

June 20, 2014

TO: Prospective Vendor

SUBJECT: Q 14-17 Temporary Personnel Services

Dear Vendor:

As part of the New York State Executive Budget, the legislature passed Chapter 56, Part Q of the Laws of 2013 (Part"Q), pursuant to which SUNY-DMC was granted procurement flexibility applicable to certain categories of procurements that are for the purpose of implementing its sustainability plan. The stated purpose of the procurement flexibility is to enable SUNY-DMC to enter into contracts in an expedited manner to facilitate implementation of the sustainability plan and resultant attainment of sustainability. The instant procurement is conducted under Part Q. Accordingly, interested vendors must commit to acting expeditiously (in complying with the requirement set forth below and otherwise in the posting). By submitted a proposal in response to the Posting, each vendor agrees to comply strictly with the timetable and other requirements described herein.

By way of this legislation, the State University of New York- Downstate Medical Center ("SUNY-DMC") seeks to procure Temporary Personnel Services.

Proposals must include all the items set forth in the enclosed checklist, and arranged in the order enumerated. Any objections to the template contract must be state in your proposal. Please note, however, that the terms therein were crafted under direction from the applicable New York State SUNY-DMC policy not to incorporate separate vendor terms and conditions- should incorporation of such terms be necessary, please ensure that all terms contradictory to the template contract are stricken from your submission.

The due date for proposals is **Monday July 7, 2014, 3PM EST. Please send four (4) hard copies.** They must be submitted to the following address:

SUNY Downstate Medical Center
Maureen Crystal, Contracts Dept, MSC 63
450 Clarkson Avenue
Brooklyn, NY 11203-2098
Fax: (718) 270-3342

Also send one complete bid via email to: maureen.crystal@downstate.edu and nicole.grantdecatur@downstate.edu

Timetable

The IFB Calendar is listed in *Table 1* below. SUNY-DMC reserves the right, in its sole discretion, to modify any event, time, or date in the IFB Calendar. SUNY-DMC will notify all Bidders (that submitted intention to bid forms) via addendum of any changes to the IFB Calendar.

	Event	Day	Date	Time
1	Release of IFB	Friday	June 20, 2014	
2	Written questions doe from Bidders	Tuesday	June 24, 2014	5:00PM EST
3	Official response to Bidder questions due	Thursday	June 26, 2014	
4	Proposal Submission Deadline	Monday	July 7, 2014	3:00PM EST
5	Vendor Award	Tuesday	July 8, 2014	

Bidders must all submit a cover letter on official business letterhead with the contents specified in the Table below:

Cover Letter Format
The Bidder's Cover Letter shall contain the following information regarding the Bidder's official representative for its proposal: <ul style="list-style-type: none">• Name of Bidder's official representative;• Title;• Name of company;• Address;• Telephone number;• FAX number; and• E-mail address of the Bidder's representative.
The Bidder's Cover Letter shall contain the names of all Subcontractors involved in the Bidder's response (if applicable).
The Bidder's Cover Letter shall contain a statement certifying that the proposal shall remain valid for at least 150 days.
The cover letter shall include a statement that, if awarded the contract, the Contractor will comply with all the requirements set forth in this IFB, including the contract terms and conditions in the Contract Provisions section, the attached Standard Clauses for all New York State Contracts, State Finance Law §§139-j and 139-k.

Sincerely,

Maureen Crystal

Maureen Crystal, Director of Contracts
718-270-1976

ATTACHMENTS:

- Section I** Part Q Procurement general Terms and Conditions; 1 page.
Detailed Specifications and Vendor Selection Criteria: 11 pages (6 pgs + 5 pg sample reports)
Vendor's Cost Proposal and Certification Form; 1 page.
Vendor's Cost Proposal Grid; 3 pages. This document is available in MS Excel format by request:
[Send eMail request to: nicole.grantdecatour@downstate.edu](mailto:nicole.grantdecatour@downstate.edu)
- Section II** SUNY Downstate Form Contract (13 Pages)
Exhibit A SUNY Standard Contract Clauses (3 Pages)
Exhibit A-1 SUNY Affirmative Action Clauses(3 Pages)
BAA – Business Associates Agreement(15 Pages)
DRA—Deficit Reduction Act (4 Pages)
- Section III** Mandatory Submission Checklist for Part Q Procurement;1 page.
139 (j) & (k) Acknowledgement Form; 2 Pages.
Policy and Procedure 139 (j) & (k) Forms A,B, & C; 4 Pages.
Form- [Vendor Responsibility Questionnaire For Profit link](#) ;10 Pages.
Forms- Tax Certification [ST-220-CA \(link\)](#) and [ST-220-TD \(link\)](#) ; 6 Pages.
Consultant Disclosure [Legislation Bulletin G-226 \(link\)](#); 8 Pages (6pg overview + 2 pg forms).
MWBE 15-A Information: 12 pages.
9 point Memo; 2 pages.
MWBE Vendor Listing; 1 page.
Intent to Bid or No Bid Form; 1 page.
Vendor Reference Form; 1 page.

PART Q PROCUREMENT GENERAL TERMS AND CONDITIONS

- I. **Background.** As part of the New York State Executive Budget, the legislature passed Chapter 56, Part Q of the Laws of 2013 (“Part Q”), pursuant to which SUNY-DMC was granted procurement flexibility applicable to certain categories of procurements that are for the purpose of implementing its sustainability plan. The stated purpose of the procurement flexibility is to enable SUNY-DMC to enter into contracts in an expedited manner to facilitate implementation of the sustainability plan and resultant attainment of sustainability. The instant procurement is conducted under Part Q. Accordingly, interested vendors must commit to acting expeditiously (in complying with the requirements set forth below and otherwise in the posting). By submitting a proposal in response to the Posting, each vendor agrees to comply strictly with the timetable and other requirements described herein.
- II. **Required Submissions.** To be eligible for consideration, prospective vendors must submit the documents listed in the attached “Submission Checklist,” in the order and on the schedule set forth therein.
- III. **Restricted Period/Designated Contacts.** In accordance with the requirements of New York State Finance Law Sections 139j and 139k (“Lobbying Law”), the Restricted Period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through SUNY-DMC’s “Designated Contacts” ONLY. Please see the 139(j) & (k) Acknowledgement Form for Designated Contact(s) and additional information on Lobbying Law compliance.
- IV. **The Contract.** Pursuant to applicable regulatory requirements, SUNY-DMC uses a standard form agreement that incorporates various mandatory New York State contract terms. A copy of the SUNY-DMC form agreement (the “Form Agreement”) is attached for reference.
 - a. ***Contract Exhibits.*** The contract ultimately awarded as a result of this Posting will include the following:
 - i. SUNY Exhibits A and A-1 and Attachment A;
 - ii. SUNY-DMC’s Deficit Reduction Act Appendix;
 - iii. SUNY-DMC’s standard Business Associates Agreement (if applicable);
 - iv. The Posting; and
 - v. Prevailing vendor’s proposal (submitted in response to the Posting).
 - b. ***Exceptions to the Form Agreement.*** Given both the need to act expeditiously and the regulatory foundation for the provisions of the Form Agreement, SUNY-DMC implores vendors to accept the terms thereof without exception. However, in the event a vendor identifies clause(s) that are unacceptable, the vendor shall submit a list of exceptions (along with proposed revisions thereto) along with its proposal.
 - i. ***Mandatory Clauses.*** Notwithstanding the foregoing, there are certain clauses that are required, without exception. Those clauses include, without limitation, liability, indemnity,
 - c. ***Vendor Contracts.*** Given the need to act expeditiously, the basis of the Part Q procurement flexibility, SUNY-DMC’s policy dictates vendor contracts generally will not incorporate vendor contracts. However, in the limited instances, where a vendor insists on using its form contract, it shall submit:
 - i. A copy of its contract (with any terms that are inconsistent with the Form Agreement either stricken or revised to resolve any such inconsistency); and
 - ii. A reasonably detailed explanation of the basis for its request to incorporate its contract (e.g. the extenuating circumstances that necessitate incorporation of the vendor contract).

SUNY-DMC reserves the right to determine, in its sole discretion, whether to incorporate the vendor’s contract into the final agreement.

**SUNY DOWNSTATE MEDICAL CENTER
INVITATION FOR BID (IFB) for
Q14-17 TEMPORARY PERSONNEL SERVICES**

I. BACKGROUND

Downstate Medical Center (“SUNY-DMC”), located in Brooklyn, New York, and a component of the State University of New York (“SUNY”), is a key element of medical and health-related education in New York, as well as an important provider of clinical care in Brooklyn. Currently SUNY-DMC includes a three-campus hospital system, the College of Medicine, the College of Nursing, the College of Health Related Professions and the School of Graduate Studies.

SUNY-DMC’s goal is to educate the next generation of physicians, nurses, other health care professionals and researchers, and train them to deliver health care in a densely populated, multi-cultural, multi-ethnic urban community of diverse economic levels. In keeping with its unique history of being the first medical school in the United States to bring teaching to the bedside of hospitalized patients, SUNY-DMC attends to the health care needs of the 2.6 million residents of Brooklyn and Staten Island annually.

Collectively, SUNY-DMC’s hospital campuses are organized as a single provider entity (University Hospital of Brooklyn, or “UHB”). Its main campus is located in the East Flatbush section of Brooklyn in a 1965-era facility with a licensed bed compliment of 376. A second campus is in the Bay Ridge section of Brooklyn, using four floors of a hospital which had previously filed for bankruptcy protection, through a rental arrangement. The Bay Ridge campus is used for outpatient and physician office services and does not have any beds in operation. Bay Ridge is about 8 miles/45 minutes from the main campus. The Third campus is situated at the Long Island College Hospital (“LICH”) and will be used for Walk-in Emergency Services until LICH closes in August 2014.

SUNY-DMC’s hospitals historically had a combined average daily census of exceeding 500, and its colleges and schools enroll approximately 1,800 students, of which approximately one-half are in the College of Medicine, the largest college of medicine in New York and the sixth largest school of medicine in the United States. Approximately 7,500 people are employed by SUNY-DMC and its close affiliates, and SUNY-DMC’s total spending approaches \$1 billion annually.

UHB is located directly across the street from Kings County Hospital Center, an 800-bed municipal hospital operated by the New York City Health and Hospital Corporation. UHB currently operates two satellite clinics, all located within five miles of SUNY-DMC’s Clarkson Avenue campus. UHB treats approximately 13,000 in-patients, 10,000 ambulatory surgery patients and 160,000 outpatients annually. To learn more about SUNY-DMC, see our home page at <http://www.downstate.edu>.

Specialized services at the hospital include:

Adult Intensive Care	Medicine - Oncology	Plastic Surgery
Adult Research	Neonatal Intensive Care	Psychiatry
Cardiology	Neurosurgery	Radiation Oncology
Coronary Care	Neurology	Rehabilitation Medicine
Cardiology – Adult	Ophthalmology	Renal Medicine
Cardiothoracic Surgery	Orthopedic Surgery	Renal Transplant Surgery
Dermatology	Otolaryngology	Rheumatology
Gynecology	Pediatrics	Surgery
Gynecology-Tumor	Pediatric Cardiology	Trauma
High Risk Obstetrics	Pediatric Rehabilitation	Urology
Medicine	Pediatric Surgery	Vascular Surgery

II.STATEMENT OF NEED: SUNY-DMC seeks qualified firms to remain available to provide comprehensive Temporary Personnel Services for various positions when such service is required. Contracts awarded from this IFB will pre-qualify the awardees as eligible to bid and individually contract with SUNY-DMC, but will not guarantee that an awardee will receive all or any portion of temporary services that will be solicited by SUNY-DMC.

III.SPECIFICATIONS: SUNY-DMC intends to award two contracts for the provision of temporary personnel services. SUNY-DMC reserves the right to award two contracts or no contract at all. Contracts awarded from this IFB will be for a period of five (5) years. Actual dates for services to be performed will be based on individual project definition at the time of selection and award by SUNY-DMC.

Vendor Requirements

- SUNY-DMC is seeking up to two highly qualified Temporary Personnel Search Firms with established reputations for performing all aspects related to procuring any and all types of temporary personnel that may be required by SUNY-DMC, both clinical and non-clinical.
- Vendors must have significant experience conducting comparable personnel searches and placements on behalf of hospitals / medical centers similar in size and scope to SUNY-DMC, and must have a demonstrable record of locating successful candidates for such positions at these institutions.
- Vendors selected under this IFB must be capable of providing prompt, comprehensive temporary personnel search and placement service and must have all applicable permits, licenses and authorizations as may be required to perform the necessary services.

Vendor Responsibilities: Vendor shall:

- Be responsible for providing a full range of such services to SUNY-DMC for all levels of staff where SUNY-DMC requires these services.
- Remain available for the duration of the term of this agreement to provide appropriately qualified clerical/non-clerical persons for temporary service requests generally within 24 hours after the request is made. The vendor shall request the services of a sub-contractor for any positions that the vendor cannot filled within the required fill time. We reserve the right to call another vendor if the 24-hour deadline is not met. In the event the vendor is unable to present a suitable candidate in response to any SUNY-DMC's first ten requests, SUNY-DMC may terminate the contract upon thirty (30) days - notice to the vendor. The suitability of any candidate presented will be determined by SUNY-DMC in its sole discretion.
- Within 24 hours provide replacement workers for those who prove to be unsatisfactory or unable to fulfill the job assignment.
- Fill temporary service requests only as authorized by a Department of Human Resources Designee.
- Comply with all laws, rules, orders, regulations, and requirements of Federal, State and Municipal governments applicable.
- Supply a weekly report of new hires to the Office of Compliance and the Contract's Office.
- Supply a monthly accumulative accountability report to the Contract's Office. The report should include hours, over time hours, and total dollars expended. The report should be prepared by position used.
- Vendor must be capable of submitting reports according to 18- eight digit account codes that will be given to them. These account codes will identify the department within SUNY-DMC for which funds have been allocated. Vendor will also be capable of submitting invoice reports. [See sample reports following page 6.](#)
- Be responsible for screening for competence all of its personnel performing work on SUNY-DMC property and for providing, on an individual basis, written certification to SUNY-DMC that each employee possesses the requisite employment eligibilities work status (form 1-9), education, training experience and current license and/or certification if applicable required to perform the duties of the position performed on behalf of the Contractor at -SUNY-DMC and has demonstrated competence in performing the duties required of the position.
- Maintain a file including documentation of the competencies of each employee working at SUNY-DMC and must make said file available via fax transmission to SUNY-DMC's Human Resources Department when requested, upon two (2) hours notice. At a minimum, such file must include for each individual a written job

description, a completed job application or resume detailing the individual's competencies, including copies of any license, registration, certification and/or permits; evidence that the employee has received an initial SUNY-DMC orientation and attended annual Mandatory Education Program; evidence that the employee has had a physical examination within the last twelve (12) month period including TB testing, chicken pox and measles testing; and completed annual competency assessments, including age-specific competencies and assessments and current, up-to-date evaluation and appraisal tools.

- Be responsible for all background screening on all employees sent to SUNY-DMC inclusive of but not limited to the following:
 - Criminal Reports
 - Social Security
 - Education
 - Employment
 - Motor Vehicle Report
 - Professional Credentials
- Assign a qualified manager to be available to solve problems which may develop as a result of this contract.
- Coordinate its time sheet reconciliation process with SUNY-DMC's reconciliation process by utilizing software program(s) consistent with that of SUNY-DMC's.
- Make certain that all requests for overtime are approved by a Department of Human Resources Designee.
- Advise temporary workers of parking and security requirements. (Needs and transportation shall be the responsibility of the temporary employee.)
- Provide temporary service workers who have completed required Federal I-9 documents, (which verifies identity and eligibility for employment in the United States.)
- Provide proof of medical examinations of all its employees sent to SUNY-DMC. Such documentation shall be submitted to the Department of Human Resources Designee. The physical examination of the prospective employee shall be of sufficient scope to ensure that the employee is free from a health impairment which is a potential risk to employees/patients, or which might interfere with the performance of his/her duties, including the habitation or addiction to depressants, stimulants, narcotics or other drugs or substances which may alter the employee's behavior. Said examination shall include:
 - a. Proof of immunity to measles, mumps, and rubella as documented by serologic testing. If titers show no immunity, employee must show documentation of appropriate dates of vaccines.
 - b. PPD (Mantoux) test within prior six (6) months and annually thereafter, if necessary.
 - c. Mantoux skin test (5TU) for tuberculosis on all persons with unknown or negative PPD status, despite history of BCG. Booster phenomenon must be assessed on all employees within a negative initial PPD unless they provide written documentation of a negative PPD within the prior year. Documentation must include manufacturer and lot number of tuberculin solution as well as result of PPD recorded in millimeters of induration.
 - d. Chest X-ray, if indicated by history or physical exam and on all persons with positive PPD. Proof must be submitted in the form of an official written report. In the case of an anergic individual, an X-ray must be performed within the previous six month period. If chest X-ray indicates possible tuberculosis or person is anergic, three negative sputum smears and cultures for AFB are required.
 - e. Blood for hepatitis B antigen, antibody (surface and core) and SBPT.
 - If, after obtaining the physical examination, any employee who is deemed to have a health impairment which is a potential risk to employees/patients or which might interfere with the performance of his/her duties, including habitation or addiction to depressants, stimulants, narcotics or other drugs or substances which may alter the employee's behavior, SUNY-DMC reserves the right to discontinue such employee from working at SUNY-DMC.
 - f. Evidence of annual health assessments shall be provided by the Contractor to the Department of Human Resources' designee.
- In addition to the requirements listed above, the following process is used:
 - a. The Vendor certifies that the employee meets the requirements of the position and is competent to perform the responsibilities assigned to the position, by completing the Competency Review

- 92 Checklist form. When completed, the Vendor faxes the form along with copies of any required
93 documents (e.g., employees' resume/application, and medical documentation evidencing that a
94 physical examination and a PPD was completed within the last year) to the Department of Human
95 Resources (DHR) at (718) 270-1815.
- 96 b. The employee reports to DHR the first day of work/service and:
- 97 (i) where assignment is hospital-based
- 98 (a) ensure that the contract/agency employee has received health clearance from
99 Employee Health Service
- 100 (b) arrange for the employee to attend a hospital orientation session, and
- 101 (c) DHR will issue authorization for identification badge.
- 102 (ii) The Vendor will assume the cost of the employee for attendance at the initial hospital
103 orientation session and all required follow-up sessions, which will not exceed four hours
104 in length.
- 105 • For all employees assigned to any department within the Hospital:
- 106 Initially, and on a continuing basis, the following document materials, where required, are completed
107 and forwarded by the scheduled due date of October 31st of each calendar year.
- 108 a. (1) Performance Evaluation, at least once annually.
- 109 (2) Initial and Annual Age- Specific Competence Evaluation (where appropriate).
- 110 (3) Evidence of annual health clearance, which conforms to same specifications provided in #11
111 above.
- 112 b. Evidence of Hospital Mandatory Education, once annually to be provided by the campus. Campus
113 will schedule the employee to attend hospital mandatory education.
- 114 c. It is the policy of SUNY-DMC that in instances where an employee does not maintain competency to
115 perform his or her functions (e.g., failure to obtain annual health clearances or attend mandatory
116 education) the SUNY-DMC shall:
- 117 1. notify the Vendor that the services of the employee must be discontinued,
- 118 2. require Vendor to obtain an appropriate replacement where necessary,
- 119 3. discontinue the authorization for payment of the affected employee, and
- 120 4. retrieve the employee's identification badge.
- 121 • Vendor will be required to meet with SUNY-DMC bi-weekly or whenever necessary to assure the
122 contract is maintained in good standing. In addition Contractor shall assign a specific account
123 representative that will visit the site weekly to assure that operations and standing of the account is in
124 good order. Any representative that is at SUNY-DMC shall at no time solicit additional business. All
125 requests for positions shall come from the designated persons at SUNY-DMC.
- 126 • All personnel supplied by the Vendor shall be the Vendor's employees, and SUNY-DMC shall have no
127 responsibility whatsoever as an employer with respect to such personnel, i.e. withholding social
128 security, unemployment compensation, or any other taxes mandated by law. The relationship of the
129 contractor to SUNY-DMC shall be that of an independent Contractor.
- 130 • SUNY-DMC 's execution of temporary personnel timesheet does not constitute agreement with any
131 term or condition included therein, except for those as may be required by State or Federal law.
- 132 • SUNY-DMC will not take any action to directly solicit or otherwise encourage employees of Contractor to
133 apply for employment. If in the event SUNY-DMC should hire any temporary employee, Downstate
134 Medical Center shall notify the vendor thirty (30) days prior to employment. No other means of
135 compensation shall be afforded the vendor (including any commission / finder's /placement fee related
136 to the hiring of any temporary employee).
- 137
- 138 SUNY- DMC will assess the Vendor \$1,000.00 each time Vendor fails to meet any of the following conditions:
- 139 • Vendor shall not allow a temporary worker to start an assignment prior to completing the HIPAA and
140 Corporate Compliance requirements set forth herein.
- 141 • Vendor shall submit the weekly HIPAA reports required hereunder to the SUNY-DMC Office of Corporate
142 Compliance on a weekly basis. Each report shall reflect information for the week, ending with the close

of business each Friday, and shall be submitted so as to be received by SUNY-DMC no later than by the close of business on the following Tuesday.

- Vendor shall submit the utilization reports consistent with the specifications of, and to, the SUNY-DMC Director of Contracts, on a weekly basis. Each report shall reflect the information for the contract week and shall be submitted so as to be received by SUNY-DMC's Director of Contracts no later than five (5) business days after the close of each contract week. See "Sample Utilization Report" attachment.
- Vendor shall submit monthly invoices consistent with the specification of, and to, the SUNY-DMC Director of Contracts, on a monthly basis. Vendor shall have the capability of invoicing in a manner consistent with SUNY-DMC accounting processes and procedures.

