to the regions to be served.

e. Organizational Capacity (Bidder's Organization): **(Not to exceed 8 double-spaced pages)**

a. General qualifications: Describe the bidder's qualifications, record of performance and experience in delivering age and culturally appropriate health services to children, families and health care professionals. Provide a thorough description of the experience and capabilities of the bidder's institution, including description of programs and services, number and qualifications of staff, and years in operation. Describe previous collaboration experiences in providing health related services and outcomes achieved by the collaboration. Describe the capability and record of performance of each subcontractor proposed to be in the

network of RLRCs. Describe how the bidder and proposed subcontractors' will meet the Minimum Staffing Requirements as stated in Section C.1.f. Descriptions which do not address the Minimum Staffing requirements, as stated in RFP Section C.1.f., will be considered non-responsive and the proposal will be disqualified.

b. Lead poisoning prevention experience: Describe the bidder's experience and/or capacity in each of the areas and activities listed in i-iii, below.

i. Lead poisoning prevention and clinical management: Describe the bidder's experience in the following areas:

1. Ability to provide comprehensive family education on lead risk reduction.
2. Clinical management of children and pregnant women with BLLs ≥ 5 ug/dL, including inpatient chelation services at the CCELPP and arranged within the network of subcontracted RLRC providers.
3. Communicating and working with multi-disciplinary teams that include LHDs, social services, nutrition, housing, special education, HCPs and/or community agencies in local or regional communities. Describe the system of referral to and from these agencies.
4. Ability to provide temporary relocation of lead poisoned children and their families into interim lead safe housing during remediation or abatement of their homes, and provide appropriate follow-up and supportive services. Services to be provided for families with a child or children with confirmed BLLs ≥ 5 ug/dL, with preference being given to children with a confirmed BLLs ≥ 45 ug/dL and the child has had or will be receiving chelation therapy. Describe methods to determine the family's eligibility for temporary lead safe housing, your protocol for accepting referrals, identifying children, and supporting transition.

ii. Education, Consultation, and Collaboration: Describe bidder's related experience regarding each component of the following lead related activities:

1. Consultation, education and technical assistance to HCPs and LHDs on blood lead testing, and the clinical management of children and pregnant women with BLLs ≥ 5 ug/dL .
2. Participation in community activities, including local coalitions, to prevent childhood lead poisoning.
3. Development, dissemination, and evaluation of educational materials for the target audiences for this initiative: HCPs, LHDs, parents, and community agencies that serve children and pregnant women.

iii. Hospital services:

1. Describe the availability of pediatric intensive care, and the ability to manage children with severe lead poisoning including chelation therapy.
2. Provide the most recent annual number of hospital admissions for children and for pregnant women who have received chelation therapy for lead poisoning.
3. Provide a description of any existing lead poisoning clinic and the number of outpatient visits for children and for pregnant women who have received clinical services for lead poisoning.
4. Describe discharge planning services for any hospitalized child or pregnant woman that received clinical care for lead poisoning, including referrals back to primary health care providers and LHD lead poisoning prevention programs to ensure appropriate follow-up.

f. **Program Plan (Not to exceed 15 double-spaced pages)**

The Program Plan portion of the technical proposal should be in narrative format. Each of the proposed activities will clearly address the issues raised in the section of the bidder's proposal addressing Section D.2.c. Statement of Need and will be related to the four outcomes described in Section C.2. Outcomes to be Achieved. The Program Plan should fully describe how the proposed CCELPP and network of RLRC providers will accomplish the program activities in the required four (4) regions (Metropolitan/Hudson Valley, Western, Capital, and Central) that encompass the 56 counties in NYS and the New York City boroughs (Manhattan, Queens, Bronx, Brooklyn, Staten Island).