Please submit the following in your bid proposal:

1. Rates for temporary services workers as specified in the 9 page "Cost Proposal Job Titles Summary" (9 pages) and the 3 page "Cost Proposal Grid" spreadsheets that follow these specifications).
2. Costs for night work differential for all titles in addition to availability during night, weekend, and holiday hours.
3. Business references associated with the positions requested whom your company has worked with during the past three years. Please use Vendor's Reference Form in Section III.
4. Any other special services or discounts your agency is able to provide.
5. The Vendor must also provide evidence that they are the prime vendor manager by providing evidence that they have a minimum of 60-70 percent of the positions filled in the references supplied.
6. The Vendor should provide information stating what its market share is in the Health Care field in the New York Metropolitan Area.
7. It is anticipated that the approximate annual cost for these services will be **1 million**. If during the year the usage amount should exceed this dollars amount does the bidder provide any rebates to SUNY-DMC? If so what is the formula used to determine the amount of the rebate?
8. Profile of your organization, including:
 - Full descriptive literature on your organization, including the size, history, staffing capabilities and total range of services offered by your company.
 - Provide an organization chart.
 - List all major clients with 5,000 or more employees.
 - List all Healthcare clients in the New York Metropolitan geographic area.
 - Submit audited financial statements, including both income statements and balance sheets, for the past two accounting years.
 - Describe the staffing facilities you have in the New York City area and the staffing and capability of each of those facilities.
 - Identify you management staff that would be assigned to work with the hospital on the contract. Give a brief description of their experience.
 - List any litigation your organization has been involved in over the past five years.
 - List all insurance coverage applicable to the services to be performed, include carriers, limits and ratings.
 - List your hours of operation and whether you accept job orders on a 24-hours/7 day a week basis.
 - Do you have any objections to using any other significant staffing agencies as sub-contractors if you are selected as Prime Vendor: If so, state reason.
 - Describe payroll/transfer procedure.
9. Must respond to the specific issues/questions listed:
 - Detail the steps in implementing and managing primary vendor program.
 - How are you currently prepared, logistically, to meet the needs of **SUNY-DMC** which is located in the Borough of Brooklyn?
 - Explain the steps you would take to organize start up and maintain the staffing needs of this organization.
 - Describe your I.S. and reporting capabilities. Do you have the ability to provide the following reports:

- Temporary dollars spent by department, by cost center, within a facility.
- Temporary dollars spent by position, by department and by cost center.
- Number of temporary positions by department and by cost center.
- Amount of turnover for same position.
- Satisfaction reports by position, by department and by cost center.
- Provide samples of any additional reports you would recommend.
- Describe your screening, recruiting and testing programs for your temporary employees. Detail for medical employees.
- Explain your process for evaluating (pre-employment) our temporary employees, both professional and non-professional. What type of annual health assessments do temporary employees receive?
- Describe your employee credentialing process.
- Detail how you assure your healthcare employees meets all federal, state, and local requirements. (i.e. OSHA, I-9)
- What documents do you maintain for healthcare professionals in their personnel file?
- Contractor must be able to work with the hospitals in establishing mutually acceptable standards and procedures and assignment of both medical and non-medical personnel.?
- What Quality Assurance mechanisms are in effect for tracking employees:
 - Degree verification – how is it done?
 - License verification – how is it done?
 - Professional references – how are they obtained?
- List minimum standards for your healthcare professionals.
- What criteria do you measure for Performance Reviews and how do you obtain necessary information? How do you share this information with the organization?
- List other Quality Assurance aspects, which your company practices.
- Who is responsible for Quality Assurance in your organization? What are his/her credentials?
- How do you handle customer complaints?
- How do you improve customer satisfaction?
- Detail any value-added services.
- Health care primary vendor experience.
- List members of your dedicated account team for SUNY-DMC. Who would be primary contact on a daily basis?
- Give statistics on your fill rates.
- Overall how long does it take to fill positions by category?
- What is the procedure if you are unable to fill jobs?
- How will 24x7 coverage be handled?
- List all sub-contractors you normally work with and you like use at SUNY-DMC.
- Give us a copy of your implementation plan.
- What is the time for you implementation plan.

Vendor Evaluation Criteria

All proposals will be evaluated by a Committee to be established by SUNY-DMC. Vendor will be selected based upon the following **EVALUATION CRITERIA:**

- Cost
- Responsible and Responsive Vendor meeting all Criteria

Q14-17 Temporary Personnel Services Job Titles Summary

JOB TITLES	QUALIFICATIONS/JOB DESCRIPTION
Anesthesia Technician	Bachelor's Degree in health care related field preferred or a suitable combination of education and experience. Three years experience as an Anesthesia Technician. Certification in CPR and knowledge of current first-aid procedures required.
Animal Research Tech	HS Diploma or equivalent and two years experience in an animal research facility. Able to speak and write fluent English, Certification by AALAS at the ALAT level required.
Audiovisual Technician	High school diploma or GED or an associate degree in audio visual technology or a related field, such as digital media. Certified Technology Specialist (CTS) certification preferred.
Cardiac Sonographer	Two years of college and completion of an accredited program in Ultrasound or equivalent combination of education and experience. Registered or registry eligible by the American Registry to Diagnostic Medical Sonographers. Certification in Cardiopulmonary Resuscitation required. Must maintain active registry status.
Central Supply Technician	HS Diploma or equivalent. Current certification for Central Service by an accredited agency as IAHCSCMM or the National Certification for Surgical Technologist. Good communication and interpersonal skills. Must be able to follow oral and written instructions and do basic mathematical calculations. Position may require flexible work schedule, weekends and holidays.
Certified Mammographer	Certificate from an accredited School of Radiologic Technology. New York State license or temporary permit to practice Diagnostic Radiology. Registered Technologist, American Registry of Radiologic Technologists. Advance Certification in Mammography.
Certified Occupational Therapist Assistant	Associate's Degree in Occupational Therapy, NYS O T Assistant Registration, NYS License required
Certified Respiratory Therapist (CRT)	New York State respiratory technician license; Certified by the National Board for Respiratory Care (NBRC - CRT credential). Registry Eligible Respiratory Therapist (RRT Eligible)
CT Scan Technologist	Certificate from accredited school of Radiologic Technology, NYS License or registered by ARRT. Certificate from accredited School of Radiologic Technology. New York State license or temporary permit to practice Diagnostic Radiology. Two (2) years experience in CT. Certified by the American Registry of Radiologic Technologists (ARRT).
Dental Assistant	HS Diploma or equivalent, certificate of completion from a licensed Dental Assistant school.
Dental Hygienist	Bachelor Degree, NYS Dental Hygienist License
Dietary Aide / Technician	HS Diploma, 6 months clinical experience as Dietary Aide or in related setting
Electroneurodiagnostic Tech I	HS Diploma or equivalent, certificate of completion from a licensed EEG school plus one year of video-monitoring (CCTVEEG) experience

Q14-17 Temporary Personnel Services Job Titles Summary

Electroneurodiagnostic Tech II	HS Diploma or equivalent, Certificate of Completion from a licensed EEG school plus three years of video-monitoring (CCTV-EEG).
Endoscopy Technician	HS Diploma, Endo Lab experience, CPR Current certification as certified flexible endoscope reprocessor. Good communication and interpersonal skills. Must be able to follow oral and written instructions and do basic mathematical communication and interpersonal skills. Must be able to follow oral and written instructions and do basic mathematical calculations. Position may require flexible work schedule, weekends and holidays. Knowledge of specific health care products, patient care equipment, instruments, medical terminology and basic use is required. Basic computer skills required.
Lab Clerk / Aide	HS Diploma or equivalent, experience assisting with standard lab tests
Lab Technician	Associate Degree in Clinical Laboratory Sciences. NYS Lab Technician License
Lab Technologist	Bachelor Degree, NYS Clinical Laboratory Technologist's License
Magnetic Resonance Imaging Specialist	Bachelors degree. Meets American College of Radiology (ACR) accreditation eligibility requirements. Two years MRI experience. Good Communication Skills.
Medical Assistant	HS Diploma, 1 year relevant experience or equivalent, Medical Assistant Certificate (School or Nationally Recognized Medical Assistant Certifying Organization), 1 year post-certificate paid work experience
Nuclear Medicine Technician	Associate's degree, Completion of a Nuclear Medicine Technology Certification Board (NMTCB) recognized nuclear medicine technology program. Eligible to take certification exam in Nuclear Medicine by either the: Nuclear Medicine Technology Certification Board (NMTCB) or The American Registry of Radiologic Technologists (ARRT)
Nursing Techs	Minimum 2 years experience in an acute setting. Previous facility experience as a nursing tech. Able to perform majority of patient care function with minimal orientation and supervision. Must possess excellent interpersonal and communication skills. Must successfully pass employment physical examination. New York Nurse Aide licensure in good standing, or ability to obtain a license within 60 days is required. Rehab experience is preferred.
Nutritionist	Bachelor's degree in Nutrition or a related major. Clinical experience in a healthcare facility (requirement will vary depending upon the area of specialty). Registered Dietitian (RD) approved through the Commission on Dietetic Registration (CDR -the credentialing Agency for ADA) - must be Registered by the first evaluation after probationary period.
Occupational Therapist	BA, NYS License

Q14-17 Temporary Personnel Services Job Titles Summary

Ophthalmic Technician	A minimum of 5 years, experience as a Certified Ophthalmic Photographer / Certified Ophthalmic Technician. Joint Commission for Allied Health Personnel (JCAHPO) approved institutional course.
Patient Care Technician	Education: High school graduate or equivalent required. Certification as a Patient Care Technician required. Minimum of one year of experience, as a Patient Care Technician within the last two years
Pharmacist	BA in Pharmacy and current NY State Pharmacist's License
Pharmacy Technician I	High School Diploma and 6 months relevant experience or an equal combination of education and experience. Excellent organizational and communication skills.
Pharmacy Technician II	High School Diploma and 2 years prior experience as a Pharmacy Technician or an equivalent combination of education and experience. Must have knowledge and understanding of medical and pharmaceutical terminology as well as knowledge of procedures and standards for the labeling and dispensing of drugs. Ability to understand and follow specific instructions and procedures. Excellent communication skills required. Strong background in the use of computers and basic Microsoft programs. Certification as a Pharmacy Technician (CPhT) is required
Phlebotomist	HS Diploma or equivalent and phlebotomy experience in hospital or lab. Must be certified as a Phlebotomy Technician.
Physical Therapist	BA, NYS License
Physical Therapist Assistant	Associate's Degree from approved Physical Therapy Assistant Program plus State Certification/ License
Physician Assistant	Completion of accredited PA Program, NYS License registry with NCCPA, CPR
Radiotherapy Technologist	Graduate of an approved AMA program in Radiation Therapy required. ARRT certified and NYS License in Radiation Therapy Technology. Good communication skills.
Registered Dietician	Bachelor's degree in Nutrition Sciences or a related major. Successful completion of a Commission on Accreditation for Dietetic Education (CADE) 1200 hour dietetic internship program with emphasis on clinical applications. Registered Dietitian (RD). Successful completion of the RD exam approved through the Commission on Dietetic Registration (CDR - the credentialing Agency for ADA - must be obtained within the first six months of employment). Certified Dietitian / Nutritionist (CDN) - must be obtained within 1 year of employment)
Registered Respiratory Therapist (RRT)	Registered Respiratory Therapist (RRT) New York State respiratory therapist license; Registered by the National Board for Respiratory Care (NBRC - RRT credential). Certified Respiratory Therapist (CRT)

Q14-17 Temporary Personnel Services Job Titles Summary

Registry Eligible Respiratory Therapist (RRT Eligible)	Eligible at time of hire for NBRC RRT examination (graduate of a two-year, CoARC (JRCRTE or CAAHEP) approved, therapist training program in respiratory care or otherwise meets other NBRC criteria); New York State respiratory technician or therapist license.
Social Worker	Master's Degree in social work, or its equivalent, (e.g., a higher degree from a social work program that is registered by the Department as licensure qualifying, accredited by the Council on Social Work Education (CSWE) or determined by the Department to be substantially equivalent to a registered program.
Speech Pathologist	BA and National Certification (or completion of courses for Masters Degree), NYS License required
Substance Abuse Counselor	BA, experience in field
Surgical Technologist	Certified by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). Graduate of approved accredited school / program of Surgical Technology. One year experience as a Certified Surgical Technologist in a large complex Operating Room, preferred.
Surgical Technologist II	A high school graduate or licensed practical nurse. Some college courses preferred. Graduate of approved accredited school / program of Surgical Technology. One - two years experience as a certified surgical technologist in a large complex Operating Room. Certification a must.
Ultrasound Technician	Two years of college and completion of one year program in Ultrasound; eligible to take the Registry exam (ARDMS) or equivalent combination of education and experience.
Vascular Tech	Experienced vascular tech, RVT required. Must have excellent communication skills with patients and physicians and exceptional patient skills
X-Ray Technician	Certificate from accredited School of Radiologic Technology. New York State license or temporary permit to practice Diagnostic Radiology. Certified by the American Registry of Radiologic Technologists (ARRT).
Non-Clinical Positions	
Accounting Clerk (A/R & A/P)	HS Diploma, experience in specific field. Receive and process all cash and credit card payments. Exposure to general ledger. Ability to review, audit and process invoices and identify errors. Experience with intermediate PC applications. Must have decision - making, problem solving and time management. skills.
Administrative Assistant I	HS Diploma, 1 year experience in specific field. Ability to accurately create, edit, save and print documents using Microsoft Word and Excel. Ability to professionally handle phones, schedule appointments, maintain calendar, type approximately 50 wpm.

Q14-17 Temporary Personnel Services Job Titles Summary

Administrative Assistant II	HS Diploma, 2-4 years of experience in specific field. Ability to accurately create, edit, save and print documents using Microsoft Word and Excel. Ability to professionally handle phones, schedule appointments, maintain calendar, type approximately 50 wpm. Requires a certain degree of creativity and latitude.
Administrative Assistant III	HS Diploma, at least 5 years of experience in specific field. Ability to accurately create, edit, save and print documents using Microsoft Word and Excel. Ability to professionally handle phones, schedule appointments, maintain calendar, type approximately 50 wpm. A wide degree of creativity and latitude is required.
Cash Poster	Minimum education of High School Diploma or GED. Minimum of 1-2 years medical background and cash posting experience. Experience in medical billing, coding, medical records, and strong attention detail is a plus
Clerk	HS Diploma, experience in specific field. Performs general office functions such as photocopying, collating, envelope stuffing, sorting.
Computer Operator	
Data Entry Clerk	HS Diploma, experience in specific field. Provide data entry and support services.
Director	Degree in business administration or equivalent. At least 7 years of experience managing staff, meeting budget requirements and deadlines.
Driver	Graduation from high school or equivalent required. Must possess a valid New York State commercial driver's license. Excellent driving record is required. Ability to negotiate through a variety of road conditions, including poor weather and occasionally heavy traffic.
Executive Assistant I	HS Diploma, 1 year experience in specific field. Ability to accurately create, edit, save and print documents using Microsoft Word and Excel. Knowledgeable in Powerpoint and Access. Works for all Senior Level Executives with the ability to handle phones, schedule appointments, maintain electronic calendar and type approximately 50 wpm.
Executive Assistant II	HS Diploma, 2-4 years of experience in specific field. Ability to accurately create, edit, save and print documents using Microsoft Word and Excel. Knowledgeable in Powerpoint and Access. Works for all Senior Level Executives with the ability to handle phones, schedule appointments, maintain electronic calendar and type approximately 50 wpm. Diplomancy and polished presentation required.

Q14-17 Temporary Personnel Services Job Titles Summary

Executive Assistant III	HS Diploma, at least 5 years of experience in specific field. Ability to accurately create, edit, save and print documents using Microsoft Word and Excel. Knowledgeable in Powerpoint and Access. Works for all Senior Level Executives with the ability to handle phones, schedule appointments, maintain electronic calendar and type approximately 50 wpm. Diplomacy and polished presentation required. Independent judgement, creativity and little need for supervision.
Health Information Management (HIM) Associate	Associates Degree, 2-3 years experience in are directly related to the position. Demonstrated thorough knowledge of Health Information Management or hospital operations required. Knowledge of medical terminology and personal computing skills required. Demonstrated leadership ability as well as excellent communications and interpersonal skills required.
Hospital Biller	18 months billing, customer service, and banking or related insurance expertise. Education High School and Office Practice Courses, 2-3 years Computer Applications Experience Special Skills Accuracy in typing minimum 35 WPM; computer manipulation; proficient with Microsoft Office, Attention to detail and excellent customer service skills. Familiarity with research methods and information sources, especially reliable web-based sources of information.
Hospital Collector	The ideal candidate for this role will have at least 2-3 years of Hospital, Third Party or Physician Accounts Receivable / Medical Collecting experience . Must have Commercial, Medicare or Medicaid insurance collections experience. Experience following up on unpaid medical collections. Proficient in Utilizing Microsoft Excel. High School Diploma
Housekeeper	Ability to communicate and understand English. High School Diploma or GED. Cleans and maintains assigned areas by emptying wastebaskets, sweeping, dusting, vacuuming, mopping, removing bags of soiled linens and cleaning medical equipment with appropriate cleaning apparatus. May perform auxiliary services in hospital laboratories, pharmacies and other special areas.
Human Resources Recruiter	HS Diploma, BS Preferred, experience in specific field. Responsibilities include using Excel, Access and PowerPoint to create complex presentations employing charts / graphs made from various databases. Other duties include recruiting, interviewing, coordinatind second interviews.

Q14-17 Temporary Personnel Services Job Titles Summary

I.C.D.-9 Coder	HS diploma or equivalent. 2 years experience in the medical coding field, or coding certificate from an accredited school and 1 year experience. Must have good knowledge of medical terminology, ICD9 and CPT codes. Must be able to utilize 10-key data entry function. Typing rate of 45 wpm is required. CRT experience helpful. Must be able to plan and prioritize workflow and produce an acceptable volume of work accurately.
Junior Administrative Assistant	HS Diploma, experience in specific field. Provide general administrative and clerical support including billing and A/P. Answer telephone and give information to callers or route calls to appropriate person. Greet visitors, ascertain nature of business and escort visitor to appropriate person. Route incoming mail. Maintain filing system.
Laborer I	Applicants must have at least six months of full-time, or equivalent part-time experience in performing manual labor in connection with general construction or maintenance work.
Laborer II	Applicants must have at least one year of full-time, or equivalent part-time experience in performing manual labor in connection with general construction or maintenance work.
Legal Contract Officer	JD Degree plus a related internship or up to two years of related experience in a business or legal setting; or a BA/BS degree plus a minimum of eight years of experience in contract administration or procurement management required.
Mail Clerk	HS Diploma, experience in specific field. Ability to perform mailroom responsibilities including sorting and distributing mail and operating a simple mailroom. Possible lifting of light equipment.
Manager	Degree in business administration or equivalent. At least 5 years of experience managing staff, meeting budget requirements and deadlines.
Medical Records Clerk	HS Diploma, experience in specific field. Assemble medical record documents following established guidelines. Answer phones. Ensure year band is placed in all medical records for appointments and open medical record for new patient. File medical records in terminal digit order and open additional volumes as needed. Pull and prepare medical records for next day appointments. Pull and file x-ray films as needed. Print daily pull slips, progress notes and other daily forms.

Q14-17 Temporary Personnel Services Job Titles Summary

Maintenance Technician	Experience in specific field, along with trade education. Maintain grounds, cuts lawns / shrubs and cleans walkways, including but not limited to shoveling snow. Assists with the removal of debris, loading / unloading and sorting supplies, equipment and / or tools at point of pick-up, delivery or distribution. Transports / distributes materials and supplies as needed.
Medical Coder I- CPC or CCS	HS Diploma, AHIMA, RHIA or RHIT and / or CCP, CCS, 2 years experience in specific field. Medical coding in an acute care setting, must possess proficient computer skills (e.g. MS Work, Excel, ICD-9-CM, CPT-4, Encoder); knowledge of coding guidelines, payor guidelines, federal billing guidelines; knowledge of anatomy, physiology and disease processes; ability to research coding related issues; competence in coder training; must have CCS and knowledgeable with 3M / HDS coding applications.
Medical Receptionist	HS Diploma, experience in specific field. Professional demeanor, corporate appearance, answer phones, direct calls, performs general clerical duties.
Medical Secretary	HS Diploma, experience in specific field. Performs all general administrative functions and has medical office experience. Broad understanding of Medical terminology. Proficient with Microsoft Word and Excel.
Medical Transcriptionist	HS Diploma and graduate of an accredited transcriptionist program Minimum one year experience. Transcribe dictated reports and translate medical jargon and abbreviations into their expanded forms. Edit as necessary and return reports in either printed or electronic form. Knowledge of medical terminology, anatomy and physiology.
Patient Registration	HS Diploma, experience in specific field. Ability to meet, greet, answer phones, pull and file charts.
Patient Services Representative	HS Diploma, experience in specific field. Ability to meet, greet and schedule patients on EMR Scheduling systems, answer phones, pull and file charts. Performs data entry of patients admitted for services.
Payment Poster	HS diploma or equivalent. Manual posting of all insurance and patient payments. Knowledge of Electronic Remittance Summary posting. Balancing daily posting figures. Medical Manager knowledge. Comprehension of Explanation of Benefits. Knowledge of Managed Care (contracts). Typing/Computer skills/Calculator skills. Phone etiquette to Insurance . Word, Excel, Outlook

Q14-17 Temporary Personnel Services Job Titles Summary

Principal Receiving Clerk	HS diploma or equivalent. 1-2 years experience in a Shipping and Receiving capacity. Knowledge of parcel shipping processes and systems is a plus. Attention to detail.
Principal Stores Clerk	High School Diploma or GED Certificate required. Ability to read, write, speak, understand and communicate in English sufficiently to perform the duties of the position. At least two (2) years of prior clerical experience required, preferably in a healthcare setting. Demonstrated good customer relations skills and proficiency in data input required.
Property Control Clerk	High School diploma or equivalency. Detail to scheduling, time management, and ability to order and bill supplies
Purchasing Agent	HS Diploma, experience in specific field. BA preferred. Responsible for the procurement of goods, services and / or equipment for various departments. Create Purchase Orders.
Senior Account Clerk	Knowledge of basic accounting principles and practices. Skill in using computer and application software for financial transactions. Knowledge of preparation, process, and verification of bank deposits. Ability to prepare journal entries and accounting reports. Ability to reconcile general ledger accounts as instructed. Problem solver <ul style="list-style-type: none"> o Skill in using common office machinery and equipment. o Skill in mathematical computations used in accounting. o Ability to communicate effectively, both orally and in writing. o Ability to establish and maintain effective working relationships with those contacted in the course of work.
Senior Data Entry Clerk	High School diploma or equivalency. 2-5 years of experience in fast paced environment. Organized, detail oriented, critical thinker Attention to detail and ability to work in a team environment necessary.
Sterile Supply Technician	High school diploma or equivalency. Some heavy lifting requires. Certification as a Sterile Processing technician must be current. Must have one year experience working in a health care facility practicing Sterile Processing procedures.
Telephone Operator	Knowledge of telephone consoles and related equipment. Customer service; verbal and interpersonal skills. Ability to handle difficult or irate callers. Ability to resolve problems.
Unit Clerk	HS Diploma, experience in specific field. Interpersonal skills, both verbal and written, basic computer skills and excellent customer service skills required.

SAMPLE UTILIZATION REPORT

SUNY Usage - W/E 06/15/14

Weekly Total Contract TQ00000	\$	10,000.00
5 Year Contract Value		\$1,000,000
Remaining balance of Contract as of 6/15/14		\$990,000

Breakdowns:

Contract C370322

Summary per VP Area

VP Area

3113762300

<u>Title</u>	<u>Total Regular Bill</u>	<u>Total OT Bill</u>	<u>Grand Total</u>
Administrative Assistant	\$ 10.00	\$0	\$ 10.00
Certified Ophthalmic Medical Tech	\$ 10.00	-	\$ 10.00
Computer Operator	\$ 10.00	-	\$ 10.00
Credentialing Specialist	\$ 10.00	-	\$ 10.00
Data Entry Clerk	\$ 10.00	-	\$ 10.00
Executive Secretary	\$ 10.00	-	\$ 10.00
IT Operator	\$ 10.00	-	\$ 10.00
Micro Lab Tech	\$ 10.00	-	\$ 10.00
Phlebotomist	\$ 10.00	-	\$ 10.00
Radiation Therapist	\$ 10.00	-	\$ 10.00
Registrar	\$ 10.00	-	\$ 10.00
Respiratory Therapy	\$ 10.00	-	\$ 10.00
Secretary I	\$ 10.00	-	\$ 10.00
Senior Account Clerk	\$ 10.00	-	\$ 10.00
Social Worker	\$ 10.00	-	\$ 10.00
Telephone Operator	\$ 10.00	-	\$ 10.00
Ultrasound Tech	\$ 10.00	-	\$ 10.00
X-Ray Tech	\$ 10.00	-	\$ 10.00
Total	\$ 180.00	\$ -	\$ 180.00

VP Area

3113762500

<u>Title</u>	<u>Total Regular Pay</u>	<u>Total OT Pay</u>	<u>Grand Total</u>
Pharmacist	\$ -	\$ -	\$ -
Pharmacy Tech	\$ 10.00	-	\$ 10.00
Radiation Therapist	\$ 10.00	-	\$ 10.00
Total	\$ 20.00	\$ -	\$ 20.00

Summary per Position

<u>Title</u>	<u>Total Regular Pay</u>	<u>Total OT Pay</u>	<u>Grand Total</u>
Administrative Assistant	\$ 10.00	\$ -	\$ 10.00
Certified Ophthalmic Medical Tech	\$ 10.00	-	\$ 10.00
Computer Operator	\$ 10.00	-	\$ 10.00
Credential Specialist	\$ 10.00	-	\$ 10.00
Data Entry Clerk	\$ 10.00	-	\$ 10.00
Executive Secretary	\$ 10.00	-	\$ 10.00
IT Operator	\$ 10.00	-	\$ 10.00
Micro Lab Tech	\$ 10.00	-	\$ 10.00
Pharmacist	\$ -	\$ -	\$ -
Pharmacy Tech	\$ 10.00	-	\$ 10.00
Phlebotomist	\$ 10.00	-	\$ 10.00
Radiation Therapist	\$ 20.00	-	\$ 20.00
Registrar	\$ 10.00	-	\$ 10.00
Respiratory Therapy	\$ 10.00	-	\$ 10.00
Secretary I	\$ 10.00	-	\$ 10.00
Senior Account Clerk	\$ 10.00	-	\$ 10.00
Social Worker	\$ 10.00	-	\$ 10.00
Telephone Operator	\$ 10.00	-	\$ 10.00
Ultrasound Tech	\$ 10.00	-	\$ 10.00
X-Ray Tech	\$ 10.00	-	\$ 10.00
Grand Total	\$ 200.00	\$ -	\$ 200.00

Contract C370338

Summary per VP Area

VP Area

37033830

<u>Title</u>	<u>Total Regular Bill</u>	<u>Total OT Bill</u>	<u>Grand Total</u>
Occupational Therapist	\$ 10.00	\$ -	#REF!
Physical Therapist	\$ 10.00	\$ -	\$ 10.00
Total	\$ 20.00	\$ -	#REF!