The Program Plan will:

- describe how the proposed services will complement existing lead prevention activities within the region(s);
- describe the specific target audience(s) and settings for activities;
- identify a timeframe for implementation of each proposed activity; and
- explain how the proposed activities relate to any or all of the four outcomes outlined in Section C.2.Outcomes to be Achieved of this RFP; and address the issues outlined in the section of the bidder's proposal addressing Section D.2.d. Statement of Need section.

a. **Outreach, Education and Technical Assistance:**

- Describe the education and technical assistance needs of LHD and HCPs in the region(s). Provide relevant quantitative and qualitative data to substantiate these needs wherever possible.
- Describe how the CCELPP in coordination with the network of RLRCs and LHDs, will conduct outreach and provide education to HCPs in the region(s) regarding lead poisoning prevention including anticipatory guidance, risk assessment, increased testing rates, clinical management and utilization of other community resources to improve health care provider compliance with NYS Public Health Law and regulations.
- Describe how the work of the RLRC will improve lead testing rates in children through their work with HCPs and with professional medical groups.
- Describe other proposed activities related to outreach, education and technical assistance.

b. **Clinical Management, Consultation and Technical Assistance:**

- Describe how the CCELPP in coordination with the network of RLRCs will provide technical assistance and consultations for HCPs and LHDs regarding case management of children with BLLs ≥ 5 ug/dL, and if needed, provide individual clinical management of a lead poisoned child. If hospitalization is required, describe how the pediatric intensive care unit is capable of providing appropriate medical care including chelation therapy.
- Describe how the CCELPP in coordination with the network of RLRCs, and if appropriate NYS Occupational Health Clinics, will provide technical assistance and consultations for HCPs and LHDs regarding case management of pregnant or postpartum women with BLLs ≥ 5 ug/dL , and if needed, provide individual clinical management of a lead poisoned pregnant woman.

c. **Capacity Building at the Community and State Levels:**

- Describe how the proposed CCELPP in coordination with the network of RLRCs will actively participate in community-based lead prevention activities. Describe the steps that will be taken to engage other local HCPs in community-level lead poisoning prevention efforts.

- Describe how the proposed CCELPP in coordination with the network of RLRCs will assist the NYS Department of Health with ongoing policy and program development work related to lead poisoning prevention, through provision of expert input, participation in statewide lead prevention activities, dissemination of information and materials, and other activities as needed.
- d. **Materials Development and Information Clearinghouse:**
- Describe how the proposed CCELPP in coordination with the network of RLRCs will develop and disseminate to HCPs and LHDs effective and culturally appropriate educational materials and relevant clinical tools for use with families. These materials will be based on the learning needs of HCPs.
- e. **Program Evaluation**
- Bidders are expected to monitor progress on the proposed activities identified in the proposal. This should include specific process and outcome indicators that will be monitored to measure progress toward implementation of activities and achievement of outcomes by the CCELPP and the network of contracted RLRC providers.
 - Indicators to be monitored should include each of the following:
 - a. Process measures (implementation of activities and production of materials, trainings and other relevant outputs).
 - b. Short-Term Outcomes (changes in knowledge, attitude, beliefs, skills, confidence, or other factors among variety of target audiences).
 - c. Intermediate Outcomes (changes in testing practices, improvements in case management, increase in HCPs participation in lead and other environmental hazard prevention-related community activities, changes in parent/caregiver prevention behavior).
 - d. Long Term Outcome/Impact (changes in incidence, prevalence and severity of childhood lead poisoning, including reduction of socioeconomic and geographic disparities). Collaborating with DOH staff to determine statewide impacts on these outcomes.
 - Describe the methods to monitor and assess the implementation of the proposed strategies.
 - Describe the methods and tools the CCELPP will use to evaluate the success of the proposed strategies.

f. Statement of Assurances

Complete and sign the attached Statement of Assurances. The form should be signed by an individual that has the legal authority and capacity to sign the contract on behalf of the bidder (Attachment 9).

g. Cost Proposal (30 percent) and Administrative Materials Requirements

Bidders will be required to supply a Cost Proposal (Attachment 3).