VP Area

37033851

<u>Title</u>	<u>Total Regular Bill</u>	<u>Total OT Bill</u>	<u>Grand Total</u>
Legal Contract Officer	\$ 10.00	\$ -	\$ 10.00
Occupational Therapist	\$ 10.00	\$ -	\$ 10.00
Physical Therapist	\$ -	\$ -	\$ -
Total	\$ 20.00	\$ -	\$ 20.00

Summary per Position

<u>Title</u>	<u>Total Regular Pay</u>	<u>Total OT Pay</u>	<u>Grand Total</u>
Legal Contract Officer	\$ 10.00	\$ -	\$ 10.00
Occupational Therapist	\$ 20.00	\$ -	\$ 20.00
Physical Therapist	\$ 10.00	\$ -	\$ 10.00
Grand Total	\$ 40.00	\$ -	\$ 40.00

PO 1541185

Summary per VP Area

VP Area

311376210

<u>Title</u>	<u>Total Regular Bill</u>	<u>Total OT Bill</u>	<u>Grand Total</u>
Dialysis Tech Assistant	\$ 10.00	\$ -	\$ 10.00
Total	\$ 10.00	\$ -	\$ 10.00

Summary per Position

<u>Title</u>	<u>Total Regular Pay</u>	<u>Total OT Pay</u>	<u>Grand Total</u>
Dialysis Tech Assistant	\$ 10.00	\$ -	\$ 10.00
Grand Total	\$ 10.00	\$ -	\$ 10.00

PO 1541255

Summary per VP Area

VP Area

311376230

<u>Title</u>	<u>Total Regular Bill</u>	<u>Total OT Bill</u>	<u>Grand Total</u>
Nuclear Tech	\$ 10.00	\$ -	\$ 10.00
Total	\$ 10.00	\$ -	\$ 10.00

Summary per Position

<u>Title</u>	<u>Total Regular Pay</u>	<u>Total OT Pay</u>	<u>Grand Total</u>
Nuclear Tech	\$ 10.00	\$ -	\$ 10.00
Grand Total	\$ 10.00	\$ -	\$ 10.00

VP Area 3113762300

Week Ending	Last Name	First Name	Job Title	Department	Bill Rate	OT Bill Rate	Regular Hrs	Regular Amt	OT Hrs	OT Amt	Billing Total	VP Area
6/15/2014	Smith	Jane	Administrative Assistant	Ophthalmology	10.00	15.00	33.00	330.00		0.00	330.00	311376230 20406
6/15/2014	Smith	Jane	Administrative Assistant	Contract	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20534
6/15/2014	Smith	Jane	Administrative Assistant	Ambulatory/OPD	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20497
6/15/2014	Smith	Jane	Administrative Assistant	Information Services	10.00	15.00	39.00	390.00		0.00	390.00	311376230 20450
6/15/2014	Smith	Jane	Administrative Assistant	Therapy Department	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20477
6/15/2014	Smith	Jane	Administrative Assistant	Otolaryngology	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20448
6/15/2014	Smith	Jane	Administrative Assistant	Neurology	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20500
6/15/2014	Smith	Jane	Administrative Assistant	Ambulatory Care	10.00	15.00	30.00	300.00		0.00	300.00	311376230 20533
6/15/2014	Smith	Jane	Administrative Assistant	Ambulatory Care	10.00	15.00	27.00	270.00		0.00	270.00	311376230 20535
6/15/2014	Smith	Jane	Administrative Assistant	CHRP Deans Office	10.00	15.00	37.00	370.00		0.00	370.00	311376230 20501
6/15/2014	Smith	Jane	Administrative Assistant	Information Services	10.00	15.00	40.00	400.00		0.00	400.00	311376230 20509
6/15/2014	Smith	Jane	Administrative Assistant	Ophthalmology	10.00	15.00	40.00	400.00		0.00	400.00	311376230 20405
6/15/2014	Smith	Jane	Administrative Assistant	University Police	10.00	15.00	30.00	300.00		0.00	300.00	311376230 20511
6/15/2014	Smith	Jane	Administrative Assistant	Hospital Business Office	10.00	15.00	22.50	225.00		0.00	225.00	311376230 20531
6/15/2014	Smith	Jane	Administrative Assistant	HIM	10.00	15.00	40.00	400.00		0.00	400.00	311376230 20439
6/15/2014	Smith	Jane	Administrative Assistant	Contracts	10.00	15.00	40.00	400.00	1.50	22.50	422.50	311376210 20532
6/15/2014	Smith	Jane	Administrative Assistant	Patient Financial Service	10.00	15.00	35.00	350.00		0.00	350.00	311376210 20404
			Administrative Assistant Total		10.00		601.00	6,010.00	1.50	22.50	6,032.50	
6/15/2014	Smith	Jane	Cert. Ophthalmic Medical Tech	Ophthalmic	10.00	15.00	37.75	377.50		0.00	377.50	311376210 20409
6/15/2014	Smith	Jane	Cert. Ophthalmic Medical Tech	Ophthalmic	10.00	15.00	38.75	387.50		0.00	387.50	311376210 20408
6/15/2014	Smith	Jane	Certified Ophthalmic Technician	Ophthalmic	10.00	15.00	28.75	287.50		0.00	287.50	311376210 20407
			Cert Ophthalmic Tech Total		10.00		105.25	1,052.50	0.00	0.00	1,052.50	
6/15/2014	Smith	Jane	Computer Operator	HIM	10.00	15.00	30.00	300.00		0.00	300.00	311376230 20456
6/15/2014	Smith	Jane	Computer Operator	HIM	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20451
6/15/2014	Smith	Jane	Computer Operator	Radiology	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20444
			Computer Operator Total		10.00		105.00	1,050.00	0.00	0.00	1,050.00	
6/15/2014	Smith	Jane	Credentialing Specialist	Medical Board	10.00	15.00	36.50	365.00		0.00	365.00	311376210 20516
			Credentialing Specialist Total		10.00		36.50	365.00	0.00	0.00	365.00	
6/15/2014	Smith	Jane	Data Entry Clerk	Payroll	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20472
6/15/2014	Smith	Jane	Data Entry Clerk	Payroll	10.00	15.00	30.75	307.50		0.00	307.50	311376230 20498
6/15/2014	Smith	Jane	Data Entry Clerk	Payroll	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20510
6/15/2014	Smith	Jane	Data Entry Clerk	Payroll	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20515
6/15/2014	Smith	Jane	Data Entry Clerk	Payroll	10.00	15.00	37.50	375.00		0.00	375.00	311376230 20478
6/8/2014	Smith	Jane	Data Entry Clerk	Dialysis	10.00	15.00	3.00	30.00		0.00	30.00	311376210 20523
6/15/2014	Smith	Jane	Data Entry Clerk	Dialysis	10.00	15.00	20.00	200.00		0.00	200.00	311376210 20536
			Data Entry Clerk Total		10.00		203.75	2,037.50	0.00	0.00	2,037.50	
6/15/2014	Smith	Jane	Executive Secretary	Emergency Services	10.00	15.00	30.00	300.00		0.00	300.00	311376230 20522
6/15/2014	Smith	Jane	Executive Secretary	Ophthalmology	10.00	15.00	40.00	400.00		0.00	400.00	311376230 20410
6/15/2014	Smith	Jane	Executive Secretary	Emergency Services	10.00	15.00	36.00	360.00		0.00	360.00	311376230 20496
6/15/2014	Smith	Jane	Executive Secretary	Emergency Services	10.00	15.00	38.00	380.00		0.00	380.00	311376230 20530
6/15/2014	Smith	Jane	Executive Secretary	Emergency Services	10.00	15.00	30.00	300.00		0.00	300.00	311376230 20481
			Executive Secretary Total		10.00		174.00	1,740.00	0.00	0.00	1,740.00	
6/15/2014	Smith	Jane	IT Operator	Information Services	10.00	15.00	40.00	400.00		0.00	400.00	311376230 20452
6/8/2014	Smith	Jane	IT Operator	Information Services	10.00	15.00	33.00	330.00		0.00	330.00	311376210 20490
6/15/2014	Smith	Jane	IT Operator	Information Services	10.00	15.00	28.00	280.00		0.00	280.00	311376210 20507
6/15/2014	Smith	Jane	IT Operator	Information Services	10.00	15.00	39.00	390.00		0.00	390.00	311376210 20438
			IT Operator Total		10.00		140.00	1,400.00	0.00	0.00	1,400.00	
6/8/2014	Smith	Jane	Lab Tech	Laboratory	10.00	15.00	30.00	300.00		0.00	300.00	311376210 20424

VP Area 3113762300

Week Ending	Last Name	First Name	Job Title	Department	Bill Rate	OT Bill Rate	Regular Hrs	Regular Amt	OT Hrs	OT Amt	Billing Total	VP Area
6/15/2014	Smith	Jane	Lab Tech	Laboratory	10.00	15.00	30.00	300.00		0.00	300.00	311376210
			Micro Lab Tech Total		10.00		60.00	600.00	0.00	0.00	600.00	20505
			Phlebotomist Total				0.00	0.00	0.00	0.00	0.00	
6/15/2014	Smith	Jane	Radiation Therapist	Radiation Oncology	10.00	15.00	14.00	140.00		0.00	140.00	311376230
			Radiation Therapist Total		10.00		14.00	140.00	0.00	0.00	140.00	20453
6/15/2014	Smith	Jane	Registrar	Radiology	10.00	15.00	25.50	255.00		0.00	255.00	311376230
			Registrar Total		10.00		25.50	255.00	0.00	0.00	255.00	20437
6/15/2014	Smith	Jane	Respiratory Therapy	Respiratory	10.00	15.00	24.50	245.00		0.00	245.00	311376230
6/15/2014	Smith	Jane	Respiratory Therapy	Respiratory	10.00	15.00	40.00	400.00		0.00	400.00	311376230
6/15/2014	Smith	Jane	Respiratory Therapy	Therapy	10.00	15.00	12.00	120.00		0.00	120.00	311376230
			Respiratory Therapy Total		10.00		76.50	765.00	0.00	0.00	765.00	20413
6/15/2014	Smith	Jane	Secretary I	Diagnostic Medical Image	10.00	15.00	6.50	65.00		0.00	65.00	311376230
6/15/2014	Smith	Jane	Secretary I	Linen Clinic	10.00	15.00	40.00	400.00		0.00	400.00	311376230
			Secretary 1 Total		10.00		46.50	465.00	0.00	0.00	465.00	20537
6/15/2014	Smith	Jane	Senior Account Clerk	Central Supply	10.00	15.00	37.50	375.00		0.00	375.00	311376230
6/15/2014	Smith	Jane	Senior Account Clerk	Central Supply	10.00	15.00	37.50	375.00		0.00	375.00	311376230
6/15/2014	Smith	Jane	Senior Account Clerk	Clinic	10.00	15.00	37.00	370.00		0.00	370.00	311376230
6/15/2014	Smith	Jane	Senior Account Clerk	Central Supply	10.00	15.00	37.50	375.00		0.00	375.00	311376230
6/15/2014	Smith	Jane	Senior Account Clerk	Pathology	10.00	15.00	30.00	300.00		0.00	300.00	311376230
6/15/2014	Smith	Jane	Senior Account Clerk	Central Supply	10.00	15.00	37.50	375.00		0.00	375.00	311376230
6/15/2014	Smith	Jane	Senior Account Clerk	Centra Supply	10.00	15.00	30.00	300.00		0.00	300.00	311376230
			Senior Account Clerk Total		10.00		247.00	2,470.00	0.00	0.00	2,470.00	20443
6/15/2014	Smith	Jane	Social Worker	Social Worker	10.00	15.00	38.50	385.00		0.00	385.00	311376230
6/15/2014	Smith	Jane	Social Worker	Social Worker	10.00	15.00	37.50	375.00		0.00	375.00	311376230
6/15/2014	Smith	Jane	Social Worker	Social Worker	10.00	15.00	37.50	375.00		0.00	375.00	311376230
			Social Worker Total		10.00		113.50	1,135.00	0.00	0.00	1,135.00	20482
6/15/2014	Smith	Jane	Telephone Operator	Transplant	10.00	15.00	36.50	365.00		0.00	365.00	311376230
			Telephone Operator Total		10.00		36.50	365.00	0.00	0.00	365.00	20542
6/15/2014	Smith	Jane	Ultrasound Tech	Vascular	10.00	15.00	10.00	100.00		0.00	100.00	311376230
6/15/2014	Smith	Jane	Ultrasound Tech	Radiology	10.00	15.00	35.75	357.50		0.00	357.50	311376230
6/15/2014	Smith	Jane	Ultrasound Tech	Radiology	10.00	15.00	10.00	100.00		0.00	100.00	311376230
6/15/2014	Smith	Jane	Ultrasound Tech	Radiology	10.00	15.00	36.50	365.00		0.00	365.00	311376210
			Ultrasound Tech Total		10.00		92.25	922.50	0.00	0.00	922.50	20502
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	21.00	210.00		0.00	210.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	14.00	140.00		0.00	140.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	7.00	70.00		0.00	70.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	7.00	70.00		0.00	70.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	20.25	202.50		0.00	202.50	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	26.50	265.00		0.00	265.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	7.00	70.00		0.00	70.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	7.00	70.00		0.00	70.00	311376230
6/15/2014	Smith	Jane	X-Ray Tech	Radiology	10.00	15.00	4.00	40.00		0.00	40.00	311376230
			X-Ray Tech Total		10.00		113.75	1,137.50	0.00	0.00	1,137.50	
			Grand Total 3113762300		10.00		2,191.00	21,910.00	1.50	22.50	21,932.50	

VP Area 3113762300

Week Ending	Last Name	First Name	Job Title	Department	Bill Rate	OT Bill Rate	Regular Hrs	Regular Amt	OT Hrs	OT Amt	Billing Total	VP Area
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VP Area 3113762500

Week Ending	Last Name	First Name	Job Title	Department	10.00	OT Bill Rate	Regular Hrs	Regular Amt	OT Hrs	OT Amt	Billing Total	VP Area
6/15/2014	Smith	Jane	Pharmacy Tech	Pharmacy	10.00	15.00	17.25	172.50		0.00	172.50	311376250 20504
			Pharmacy Tech Total		10.00		17.25	172.50	0.00	0.00	172.50	
					10.00							
6/15/2014	Smith	Jane	Radiation Therapist	NEURO	10.00	15.00	13.50	135.00		0.00	135.00	311376250 20454
			Radiation Therapist Total		10.00		13.50	135.00	0.00	0.00	135.00	
			Grand Total 3113762500				30.75	307.50	0.00	0.00	307.50	
			Weekly Total Contract TX000000				2,221.75	22,217.50	1.50	22.50	22,240.00	



Cost Proposal Form

Procurement# _____ Title: _____

Vendor must complete and include this sheet with its response to this procurement. Attach additional sheets as necessary.

Company Name: _____	Point of Contact: _____
Street Address: _____	eMail Address: _____
City/State/Zip: _____	Telephone Number: _____
	Fax Number: _____

Instructions: Vendor shall indicate below its proposed *not to exceed cost* for implementing its proposed Program in the manner described in this procurement and in accordance with the terms of its Proposal (including, but not limited to using the proposed staff).

Please complete the Bidders Cost Proposal Spreadsheet (an Excel format document is available upon request. Print out the entire spreadsheet and attach to this Bidder Certification Form, and sign below.

CERTIFICATION: By submission of this proposal, the proposer and any person signing on its behalf (in case of joint proposals, each party thereto) hereby certifies under penalty of perjury, that to the best of his or her knowledge and belief:

1. The prices in this proposal 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 proposer, bidder or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer, bidder or to any competitor;
3. No attempt has been made or will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.
4. The attached State University of New York standard contract clauses contained in Exhibit "A" and Exhibit "A-1" are made a part of this RFP and by submitting this proposal the proposer accepts the terms contained therein.

By:

(Proposer's Officer Signature)

(Officer's Printed Name)

(Officer's Title)

(Date)

Q14-17 Temporary Personnel Services COST PROPOSAL GRID SUMMARY

[This form is available in Excel format by request. Request via eMail to \[nicole.grantdecatur@downstate.edu\]\(mailto:nicole.grantdecatur@downstate.edu\)](#)

In Excel format, bidder inserts proposed hourly rates and all other (shaded) fields will auto-calculate

The following quote is presented by (vendor name) _____ for providing Temporary Personnel services described in the foregoing specifications.

Proposed Cost Summary:

(A). Grand Total for all Positions (as per detail title grid below)

\$ -

B. **Insert Annual Cost of Value Added Service Charges (if any), such as**

Onsite Administrative Assistant to support timesheet reconciliation, related temporary personnel functions as may be required by SUNY-DMC

Grand Total A & B =

\$ -

Job Titles	APPROXIMATE ANNUAL HOURS*	INSERT Bidder's PROPOSED HOURLY RATE (\$)	TOTAL ANNUAL COST FOR POSITION (ANNUAL HOURS MULTIPLIED BY HOURLY RATE)
Clinical			
Anesthesia Technician	100		\$ -
Animal Research Tech	100		\$ -
Audovisual Technician	100		\$ -
Cardiac Sonographer	100		\$ -
Central Supply Technician	100		\$ -
Certified Mammographer	100		\$ -
Certified Occupational Therapist Assistant	100		\$ -
Certified Respiratory Therapist (CRT)	100		\$ -
CT Scan Technologist	100		\$ -
Dental Assistant	1820		\$ -
Dental Hygienist	100		\$ -
Dietary Aide / Technician	100		\$ -
Dialysis Tech Assistant	2768		\$ -
Electroneurodiagnostic Tech I	100		\$ -
Electroneurodiagnostic Tech II	100		\$ -
Endoscopy Technician	100		\$ -
Lab Clerk / Aide	100		\$ -
Lab Technician	2498		\$ -
Lab Technologist	9000		\$ -
Magnetic Resonance Imaging Specialist	100		\$ -
Medical Assistant	100		\$ -

Q14-17 Temporary Personnel Services

Job Titles	APPROXIMATE ANNUAL HOURS*	INSERT Bidder's PROPOSED HOURLY RATE (\$)	TOTAL ANNUAL COST FOR POSITION (ANNUAL HOURS MULTIPLIED BY HOURLY RATE)
Nuclear Medicine Technician	773		\$ -
Nursing Techs	100		\$ -
Nutritionist	100		\$ -
Occupational Therapist	2130		\$ -
Ophthalmic Technician	4308		\$ -
Patient Care Technician	100		\$ -
Pharmacist	83		\$ -
Pharmacy Technician I	1441		\$ -
Pharmacy Technician II	100		\$ -
Phlebotomist	1914		\$ -
Physical Therapist	4534		\$ -
Physical Therapist Assistant	100		\$ -
Physician Assistant	7020		\$ -
Radiotherapy Technologist	1000		\$ -
Registered Dietician	100		\$ -
Registered Respiratory Therapist (RRT)	6200		\$ -
Registry Eligible Respiratory Therapist (RRT Eligible)	3361		\$ -
Social Worker	406		\$ -
Speech Pathologist	100		\$ -
Substance Abuse Counselor	100		\$ -
Surgical Technologist	100		\$ -
Surgical Technologist II	100		\$ -
Ultrasound Technician	2864		\$ -
Vascular Tech	230		\$ -
X-Ray Technician	7552		\$ -
Non-Clinical			\$ -
Accounting Clerk (A/R & A/P)	5300		\$ -
Administrative Assistant I	18,643		\$ -
Administrative Assistant II	100		\$ -
Administrative Assistant III	100		\$ -
Biller	100		\$ -
Cash Poster	100		\$ -
Clerk	100		\$ -
Computer Operator	1104		\$ -
Data Entry Clerk	1982		\$ -
Director	100		\$ -
Driver	100		\$ -
Executive Assistant I	20000		\$ -
Executive Assistant II	100		\$ -
Executive Assistant III	100		\$ -
Executive Secretary	9042		\$ -

Q14-17 Temporary Personnel Services

Job Titles	APPROXIMATE ANNUAL HOURS*	INSERT Bidder's PROPOSED HOURLY RATE (\$)	TOTAL ANNUAL COST FOR POSITION (ANNUAL HOURS MULTIPLIED BY HOURLY RATE)
Health Information Management (HIM) Associate	100		\$ -
Hospital Biller	100		\$ -
Hospital Collector	100		\$ -
Housekeeper	100		\$ -
Human Resources Recruiter	100		\$ -
I.C.D.-9 Coder	100		\$ -
Junior Administrative Assistant	100		\$ -
Laborer I	100		\$ -
Laborer II	100		\$ -
Legal Contract Officer	83		\$ -
Mail Clerk	100		\$ -
Manager	100		\$ -
Medical Records Clerk	100		\$ -
Maintenance Technician	100		\$ -
Medical Coder I- CPC or CCS	100		\$ -
Medical Records Coder II	100		\$ -
Medical Receptionist	100		\$ -
Medical Secretary	100		\$ -
Medical Transcriptionist	100		\$ -
Office Machine Operator	100		\$ -
Patient Registration	582		\$ -
Patient Services Representative	100		\$ -
Payment Poster	100		\$ -
Principal Receiving Clerk	100		\$ -
Principal Stores Clerk	100		\$ -
Principal Telephone Operator	100		\$ -
Programmer-Analyst	100		\$ -
Property Control Clerk	100		\$ -
Purchasing Agent	1900		\$ -
Secretary I	3169		\$ -
Senior Account Clerk	4777		\$ -
Senior Data Entry Clerk	100		\$ -
Sterile Supply Technician	100		\$ -
Telephone Operator	1322		\$ -
Unit Clerk	100		\$ -
(A) GRAND TOTAL FOR ALL POSITIONS			\$ -

*The approximate annual hours per position indicated above are for evaluation purposes only. No guarantee of actual hours is implied and may vary. The successful bidder will be permitted to bill only for actual hours worked during the term of the fully executed contract resulting from this bid.

SECTION II

(page separator –rest of page intentionally blank)

Contract Number: XXXXXXXX

Agency Code: 3320218

AGREEMENT (this “Agreement”) made this ____ day of _____, 201_ by and between the **State University of New York**, an educational corporation organized and existing under the laws of the State of New York and having its principal place of business located at State University Plaza, Albany, New York, 12246, hereinafter referred to as “**State University**” for and on behalf of the **State University of New York – Downstate Medical Center**, 450 Clarkson Avenue, Brooklyn, New York 11203 (“**SUNY-DMC**”) and **[INSERT CONTRACTOR’S FULL LEGAL NAME, TYPE OF ENTITY (AND, IF CORPORATION, INCLUDE THE STATE OF FORMATION), AND PLACE OF BUSINESS]**, a corporation organized and existing under the laws of the State of **[INSERT STATE OF INCORPORATION]**, with its principal place of business located at **[INSERT PRIMARY CORPORATE ADDRESS]** (“**Contractor**”).

W I T N E S S E T H:

WHEREAS, SUNY-DMC requires a qualified firm to provide certain **[Insert brief (high level) description of covered services (e.g. consulting, collections)]** services;

WHEREAS, pursuant to Part Q of Chapter 56 of the Laws of 2013 (“Part Q”), **SUNY-DMC** solicited proposals for the aforesaid services by publication on its website (the “Posting”), a copy of which is annexed hereto as **Exhibit “B”** and made a part hereof;

WHEREAS, Contractor submitted a timely proposal, a copy of which is attached hereto as **Exhibit “C”** and made a part hereof;

WHEREAS, Contractor is normally engaged in the business of providing the services described above, and appears duly qualified to provide the services required by **SUNY-DMC**; and

WHEREAS, SUNY-DMC and the **Contractor** desire to enter into an agreement setting forth the terms and conditions by which the **Contractor** will perform the desired services; and

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, the parties hereto agree as follows:

1. The recitals set forth above are incorporated by reference as if fully set forth at length herein. Unless specified otherwise, all references to “days” herein shall refer to calendar days. All of the capitalized terms not otherwise defined below, shall have the same meanings set forth in (i) the Posting, a copy of which is attached hereto as **Exhibit B**; (ii) the Proposal, a copy of which is attached hereto as **Exhibit C**; and/or (iii) any other documents incorporated herein as exhibits hereto.
2. Unless terminated earlier as provided herein, the term of this shall be **[State the initial term of the Agreement]**, (the “Term”), commencing **Insert the beginning date** and expiring **[Insert the end date of the initial term]**.

3. **Contractor** shall provide to **SUNY-DMC** the **[Insert General Description]** services described in detail in the Posting and the Proposal (the “Services”), subject to the terms hereof.
4. Upon written notification by **SUNY-DMC** to **Contractor** that this Agreement has been executed and approved by all necessary parties, **Contractor** shall immediately commence performance pursuant to the terms set forth herein. **Contractor** understands, agrees and acknowledges that, except where modified by a valid amendment hereto, subject to regulatory approval, where applicable, it shall perform only the services set forth in this Agreement in strict compliance with the terms hereunder. **Contractor** shall retain responsibility for the monitoring and administration of this Agreement, including, but not limited to ensuring that any limits or other conditions on its compensation are enforced strictly, and shall notify **SUNY-DMC**, as soon as practicable, if it appears that any compensation limits will be prematurely reached. Any failure of **Contractor** to comply with the foregoing, including, without limitation, performing services beyond the scope of this Agreement and/or exceeding or otherwise deviating from any payment terms hereunder (absent a valid amendment hereto), shall be at **Contractor’s** sole cost and expense
5. In consideration of performing the Services in accordance with the provisions of this Agreement, provided that **Contractor** complies with the provisions hereof (including those governing invoicing hereunder), **SUNY-DMC** shall pay **Contractor**, in arrears, in the all-inclusive **[SPECIFY BILLING PERIOD (e.g monthly, quarterly or annual)]** amount of **[DEFINE MUTUALLY AGREED UPON PAYMENT TERMS]**
FOR USAGE: Include rate and, if applicable, specify not to exceed limit. NOTE: *Not to exceed will only apply to Part Q procurements under \$1 million*

INCLUDE IN ALL CONTRACTS:

Fees paid for which it is subsequently determined that **Contractor** was not entitled must be promptly reimbursed to **SUNY-DMC**. **Contractor** acknowledges **SUNY-DMC** may effectuate such reimbursement by subtracting such fees (due **SUNY-DMC** in accordance with the preceding sentence) from any payments that later become due to **Contractor** hereunder.

6. As a condition of **Contractor’s** entitlement to payment hereunder, **Contractor** shall submit Proper Invoices (as defined hereinafter) to **SUNY-DMC** in the manner described hereinbelow, provided, however, that **Contractor** shall not submit more than one invoice per billing period. Each invoice shall (i) be accurate and correct; (ii) reference this Agreement (specifically, the reference number assigned hereto (and set forth at the top of the first page hereof)), (iii) include an itemized statement of all charges set forth therein as well as a detailed description of such charges, including, the specific services provided, date(s) of performance (and/or period(s) covered by such charges), identification of covered equipment/systems (e.g. model/serial number), if applicable, and any substantiating or other supporting documentation or information necessary to validate or verify the charges contained in such invoice or any other information reasonably requested by **SUNY-DMC** or the Office of the State Comptroller; and (iv) shall be submitted as follows (an invoice that satisfies the criteria set forth in (i) – (iv) above is a “Proper Invoice,” collectively “Proper Invoices”):

Original to:

**SUNY – Downstate Medical Center
450 Clarkson Avenue
Expenditure Processing – Box #54
Brooklyn, New York 11203-2098**

Copy to:

**SUNY – Downstate Medical Center
Director of Contracts and Procurement Management – Box #63
450 Clarkson Avenue
Brooklyn, New York 11203-2098
Attention: Director of Contracts**

7. Payments to **Contractor** for all undisputed charges will be rendered by the State of New York (i.e. Office of the State Comptroller) within thirty (30) days of **SUNY-DMC's** receipt of a Proper Invoice submitted in the manner described hereinabove. Payment will be remitted to **Contractor** at the following address:

[INSERT CONTRACTOR'S NAME, ADDRESS and TAX ID#]

Payment for invoices submitted by the **Contractor** shall only be rendered electronically unless payment by paper check is expressly approved by an authorized individual, in his or her sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary New York State procedures and practices. **Contractor** shall comply with the New York State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the OSC website at www.osc.state.ny.us/epay/index.htm.

In the event that **Contractor** has not received payment when due in accordance with the foregoing, **Contractor** shall immediately send a certified letter to the attention of both the notice recipient hereunder and **SUNY-DMC's** Director of Expenditure Processing informing the same of the failure to receive payment (and including any supporting documentation in connection with the outstanding charges). **Contractor's** failure to comply with the foregoing may result in its ineligibility to receive any interest payments to which it may be entitled hereunder.

Notwithstanding anything to the contrary herein (or in any exhibit hereto), timeliness of payment and any interest to be paid to **Contractor** for late payment, to the extent required by law, shall be governed by Article 11-A of the New York State Finance Law. **Contractor's** sole and exclusive remedy for **SUNY-DMC's** failure to make payments when due shall be the interest payments described in the foregoing sentence.

8. **SUNY-DMC** is exempt from any and all taxes related to the services provided under this agreement.
9. **Contractor** represents and warrants that it possesses and shall maintain in effect (and that **Contractor's** employees assigned to perform hereunder and any permitted subcontractors (and

assigned employees thereof) shall possess and maintain in effect) throughout the term of this Agreement, all permits, licenses and authorizations (collectively, "Licenses") to perform under this Agreement as required and shall obtain and maintain any additional permits, licenses and authorizations which may be subsequently required throughout the term of this Agreement by the City of New York, the State of New York, the Federal Government, and/or by any other government or regulatory authority with jurisdiction. **Contractor** shall furnish to the administrator of forms hereunder evidence of such Licenses, and shall notify **SUNY-DMC** immediately of any change in the status of the same. Failure by **Contractor** to comply with its obligations under this section shall entitle **SUNY-DMC** to terminate this Agreement immediately upon notice.

10. **Contractor** shall perform the Services and its obligations hereunder in accordance with the highest professional standards for such services in the New York Metropolitan area and in accordance with all laws rules, ordinances and regulations of any national, state or local government, any political subdivision thereof or any other governmental, quasi-governmental, judicial, public or statutory instrumentality, authority, body, agency, department, bureau, commission, including without limitation the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").
11. **Contractor** agrees to comply with the provisions contained in Exhibits "A" and "A-1" and Attachment A, all of which are attached to this Agreement and incorporated herein and made a part hereof. The term "Contractor" in the said Exhibits "A" and "A-1" and Attachment A shall be construed to denote the **Contractor** herein.
12. Subject to applicable disclosure laws, each party will treat as confidential any information provided by the other party that is marked as proprietary or confidential (or that reasonably should be known by the receiving party to be proprietary and/or confidential), and each party will protect the confidentiality of the other party's proprietary or confidential information using at least the same degree of care such party employs in protecting its own proprietary and confidential information (but in no event less than a reasonable degree of care). Notwithstanding the foregoing or anything to the contrary herein, **Contractor** acknowledges that this Agreement is subject to the New York State Freedom of Information Law ("FOIL") as set forth in Article 6 of the New York State Public Officers Law and that only **Contractor's** proprietary information that satisfies the requirements of section 87(2)(d) of the Public Officers Law shall be excepted from disclosure thereunder. If **Contractor** believes that any information in the Agreement constitutes a trade secret or should otherwise be treated as confidential and wishes such information not to be disclosed if requested pursuant to Article 6 of the New York State Public Officers Law, **Contractor** shall submit with the Agreement a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information, explaining in detail why such information is a trade secret and formally requesting that such information be confidential. Only **Contractor's** proprietary information that satisfies the requirements of section 87(2)(d) of the Public Officers Law shall be excepted from disclosure thereunder. Failure by **Contractor** to submit such a letter with the Agreement identifying trade secrets shall constitute a waiver by **Contractor** of any rights it may have under the New York State Public Officers Law relating to protection of trade secrets. To the extent that litigation arises over **Contractor's** invocation (or attempted invocation) of trade secret protection, under FOIL, **Contractor** shall be solely responsible to respond to, and defend, the litigation; and failure to do so shall constitute a waiver of **Contractor** of any rights it may have under the New York State Public Officers Law relating to protection of trade

secrets. Upon termination of this Agreement, **Contractor** shall, at its sole cost and expense, return to **SUNY-DMC** any and all confidential information of **SUNY-DMC** then in its custody or possession (regardless of the medium held or stored).

13. To the extent applicable, **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 willful acts or omissions of **Contractor's** agents, officers, employees or subcontractors.
14. To the extent applicable hereto, wages paid by **Contractor** (and/or by any subcontractor hereunder) for the required services shall be no less than the minimum wage rate, if any, prescribed by the New York State Department of Labor ("DOL") for the specific services applicable in the area where work will be performed. If the DOL should revise these rates prior to contract award or during the contract period, the Contractor and any subcontractors must then comply with any such new rates.
15. **Contractor** shall procure and maintain for the duration of this Agreement, at its own expense and at no cost to the State of New York, with insurance companies authorized to do business in the State of New York, the following types and amounts of insurance, covering all operations hereunder, whether performed by **Contractor** or a subcontractor of **Contractor**:
 - A) **Commercial General Liability** in the amount of \$1,000,000 single limit each occurrence, \$3,000,000 aggregate, to include:
 - (1) Contractor's Liability Insurance to cover all operations with respect to all services performed hereunder;
 - (2) Contractual Liability Insurance to cover the indemnification required hereunder.
 - (3) Products/Completed Operations;
 - (4) Protective Liability Insurance issued in the name of, and covering the liability of, the People of the State of New York with respect to all operations hereunder, the for the same limits as set forth above.
 - B) **Workers Compensation**
 - C) **New York State Worker's Compensation and Disability Coverage** – **Contractor** shall submit either (i) proof (which proof must be acceptable to the Worker's Compensation Board (the "Board")) of both New York Disability Benefits and New York Worker's Compensation coverage or (ii) Certificate of Attestation of Exemption (CE-200) form(s) establishing statutory exemptions from coverage requirements (where applicable, a separate CE200 form must be submitted for Disability and Worker's Compensation). **ACORD FORMS ARE NOT CONSIDERED ACCEPTABLE PROOF.** Refer to the Board's website: <http://www.wcb.state.ny.us/> for further information.

- D) Automobile insurance (owned and non-owned vehicles) – no less than \$1,000,000 CSL each occurrence.

All insurance policies must (i) name **SUNY-DMC**, SUNY and the State of New York as additional insureds and (ii) contain a thirty (30) day written notice of any cancellation, change, or termination of coverage. All certificates must be filed with the Director of Contracts prior to commencement hereof.

16. To the extent applicable, **Contractor** agrees to comply with the reporting requirements arising under New York State Finance Law Section 8 and Section 163, as amended by Chapter 10 of the Laws of 2006. Further information on such requirements (including copies of the forms **Contractor** must complete to satisfy such requirements - Planned Employment Form (Form A) and the Annual Employment Report (Form B)) is available via the following web address: www.osc.state.ny.us/agencies/gbull/g-226.htm.
17. As a result of the Iran Divestment Act of 2012 (the “Act”), Chapter 1 of the 2012 Laws of New York, a new 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”) is charged with developing a “list” (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms under the law). Pursuant to SFL §165-a(3)(b), OGS is required to issue the initial list no later than 120 days after the Act’s effective date, at which time it will be posted on the OGS website, and to update the list every 180 days thereafter.

By entering into a renewal or extension of this Agreement, **Contractor** (or any assignee) certifies that once the prohibited entities list is posted on the OGS website, it will not utilize, as a subcontractor, to perform its obligations under this Agreement, any entity identified on the prohibited entities list.

Additionally, **Contractor** understands that, during the term of this Agreement, should **SUNY-DMC** receive information that a “person” (for the purposes hereof, **Contractor** and its subsidiaries, parents, affiliates or other related individuals or entities that fall within the Act’s definition of a person) is in violation of the above-referenced certification, **SUNY-DMC** will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its investment in violation of the Act, then **SUNY-DMC** shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages and/or declaring the Contractor in default.

SUNY-DMC reserves the right to reject any renewal, extension or request for assignment to an entity that appears on the prohibited entities list, 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. **Contractor** and any of its agents, employees or sub-contractors engaged in the performance of the services contemplated under this Agreement shall at all times be deemed to be performing as an independent contractor, and not as an agent or employee of the **State University** or **SUNY-DMC**, and the acts and omissions of such agents, employees or sub-contractors shall be deemed to be those of **Contractor**. **Contractor** shall indemnify, defend and hold harmless the **State University of New York**, the **State of New York** and **SUNY-DMC** (the “Indemnified”)

and their officers, trustees, employees and agents from and against all loss, damage and expense (including, without limitation, reasonable attorneys', accountants' and consultants' fees and court costs) or other liability incurred by, imposed upon or threatened against the Indemnified in connection with any claim, suit, action, demand or judgment arising out of **Contractor's** (and/or its officers', employees' and agents'): (i) negligence or intentional misconduct; and/or (ii) failure to comply with the provisions hereof. Reciprocally, subject to the availability of lawful appropriations (as required by Section 41 of State Finance Law) and consistent with Section 8 of the State Court of Claims Act, **SUNY-DMC** shall hold **Contractor** harmless from and indemnify it for any final judgment of a court of competent jurisdiction to the extent attributable to the negligence of **SUNY-DMC** or its officers and employees when acting within the course and scope of their employment.

19. Notwithstanding anything herein to the contrary, **Contractor** shall remain liable, without monetary limitation, for direct damages for personal injury, death or damage to real property, tangible personal property or intellectual property attributable to the negligence or other tort of **Contractor** or **Contractor's** officers, employees or agents.
20. **Termination by SUNY-DMC.**
 - (a) In the event of a breach by **Contractor** of any provision of this Agreement, **SUNY-DMC** shall give the **Contractor** fifteen (15) days to cure. If the breach is not remedied within the fifteen (15) day cure period, **SUNY-DMC** may, in addition to other rights and/or remedies that it may otherwise have, terminate this Agreement by giving the **Contractor** fifteen (15) days written notice.
 - (b) **SUNY-DMC** may terminate this Agreement immediately, without penalty, if: (i) in **SUNY-DMC's** reasonable determination, **Contractor's** acts or omissions: (a) pose a danger to **SUNY-DMC's** employees, patients and/or visitors; (b) might result in the loss of any license reasonably necessary for the operation of Customer's business, including accreditations (required pursuant to contractual arrangements); (ii) **Contractor's** insurance lapses; (iii) **Contractor**: (a) makes an assignment in contravention to the terms of this Agreement and/or applicable law; (b) is or becomes the subject of a bankruptcy or similar proceeding; or otherwise (c) becomes insolvent; (iv) lawful appropriations are not made (pursuant to Section 41 of State Finance Law); (v) the certifications filed by **Contractor** in accordance with: (a) State Finance Law sections 139-j and 139-k are found to be intentionally false or intentionally incomplete; or (b) Tax Law Section 5-a, if applicable, are found to be false or incomplete.
 - (c) **SUNY-DMC** reserves the sole right to terminate this Agreement, in whole or in part, for any reason, without penalty, by giving the **Contractor** thirty (30) days written notification.
 - (d) **SUNY-DMC** reserves the right at any time during the performance of this Agreement to omit any portion of the work as **SUNY-DMC** may deem, in its sole discretion, necessary without constituting grounds for any claim by **Contractor** for allowances for damages.
 - (e) In the event **SUNY-DMC** terminates this Agreement, for any reason, **Contractor** shall refund to **SUNY-DMC**: (i) if applicable, any compensation paid on account of any period during which **Contractor** was in breach of its obligations hereunder; and (ii) that portion of compensation already paid that is attributable to the balance of the term of this Agreement.
 - (f) The foregoing termination rights shall be in addition to and not in lieu of any other or additional rights and remedies that **SUNY-DMC** may have hereunder, at law or in equity.

21. If at any time hereunder **Contractor** alleges breach by **SUNY-DMC** of any of the provisions hereunder, **Contractor** shall not, in any event, withhold performance under this or any other agreement it may have with **SUNY-DMC**. **Contractor** shall, instead, provide **SUNY-DMC** with notice, pursuant to provision governing notices hereunder which notice shall specifically detail the alleged breach and the remedial measure sought, and allow **SUNY-DMC** ninety (90) days to cure any such breach ("Curative Period"). In the event **SUNY-DMC** has commenced, but not completed, remedial actions during the Curative Period, **SUNY-DMC** shall confer with **Contractor** in good faith and the parties shall negotiate a reasonable extension to the Curative Period.
22. Upon natural expiration, or earlier termination, of this Agreement, **Contractor** shall (at no additional cost to **SUNY-DMC**): (a) perform such activities as are reasonably necessary to ensure an orderly wind-down of its activities hereunder (which shall include, at a minimum, returning to **SUNY-DMC** (or, at **SUNY-DMC's** request, to a third party (including a successor provider of the services hereunder) any materials, documents or other items held, or otherwise possessed, by **Contractor** for or on behalf of **SUNY-DMC** (or otherwise in **Contractor's** possession); and (b) reasonably assist **SUNY-DMC** to facilitate transition of the services hereunder to either a successor provider or **SUNY-DMC**.
23. The parties agree that, if by reason of strike or other labor disputes, civil disorders, inclement weather, acts of God, delays in regulatory approvals or other cause beyond the control of the parties, either party is unable to entirely perform its obligations hereunder, such non-performance shall not be considered a breach of this Agreement. The Party claiming excusable delay shall use commercially reasonable efforts to immediately notify the other Party of the force majeure condition and to mitigate the effects of the force majeure condition giving rise to the delay so as to continue performing as required hereunder as expeditiously as reasonably possible.
24. The **Contractor** shall keep books and records in accordance with good accounting practice and shall permit **SUNY-DMC** to examine and audit the books of the **Contractor** at the **Contractor's** place of business, upon reasonable notice by **SUNY-DMC**.
25. Any notices between **SUNY-DMC** and **Contractor** must be in writing signed by the party giving such notice, and shall be either hand delivered with receipt given or sent by certified mail, return receipt requested, or by overnight courier as follows:

To **SUNY-DMC**:

SUNY- Downstate Medical Center
Director of Contracts and Procurement Management
450 Clarkson Avenue, Box 63
Brooklyn, New York 11203-2098
Attention: Director of Contracts

To **Contractor**:

[INSERT CONTRACTOR'S ADDRESS FOR NOTICE RECIEPT AND NOTICE
RECIPIENT'S TITLE]

or to such other address or addressee as may be subsequently designated by notice. All notices become effective only when received by the addressee.

26.
 - a. **Contractor** shall be responsible for notifying the Director of Contracts and Procurement Management, in writing, of any change of address or telephone number, notwithstanding any notification to any other department of **SUNY-DMC**.
 - b. **Contractor** shall be responsible for notifying the Director of Contracts and Procurement Management, in writing, of the appropriate address(es) to send correspondence, including renewal letters and financial documentation relating to this Agreement.
 - c. The Contracts and Procurement Management Department shall mail correspondence to the address(es) designated by **Contractor**.
 - d. The Contracts and Procurement Management Department shall not be liable for any ramifications resulting from **Contractor's** failure to comply with Items (a) and (b) herein above.
27. To the extent applicable, **Contractor** agrees that **Contractor** (and **Contractor's** employees and/or agents assigned to **SUNY-DMC**) shall, at all times, comply with the provisions of the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 and its implementing regulations, other applicable privacy laws as well as applicable **SUNY-DMC** policies and procedures governing the confidentiality, privacy and security of patient protected health information, as set forth in the Business Associates Agreement ("BAA"), a copy of which is annexed hereto as **Exhibit D** and made a part hereof.
28. **SUNY-DMC** is required by law to provide information to all of its contractors and agents regarding the Federal False Claims Act, New York State Laws regarding civil or criminal penalties for false claims and payments, administrative remedies for false claims and statements, and whistleblower protections under these laws. **Exhibit E** (the "DRA Appendix") of this Agreement satisfies this notification requirement, and by execution of this Agreement, **Contractor** acknowledges that it has received and understands the information provided therein.
29. **Contractor** shall determine, by reference to the then Current Department of Health and Human Services Offices of the Inspector General's List, the General Administration list of Excluded Individuals/Entities, and the New York State Medicaid Disqualified Provider List, whether **Contractor**, its employees, or any individual **Contractor** assigns to **SUNY-DMC** to furnish goods or services pursuant to the Agreement, or any individual or entity from which **Contractor** receives or purchases goods that it provides to **SUNY-DMC**, is excluded from participation in Medicare, Medicaid, or other federally funded health care programs. **Contractor** shall not assign to **SUNY-DMC** any employee or any individual that is so excluded. Prior to the assignment, **Contractor** shall provide **SUNY-DMC** with a copy of the report indicating that **Contractor**, the employee, individual, or entity is not so excluded. If, at any time during the term of the Agreement, **Contractor**, the employee, individual, or entity **Contractor** is excluded from participation in Medicare, Medicaid, or other federally funded health care programs, **Contractor** shall immediately notify **SUNY-DMC** of the exclusion, and **SUNY-DMC** shall have the option of immediately terminating the Agreement and this

Amendment, in whole or in part as necessary and applicable in **SUNY-DMC**'s sole discretion, and **Contractor** shall provide a pro rata refund to **SUNY-DMC** based on the period of time remaining in the term of the Agreement. Department of Health and Human Services Office of the Inspector General (www.oig.hhs.gov), General Services Administrative List of Excluded Individuals/Entities (www.epls.gov), and New York State Medicaid Disqualified Provider List (www.omig.state.ny.us).