Administrative Materials

- Vendor Responsibility Attestation (Attachment 7)
- The M/WBE Procurement Forms (Attachment 8)
- Encouraging Use of NY Businesses in Contract Performance (Attachment 10)

3. Method of Award

Pass/Fail Assessment (Mandatory Requirements)

All proposals will be reviewed to ensure that minimum criteria are met. Proposals that do not meet the following minimum criteria will not be forwarded to the review panel for evaluation and rating:

- Technical and Cost Proposal/Official Bid package must be received at the address stated in Section E.3., Submission of Proposals, by the date and time specified in the Schedule of Key Events.
- Cost component must include a completed Attachment 3.
- Minimum Bidder Eligibility & Minimum Subcontractor Eligibility (see RFP Section B. Background, subsection entitled “Minimum Bidder Eligibility & Minimum Subcontractor Eligibility”).

Evaluation Process

1. The Department will conduct a comprehensive, fair and impartial evaluation of each proposal in response to this solicitation.
2. At the discretion of the Department, all bids may be rejected.
3. The evaluation of the bids will include the following considerations:
 - All proposals will be reviewed to determine if all mandatory requirements are met.
 - Proposals that fail to meet the mandatory requirements will receive no further review
 - Of the proposals that pass the mandatory requirements, the Cost Proposals will be forwarded to the Financial Review Team and the Technical Proposals will be forwarded to the Technical Review Team for scoring.
 - Bidders will be evaluated on their demonstrated experience, capacity to carry out the proposal objectives and prior success with childhood lead poisoning prevention.

Vendor Selection

The scores from the Technical and Cost Proposals will be used to produce a total score based on the assigned weights for each major section. The scores will be normalized by using the following formulas:

1. The highest scoring Technical Proposal will be awarded 70 points using the following formula: $X/Y*70$, where X = the average raw technical score of the proposal being scored and Y = the average raw technical score of the highest scoring Technical Proposal.

2. The Cost Proposal will be normalized using the following formula: $Y/X*30$, where Y = total cost of the lowest bidder and X = the total cost for the proposal being scored.

Section	Maximum Points	Percentage of Total Score
Technical Proposal	70	70%
Cost Proposal	30	30%
Total Combined Score	100	100%

Best and Final Offer – The NYSDOH reserves the right to request a best and final offer.

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

- Lowest cost
- Minority/Women-owned Business Enterprise (MWBE) utilization
- Past experience
- References

E. ADMINISTRATIVE

1. Issuing Agency

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

2. Inquiries

Any questions concerning this solicitation must be directed to:

Thomas Carroll
 NYS Department of Health
 Bureau of Community Environmental Health and Food Protection
 Empire State Plaza
 Corning Tower Building, Room 1395
 Albany, New York 12237
 or by e-mail to Thomas.carroll@health.ny.gov

Questions and answers, as well as any RFP updates and/or modifications, will be posted on the Department of Health’s website at <http://www.health.ny.gov/funding/> by the date/time specified in the Schedule of Key Events.

3. Submission of Proposals

To submit a proposal in response to this RFP, the bidder should assemble two separately sealed envelopes/packages, each containing a completed Contact Cover Sheet (Attachment 1) and:

- One envelope/package should be labeled “Technical Proposal” and contain three (3) signed originals (handwritten signature) and two (2) signed copies of the Technical Proposal.
- One envelope/package should be labeled “Cost Proposal” and contain three (3) signed originals (handwritten signature) of the Cost Proposal.

Place each of the two separately sealed envelopes/packages into a single package and clearly label it “New York State Lead Resource Center of Excellence Proposals, RFP #_15871” and direct it to:

**New York State Department of Health
Center for Environmental Health
Division of Environmental Health Protection
Corning Tower Building, ESP, Room 1629
Albany, NY 12237**

Attention: Patricia A. Burl, Health Program Administrator 1

It is the bidders' responsibility to see that bids are delivered to Room 1629 prior to the date and time of the bid due date. Late bids due to delay by the carrier will not be considered. Do not e-mail your proposals. Such email will be deleted and the proposals will not be considered.