30. **Contractor's Obligations with respect to Employees On-Site at SUNY-DMC.**

- a. **Legal Compliance.** Any personnel assigned by **Contractor** to provide services on-site at **SUNY-DMC** shall have and maintain, for the duration hereof, any and all applicable licenses, certifications or other authorizations required by applicable law for the performance of such services. Further, such personnel shall comply with all applicable **SUNY-DMC** policies and procedures governing access to and any entry upon its premises.
- b. **SUNY-DMC's Right to Staff Replacement.** If at any time during the course of the Term, the appearance, conduct, performance, or other behavior of any of **Contractor's** employees is reasonably deemed by **SUNY-DMC** to be unacceptable or otherwise not in the best interests thereof, **Contractor** shall immediately remove such employee from **SUNY-DMC's** premises.
- c. **Assignment Conditions/HR Competencies for On-Site Performance.**
 - i. All personnel supplied by **Contractor** shall be and remain its employees, and, except as specifically provided hereunder, **SUNY-DMC** shall have no responsibility whatsoever as an employer with respect to such personnel, i.e. withholding social security, unemployment compensation, or any other taxes mandated by law.
 - ii. Prior to assignment to **SUNY-DMC**, directly or indirectly, Contractor shall ensure that all of its employees have successfully completed all required medical/physical and other required examinations. Without limiting the generality of the foregoing, **Contractor** shall be responsible for: (a) screening for competence all of its personnel performing work on or about **SUNY-DMC's** property; and (b) providing, on an individual basis, written certification to **SUNY-DMC** that each employee: (1) possesses the requisite employment eligibilities work status (form I-9), education, training, physical/mental health and experience required to perform the duties of the position performed on behalf of **Contractor** at **SUNY-DMC**; and (2) has demonstrated competence in performing the duties required of the position. The foregoing health requirements shall include, inter alia, **Contractor** causing all of its employees assigned to duty in any **SUNY-DMC** facility to submit to period health examinations as required by **SUNY-DMC** and/or by applicable law, and submission by **Contractor** of satisfactory evidence of compliance with all health regulations to **SUNY-DMC's** Employee Health Department in accordance with its rules, regulations and standard practices.
 - iii. **Contractor** must maintain a file including documentation of the competencies of each employee working at **SUNY-DMC** and must make said file available via fax transmission or other reasonably requested medium to **SUNY-DMC's** Human

Resources Department when requested, upon four (4) hours notice. At a minimum, such file must include for each individual a written job description, a completed job application or resume detailing the individual's competencies, including copies of any license, registration, certification and/or permits; evidence that the employee has received an initial **SUNY-DMC** orientation and attended annual Mandatory Education Program; evidence that the employee has had a physical examination within the last twelve (12) month period including TB testing, chicken pox and measles testing; and completed annual competency assessments, including age-specific competencies and assessments and current, up-to-date evaluation and appraisal tools.

- iv. Prior to assignment of an individual to **SUNY-DMC**, **Contractor** shall determine, through use of an appropriate consumer reporting agency, whether such individual has at any time been convicted of a crime under any federal or state law, and shall furnish **SUNY-DMC** with a copy of the report resulting from such process. In the event that the individual has been so convicted, **SUNY-DMC** shall determine, in its sole discretion, whether assignment of such individual is acceptable. The criminal background check performed by **Contractor** shall meet the following specifications: a. A Social Security Trace shall be performed to verify that provided social security number is valid. This trace will provide address records of the employee associated with the number, which shall then be used for the associated criminal records search; and b. A search shall be performed of all criminal records (felony and misdemeanor) for all counties in which the individual is known to have resided, under his or her current name as well as under any alias or maiden names assigned to the Social Security Number. Such criminal records search should extend as far back in time as the records of each particular county permit, which may vary by state and/or county. With respect to individuals assigned to **SUNY-DMC** continuously for a year or more, **Contractor** shall re-perform the checks described hereinabove at least once annually, and shall provide **SUNY-DMC** with a copy of the resulting reports.
- d. Pre-employment Training/Programs. **Contractor** shall ensure that all of its employees attend the required **SUNY-DMC** New Employee Orientation program, as well as all mandatory annual in-service training, including, but not limited to, Health Insurance Portability and Accountability Act and Fire Safety Training.
31. Neither this Agreement nor any of its provisions shall be assigned, delegated, transferred, conveyed, sub-let, or otherwise disposed of without the prior written consent of **SUNY-DMC** and, where applicable, that of the New York State Attorney General and the New York State Office of the State Comptroller; and any attempts to assign, delegate, transfer, convey, sub-let, or otherwise dispose of this Agreement without said written consents shall be null and void. For avoidance of doubt, all provisions hereof shall bind any permitted successors and/or assigns of either party.
32. The **SUNY-DMC** Project Manager for this Agreement shall be **[INSERT PROJECT MANAGER'S TITLE]**, or any other such individual as may be subsequently designated by **SUNY-DMC**. The Project Manager shall review any work plan prepared by the **Contractor**, approve activities hereunder and review and approve the **Contractor's** invoices submitted hereunder.
33. This Agreement is not intended to benefit any third party, nor shall any person who is not

now or in the future a party hereto be entitled to enforce any of the rights or obligations of a party under this Agreement.

34. Those provisions of this Agreement that, by their nature, are intended to survive termination or expiration hereof will remain in full force and effect, including, without limitation, the following Sections: 6, 7, 8, 9, 10, 11, 12, 13, 15, 18, 19, 20, 22, 24, 27, 30, 33, 34, 35, 36, and 38. Accordingly, termination of this Agreement will not adversely affect any right existing as of the effective date of termination. The rights and remedies provided under this Agreement are cumulative and in addition to any other rights or remedies available at law and in equity, and any other contract instrument or paper. If any portion of this Agreement is found to be illegal in law, all other elements of the contract will remain in full force. As the parties hereto have jointly negotiated this agreement, in the event of ambiguity, this Agreement shall not be presumptively construed for or against either party.
35. This Agreement includes by reference all exhibits hereto. In the event that there is a conflict between any of the terms and conditions set forth in the documents that constitute this Agreement, the following order of precedence shall apply:
- (a) ***Exhibits A and A-1***;
 - (b) ***Exhibit D***: BAA;
 - (c) ***Exhibit E***: DRA Appendix;
 - (d) The text of this Agreement (pages 1 through **[Insert number of last page (before signature page)]**);
 - (e) ***Exhibit B***: the Posting; and
 - (f) ***Exhibit C***: the Proposal.
36. This Agreement shall be governed by, and construed in accordance with, the laws of the State of New York and the parties agree to bring any action to interpret, construe or enforce this Agreement in a New York court of competent jurisdiction.
37. Mandatory Responsibility Provisions in State Contracts.
- a. General Responsibility Language: The Contractor shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Head of State Agency 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.
 - b. Suspension of Work (for Non-Responsibility): The Head of State Agency 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 Head of State Agency of his or her designee issues a written notice authorizing a resumption of performance under the Contract.

- c. Termination (for Non-Responsibility): Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate Agency officials or staff, the Contract may be terminated by the Head of State Agency or his or her designee at the Contractor's expense where the Contractor is determined by the Head of State Agency or his or her designee to be non-responsible. In such event, the Head of State Agency or his or her designee may complete the contractual requirements in any manner he or she deem advisable and pursue legal or equitable remedies for breach.
38. This Agreement, together with all exhibits hereto, constitutes the entire agreement between the parties and all previous communications between the parties whether written or oral, with reference to the subject matter of this Agreement are hereby superseded, and may not be altered, modified or amended except by a written amendment executed by authorized officers of both parties and, where applicable, subject to the approval of the New York State Attorney General and Office of the New York State Comptroller.

IN WITNESS WHEREOF, the parties hereto have caused their signatures to be affixed as of the date first above written.

AGENCY CODE: 3320218

CONTRACT NUMBER: [TXXXXXX]

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.”

**[INSERT CONTRACTOR'S FULL
LEGAL NAME]**

**STATE UNIVERSITY OF NEW YORK
DOWNSTATE MEDICAL CENTER**

Print Name:
Print Title:

Alan Dzija
Vice President and
Chief Financial Officer

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

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

2. **PROHIBITION AGAINST ASSIGNMENT**
Except for the assignment of its right to receive payments subject to Article 5-A of the State Finance Law, the Contractor selected to perform the services herein are prohibited in accordance with Section 138 of the State Finance Law from assigning, transferring, conveying, subletting or otherwise disposing of its rights, title or interest in the contract without the prior written consent of SUNY and attempts to do so are null and void. Notwithstanding the foregoing, SUNY may, with the concurrence of the New York Office of State Comptroller, waive prior written consent of the assignment, transfer, conveyance, sublease or other disposition of a contract let pursuant to Article XI of the State Finance Law if the assignment, transfer, conveyance, sublease or other disposition is due to a reorganization, merger or consolidation of Contractor's its business entity or enterprise and Contractor so certifies to SUNY. SUNY retains the right, as provided in Section 138 of the State Finance Law, to accept or reject an assignment, transfer, conveyance, sublease or other disposition of the contract, and to require that any Contractor demonstrate its responsibility to do business with SUNY.

3. **COMPTROLLER'S APPROVAL.** (a) In accordance with Section 112 of the State Finance Law, Section 355 of New York State Education Law, and 8 NYCRR 316, Comptroller's approval is not required for the following contracts: (i) materials; (ii) equipment and supplies, including computer equipment; (iii) motor vehicles; (iv) construction; (v) construction-related services; (vi) printing; and (vii) goods for State University health care facilities, including contracts for goods made with joint or group purchasing arrangements.

(b) Comptroller's approval is required for the following contracts: (i) contracts for services not listed in Paragraph (3)(a) above made by a State University campus or health care facility certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$250,000; (ii) contracts for services not listed in Paragraph (3)(a) above made by a State University campus not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$50,000; (iii) contracts for services not listed in Paragraph (3)(a) above made by health care facilities not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$75,000; (iv) contracts whereby the State University agrees to give something other than money, when the value or reasonably estimated value of such consideration exceeds \$10,000; (v) contracts for real property transactions if the contract value exceeds \$50,000; (vi) all other contracts not listed in Paragraph 3(a) above, if the contract value exceeds \$50,000, e.g. SUNY acquisition of a business and New York State Finance Article 11-B contracts and (vii) amendments for any amount to contracts not listed in Paragraph (3)(a) above, when as so amended, the contract exceeds the threshold amounts stated in Paragraph (b) herein. 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.

(c) Any contract that requires Comptroller approval shall not be valid, effective or binding

upon the State University until it has been approved by the Comptroller and filed in the Comptroller's office.

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 SUNY of any SUNY-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 on the submission of competitive bids, Contractor affirms, under penalty of perjury, and each person signing on behalf of Contractor, 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 its knowledge and belief 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 it to SUNY 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 (2 NYCRR 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 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, 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 SUNY and its representatives and entities 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. SUNY 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 SUNY 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, SUNY's or the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.

Identification Number(s). Every invoice or New York State Claim for Payment submitted to the State University of New York 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 University of New York 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 State University of New York 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.

(a) 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:

(1) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or

continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(2) at SUNY's request, 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

(3) 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.

(b) Contractor will include the provisions of "1", "2" and "3", 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 sub-contractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. SUNY 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, SUNY 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 Exhibit A, the terms of this Exhibit A shall control.

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

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

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

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

in which to respond.

18. **PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165 (Use of Tropical Hardwoods), which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State. In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in Section 165 of the State Finance Law. Any such use must meet with the approval of the State, otherwise, the bid may not be considered responsive. Under bidder certification, 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 Contractor and any individual or legal entity in which the Contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the Contractor either (a) have 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(5) of the State Finance Law), and shall permit independent monitoring of compliance with such principles.

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

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

NYS Department of Economic Development
Division for Small Business
30 South Pearl St., 7th Floor
Albany, NY 12245
Tel: 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.newnyccontracts.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 SUNY;

(b) The Contractor has complied with the Federal Equal Employment 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 Search 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 SUNY may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with SUNY 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 of 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. Contact the NYS Department of Economic Development, Division for Small Business, 30 South Pearl Street, Albany, New York 12245, 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, the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to SUNY, the Department of Civil Service and the State Comptroller.

24. PURCHASES OF APPAREL AND SPORTS EQUIPMENT. In accordance with State Finance Law Section 165(7), SUNY may determine that a bidder on a contract for the purchase of apparel or sports equipment is not a responsible bidder as defined in State Finance Law Section 163 based on (a) the labor standards applicable to the manufacture of the apparel or sports equipment, including employee compensation, working conditions, employee rights to form unions and the use of child labor; or (b) bidder's failure to provide information sufficient for SUNY to determine the labor conditions applicable to the manufacture of the apparel or sports equipment.

25. 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.

26. 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 SUNY 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 SUNY determines that such action is in the best interests of the State.

27. 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.oqs.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.

THE FOLLOWING PROVISIONS SHALL APPLY ONLY TO THOSE CONTRACTS TO WHICH A HOSPITAL OR OTHER HEALTH SERVICE FACILITY IS A PARTY

28. Notwithstanding any other provision in this contract, the hospital or other health service facility remains responsible for insuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, state and local statutes, rules and regulations. In the foregoing sentence, the word "service" shall be construed to refer to the health care service rendered by the hospital or other health service facility.

29. (a) In accordance with the 1980 Omnibus Reconciliation Act (Public Law 96-499), Contractor hereby agrees that until the expiration of four years after the furnishing of services under this agreement, Contractor shall make available upon written request to the Secretary of Health and Human Services, or upon request, to the Comptroller General of the United States or any of their duly authorized representatives, copies of this contract, books, documents and records of the Contractor that are necessary to certify the nature and extent of the costs hereunder.

(b) If Contractor carries out any of the duties of the contract hereunder, through a subcontract having a value or cost of \$10,000 or more over a twelve-month period, such subcontract shall contain a clause to the effect that, until the expiration of four years after the furnishing of such services pursuant to such subcontract, the subcontractor shall make available upon written request to the Secretary of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, copies of the subcontract and books, documents and records of the subcontractor that are necessary to verify the nature and extent of the costs of such subcontract.

(c) The provisions of this section shall apply only to such contracts as are within the definition established by the Health Care Financing Administration, as may be amended or modified from time to time.

1. DEFINITIONS. The following terms shall be defined in accordance with [Section 310 of the Executive Law](#):

STATE CONTRACT herein referred to as "State Contract", shall mean: (a) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000.00), whereby the State University of New York ("University") is committed to expend or does expend funds in return for labor, services including but not limited to legal, financial and other professional services, supplies, equipment, materials or a combination of the foregoing, to be performed for, or rendered or furnished to the University; (b) a written agreement in excess of one hundred thousand dollars (\$100,000.00) whereby the University is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; and (c) a written agreement in excess of one hundred thousand dollars (\$100,000.00) whereby the University as an 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. ([Subdivision 13 of § 310](#)). N.Y. EXEC. LAW § 310 (McKinney 2011).

SUBCONTRACT herein referred to as "Subcontract", shall mean any agreement for a total expenditure in excess of \$25,000 providing for services, including non-staffing expenditures, supplies or materials of any kind between a State agency and a prime contractor, in which a portion of the prime contractor's obligation under the State contract is undertaken or assumed by a business enterprise not controlled by the prime contractor. ([Subdivision 14 of § 310](#)). N.Y. EXEC. LAW § 310 (McKinney 2011).

WOMEN-OWNED BUSINESS ENTERPRISE herein referred to as "WBE", shall mean a business enterprise, including a sole proprietorship, partnership or corporation that is: (a) at least fifty-one percent (51%) owned by one or more United States citizens or permanent resident aliens who are women; (b) an enterprise in which the ownership interest of such women is real, substantial and continuing; (c) an enterprise in which such women ownership has and exercises the authority to control independently the day-to-day business decisions of the enterprise; (d) an enterprise authorized to do business in this state and independently owned and operated; (e) an enterprise owned by an individual or individuals, whose ownership, control and operation are relied upon for certification, with a personal net worth that does not exceed three million five hundred thousand dollars (\$3,500,000), as adjusted annually on the first of January for inflation according to the consumer price index of the previous year; and (f) an enterprise that is a small business pursuant to subdivision

twenty of this section. ([Subdivision 15 of § 310](#)). N.Y. EXEC. LAW § 310 (McKinney 2011).

A firm owned by a minority group member who is also a woman may be certified as a minority-owned business enterprise, a women-owned business enterprise, or both, and may be counted towards either a minority-owned business enterprise goal or a women-owned business enterprise goal, in regard to any Contract or any goal, set by an agency or authority, but such participation may not be counted towards both such goals. Such an enterprise's participation in a Contract may not be divided between the minority-owned business enterprise goal and the women-owned business enterprise goal. ([Subdivision 15 of § 310](#)). N.Y. EXEC. LAW § 310 (McKinney 2011).

MINORITY-OWNED BUSINESS ENTERPRISE herein referred to as "MBE", shall mean a business enterprise, including a sole proprietorship, partnership or corporation that is: (a) at least fifty-one percent (51%) owned by one or more minority group members; (b) an enterprise in which such minority ownership is real, substantial and continuing; (c) an enterprise in which such minority ownership has and exercises the authority to control independently the day-to-day business decisions of the enterprise; (d) an enterprise authorized to do business in this state and independently owned and operated; (e) an enterprise owned by an individual or individuals, whose ownership, control and operation are relied upon for certification, with a personal net worth that does not exceed three million five hundred thousand dollars (\$3,500,000.00), as adjusted annually on the first of January for inflation according to the consumer price index of the previous year; and (f) an enterprise that is a small business pursuant to subdivision twenty of this section. ([Subdivision 7 of § 310](#)). N.Y. EXEC. LAW § 310 (McKinney 2010).

MINORITY GROUP MEMBER shall mean a United States citizen or permanent resident alien who is and can demonstrate membership in one of the following groups: (a) Black persons having origins in any of the Black African racial groups; (b) Hispanic persons of Mexican, Puerto Rican, Domini- can, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race; (c) Native American or Alaskan native persons having origins in any of the original peoples of North America. (d) Asian and Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian Subcontinent or Pacific Islands. ([Subdivision 8 of § 310](#)). N.Y. EXEC. LAW. § 310 (McKinney 2011).

CERTIFIED ENTERPRISE OR BUSINESS shall mean a business verified as a minority or women- owned business enterprise pursuant to [section 314 of the Executive Law](#). A business enterprise which has been approved by the New York Division of Minority &

Women Business Development ("DMWBD") for minority or women-owned enterprise status subsequent to verification that the business enterprise is owned, operated, and controlled by minority group members or women, and that also meets the financial requirements set forth in the regulations. ([Subdivision 1 of § 310](#)). N.Y. EXEC. LAW § 310 (McKinney 2011).

2. TERMS. The parties to the attached State Contract agree to be bound by the following provisions of [Article 15-A of the Executive Law](#) which are made a part hereof (the word "Contractor" herein refers to any party other than the University):

1(a) Contractor and its Subcontractors shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. For these purposes, affirmative action 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. ([Subdivision 1\(a\) of § 312](#)). N.Y. EXEC. LAW § 312 (McKinney 1988).

(b) Prior to the award of a State Contract, the Contractor shall submit an equal employment opportunity (EEO) policy statement to the University within the time frame established by the University. ([Subdivision 1\(b\) of § 312](#)). N.Y. EXEC. LAW. § 312 (McKinney 1988).

(c) As part of the Contractor's EEO policy statement, the Contractor, as a precondition to entering into a valid and binding State Contract, shall agree to the following in the performance of the State Contract: (i) The Contractor will not discriminate against any employee or applicant for employment, will undertake or continue existing programs of affirmative action 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 on State Contracts; (ii) 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; (iii) At the request of the University 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, and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein. ([Subdivision 1 of § 312](#)). N.Y. EXEC. LAW. § 312 (McKinney 1988).

(d) Except for construction contracts, prior to an award of a State Contract, the Contractor shall submit to the contracting agency a staffing plan of the anticipated work

force to be utilized on the State Contract or, where required, information on the Contractor's total work force, including apprentices, broken down by specified ethnic background, gender, and Federal occupational categories or other appropriate categories specified by the contracting agency. The form of the staffing plan shall be supplied by the contracting agency. If Contractor fails to provide a staffing plan, or in the alternative, a description of its entire work force, the University may reject Contractor's bid, unless Contractor either commits to provide such information at a later date or provides a reasonable justification in writing for its failure to provide the same. [\(Subdivision 5 of § 312\)](#). N.Y. EXEC. LAW § 312 (1988).

(e) After an award of a State Contract, the Contractor shall submit to the University a workforce utilization report, in a form and manner required by the agency, of the work force actually utilized on the State Contract, broken down by specified ethnic background, gender, and Federal occupational categories or other appropriate categories specified by the University. [\(Subdivision 5 of § 312\)](#). N.Y. EXEC. LAW § 312 (McKinney 1988).

(f) The Contractor shall include the provisions of this section in every Subcontract in such a manner that the requirements of the provisions will be binding upon each Subcontractor as to work in connection with the State Contract, including the requirement that Subcontractors shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and, when requested, provide to the Contractor information on the ethnic background, gender, and Federal occupational categories of the employees to be utilized on the State Contract. [\(Subdivision 2 of § 312\)](#). N.Y. EXEC. LAW § 312 (McKinney 1988).

(g) To ensure compliance with the requirements of this paragraph, the University shall inquire of a Contractor whether the work force to be utilized in the performance of the State Contract can be separated out from the Contractor's and/or Subcontractors' total work force and where the work of the State Contract is to be performed. For Contractors who are unable to separate the portion of their work force which will be utilized for the performance of this State Contract, Contractor shall provide reports describing its entire work force by the specified ethnic background, gender, and Federal Occupational Categories, or other appropriate categories which the agency may specify.

(h) The University may require the Contractor and any Subcontractor to submit compliance reports, pursuant to the regulations relating to their operations and implementation of their affirmative action or equal employment opportunity program in effect as of the date the State Contract is executed. [\(Subdivision 5\(a\) § 313\)](#). N.Y. EXEC. LAW 313 (McKinney 2010).

(i) If a Contractor or Subcontractor does not have an existing affirmative action program, the University may provide to the Contractor or Subcontractor a model plan of an affirmative action program. Upon request, the Director of DMWBD shall provide a contracting

agency with a model plan of an affirmative action program.

(j) Upon request, DMWBD shall provide the University with information on specific recruitment sources for minority group members and woman, and contracting agencies shall make such information available to Contractors

2. Contractor must provide the names, addresses and federal identification numbers of certified minority- and women-owned business enterprises which the Contractor intends to use to perform the State Contract and a description of the Contract scope of work which the Contractor intends to structure to increase the participation by Certified minority- and/or women-owned business enterprises on the State Contract, and the estimated or, if known, actual dollar amounts to be paid to and performance dates of each component of a State Contract which the Contractor intends to be performed by a certified minority- or woman-owned business enterprise. In the event the Contractor responding to University solicitation is joint venture, teaming agreement, or other similar arrangement that includes a minority- and women owned business enterprise, the Contractor must submit for review and approval: i. the name, address, telephone number and federal identification of each partner or party to the agreement; ii. the federal identification number of the joint venture or entity established to respond to the solicitation, if applicable; iii. A copy of the joint venture, teaming or other similar arrangement which describes the percentage of interest owned by each party to the agreement and the value added by each party; iv. A copy of the mentor-protégé agreement between the parties, if applicable, and if not described in the joint venture, teaming agreement, or other similar arrangement. [\(Subdivision 3 of § 315\)](#). N.Y. EXEC. LAW § 315 (McKinney 2010).

3. PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN. The University shall determine whether Contractor has made conscientious and active efforts to employ and utilize minority group members and women to perform this State Contract based upon an analysis of the following factors:

(a) Whether Contractor established and maintained a current list of recruitment sources for minority group members and women, and whether Contractor provided written notification to such recruitment sources that contractor had employment opportunities at the time such opportunities became available.