1. The Bid Form must be filled out in its entirety.
2. The responsible corporate officer for contract negotiation should be listed. This document must be signed by the responsible corporate officer.
3. All evidence and documentation requested under Section D, Proposal Requirements should be provided at the time the proposal is submitted.

4. 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 365 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 an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

5. Payment

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

1. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: DOHaccountspayable@ogs.ny.gov with a subject field as follows:

Subject: <<Unit ID: 3450278 <<Contract #>>

2. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450278
PO Box 2093
Albany, NY 12220-0093**

- A. 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 518-474-6019. 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

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 terms will be: quarterly.

Payment will be for services provided on a quarterly basis contingent on the submission of all acceptable, required programmatic narrative reports within 30 days from the end of each reporting quarter (March, June, September, December), and meeting all contract deliverables. Payment will be based upon the annual price bid for the contract deliverable(s) and consist of 25% of the annual price.

6. Term of Contract

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

It is expected that the contract resulting from this RFP will have the following time period: the contract will be for a five year term commencing on the date specified in the Schedule of Key Events.

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.

7. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

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 in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

9. Vendor Responsibility Questionnaire

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

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 bidder 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 bidder 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

<http://www.osc.state.ny.us/agencies/forms/ac3271s.doc>

State Consultant Services Form B

<http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>

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 offerers with respect to determinations of non-responsibility and debarment;
- g. expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;
- h. modifies the governance of the 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 lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- k. establishes the Advisory Council on Procurement Lobbying.

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

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

It should be noted that while this Advisory Council is charged with the responsibility of providing advice to the New York 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.

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 screening. Such quality assurance screening will be conducted by Department of Health, contractor or other, and the results of such screening must be satisfactory to the Department of Health before web content will be considered a qualified deliverable under the contract or procurement.

13. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual’s unencrypted personal information plus one or more of the following: social security number, driver’s license number or non-driver ID, account number, credit or debit card number plus security code, access

code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at: <http://www.cscic.state.ny.us/security/securitybreach/>

14. New York State Tax Law Section 5-a

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

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

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

Contractor must complete and submit to the Department of Health the form

ST-220-CA(see link in this section), certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer non-responsive and non-responsible. Offerers shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

N.Y.S. Taxation and Finance Contractor Certification Form ST-220-TD
http://www.tax.ny.gov/forms/form_number_order_st_y.htm

N.Y.S. Taxation and Finance Contractor Certification Form ST-220-CA
http://www.tax.ny.gov/forms/form_number_order_st_y.htm

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.

16. Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority and Women Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women

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 30% for MWBE participation, 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% 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 [AGENCY NAME, address phone and fax information], 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 M/WBE 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.

17. Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in

response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should the Department of Health receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the Department of Health will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the Department of Health shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

The Department of Health reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

18. Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete Attachment 10 to indicate their intent to use/not use New York Businesses in the performance of this contract.

F. APPENDICES

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

- APPENDIX A - Standard Clauses for All New York State Contracts
- APPENDIX B - Request for Proposal
- APPENDIX C – Proposal - The bidder's proposal (if selected for award), including 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**:
 - **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
 - **C-105.2** – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
 - **SI-12** – Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance.
- Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:
 - **CE-200**, 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
 - **DB-120.1** – Certificate of Disability Benefits Insurance
 - **DB-155** – Certificate of Disability Benefits Self-Insurance

- Appendix G - Notices
- Appendix H - Health Insurance Portability and Accountability Act (HIPAA) (if applicable)
- Appendix M - Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures
- Appendix X – Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

G. ATTACHMENTS

1. Contact Cover Sheet
2. Checklist for Proposal Submission
3. Cost Proposal/Official Bid
4. Lobbying Form
5. No Bid Form
6. Sample Contract Language and Appendices
 - *Appendix A*
 - *Appendix B*
 - *Appendix C*
 - *Appendix D*
 - *Appendix E*
 - *Appendix G*
 - *Appendix H*
 - *Appendix M*
 - *Appendix X*
7. Vendor Responsibility Attestation
8. MWBE Procurement Forms
9. Statement of Assurances
10. Encouraging Use of New York Businesses in Contract Performance

ATTACHMENT 1
New York State Lead Resource Center of Excellence
RFP # 15871

Contact Cover Sheet
(Include in both the Technical and Cost Proposal Packages)

Name of Bidder (*Legal name as it would appear on a contract*)

SFS Vendor Identification Number:

Charities Registration Number:

Charities Registration Exemption Code:

Mailing Address (*Street address, P.O. Box, City, State, ZIP Code*)

Person authorized to act as the contact for this firm in matters regarding this proposal:

Printed Name (*First, Last*):

Title:

Telephone number:

()

Fax number:

()

E-mail:

Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:

Printed Name (*First, Last*):

Title:

Telephone number:

()

Fax number:

()

E-mail:

(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this proposal on behalf of the Board:

Printed Name (*First, Last*):

Title:

Signature of Bidder or Authorized Representative

Date:

ATTACHMENT 2
New York State Lead Resource Center of Excellence
RFP# 15871

Checklist for Proposal Submission

Bidder Name: _____

- The Technical Proposal and the Cost Proposal/Official Bid with Administrative Materials are packaged in separate, sealed, marked envelopes/packages and packaged as specified in RFP Section E.3.Submission of Proposals.

- Three (3) signed originals (handwritten signature) and two (2) additional copies of the Technical Proposal are included in the technical proposal envelope and three (3) signed originals (handwritten signature) and two (2) additional copies of the Cost Proposal are included in the cost proposal envelope.

- Four (4) copies of the Article 28 facility's Accreditation Certificate for the Pediatric or Family Residency program, for the bidder and the proposed subcontractors, in the technical proposal envelopes.

- Complete, signed contact cover page (Attachment 1) with specified information is included in each envelope/package.

- NYS Department of Health Lobbying Form (Attachment 4)

- Vendor Responsibility Attestation (Attachment 7)

- M/WBE Forms (Attachment 8)

- Statement of Assurances (Attachment 9)

- Encouraging Use of NY Businesses in Contract Performance (Attachment 10)

ATTACHMENT 3

Cost Proposal and Official Bid

See Excel workbook entitled “Attachment 3 Cost Proposal Bid Detail Sheet.”

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)

B. 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)

ATTACHMENT 5
NEW YORK STATE
DEPARTMENT OF HEALTH
NO-BID FORM

PROCUREMENT TITLE: _____ RFP # 15871 _____

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

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

- Please retain our firm on your mailing list.

_____ (Firm Name)

_____ (Officer Signature) _____ (Date)

_____ (Officer Title) _____ (Telephone)

_____ (e-mail Address)

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

ATTACHMENT 6

Sample Contract Language and Appendices

Attachment 6

MISCELLANEOUS / CONSULTANT SERVICES

STATE AGENCY (Name and Address):

Department of Health
Corning Tower
Albany, NY 12237

NYS COMPTROLLER'S NUMBER: C#XXXX

ORIGINATING AGENCY GLBU: DOH01
DEPARTMENT ID: 345XXXX

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:

STATUS:
CONTRACTOR IS () IS NOT () A
SECTARIAN ENTITY

NYS VENDOR IDENTIFICATION NUMBER:

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

MUNICIPALITY NO. (if applicable)

CONTRACTOR IS () IS NOT () A
N Y STATE BUSINESS ENTERPRISE

() IF MARKED HERE, THIS CONTRACT IS 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.