(b) Whether Contractor sent letters to recruiting sources, labor unions, or authorized representatives of workers with which contractor has a collective bargaining or other agreement or understanding requesting assistance in locating minority group members and women for employment.

(c) Whether Contractor disseminated its EEO policy by including it in any advertising in the news media, and in particular, in minority and women news media

(d) Whether Contractor has attempted to provide information concerning its EEO policy to Subcontractors with which it does business or had anticipated doing business.

(e) Whether internal procedures exist for, at a minimum, annual dissemination of the EEO policy to employees, specifically to

employees having any responsibility for hiring, assignment, layoff, termination, or other employment decisions. Such dissemination may occur through distribution of employee policy manuals and handbooks, annual reports, staff meetings and public postings.

(f) Whether Contractor encourages and utilizes minority group members and women employees to assist in recruiting other employees.

(g) Whether Contractor has apprentice training programs approved by the N.Y.S. Department of Labor which provides for training and hiring of minority group members and women.

(h) Whether the terms of this section have been incorporated into each Subcontract which is entered into by the Contractor. [\(Subdivision 7\(a\) of § 313\)](#). N.Y. EXEC. LAW § 313 (McKinney 2010).

4. PARTICIPATION BY MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES. Based upon an analysis of the following factors, the University shall determine whether Contractor has made good faith efforts to provide for meaningful participation by minority-owned and women-owned business enterprises which have been certified by DMWBD. [\(Subdivision 3 of § 313\)](#). N.Y. EXEC. LAW § 313 (McKinney 2010):

(a) Whether Contractor has actively solicited bids for Subcontracts from qualified M/WBEs, including those firms listed on the Directory of Certified Minority and Women-Owned Business Enterprises, and has documented its good faith efforts towards meeting minority and women owned business enterprise utilization plans by providing, copies of solicitations, copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publications of such advertisements; dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the University, with certified minority- and women-owned business enterprises, and the reasons why any such firm was not selected to participate on the project.

(b) Whether Contractor has attempted to make project plans and specifications available to firms who are not members of associations with plan rooms and reduce fees for firms who are disadvantaged.

(c) Whether Contractor has utilized the services of organizations which provide technical assistance in connection with M/WBE participation.

(d) Whether Contractor has structured its Subcontracts so that opportunities exist to complete smaller portions of work.

(e) Whether Contractor has encouraged the formation of joint ventures, partnerships, or other similar arrangements among Subcontractors.

(f) Whether Contractor has requested the services of the Department of Economic Development (DED) to assist Subcontractors' efforts to satisfy bonding requirement.

(g) Whether Contractor has made progress payments promptly to its Subcontractors.

(h) Whether the terms of this section have been incorporated into each Subcontract

which is entered into by the Contractor. It shall be the responsibility of Contractor to ensure compliance by every Subcontractor with these provisions.

5. GOALS. (a) GOALS FOR MINORITY AND WOMEN WORK FORCE PARTICIPATION.

(i) The University shall include relevant work force availability data, which is provided by the DMWBD, in all documents which solicit bids for State Contracts and shall make efforts to assist Contractors in utilizing such data to determine expected levels of participation for minority group members and women on State Contracts.

(ii) Contractor shall exert good faith efforts to achieve such goals for minority and women's participation. To successfully achieve such goals, the employment of minority group members and women by Contractor must be substantially uniform during the entire term of this State Contract. In addition, Contractor should not participate in the transfer of employees from one employer or project to another for the sole purpose of achieving goals for minority and women's participation. ([Subdivision 5 of § 313](#)). N.Y. EXEC. LAW § 313 (McKinney 2010).

(b) GOALS FOR MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES PARTICIPATION.

For all State Contracts in excess of \$25,000.00 whereby the University is committed to expend or does expend funds in return for labor, services including but not limited to legal, financial and other professional services, supplies, equipment, materials or a combination of the

foregoing or all State Contracts in excess of \$100,000.00 whereby the University is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon, Contractor shall exert good faith efforts to achieve a participation goal of _____ percent (____%) for Certified Minority-Owned Business Enterprises and _____ percent (____%) for Certified Women-Owned Business Enterprises. ([Subdivision 3 of § 313](#)). N.Y. EXEC. LAW § 313 (McKinney 2010).

6. ENFORCEMENT. The University will be responsible for enforcement of each Contractor's compliance with these provisions. Contractor, and each Subcontractor, shall permit the University access to its books, records and accounts for the purpose of investigating and determining whether Contractor or Subcontractor is in compliance with the requirements of [Article 15-A of the Executive Law](#). If the University determines that a Contractor or Subcontractor may not be in compliance with these provisions, the University may make every reasonable effort to resolve the issue and assist the Contractor or Subcontractor in its efforts to comply with these provisions. If the University is unable to resolve the issue of noncompliance, the University may file a complaint with the DMWBD. ([Subdivision 5\(a\) of § 313](#)). N.Y. EXEC. LAW § 313 (McKinney 2010).

7. DAMAGES FOR NON COMPLIANCE.

Where the University 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 liquidated damages to the University. Such liquidated damages shall be calculated as an amount equaling the difference between: ([Section 316 \(a\) of the Executive Law](#)). N.Y. EXEC. LAW § 316 (McKinney 2010).

a. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and

b. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.

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 University, Contractor shall pay such liquidated damages to the University within sixty (60) days after such damages are assessed, 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 University. N.Y. EXEC. LAW § 313 (McKinney 2010).

SUNY DOWNSTATE MEDICAL CENTER BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT is made by and between THE STATE UNIVERSITY OF NEW YORK ("SUNY"), an educational corporation organized and existing under the laws of the State of New York, having its principal offices located at State University Plaza, Albany, New York 12246, acting for and on behalf of

SUNY DOWNSTATE MEDICAL CENTER

"Covered Entity"

with its address at:

**450 Clarkson Avenue
Brooklyn, NY 11203**

Re. Contract Number(s): _____

and

"Business Associate"

with its principal offices at

Street Address

City	State	Zip
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Facsimile Number: _____

Covered Entity and Business Associate, collectively, may hereinafter be referred to as the "Parties," as in the parties to this Agreement.

The Parties have entered into one or more certain agreements (each and together, the "Underlying Agreement") under which the Business Associate uses and/or discloses PHI in its performance of the Services described below. The Parties are committed to complying with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") and the Standards for Security of Electronic Protected Health Information (the "Security Rule") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") including the 2013 HIPAA Omnibus Rule. This Agreement, in conjunction with the Privacy and Security Rules, sets forth the terms and conditions pursuant to which PHI (electronic and non-electronic) that is created, received, maintained, or transmitted by, the Business Associate from or on behalf of Covered Entity, will be handled between the Business Associate and Covered Entity and with third parties during the term of their Underlying Agreement and after its termination. The Parties agree as follows:

1. PERMITTED USES AND DISCLOSURES OF PHI

1.1 Services. Pursuant to the Underlying Agreement, Business Associate provides services ("Services") for Covered Entity that involve the use and disclosure of PHI. Except as otherwise specified herein,

the Business Associate may make any and all uses of PHI necessary to perform its obligations under the Underlying Agreement. All other uses not authorized by this Agreement are prohibited. Moreover, Business Associate may disclose PHI for the purposes authorized by this Agreement only: (a) to its employees, subcontractors and agents, in accordance with Section 2.1(d), or (b) as otherwise permitted by or as required by the Privacy or Security Rule.

1.2 Business Activities of the Business Associate. Unless otherwise limited herein and if such use or disclosure of PHI would not violate the Privacy or Security Rules if done by the Covered Entity, the Business Associate may:

- (a) use the PHI in its possession for its proper management and administration and to fulfill any present or future legal responsibilities of the Business Associate provided that such uses are permitted under state and federal confidentiality laws.
- (b) disclose the PHI in its possession to third parties for the purpose of its proper management and administration or to fulfill any present or future legal responsibilities of the Business Associate, provided that the Business Associate represents to Covered Entity, in writing, that (i) the disclosures are required by law, as provided for in 45 CFR § 103 or (ii) the Business Associate has received from the third party written assurances regarding its confidential handling of such PHI as required under 45 CFR § 164.504(e)(4) and § 164.314, and the third party notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (c) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

1.3 Business Associate understands and agrees that its access to Protected Health Information stored in databases and information systems at the Covered Entity is subject to review and audit by the Covered Entity or agents of the State of New York at any time, that remote audits of such access may occur at any time, if remote access exists, that on-site audits of such access will be conducted during regular business hours, and that any review or audit may occur with or without prior notice by the Covered Entity.

2. RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO PHI

2.1 Responsibilities of the Business Associate. With regard to its use and/or disclosure of PHI, the Business Associate hereby agrees to do the following:

- (a) Not use or disclose PHI other than as permitted or required by the Agreement or as required by law;

- (b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by the Agreement;
- (c) Report, in writing, to Covered Entity within five (5) business days any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of unsecured PHI as required at 45 CFR 164.410, and any security incident of which it becomes aware, and cooperate with the Covered Entity in any mitigation or breach reporting efforts; this notice shall be deemed sufficient if it is delivered to the Parties at their respective addresses listed above and the Privacy Officer using the following contact information:

SUNY Downstate Medical Center
Office of Compliance & Audit Services
Attn: Privacy Officer
450 Clarkson Ave., Box 1248
Brooklyn, NY 11203

Telephone Number: (718) 270 - 4033
Facsimile Number: (718) 270 - 4312
(Please confirm receipt)

- (d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, to ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;
- (e) Except as provided in this subsection, ensure that any agent or subcontractor to whom the Business Associate provides PHI, as well as Business Associate, shall not export PHI beyond the borders of the United States of America. If the Business Associate or its agent or subcontractor exports PHI beyond the borders of the United States of America, then, subject to the United States and New York State export control and foreign outsourcing laws, rules and regulations, the Business Associate will provide to Covered Entity prior to such export, a reasonable assurance, evidenced in writing, that the Business Associate, subcontractor, or agent will comply with the privacy and security obligations of Business Associate the set forth either in this Agreement or in applicable law, rules and regulations with respect to such PHI.
- (f) Agrees to provide the Covered Entity, at the Covered Entity's request, a list of all agents and subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate.
- (g) Within five (5) business days of a request from Covered Entity, make available PHI in a designated record set, if applicable, to Covered Entity, as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524.

- (h) Within five (5) business days of a request from Covered Entity, make any amendment(s) to PHI, if applicable, in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526.
- (i) As applicable, maintain and make available the information required to provide an accounting of disclosures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528.
- (j) To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).
- (k) Upon request, may make its internal practices, books, and records available to the Secretary and to the Covered Entity for purposes of determining compliance with the HIPAA Rules.
- (l) Comply with minimum necessary requirements under the HIPAA Rules.

2.2 Business Associate hereby acknowledges and agrees that Covered Entity has notified Business Associate that Business Associate is required to comply with the confidentiality, Disclosure and re-Disclosure requirements of 10 NYCRR Part 63 to the extent such requirements may be applicable.

2.3 If, in the performance of the Services, Business Associate extends, renews or continues credit to patients or regularly allows patients to defer payment for services including setting up payment plans in connection with one or more covered accounts, as defined at 15 USC 1681m(e)(4), the Business Associate must comply with the Federal Trade Commission's "Red Flag" Rules, if applicable, or develop and implement a written identity theft prevention program designed to identify, detect, mitigate and respond to suspicious activities that could indicate that identity theft has occurred in the Business Associate practice or business.

2.4 Business Associate acknowledges that if Business Associate or any of its agents or subcontractors violate any Security provision as Required By Law specified in subparagraph 2.1(b) above, sections 1176 and 1177 of the Social Security Act 42 USC §1320d-5, 1320d-6 shall apply to Business Associate with respect to such violation in the same manner that such sections apply to Covered Entity if it violates such Security provision, thus resulting in civil or criminal penalties.

2.5 Covered Entity and Business Associate recognize that unsecured PHI may contain the social security numbers, financial account information or driver's license number or non-driver identification card number ("private information" as defined in the New York State Information Security Breach and Notification Act, as amended ("ISBNA"), General Business Law § 889-aa; State Technology Law § 208). Subject to the issue of

interim final regulations by the Secretary and any periodic updates thereof all of which are incorporated by reference in this Agreement, in the event of a Breach of unsecured PHI containing an Individual's private information, Business Associate shall, in addition to notifying Covered Entity as required under in subparagraph 2.1(c), comply with the provisions of the New York State ISBNA. Business Associate shall be liable for the costs associated with such Breach if caused by the Business Associate's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Business Associate's agents, officers, employees or subcontractors.

3. RESPONSIBILITIES OF COVERED ENTITY.

3.1 With regard to the use and/or disclosure of PHI by the Business Associate, Covered Entity hereby agrees:

- (a) to inform the Business Associate of any limitations in the form of notice of privacy practices that Covered Entity provides to individuals pursuant to 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- (b) to inform the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose PHI, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- (c) to notify the Business Associate, in writing and in a timely manner, of any restriction on the use or disclosure of PHI that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may impact in any manner the use and/or disclosure of PHI by the Business Associate under this Agreement. except if the Business Associate will use or disclose PHI for (and the Underlying Agreement includes provisions for) data aggregation or management and administration and legal responsibilities of the Business Associate.
- (d) Covered Entity will not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy and Security Rule if done by the Covered Entity.

4. REPRESENTATIONS AND WARRANTIES

4.1 Mutual Representations and Warranties of the Parties. Each Party represents and warrants to the other Party:

- (a) that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction in which it is organized or licensed, it has the full power to enter into this Agreement and to perform its obligations hereunder, and that the performance by it of its obligations under this Agreement have been duly authorized by all necessary corporate or other actions and will not violate any provision of any license, corporate charter or bylaws.
- (b) that neither the execution of this Agreement, nor its performance hereunder, will directly or indirectly violate or interfere with the terms of another

agreement to which it is a party, or give any governmental entity the right to suspend, terminate, or modify any of its governmental authorizations or assets required for its performance hereunder. Each Party represents and warrants to the other Party that it will not enter into any agreement the execution and/or performance of which would violate or interfere with this Agreement.

- (c) that it is not currently the subject of a voluntary or involuntary petition in bankruptcy, does not currently contemplate filing any such voluntary petition, and is not aware of any claim for the filing of an involuntary petition.
- (d) that all of its employees and members of its workforce, whose services may be used to fulfill obligations under this Agreement are or shall be appropriately informed of the terms of this Agreement and are under legal obligation to each Party, respectively, by contract or otherwise, sufficient to enable each Party to fully comply with all provisions of this Agreement including, without limitation, the requirement that modifications or limitations that Business Associate has agreed to adhere to with regards to the use and disclosure of PHI of any individual that materially affects and/or limits the uses and disclosures that are otherwise permitted under the Standard will be communicated to the Business Associate, in writing, and in a timely fashion.
- (e) that it will reasonably cooperate with the other Party in the performance of the mutual obligations under this Agreement.
- (f) that neither the Party, nor its shareholders, members, directors, officers, agents, employees or members of its workforce have been excluded or served a notice of exclusion or have been served with a notice of proposed exclusion, or have committed any acts which are cause for exclusion, from participation in, or had any sanctions, or civil or criminal penalties imposed under, any federal or state healthcare program, including but not limited to Medicare or Medicaid, or have been convicted, under federal or state law (including without limitation a plea of nolo contendere or participation in a first offender deferred adjudication or other arrangement whereby a judgment of conviction has been withheld), of a criminal offense related to (i) the neglect or abuse of a patient, (ii) the delivery of an item or service, including the performance of management or administrative services related to the delivery of an item or service, under a federal or state healthcare program, (iii) fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of a healthcare item or service or with respect to any act or omission in any program operated by or financed in whole or in part by any federal, state or local government agency, (iv) the unlawful, manufacture, distribution, prescription or dispensing of a controlled substance, or (v)

interference with or obstruction of any investigation into any criminal offense.

4.2 Each Party further agrees to notify the other Party immediately after the Party becomes aware that any of the foregoing representation and warranties may be inaccurate or may become incorrect at any time during the term of this Agreement.

5. TERMS AND TERMINATION

5.1 **Term.** The Term of this Agreement shall commence on the Effective Date, and shall terminate on the termination date of the relevant Underlying Agreement or on the date Covered Entity terminates this Agreement for cause as authorized in paragraph 5.2 of this Section, whichever is sooner.

5.2 **Termination for Cause.** Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity.

5.3 **Obligations of Business Associate upon Termination.** Business Associate agrees to return or destroy all PHI pursuant to 45 CFR § 164.504(e)(2)(i). Prior to doing so, the Business Associate further agrees to recover any PHI in the possession of its subcontractors or agents. If it is not feasible for the Business Associate to return or destroy said PHI, the Business Associate will notify Covered Entity in writing and the Covered Entity may disagree with the Business Associate's determination. Said notification shall include: (a) a statement that the Business Associate has determined that it is not feasible to return or destroy the PHI in its possession, and (b) the specific reasons for such determination. Business Associate further agrees to extend any and all protections, limitations and restrictions contained in this Agreement to the Business Associate's use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible. If it is infeasible for the Business Associate to obtain from a subcontractor or agent any PHI in the possession of the subcontractor or agent, the Business Associate must provide a written explanation to Covered Entity and require such subcontractor or agent to agree to extend any and all protections, limitations and restrictions contained in this Agreement to the subcontractor's and/or agent's use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

5.4 **Automatic Termination.** This Agreement will automatically terminate without any further action of the Parties upon the termination or expiration of the Underlying Agreement.

6. CONFIDENTIALITY

6.1 **Confidentiality Obligations.** In the course of performing under this Agreement, each Party may receive, be exposed to or acquire the Confidential Information including but not limited to, all information, data, reports, records, summaries, tables and studies, whether written or oral, fixed in hard copy or contained in any computer data base or computer readable form, as well as any information identified as confidential ("Confidential Information") of the other Party. For purposes of this Agreement, "Confidential Information" shall not include PHI, the security of which is the subject of this Agreement and is provided for elsewhere. The Parties including their employees, agents, representatives and subcontractors: (a) shall not disclose to any third party the Confidential Information of the other Party except as otherwise permitted by this Agreement, (b) only permit use of such Confidential Information by employees, agents, representatives and subcontractors having a need to know in connection with performance under this Agreement, and (c) advise each of their employees, agents, representatives and subcontractors of their obligations to keep such Confidential Information confidential. Notwithstanding anything to the contrary herein, each Party shall be free to use, for its own business purposes, any ideas, suggestions, concepts, know-how or techniques contained in information received from each other that directly relates to the performance under this Agreement. This provision shall not apply to Confidential Information: (d) after it becomes publicly available through no fault of either Party; (e) which is later publicly released by either Party in writing; (f) which is lawfully obtained from third parties without restriction; or (g) which can be shown to be previously known or developed by either Party independently of the other Party.

7. INSURANCE AND INDEMNIFICATION

7.1 **Insurance.** Business Associate will procure and maintain in effect during the term of this Agreement: (a) general liability insurance coverage with minimum limits of \$1 million per occurrence and \$3 million aggregate; and (b) as applicable, professional liability insurance coverage within minimum limits of \$1 million per occurrence and \$3 million in aggregate; and (c) workers' compensation insurance coverage within statutory limits of state law in which Business Associate is located. Upon request, Business Associate shall provide evidence of continuous coverage to Covered Entity.

7.2 **Indemnification.** The Business Associate agrees to indemnify, defend and hold harmless Covered Entity and Covered Entity's employees, trustees, officers, agents and other members of its workforce from any costs, damages, expenses, judgments, losses, and attorney's fees arising from any breach of this Agreement by Business Associate or any of its agents or subcontractors, or arising from any negligent or wrongful acts or omissions of Business Associate or any of its agents or subcontractors, including failure to perform its obligations under the Privacy Rule. The Business

Associate's indemnification obligation shall survive the expiration or termination of this Agreement for any reason.

8. MISCELLANEOUS

8.1 Business Associate. For purposes of this Agreement, Business Associate shall include the named Business Associate herein. However, in the event that the Business Associate is otherwise a Covered Entity under the Privacy or Security Rule, that entity may appropriately designate a health care component of the entity, pursuant to 45 CFR § 164.504(a), as the Business Associate for purposes of this Agreement.

8.2 Survival. The respective rights and obligations of Business Associate and Covered Entity under this Agreement, shall survive termination of this Agreement indefinitely.

8.3 Amendments; Waiver. This Agreement may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

8.4 Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

8.5 No Third Party Beneficiaries. Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

8.6 Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given above, and/or (other than for the delivery of fees) via facsimile to the facsimile telephone numbers listed above. A copy of any such notice shall also be given in the same manner to the Privacy Officer listed above. Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner hereinabove provided.

8.7 Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies hereof shall be deemed to be originals.

8.8 Disputes. If any controversy, dispute or claim arises between the Parties with respect to this Agreement, the Parties shall make good faith efforts to resolve such matters informally.

8.9 LIMITATION OF LIABILITY. COVERED ENTITY SHALL NOT BE LIABLE TO BUSINESS ASSOCIATE FOR ANY INCIDENTAL, CONSEQUENTIAL, SPECIAL, OR PUNITIVE DAMAGES

OF ANY KIND OR NATURE, WHETHER SUCH LIABILITY IS ASSERTED ON THE BASIS OF CONTRACT, TORT (INCLUDING NEGLIGENCE OR STRICT LIABILITY), OR OTHERWISE, EVEN IF THE OTHER PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSS OR DAMAGES.

8.10 Changes in Law. The Parties recognize that this Agreement is at all times subject to applicable state, local, and federal laws. The Parties further recognize that this Agreement may become subject to amendments in such laws and regulations and to new legislation. Any provisions of law that invalidate, or are otherwise inconsistent with, the material terms and conditions of this Agreement, or that would cause one or both of the Parties hereto to be in violation of law, shall be deemed to have superseded the terms of this Agreement and, in such event, the Parties agree to use their best efforts to modify in an executed written agreement the terms and conditions of this Agreement to be consistent with the requirements of such law(s) in order to effectuate the purposes and intent of this Agreement within thirty (30) days of receipt of notice from one Party to the other Party setting forth the proposed changes. If the Parties fail to so modify this Agreement, then either Party may, by giving the other an additional sixty (60) days written notice, terminate this Agreement, unless this Agreement would terminate earlier by its terms. In the event amendments or changes in existing law, general instructions, or new legislation, rules, regulations, or decisional law preclude or substantially preclude a contractual relationship between the Parties similar to that expressed in this Agreement, then, under such circumstances, where renegotiation of the applicable terms of this Agreement would be futile, either Party may provide the other at least sixty (60) days advance written notice of termination of this Agreement, unless this Agreement would terminate earlier by its terms. Upon termination of this Agreement as hereinabove provided, neither Party shall have any further obligation hereunder except for (a) obligations occurring prior to the date of termination, and (b) obligations, promises or covenants contained herein which are expressly made and intended either to arise upon the termination of this Agreement or to extend beyond the term of this Agreement.

8.11 Construction of Terms. The terms of this Agreement shall be construed in light of any applicable interpretation or guidance on HIPAA and/or the Privacy Rule issued by the Department of Health and Human Services of the Office of Civil Rights from time to time.

8.12 Contradictory Terms. Any provision of the Underlying Agreement that is directly contradictory to one or more terms of this Agreement ("Contradictory Term") shall be superseded by the terms of this Agreement as of the Effective Date of this Agreement to the extent and only to the extent of the contradiction, only for the purpose of the Covered Entity's compliance with the Privacy Rule and only to the extent that it is reasonably impossible to comply with both the Contradictory Term and the terms of this Agreement.

8.13 **Governing Law.** This Agreement and any Underlying Agreement shall be governed by New York law notwithstanding any conflicts of law provisions to the contrary.