BID OPENING DATE:

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

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

- X APPENDIX A Standard Clauses as required by the Attorney General for all State Contracts.
- X 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
- X STATE OF NEW YORK AGREEMENT
- X APPENDIX D General Specifications
- X APPENDIX B Request For Proposal (RFP)
- X APPENDIX C Proposal
- X APPENDIX E-1 Proof of Workers' Compensation Coverage
- X APPENDIX E-2 Proof of Disability Insurance Coverage
- X APPENDIX H Federal Health Insurance Portability and Accountability Act Business Associate Agreement
- X APPENDIX G Notices
- X APPENDIX M Participation by Minority Group Members and Women with respect to State Contracts: Requirements and Procedures

Contract No.: C#XXXX

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)
)SS.:
County of _____)

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

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

GLBU: DOH01
APPENDIX X

Contract Number: _____

Contractor: _____

Amendment Number X-_____

BSC Unit ID: 345<XXXX>

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.

Additionally, Contractor certifies that it is not included on the prohibited entities list published at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> as a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Contractor (or any assignee) also certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

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

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

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

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

This will result in new contract terms of:

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

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

BSC Unit ID: 345<XXXX>

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

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

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

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

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

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

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.

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STANDARD CLAUSES FOR NYS CONTRACTS

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

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

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the 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). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

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 (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. 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 has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

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

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this

contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.

(a) 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, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then 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
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

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
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbecertification@esd.ny.gov
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

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.

26. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at:
<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not

limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

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 to one of the following addresses:

1. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: DOHaccounts payable@ogs.ny.gov with a subject field as follows:
Subject: <<Unit ID: 345XXXX>> <<Contract #XXXX>>

(Note: **do not** send a paper copy in addition to your emailed voucher.)

2. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 345<<xxxx>>
PO Box 2093
Albany, NY 12220-0093**

- 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 helpdesk@sfs.ny.gov or by telephone at 1-855-233-8363. 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/vendors/vendorguide/guide.htm>.

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

- 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 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 shall 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 shall 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-collusion 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. Superintendence 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 or 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 exclude 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 following address New York State Department of Health, Bureau of Contracts Room -2756, Corning Tower, Albany, NY 12237; 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
 - c. The NYS Department of Civil Service, Albany NY 12239, ATTN: Consultant Reporting.

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.

DD. On-Going Responsibility

1. General Responsibility Language: The CONTRACTOR shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Commissioner of Health or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.
2. Suspension of Work (for Non-Responsibility) :The Commissioner of Health or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of Health or his or her designee issues a written notice authorizing a resumption of performance under the Contract.

3. Termination (for Non-Responsibility) : Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate Department of Health officials or staff, the Contract may be terminated by Commissioner of Health or his or her designee at the Contractor's expense where the Contractor is determined by the Commissioner of Health or his or her designee to be non-responsible. In such event, the Commissioner of Health or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

EE. Provisions Related to Iran Divestment Act As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list has been posted on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>.

By entering into this Contract, CONTRACTOR (or any assignee) certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list. Additionally, CONTRACTOR agrees that should it seek to renew or extend the Contract, it will be required to certify at the time the Contract is renewed or extended that it is not included on the prohibited entities list. CONTRACTOR also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the prohibited entities list before the New York State Department of Health may approve a request for Assignment of Contract. During the term of the Contract, should New York State Department of Health receive information that a person is in violation of the above referenced certification, New York State Department of Health will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then New York State Department of Health shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the CONTRACTOR in default.

New York State Department of Health reserves the right to reject any request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Appendix H

for CONTRACTOR that creates, receives, maintains or transmits 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 and to comply with the security standards for the protection of electronic protected health information in 45 CFR Part 164, Subpart 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.
 - C. 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.
 - D. Business Associate agrees, in accordance with 45 CFR § 164.502(e)(1)(ii), to ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same

restrictions and conditions that apply to Business Associate with respect to such information.

- E. 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.
 - F. 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.
 - G. 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; and 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.
 - H. Business Associate agrees, to the extent the Business Associate is to carry out Covered Program's obligation under 45 CFR Part 164, Subpart E, to comply with the requirements of 45 CFR Part 164, Subpart E that apply to Covered Program in the performance of such obligation.
 - I. 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.
- 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 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 30% for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% 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 work force.
 - 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.

ATTACHMENT 7

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section E, Administrative, 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> 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 8

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:

M/WBE Form#1: Bidder's M/WBE Utilization Plan

M/WBE Form#2: M/WBE Waiver Request

M/WBE Form#3: QUARTERLY UPDATE - M/WBE CONTRACTOR COMPLIANCE &
PAYMENT Report

M/WBE Form#4: M/WBE Staffing Plan

M/WBE Form#5: Equal Employment Policy Statement - Sample

M/WBE Form#6: M/WBE Workforce Employment Utilization Report

New York State Department of Health

BIDDER/CONTRACTOR M/WBE UTILIZATION PLAN

Bidder/Contractor Name:	
Vendor ID:	Telephone No.
RFP/Contract Title:	RFP/Contract No.

Description of Plan to Meet M/WBE Goals

--

PROJECTED M/WBE USAGE

	%	Amount
1. Total Dollar Value of Proposal Bid	100	\$
2. MBE Goal Applied to the Contract		\$
3. WBE Goal Applied to the Contract		\$
4. M/WBE Combined Totals		\$

**New York State Department of Health
 BIDDER/CONTRACTOR PROPOSED M/WBE UTILIZATION PLAN
 MINORITY OWNED BUSINESS ENTERPRISE (MBE)
 INFORMATION**

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

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

**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:

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

New York State Department of Health
M/WBE UTILIZATION WAIVER REQUEST

Bidder/Contractor Name:	
Vendor ID:	Telephone No.
RFP/Contract Title:	RFP/Contract No.

Explanation 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.

TOTAL PROJECTED M/WBE USAGE (from original M/WBE Utilization Plan)

	%	Amount
1. Total Dollar Value Contract	100	\$
2. Planned MBE Goal Applied to the Contract		\$
3. Planned WBE Goal Applied to the Contract		\$
4. M/WBE Combined Totals		\$

ACTUAL M/WBE USAGE* AS OF _____ (insert date)

	%	Amount
1. Total Dollar Value Completed to date	100	\$
2. MBE Utilization to date		\$
3. WBE Utilization to date		\$
4. M/WBE Combined Utilization to date		\$

* 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

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
TOTAL							

(Name and Title)

(Signature)

Date

MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

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

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations 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 enhanced 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.

EEO

Signature & Date

(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

**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 / /

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
TOTAL							

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

(Name and Title)

(Signature)

Date

**ATTACHMENT 9
STATEMENT OF ASSURANCES**

To be eligible for approval to operate a Coordinating Center of Excellence for Lead Poisoning Prevention project, the person(s) responsible for signing contracts on behalf of the bidder, or designee, of the bidder organization should attest to compliance with all the statements below. An original signature in ink must appear at the bottom of the page.

- There will be designated individual(s) who will be responsible for Regional Lead Resource Center administration, operation and oversight. This individual will be e-mail accessible.
- Any changes in services, the designated contact person, staffing levels, or location will be reported immediately in writing to the Department of Health, Childhood Lead Poisoning Prevention Program.
- The center must have a physician medical director who is experienced in the medical management of childhood lead poisoning cases (As stated in RFP Section B. Background, subsection entitled "Minimum Bidder Eligibility & Minimum Subcontractor Eligibility.")
- Professional and legal standards of client confidentiality must be strictly maintained per Public Health Law.
- The State Health Department will be given access to conduct site visits as necessary.

.....
I hereby certify that the information contained in this proposal is correct and in compliance with appropriate federal and state laws and regulations, and that I am the authorized representative to file this proposal.

Person with the authority to bind the organization in a contract:

Print Name _____

Signature _____

Title _____

Agency _____

Date _____

ATTACHMENT 10

ENCOURAGING USE OF NEW YORK BUSINESSES IN CONTRACT PERFORMANCE

I. Background

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing service and technology. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects bidders/proposers to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

II. Required Identifying Information

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

Will New York State Businesses be used in the performance of this contract?

YES NO

If yes, identify New York State businesses that will be used and attach identifying