9. DEFINITIONS.

9.1 The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, PHI, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

9.2 Specific definitions include:

- (a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the Party identified as the Business Associate above.
- (b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "Covered Entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Party identified as the Covered Entity above.
- (c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- (d) Electronic Protected Health Information or Electronic PHI. "Electronic PHI" shall mean PHI which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.
- (e) Privacy Officer. "Privacy Officer" shall have the meaning as set out in its definition at 45 CFR § 164.530(a)(1) as such provision is currently drafted and as it is subsequently updated, amended or revised, and in reference to this Agreement, shall mean the person identified as the Privacy Officer above.
- (f) Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164.
- (g) Security Rule. "Security Rule" shall mean the Standards for Security of Electronic Protected Health Information at 45 CFR Parts 160, 162, and 164.
- (h) A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

THE STATE UNIVERSITY OF NEW YORK on behalf of
COVERED ENTITY

By: _____

Print Name: _____

Print Title: _____

Date: _____

Contract Number/Purchase Order Number: _____

BUSINESS ASSOCIATE

By: _____

Print Name: _____

Print Title: _____

Date: _____

EXHIBIT
SUNY Downstate Medical Center: Compliance with Deficit Reduction Act of 2005

SUNY Downstate Medical Center Health Science Center at Brooklyn (DMC) is committed to conducting business in compliance with all applicable laws. To this end, we have an extensive Compliance Program in place to be followed by all employees and certain persons or entities with which we have contractual agreements.

As a participant in the Medicaid Program, we are obligated to comply with the terms and requirements of the Deficit Reduction Act of 2005 (DRA). In accordance with the DRA, we have adopted written policies for all employees that provide detailed information about the Federal & New York False Claims Acts, the Program Fraud Civil Remedies Act, other relevant state laws, the whistleblower protections under such laws and DMC's policies for detecting and preventing waste, fraud and abuse.

The DRA also requires that we provide this information to all contractors and agents for your adoption. Accordingly, we are providing you with this exhibit which contains information regarding the applicable laws, as well as our Compliance Program which sets forth, in detail, our compliance policies and procedures for detecting and preventing fraud, waste and abuse. In addition, DMC has a Code of Ethics & Business Conduct that outlines the expected legal and ethical conduct of its personnel.

Please note that the Compliance Program and related materials are living documents that are subject to change as new regulations become effective and as policies & procedures are revised. In order to ensure that you are utilizing the most up-to-date version, you may always access our Compliance materials on our website at www.downstate.edu/compliance.

DMC has established a 24/7 Compliance Line as a mechanism for reporting activities, confidentially and anonymously, that may involve ethical violations or criminal conduct:

DMC COMPLIANCE LINE:
877-349-SUNY (telephone report)
OR
"COMPLIANCE LINE" link on the bottom of DMC's web- page:
www.downstate.edu (web report)

DMC has a no tolerance policy for employees, agents, or vendors who are involved in any unlawful activity. To that end, we expect that you share our goals of eradicating fraud and abuse and, therefore, will comply with your obligations under the DRA.

.....

The following is a summary of the Federal & New York False Claims Acts, the Program Fraud Civil Remedies Act and other relevant State laws as posted on the Office of Medicaid Inspector General's Provider Compliance website:
http://www.omig.state.ny.us/data/imagestories/relevant_fca_statutes_122209.pdf

I. FEDERAL LAWS

1) Federal False Claims Act (31 USC §§3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, as follows:

§ 3729. False claims

(a) Liability for certain acts. --

(1) In general.—Subject to paragraph (2), any person who—

- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
- (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- (C) conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G);
- (D) has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property;
- (E) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- (F) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the

Government, or a member of the Armed Forces, who lawfully may not sell or pledge property; or

- (G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461) note; Public Law 104-410, plus 3 times the amount of damages which the Government sustains because of the act of that person.

(2) Reduced damages.—If the court finds that—

- (A) the person committing the violation of this subsection furnished officials of the United States responsible for investigating false claims violations with all information known to such person about the violation within 30 days after the date on which the defendant first obtained the information;
 - (B) such person fully cooperated with any Government investigation of such violations; and
 - (C) at the time such person furnished the United States with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to such violation, and the person did not have actual knowledge of the existence of an investigation into such violation, the court may assess not less than 2 times the amount of damages which the Government sustains because of the act of that person.
- (3) Costs of civil actions.—A person violating this subsection shall also be liable to the United States Government for the costs of a civil action brought to recover any such penalty or damages.

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(b) Definitions.—For purposes of this section—

(1) the terms “knowing” and “knowingly” —

(A) mean that a person, with respect to the information—

(i) has actual knowledge of the information;

(ii) acts in deliberate ignorance of the truth or falsity of the information; or

(iii) acts in reckless disregard of the truth or falsity of the information; and

(B) require no proof of specific intent to defraud;

(2) the term “claim” —

(A) means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that—

(i) is presented to an officer, employee, or agent of the United States; or

(ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest, and if the United States Government-

(I) provides or has provided any portion of the money or property requested or demanded; or

(II) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded; and

(B) does not include requests or demands for money or property that the Government has paid to an individual as compensation for Federal employment or as an income subsidy with no restrictions on that individual's use of the money or property;

(3) the term “obligation” means an established duty, whether or not fixed, arising from an express or implied contractual,

grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment; and

(4) the term “material” means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

(c) Exemption from disclosure.—Any information furnished pursuant to subsection (a)(2) shall be exempt from disclosure under section 552 of title 5.

(d) Exclusion.—This section does not apply to claims, records, or statements made under the Internal Revenue Code of 1986.

While the False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government, or submits a claim to entities administering government funds, that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital which obtains interim payments from Medicare or Medicaid throughout the year, and then knowingly files a false cost report at the end of the year in

order to avoid making a refund to the Medicare or Medicaid program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. 3730 (b). These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall not be less than 25 percent and not more than 30 percent.

3. Administrative Remedies for False Claims (31 USC Chapter 38, §§ 3801 – 3812)

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, the agency receiving the claim may impose a penalty of up to \$5,000 for each claim. The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted rather than when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

II. NEW YORK STATE LAWS

New York State False Claim Laws fall under the jurisdiction of both New York's civil and administrative laws, as well as its criminal laws. Some apply to recipient false claims and some apply to provider false claims. The majority of these statutes are specific to healthcare or Medicaid. Yet, some of the “common law” crimes apply to areas of interaction with the government and so, are

EXHIBIT

applicable to health care fraud and will be listed in this section.

A. CIVIL AND ADMINISTRATIVE LAWS

1) New York False Claims Act (State Finance Law §§187-194)

The New York False Claims Act is similar to the Federal False Claims Act. It imposes penalties and fines upon individuals and entities who knowingly file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. It also has a provision regarding reverse false claims similar to the federal FCA such that a person or entity will be liable in those instances in which the person obtains money from a state or local government to which he may not be entitled and then uses false statements or records in order to retain the money.

The penalty for filing a false claim is six to twelve thousand dollars per claim plus three times the amount of the damages which the state or local government sustains because of the act of that person. In addition, a person who violates this act is liable for costs, including attorneys' fees, of a civil action brought to recover any such penalty.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties, subject to various possible limitations imposed by the NYS Attorney General or a local government. If the suit eventually concludes with payments back to the government, the person who started the case can recover twenty-five to thirty percent of the proceeds if the government did not participate in the suit, or fifteen to twenty-five percent if the government did participate in the suit.

2) Social Services Law, Section 145-b – False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Service program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The state or local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to ten thousand dollars per violation. If repeat violations occur within five

years, a penalty of up to thirty thousand dollars per violation may be imposed if the repeat violations involve more serious violations of Medicaid rules, billing for services not rendered, or providing excessive services.

3) Social Services Law, Section 145-c – Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the needs of the individual or that of his family shall not be taken into account for the purpose of determining his or her needs or that of his family for six months if a first offense, for twelve months if a second offense (or if benefits wrongfully received are at least one thousand dollars but not more than three thousand nine hundred dollars), for eighteen months if a third offense (or if benefits wrongfully received are in excess of three thousand nine hundred dollars), and five years for any subsequent occasion of any such offense.

.....

B. CRIMINAL LAWS

1) Social Services Law, Section 145 - Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

2) Social Services Law, Section 366-b – Penalties for Fraudulent Practices

- a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a class A misdemeanor.
- b. Any person who, with intent to defraud, presents for payment a false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation, or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a class A misdemeanor.

3) Penal Law Article 155 - Larceny

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This statute has been applied to Medicaid fraud cases.

- a. Fourth degree grand larceny involves property valued over \$1,000. It is a class E felony.
- b. Third degree grand larceny involves property valued over \$3,000. It is a class D felony.
- c. Second degree grand larceny involves property valued over \$50,000. It is a class C felony.
- d. First degree grand larceny involves property valued over \$1 million. It is a class B felony.

4) Penal Law Article 175 – False Written Statements

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

- a. §175.05 – Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a class A misdemeanor.
- b. §175.10 – Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a class E felony.
- c. §175.30 – Offering a false instrument for filing in the second degree involves presenting a written instrument, including a claim for payment, to a public office knowing that it contains false information. It is a class A misdemeanor.
- d. §175.35 – Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a class E felony.

5) Penal Law Article 176 – Insurance Fraud

This law applies to claims for insurance payments, including

EXHIBIT

Medicaid or other health insurance, and contains six crimes

- a. Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a class A misdemeanor.
- b. Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a class E felony.
- c. Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a class D felony.
- d. Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a class C felony.
- e. Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a class B felony.
- f. Aggravated insurance fraud is committing insurance fraud more than once. It is a class D felony.

6) Penal Law Article 177 – Health Care Fraud

This statute, enacted in 2006, applies to health care fraud crimes. It was designed to address the specific conduct by health care providers who defraud the system including any publicly or privately funded health insurance or managed care plan or contract, under which any health care item or service is provided. Medicaid is considered to be a single health plan under this statute.

This law primarily applies to claims by providers for insurance payment, including Medicaid payment, and it includes six crimes.

- a. Health care fraud in the 5th degree – A person is guilty of this crime when, with intent to defraud a health plan, he or she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment from a health plan. This is a class A misdemeanor.
- b. Health care fraud in the 4th degree – A person is guilty of this crime upon filing such false claims on more than one occasion and annually receives more than three thousand dollars. This is a class E felony.
- c. Health care fraud in the 3rd degree – A person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over ten thousand dollars. This is a class D felony.

- d. Health care fraud in the 2nd degree – A person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over fifty thousand dollars. This is a class C felony.
- e. Health care fraud in the 1st degree – A person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over one million dollars. This is a class B felony.

III. WHISTLEBLOWER PROTECTION

1) Federal False Claims Act (31 U.S.C. §3730(h))

The Federal False Claims Act provides protection to *qui tam* relators (individuals who commence a False Claims action) who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. 3730(h). Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

2) New York State False Claims Act (State Finance Law §191)

The New York State False Claims Act also provides protection to *qui tam* relators (individuals who commence in a False Claims action) who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

3) New York State Labor Law, Section 740

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the employer is in violation of the law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law §177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions). The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

4) New York State Labor Law, Section 741

A health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

SECTION III

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MANDATORY SUBMISSION CHECKLIST FOR PART Q PROCUREMENT

Procurement # and Name: Q14-17 Temporary Personnel Services

Vendor Name: _____ Vendor Contact: _____

Contact E-Mail: _____ Contact Phone Number: _____

Administrative Forms (in required documentation order)

1. ☐ NYSFL §§139(j) & (k) Acknowledgement Form (**Please complete and return immediately upon receipt of the procurement package, and include a copy with your proposal submission**).
 2. ☐ NYSFL §§139(j) & (k) Forms A, B, and C
 3. ☐ Vendor Responsibility Questionnaire
 4. ☐ ST220-CA Form
 5. ☐ Copy of the completed ST220-TD Form (**Please send the original to the NYS Tax Department**)
 6. ☐ Consultant Reporting Disclosure Form A & Form B
 7. ☐ C-105.2 Form (to be completed by your current NYS Workers' Compensation Insurance provider)
 8. ☐ DB-120.1 Form (to be completed by your NYS Disability Benefits Insurance provider)
-

Vendor Proposal Components

9. ☐ Company Background
 - ☐ Years of Experience ☐
 - ☐ Resumes of Assigned Staff
 10. ☐ Technical Proposal
 - ☐ Response to each specification
 - ☐
 - ☐
 11. ☐ Three References
 12. ☐ Cost Proposal Grid
 13. ☐ MWBE Utilization Plan
 14. ☐ Contract Cover Letter
-

ACKNOWLEDGMENT FORM
PROCUREMENT LOBBYING LAW (SFL §139 J and §139 K)

Subject: Procurement Number and Title: _____

Pursuant to State Finance Law § 139-j and 139-k (the “Procurement Lobbying Law”), this solicitation involves restrictions on communications between a potential vendor, or person acting on behalf of a vendor (the “Offeror”) and SUNY-Downstate. Specifically, during the “**Restricted Period**” (as defined below) of a procurement process, Offerors are restricted from communicating with any SUNY-Downstate employees other than those employees listed below (the “**Designated Contacts**”). Additionally, Offerors are prohibited from making “**Contacts**” (as defined below). The designated staff member(s), as of the date hereof, is identified below.

This Acknowledgment Form constitutes notice that the Restricted Period has commenced for the referenced procurement.

SUNY-Downstate is required to record all Contacts, and, generally, must deny a contract award to an Offeror involved in a knowing and willful Contact. Additionally, a determination that an Offeror has provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this solicitation. Additional sanctions may apply.

Further information about these requirements can be found on the following website:
<http://www.ogs.state.ny.us/purchase/AboutPSG.asp>

Contact: any oral, written or electronic communication with any employee of SUNY Downstate Medical Center under circumstances where a reasonable person would infer that the communication was intended to influence the procurement.

Restricted Period: the period of time commencing with the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with SUNY Downstate Medical Center and ending with the final contract award and approval/execution of such contract by SUNY-Downstate and, where applicable, the Office of the State Comptroller.

Designated Contact(s):

(1) Designated Contact

Name:

Title:

Department:

E-mail:

Phone:

Fax:

(2) Designated Contact

Name:

Title:

Department:

E-mail:

Phone:

Fax:

Acknowledgment Page to Follow on Page 2 of 2

By signing below, the Offeror acknowledges and affirms its understanding of, and agreement to comply with, the Procurement Lobbying.

An Offeror's failure to comply with the requirements of this Acknowledgment Form and/or with the Procurement Lobbying Law will result in disqualification from consideration for an award under the referenced procurement.

Offeror's Affirmation of Understanding and Adherence

By signing below, I (Print Name) _____, (Print
Title) _____, an authorized representative of
(Insert Company Name) _____, hereby acknowledge and affirm that
(Insert Company Name) _____ understands, and agrees to comply with,
the Procurement Lobbying Law.

Signature

Date

Subject: Procurement Number and Title: _____

FORM A

Summary: Policy and Procedure of the State University of New York Relating to State Finance Law §§139-j and 139-k

State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a “Contact”) which a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of \$15,000 during the “restricted period” (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency’s procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential vendor nor a person acting on behalf of the vendor should contact any individual at State University other than the person designated in this solicitation as State University’s Designated Contact, nor attempt to unduly influence award of the contract. State University will make a record of all Contacts, and such records of Contact will become part of the procurement record for this solicitation. A determination that a vendor or a person acting on behalf of the vendor has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this solicitation. Additional sanctions may apply.

A complete copy of the State University of New York Procurement Lobbying Policy and Procedure is available for review at www.suny.info/policies.

FORM B

Affirmation with respect to State Finance Law §§139-j and 139-k

A complete copy of the State University of New York Procurement Lobbying Policy and Procedure is available for review at www.suny.info/policies.

Procurement Description/ID No.: _____

Offeror **AFFIRMS** that it has reviewed and understands the Policy and Procedure of the State University of New York, relating to State Finance Law §§139-j and 139-k, and agrees to comply with State University's procedure relating to Contacts with respect to this procurement.

Name of Offeror: _____

Address: _____

Person Submitting Form:

Signature: _____

Name: _____

Title: _____

FORM C

Disclosure and Certification with respect to State Finance Law §§139-j and 139-k

Procurement Description/ID No.: _____

1. Has a Governmental Entity, as defined in State Finance Law §139-j(1)(a), made a determination of non-responsibility with respect to the Offeror within the previous four years where such finding was due to a violation of State Finance Law §139-j or the intentional provision of false or incomplete information with respect to previous determinations of no responsibility?

No ☐

Yes ☐ If yes, provide the following details:

Governmental Entity which made the finding: _____

Date of finding: _____

Basis of finding: _____

2. Has a Governmental Entity terminated or withheld a procurement contract with the Offer because of violations of State Finance Law §139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?

No ☐

Yes ☐ If yes, identify the following:

Governmental Entity which terminated the contract: _____

Date of contract termination or withholding: _____

Identify the related procurement contract: _____

SUNY Downstate Medical Center reserves the right to terminate this contract in the event it is found that the certification filed by the Offeror in accordance with New York State Finance Law Section 139-k was intentionally false or intentionally incomplete. Upon such finding, the Governmental Entity may exercise its termination right by providing written notification to the Offeror in accordance with the written notification terms of this contract.

Offeror **CERTIFIES** that all information provided by Offeror with respect to its compliance with State Finance Law §§139-j and 139-k is complete, true and accurate.

Name of Offeror: _____

Address: _____ City, State, Zip: _____

Signature of Person Submitting Form: _____

Name: _____

Title: _____

Date: _____

Model Form for Governmental Entity Report of Contact under State Finance Law §139-k(4)

Background:

New York State Finance Law §139-k(4) obligates every Governmental Entity during the Restricted Period of a Procurement Contract to make a written record of any Contacts made. The term “Contact” is defined by statute and refers to those oral, written or electronic communications that a reasonable person would infer are attempts to influence the Governmental Procurement. In addition to obtaining the required identifying information, the Governmental Entity must inquire and record whether the person or organization that made the Contact was the Offerer or was retained, employed or designated on behalf of the Offerer to appear before or Contact the Governmental Entity.

It should be noted that State Finance Law §139-k(6) provides:

[a]ny communications received by a governmental entity from members of the state legislature, or legislative staffs, when acting in their official capacity, shall not be considered to be a “contact” within the meaning of this section and shall not be recorded by a governmental entity pursuant to this section.

Instructions:

This model form is for use by the Governmental Entity and may be used for each Procurement Contract governed by State Finance Law §139-k. All recorded Contacts shall be included in the procurement record for the Procurement Contract. This model form was designed to collect information about initial and subsequent Contacts on the specified procurement contract during the Restricted Period. However, a separate form must be completed for **each** person or organization that Contacts the Governmental Entity about each Procurement Contract. Additional information and guidance on the “restricted period” and permissible Contacts can be found in the guidelines issued by the Advisory Council on Procurement Lobbying, which can be found on the OGS website at <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>.

It is recommended that Governmental Entities advise Offerers and those designated, employed or retained by Offerers of the intention to record the Contact. It is also recommended that information be provided regarding to Offerers and others about the statutory Restricted Period, Designated Contacts and the Permitted Contacts.

While the model form includes a section where the nature of the Contact may be recorded, such information is not statutorily required to be reported. Where such information is recorded, the Governmental Entity may in its discretion conform its collection with its other procurement practices.

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT BUSINESS ENTITY

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the OSC Help Desk at ciohelpdesk@osc.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION			
<u>Legal Business Entity Name</u> *		<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		<u>New York State Vendor Identification Number</u>	
		Telephone <div style="text-align: center;">ext.</div>	Fax
Email		Website	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company (LLC or PLLC)</u>		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No,' indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States State _____			
<input type="checkbox"/> Other Country _____			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," Enter <u>DUNS</u> Number			

* All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

I. LEGAL BUSINESS ENTITY INFORMATION

- 1.4 If the Legal Business Entity's Principal Place of Business is not in New York State, does the Legal Business Entity maintain an office in New York State?
 (Select "N/A," if Principal Place of Business is in New York State.)
- ☐ Yes ☐ No
☐ N/A

If "Yes," provide the address and telephone number for one office located in New York State.

- 1.5 Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), New York State Small Business (SB) or a federally certified Disadvantaged Business Enterprise (DBE)?
- If "Yes," check all that apply:
- ☐ New York State certified Minority-Owned Business Enterprise (MBE)
☐ New York State certified Women-Owned Business Enterprise (WBE)
☐ New York State Small Business (SB)
☐ Federally certified Disadvantaged Business Enterprise (DBE)
- ☐ Yes ☐ No

- 1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.

Name	Title	Percentage Ownership (Enter 0% if not applicable)

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

☐ Legal Business Entity

Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

☐ Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

☐ Yes ☐ No

If “Yes,” enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.
For each person, include name and title. Attach additional pages if necessary.

Name

Title

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY

Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:

3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

For each “Yes” or “Other” explain:

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the reporting entity:

4.0 Been <u>suspended or debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes,” explain:

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

V. INTEGRITY – CONTRACT AWARD*Within the past five (5) years, has the reporting entity:*

5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes,” explain:

VI. CERTIFICATIONS/LICENSES*Within the past five (5) years, has the reporting entity:*

6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes,” explain:

VII. LEGAL PROCEEDINGS*Within the past five (5) years, has the reporting entity:*

7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious</u> or <u>willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes,” explain:

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY

8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant’s name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as “Initiated,” “Pending” or “Closed.” Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s) completed</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If “Yes,” did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes” to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.
(See definition of “associated entity” for additional information to complete this section.)*

9.0 Does the Reporting Entity have any Associated Entities?

☐ Yes ☐ No

Note: All questions in this section must be answered if the Reporting Entity is either:

- An Organizational Unit; or
- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies).

If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.

9.1 Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:

☐ Yes ☐ No

- a) Any business-related activity; or
- b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?

If “Yes,” provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).

9.2 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over \$50,000?

☐ Yes ☐ No

If “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant’s name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

9.3 Within the past five (5) years, has any Associated Entity:

- a) Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?

☐ Yes ☐ No

- b) Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?

☐ Yes ☐ No

- c) Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?

☐ Yes ☐ No

- d) Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of \$500,000?

☐ Yes ☐ No

- e) Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?

☐ Yes ☐ No

- f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity?

☐ Yes ☐ No

- g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?

☐ Yes ☐ No

For each “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

X. FREEDOM OF INFORMATION LAW (FOIL)

10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).

☐ Yes ☐ No

Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

If "Yes," indicate the question number(s) and explain the basis for the claim.

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

Name	Telephone ext.	Fax
Title	Email	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

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

_____ Notary Public

**Contractor Certification to Covered Agency**

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-CA

(12/11)

For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need Help? on back).

Contractor name				For covered agency use only Contract number or description	
Contractor's principal place of business		City	State		
Contractor's mailing address (if different than above)					
Contractor's federal employer identification number (EIN)			Contractor's sales tax ID number (if different from contractor's EIN)		
Contractor's telephone number			Covered agency name		
Covered agency address				Covered agency telephone number	

I, _____, hereby affirm, under penalty of perjury, that I am _____
(name) (title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

☐ The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

☐ The contractor has previously filed Form ST-220-TD with the Tax Department in connection with _____
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)

Instructions

General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF _____ }
: _____ SS.:
COUNTY OF _____ }

On the ____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _____ he resides at _____,

Town of _____,

County of _____,

State of _____; and further that:

[Mark an **X** in the appropriate box and complete the accompanying statement.]

☐ (If an individual): _____ he executed the foregoing instrument in his/her name and on his/her own behalf.

☐ (If a corporation): _____ he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _____ he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _____ he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

☐ (If a partnership): _____ he is a _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _____ he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _____ he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

☐ (If a limited liability company): _____ he is a duly authorized member of _____, LLC, the limited liability company described in said instrument; that _____ he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _____ he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public

Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Visit our Web site at **www.tax.ny.gov**

- get information and manage your taxes online
- check for new online services and features



Telephone assistance

Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

**Contractor Certification**(Pursuant to Section 5-a of the Tax Law, as amended,
effective April 26, 2006)**ST-220-TD**

(12/11)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need help?* below).

Contractor name

Contractor's principal place of business

City

State

ZIP code

Contractor's mailing address (if different than above)

Contractor's federal employer identification number (EIN)

Contractor's sales tax ID number (if different from contractor's EIN)

Contractor's telephone number
()

Covered agency or state agency

Contract number or description

Estimated contract value over
the full term of contract
(but not including renewals) \$

Covered agency address

Covered agency telephone number

General information

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file a Form ST-220-CA, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and Individual, Corporation, Partnership, or LLC Acknowledgement on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*. See *Need help?* for more information on how to obtain this publication.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

**NYS TAX DEPARTMENT
DATA ENTRY SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227****Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?Visit our Web site at **www.tax.ny.gov**

- get information and manage your taxes online
- check for new online services and features

**Telephone assistance****Sales Tax** Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

I, _____, hereby affirm, under penalty of perjury, that I am _____
(name) (title)
of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

Complete Sections 1, 2, and 3 below. Make only one entry in each section.

Section 1 — Contractor registration status

- ☐ The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law, and is listed on Schedule A of this certification.
- ☐ The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 — Affiliate registration status

- ☐ The contractor does not have any affiliates.
- ☐ To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- ☐ To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 — Subcontractor registration status

- ☐ The contractor does not have any subcontractors.
- ☐ To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- ☐ To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)

Schedule A — Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

[illegible]

Column A – Enter **C** in column A if the contractor; **A** if an affiliate of the contractor; or **S** if a subcontractor.

Column B – Name - If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.

Column C – Address - Enter the street address of the entity's principal place of business. Do not enter a PO box.

Column D – ID number - Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.

Column E – Sales tax ID number - Enter only if different from federal EIN in column D.

Column F – If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
 : SS.:
COUNTY OF }

On the ____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_ he resides at _____,
Town of _____,
County of _____,
State of _____; and further that:

[Mark an **X** in the appropriate box and complete the accompanying statement.]

- ☐ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
- ☐ (If a corporation): _he is the _____
of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
- ☐ (If a partnership): _he is a _____
of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
- ☐ (If a limited liability company): _he is a duly authorized member of _____
LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public

Registration No. _____



**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER**

**PROCUREMENT AND
DISBURSEMENT GUIDELINES**

BULLETIN:	G-226
SUBJECT:	Consultant Disclosure Legislation
DATE:	December 5, 2006 (updated)

Purpose: The purpose of this bulletin is to explain new reporting requirements related to Chapter 10 of the Laws of 2006 and to provide forms to be used to submit the necessary information in a uniform format.

Chapter 10 of the Laws of 2006 amends State Finance Law §§ 8 and 163¹ by requiring:

1. That the Office of the State Comptroller (OSC) include in the Consulting Services Report it compiles annually on contracts issued by State agencies for consulting services during the previous fiscal year, certain additional information on employees providing services under such contracts;
2. That contractors annually report certain employment information to the contracting agency, the Department of Civil Service (DCS) and OSC; and
3. That OSC include such employment² information in the Procurement Stewardship Act Report it compiles annually.

The new legislation takes effect on June 19, 2006.

State Contractors

Employment

Information: As a result of these changes in law, State contractors will be required to disclose, by employment category, the number of persons employed to provide services under a contract for consulting services, the number of hours worked and the amount paid to the contractor by the State as compensation for work performed by these employees. This will include information on any persons working under any subcontracts with the State contractor.

**Contracts for
Consulting**

Services:

Chapter 10 of the Laws of 2006 expands the definition of contracts for consulting services to include any contract entered into by a State agency for analysis, evaluation, research, training, data processing, computer



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PROCUREMENT AND DISBURSEMENT GUIDELINES

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programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Initial Report Requirements:

State Finance Law § 8 (subd 17) requires that OSC report to the Legislature on contracts for consulting services that were **issued** by State agencies during the previous fiscal year. The new legislation requires that OSC include in the Consulting Services Report the employment information described above.

To enable compliance with the law, State agencies must include in the Procurement Record submitted to OSC for new consultant contracts, the State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term (Form A attached to this bulletin). The completed form must include information for all employees providing service under the contract whether employed by the contractor or a subcontractor. Please note that the form captures the necessary planned employment information prospectively from the start date of the contract through the end of the contract term.

State agencies may incorporate the Form A into new solicitations for consulting services in order to provide notice to potential contractors that the contractor selected may be required to complete the form.

It is important to note that regardless of a contract's payment methodology (for example, deliverable based payment or lump sum payments), an agency must structure the procurement/contract to be able to ascertain and report the required data.

State agencies should begin to submit Form A as part of the Procurement Record for new consulting services contracts as soon as possible. In order to allow sufficient time for State agencies to implement the new requirements, submission of a completed Form A will be **required** for OSC approval of new contracts for consulting services received by OSC



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for approval on or after July 17, 2006, except in extraordinary circumstances as determined in the sole discretion of OSC.

**Annual Report
Requirements:**

Chapter 10 of the Laws of 2006 mandates that State agencies must now require State contractors to report annually on the employment information described above, including work performed by subcontractors. The legislation mandates that the annual employment reports are to be submitted by the contractor to the contracting agency, to OSC and to the Department of Civil Service. OSC must include the employment information in the Procurement Stewardship Act Report. State Finance Law § 163 (subd 14) requires that OSC annually report to the State Procurement Council, the Governor and the Legislature on active procurement contracts above \$15,000.³

State Consultant Services Contractor's Annual Employment Report (Form B attached to this bulletin) is to be used to report the information. Please note that, in contrast to the information to be included on Form A, which is a one-time report of planned employment data for the entire term of a consulting contract on a projected basis, Form B will be submitted each year the contract is in effect and will capture historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31).

To enable compliance with the law, State agencies need to incorporate the annual reporting requirement and the Form B template into new solicitations for consulting services to provide notice to potential contractors that the contractor selected will be required to submit the form annually.

Incorporation of the reporting requirement for Form B to be submitted annually will be a requirement for OSC approval of new contracts for consulting services including those contracts resulting from mini-bids received by OSC for approval on or after July 17, 2006, except in extraordinary circumstances as determined in the sole discretion of OSC.



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

PROCUREMENT AND DISBURSEMENT GUIDELINES

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As above, this date was established to allow time for State agencies to implement the new requirements; however, State agencies are encouraged to incorporate the new Form B reporting requirement as soon as possible.

For **existing** contracts for consulting services (i.e., in place before June 19, 2006), the contracting agency must also require contractors to submit Form B annually, commencing with the close of fiscal year 2006-2007.

The first State Consultant Services Contractor's Annual Employment Report will be due May 15, 2007, and will include information for the period ending March 31, 2007. Thereafter, the State Consultant Services Contractor's Annual Employment Reports will be due no later than May 15th of each succeeding year.

Summary:

RFP's and other solicitations for consulting services should include notice of the new reporting requirements. The Procurement Record for new contracts for consulting services received by OSC for approval on or after July 17, 2006 must include, upon submission of the contract for approval, a completed Form A. New contracts for consulting services, including those contracts resulting from mini-bids must include a requirement that Form B be submitted annually by the contractor to the contracting agency, the Department of Civil Service and OSC. In addition, with respect to contracts for consulting services in place prior to June 19, 2006, the contracting agency must require its contractors to submit a completed Form B annually, commencing with the close of fiscal year 2006-2007.

Completing the Forms:

Form A and Form B should be completed for contracts for consulting services in accordance with the following:

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



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- **Employment Category:** the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract.

(Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)

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

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

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

Reports that are to be submitted to OSC may be transmitted as follows:

By mail: NYS Office of the State Comptroller
Bureau of Contracts
110 State Street, 11th Floor
Albany, NY 12236
Attn: Consultant Reporting

By fax: (518) 474-8030 or (518) 473-8808



**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER**

**PROCUREMENT AND
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Reports that are to be submitted to DCS may be transmitted as follows:

By mail: NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239
Attn: Counsel's Office

Questions: If you have any questions regarding this bulletin, please contact:

NYS Office of the State Comptroller
Bureau of Contracts
(518) 474-4622

¹
² Chapter 10 of the Laws of 2006 also amends State Finance Law § 22 and Civil Service Law § 97.

²
In addition, the new legislation requires the Department of Civil Service to publish an annual report summarizing the number of contract employees performing consulting services and the types of services provided by such contract employees. The new legislation also mandates that the Governor include in the Executive Budget certain information based on the State Contractor's Annual Employment Reports.

³
Because the Comptroller's contract approval threshold has been raised to \$50,000 while the PSA Report threshold remains at \$15,000, the PSA Report will contain information on contracts not requiring OSC approval. Consequently, State Agencies must use the "T" contract mechanism for all consulting services contracts between \$15,000 and \$50,000.

Date Contract Approved:

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

Contract End Date: / /

Page of

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, to March 31,

Contracting State Agency Name:

Agency Code:

Contract Number:

Contract Term: / / to / /

Contractor Name:

Contractor Address:

Description of Services Being Provided:

Scope of Contract (Choose one that best fits):

Analysis ☐ Evaluation ☐ Research ☐ Training ☐

Data Processing ☐ Computer Programming ☐ Other IT consulting ☐

Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services ☐

Health Services ☐ Mental Health Services ☐

Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting ☐

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature:_____

Title: _____ Phone #: _____

Date Prepared: / /

ATTACHMENT A

Authority: Article 15-A of the Executive Law and 5 NYCRR parts 140-144 Standard Clauses for All State University of New York (SUNY) Contracts

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

I. General Provisions

- A. The State University of New York 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 State University of New York (“SUNY”), to fully comply and cooperate with SUNY 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, SUNY hereby establishes a University-wide goal of % for Minority and Women-Owned Business Enterprises (“MWBE”) participation, % for Minority-Owned Business Enterprises (“MBE”) participation and % for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). See Actual % noted on SUNY 9 point Memo.
- 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/directorySearch.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 SUNY 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, grading, 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 SUNY within seventy two (72) hours after the date of the notice by SUNY to award the Contract to the Contractor.
 3. If Contractor or Subcontractor does not have an existing EEO policy statement, SUNY has provided the Contractor or Subcontractor a model statement (see Form 104) – 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 108 - 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 112 - 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 SUNY 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 prior to the execution of the contract.

B. MWBE Utilization Plan (Form MWBE 107).

1. Contractors are required to submit a Utilization Plan on Form 107 with their bid or proposal. Complete the following steps to prepare the Utilization Plan:
 - a. list NYS Certified minority- and women-owned business enterprises which the Contractor intends to use to perform the State contract;
 - b. insert a description of the contract scope of work which the Contractor intends to structure to increase the participation by NYS Certified minority- and women-owned enterprises on the State contract;
 - c. insert the estimated or, if known, actual dollar amounts to be paid to and performance dates of each component of a State contract which the Contractor intends to be performed by a NYS Certified minority- or women-owned business; and
 - d. Any modifications or changes to the agreed participation by NYS Certified MWBEs after the Contract Award and during the term of the contract must be reported on a revised MWBE Utilization Plan and submitted to the SUNY University-wide MWBE Program Office.
2. The SUNY University-wide MWBE Program Office will review the MWBE Utilization Plan and will issue the Contractor a written notice of acceptance or deficiency within twenty (20) day of its receipt. A notice of deficiency shall include the:
 - a. list NYS Certified minority- and women-owned business enterprises which the Contractor intends to use to perform the State contract;
 - b. name of any MWBE which is not acceptable for the purpose of complying with the MWBE participation goals;
 - c. reasons why it is not an acceptable element of the Contract scope of work which the MWBE Program Office has determined can be reasonably structured by the Contractor to increase the likelihood of participation in the Contract by MWBEs; and
 - d. other information which the MWBE Program Office determines to be relevant to the MWBE Utilization Plan.

3. The Contractor shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to SUNY's University-wide MWBE Program Office a written remedy in response to the notice of deficiency.
 - a. If the written remedy that is submitted is not timely or is found to be inadequate, the University-wide MWBE Program Office shall notify the Contractor and direct the Contractor to submit, within five (5) business days, a request for partial or total waiver of MWBE participation goals on forms provided by the University-wide MWBE Program Office.
 - b. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.
 4. SUNY's University-wide MWBE Program Office may disqualify a Contractor as being non-responsive under the following circumstances:
 - a. If a Contractor fails to submit a MWBE Utilization Plan;
 - b. If a Contractor fails to submit a written remedy to a notice of deficiency in a MWBE Utilization Plan;
 - c. If a Contractor fails to submit a request for waiver; or
 - d. If the MWBE Program Office determines that the Contractor has failed to document Good Faith Efforts.
- C. 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.
- D. 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, SUNY 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 114 – 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 SUNY's University-wide MWBE Program Office shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If SUNY's University-wide MWBE Program Office, 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 SUNY University-wide MWBE Program Office 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 114) to the SUNY campuses by the 5th 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 SUNY's University-wide MWBE Program Office 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 SUNY 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 SUNY campus, Contractor shall pay such liquidated damages to the SUNY within sixty (60) days after they are assessed by the SUNY campus 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 SUNY.

All forms must be scanned and e-mailed directly to campus and copy the University-wide MWBE Program Office at MWBEProgram@suny.edu.

Pamela Swanigan
University-wide MWBE Program Director
State University Plaza
Albany, NY 12246
518-320-1628
MWBEProgram@suny.edu

Effective April 1, 2013

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

I, _____, the (awardee /contractor)_____ agree to adopt the following policies with respect to the project being developed or services rendered pursuant to the terms and conditions of this contract.

MWBE

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

- (1) Active and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to MWBE contractor associations.
- (2) Request a list of State-certified MWBEs from SUNY campuses 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 MWBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by MWBEs and encourage the formation of joint venture and other partnerships among MWBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to MWBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE contract participation goals.
- (6) Ensure that progress payments to MWBEs 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 MWBE participation.

EEO

(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, age, disability, or marital status.

(c) At the request of the contracting agency, this organization shall request that 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) This organization will include the provisions of sections (a) through (c) 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.

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Minority Business Enterprise Liaison

_____ is designated as the Minority Business Enterprise Liaison (Name of Designated Liaison) responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (MWBE-EEO) program.

MWBE Contract Goals

_____ % Minority Business Enterprise Participation

_____ % Women’s Business Enterprise Participation

EEO Contract Goals

_____ % Minority Labor Force Participation

_____ % Female Labor Force Participation

(Authorized Representative)

Title: _____

Date: _____

**FORM 104 (MWBE UNIT REVISED: 01/2013)
Effective April 1, 2013**

STAFFING PLAN
Submit with Bid or Proposal – Instructions on page 2

Solicitation No.:	Reporting Entity:	Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
Offeror's Name:		<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Address:		

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)	
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
Totals																	

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):		Submit completed with bid or proposal MWBE 108 (Rev 01/2013) Effective April 1, 2013

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'.
Contact the OMWBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who: - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male or Female

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name:

Address:

City, State, Zip Code:

Telephone No.:

Authorized Representative:

Authorized Signature:

Federal Identification No.:

Location of Work: SUNY at

Project No.:

M/WBE Goals in the Contract: MBE % WBE %

EEO Goals in the Contract: MBE % WBE %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/ Supplies/Services and intended performance dates of each component of the contract.
1.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
2.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
3.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
4.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
5.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
6.	NYS ESD CERTIFIED			

	<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
7.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
8.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
9.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).				
PREPARED BY (Signature): DATE: NAME AND TITLE OF PREPARER (Print or Type): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.		TELEPHONE NO.:	EMAIL ADDRESS:	
MWBE 107 (Revised 1/2013) Effective April 1, 2013		FOR M/WBE USE ONLY		
		REVIEWED BY:		DATE:
		UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No.: _____ Project No. (if applicable): _____ Contract Award Date: _____ Estimated Date of Completion: _____ Amount Obligated Under the Contract: _____ Description of Work: _____ NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____		

REVISED MEMORANDUM

To: Carter Lard – Director Contracts and Procurement Management
Downstate Medical Center

FROM: Pamela Swanigan
University-wide MWBE Program Director

SUBJECT: 9-Point Goal Development Memo

DATE: May 21, 2014

Please complete the following and submit to our office for review and consultation to ensure that you are documenting Good Faith Efforts during the pre-solicitation period.

1. Type of Contract: Temporary Personnel Services for Allied Health/Clinical Per Diem, Professional, Clerical, Technical from Director, Manager to Labor
2. Contract Amount - \$15,000,000
3. Contract Term – Start Date: 2014 End Date: 2019
4. Procurement Method: Request for Proposal
5. General Discussion:

Temporary Personnel Services for Allied Health/Clinical Per Diem, Professional, Clerical, Technical from Director, Manager to Labor

6. MWBE Program Compliance Efforts:

Based on a search of the MWBE directory, fourteen (14) MWBE firms were located listed under the MEDICAL STAFFING commodity code.

Fifty four (54) MWBE firms were located listed under the CONTRACT SERVICES commodity code.

Eleven (11) MWBE firms were located searching for “Human Services”.

Nineteen (19) MWBE firms were located searching for “Health Care”.

One hundred twenty two (122) MWBE firms were located searching for “Management Consultants”.

Eleven (11) MWBE firms were located searching for “Medical”

Thirty eight (38) MWBE firms were located searching for “Personnel Placement”.

Two (2) MWBE firms were located searching for “Temporary Personnel Administrative”.

Thirty nine (39) MWBE firms were located searching for “Temporary Personnel Services”.

7. MWBE Program Participation:

It is recommended that Downstate Medical Center document the results of their outreach efforts and the effectiveness of the MWBE RFP procurement language to their procurement record.

8. Barriers to Participation:

None.

For University-wide MWBE Program Office Use Only
<p>9. Contract Goals Determination:</p> <p>MWBE goals are 30%: 20% MBE and 10% WBE.</p> <p>The rationale for the inclusion is that there is MWBE availability.</p>

Q14-17 MWBE Vendor Listing

Company Name	Owner First	Owner Last	Certification Type	Capability
Admiral Staffing, Inc.	Rezwan	Rafeek	MBE	Temporary staffing services
ALTERNATIVE CARE SYSTEMS INC	LOUISE	WEADOCK	WBE	HOME CARE NURSING; MEDICAL STAFFING; NURSING SERVICES; TEMPORARY STAFFING - HEALTHCARE
Atria Consulting LLC	Melissa	Bordman	WBE	CONTRACT STAFFING; EMPLOYMENT AGENCY; MEDICAL STAFFING; PERSONNEL PLACEMENT; PRE-EMPLOYMENT SCREENING; TEMPORARY PERSONNEL - HUMAN SERVICES; TEMPORARY STAFFING - BROADCASTING; TEMPORARY STAFFING - HEALTHCARE; TECHNICAL PLACEMENT
Beacon Speech Lang. Pathology Physical & Occupati	Barbara	Leheer	WBE	OCCUPATIONAL THERAPISTS; PHYSICAL THERAPIST; PSYCHOLOGIST; SPEECH PATHOLOGISTS
Blue Leaf Group Inc.	Sun	Young	MBE	TEMPORARY STAFFING AGENCY SPECIALIZING IN NURSES&NURSES AID
Blue Leaf Group Inc.	Sun	Young	WBE	TEMPORARY STAFFING AGENCY SPECIALIZING IN NURSES&NURSES AID
BROADWAY MEDICAL STAFFING INC	LINDA	BROADWAY	MBE	HOME CARE NURSING; MEDICAL STAFFING
BROADWAY MEDICAL STAFFING INC	LINDA	BROADWAY	WBE	HOME CARE NURSING; MEDICAL STAFFING
Meade Personnel Consultants, Inc.	Janyne	Meade	MBE	TEMPORARY STAFFING-HEALTHCARE ; MEDICAL STAFFING; CONTRACT STAFFING
Meade Personnel Consultants, Inc.	Janyne	Meade	WBE	TEMPORARY STAFFING - HEALTHCARE ; MEDICAL STAFFING ; CONTRACT STAFFING
MED-SCRIBE INC	ROBERTA	KAVANAUGH-REIF	WBE	MEDICAL STAFFING; PERSONNEL PLACEMENT
METROPOLITAN MEDICAL STAFFING	JANET	WEMM	WBE	Firm provides temporary and permanent medical staff. Medical staffers include nurses, nurse practitioners, and ultrasound technicians.
PROFESSIONAL PLACEMENT ASSOCIATES INC	LAURA	SCHACHTER	WBE	EXECUTIVE RECRUITMENT; MEDICAL STAFFING; PERSONNEL PLACEMENT
RPHFINDER INC	NIPA	SHAH	MBE	MEDICAL STAFFING; TEMPORARY STAFFING - HEALTHCARE
RPHFINDER INC	NIPA	SHAH	WBE	MEDICAL STAFFING; TEMPORARY STAFFING - HEALTHCARE
Total Healthcare Staffing of LI Inc.	Kathryn	Farrand	WBE	CONTRACT STAFFING; MEDICAL STAFFING; TEMPORARY STAFFING - HEALTHCARE
ZEUS STAFFING INC	ELIZABETH	DIAZ-STUCKEY	WBE	CONTRACT STAFFING; EMPLOYMENT AGENCY; EXECUTIVE RECRUITMENT; FINANCIAL CONSULTANTS; HUMAN RESOURCES CONSULTANTS; HUMAN RESOURCES INFORMATION SYSTEMS; MEDICAL STAFFING; TEMPORARY STAFFING - HEALTHCARE



Bid/ Proposal Vendor Initial Response Form

All vendors receiving this procurement solicitation are expected to return this document as soon as they have determined whether or not they will participate in this procurement.

Procurement Number _____ and Title: _____

☐ **This Vendor intends to SUBMIT a Bid/Proposal: Complete this section.**
By completing this section, your company will be expected to submit a bid, which shall be considered if satisfactorily completed in compliance with all instructions therein. Please identify the expected primary company representatives (reps) that will be preparing the proposal:

Vendor Rep Name(s)	Phone	eMail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **This Vendor intends to NOT SUBMIT a Bid/Proposal: Complete this section.**
Reason for Not Bidding (Check all that apply):

____ Size of this contract is not within the interest of this vendor.	____ Contract work not within the specialty of the contractor.
____ Insufficient amount of time to prepare a proposal.	____ Too busy to entertain additional business at this time.
____ Other (explain in the comment section below):	

Comments? (use additional sheets if necessary):

ALL VENDORS- Complete this section:

Vendor Business Name: _____	Federal Tax ID No. _____
Address: _____	Phone: _____
City, State, Zip: _____	Fax: _____
Insert the date Vendor received this Bid/ Proposal solicitation: _____	Check only if business is a qualified: ____ MBE or ____ WBE. If yes, Is vendor interested as a potential sub-contractor in this procurement? ____ YES ____ NO.

_____ Vendor Rep Signature	_____ Vendor Rep Printed Name	_____ Title	_____ Date
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Submit completed copy to **SUNY-DMC** via mail: **Contracts Dept. MSC 63; 450 Clarkson Ave.; Brooklyn, NY 11203-2098**, or via fax to **(718) 270-3342**, or via eMail to: _____

PROCUREMENT # _____ TITLE: _____

REFERENCE FORM*

*At least three (3) references are required. Please use a separate Reference Form for each reference you provide.

Bidder Firm Name: _____

CUSTOMER FOR WHICH SERVICES WERE PERFORMED:

CUSTOMER ADDRESS:

NUMBER OF BEDS:

CONTRACT TERM DATES:

SCOPE OF SERVICES PERFORMED FOR CUSTOMER (Please attach additional sheets if necessary):

NUMBER OF CONSULTANTS ASSIGNED TO PROJECT:

ESTIMATED VALUE OF CONTRACT:

Customer Reference:

CONTACT NAME AND TITLE:

CONTACT INFORMATION (TELEPHONE NUMBER, eMAIL ADDRESS):