



DATE: July 7, 2015

TO: Prospective Proposers- VIA EMAIL

FROM: Lisandra Reid
Contracts Officer

RE: Request for Proposal (RFP) No. 15-18
Type of Service: ICD10-Implementation: Remediation, Testing & Go-Live
Support

Addendum No. 4

The RFP is amended only as set forth in this Addendum No.4, consisting of six (6) pages.

- Attached to this addendum are the following documents
 - SUNY DMC Consumer Disclosure and Authorization Form- Vendor must return this form once vendor has been notified of tentative contract. Notified vendor must have all consultants fill out and **return the form within 24-48 hrs.**
 - 139 J & K affirmation of understanding listing the permissible MWBE contact
- Section 2– Method of Award(B(section 6)) on page 11 Selection criteria grid Technical Proposal points scale has been changed. Please see page two(2) of this addendum for the updated grid.
- All other terms and conditions of the RFP dated June 18, 2015 and previous Addendums remain in full force and effect.

Thank you for your attention to this matter. We look forward to your participation in this process to help us identify an appropriate contractor to provide these important services. Please call me at (718) 270-1453 if you have any questions.

Immediately upon receiving this Addendum No. 4, please acknowledge such receipt by providing the information requested below and returning this page only via email to lisandra.reid@downstate.edu or fax at 718-270-3342

Vendor's Name	Contact Person	Date
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DMC Materials Management webpage: <http://www.downstate.edu/procurement/vendors.html>

RFP 15-18: Method of Award

Technical Proposal		Points	%
	Bidder Qualifications		25 %
	MWBE Good Faith Efforts		5 %
	Technical Response		50 %
Total Technical Proposal			80 %
Financial Proposal			20%
<u>Total</u>			100%
Vendor Demonstration/Presentation(if required/invited)			30%

NOTWITHSTANDING THE FOREGOING OR ANYTHING TO THE CONTRARY HEREIN, ONLY OFFEROR'S PROPOSALS THAT RECEIVE A MINIMUM TECHNICAL SCORE (WHICH, FOR THE PURPOSE HEREOF, SHALL BE COMPRISED OF BIDDER QUALIFICATIONS, MWBE GOOD FAITH EFFORTS AND ALL OTHER NON-PRICE CRITERIA) OF 60 POINTS, WILL BE ELIGIBLE FOR AWARD

The Bidder earning the highest final composite score (technical, financial and presentation/demonstration/interview) will be selected to contract with SUNY and will be notified by SUNY. Tentative award of the contract shall consist of written notice of the contract award by SUNY to the successful bidder, who shall thereupon be obligated to execute a formal contract.

SUNY DOWNSTATE MEDICAL CENTER

FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION

Facts You Need To Know:

In connection with your application for employment and/or appointment to the Medical Staff with SUNY Downstate Medical Center (hereafter referred to as the 'Company'), the Company may obtain a consumer report on you, as defined in the federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.* The consumer report will provide verification of the highest degree earned, verification of your most recent employment, and records of any criminal convictions.

The Company may obtain any consumer report on you for employment purposes and/or medical staff privileges without your written consent. Also, the Company may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information is not covered by the authorization contained in this document.

State-Specific Information:

- ◆ California – If you are a California resident, in addition to this disclosure/authorization, you must review and complete the 'Disclosure and Acknowledgment Concerning Consumer Credit Report Obtained for Employment Purposes Pursuant to California Law.'
- ◆ Minnesota – If you are a Minnesota resident, you have a right to obtain a copy of the consumer report by checking this box.
- ◆ Oklahoma – If you are an Oklahoma resident, you have a right to obtain a copy of the consumer report by checking this box.

Consent and General Authorization to Obtain Consumer Report

I hereby authorize the Company, now or at any time while I am employed by the Company and/or hold appointment to the Medical Staff, to obtain a consumer report on me. This authorization does not authorize the release of medical information.

Federal law prohibits discrimination in employment and/or appointment to the Medical Staff on the basis of race, color, sex, national origin, religion, age, equal pay or disability. Additionally, New York state law prohibits discrimination in employment and/or appointment to the Medical Staff on the basis of creed, sexual orientation, military status or marital status.

Applicant's Signature

Today's Date

Applicant's Name Printed

Employment Application

Instructions: Use this application for all Downstate Medical Center hospital employment candidates
PLEASE PRINT CLEARLY

Position Title		Department	
Applicant Information			
Last Name	First Name, Middle Initial	Date of Birth	
Street Address. List all home addresses for the past 7 years in the USA starting with current address.		City	
State	Zip/Postal Code	Home Telephone Number ()	Dates Resided
Street Address		City	
State	Zip/Postal Code	Home Telephone Number ()	Dates Resided
Street Address		City	
State	Zip/Postal Code	Home Telephone Number ()	Dates Resided
Street Address		City	
State	Zip/Postal Code	Home Telephone Number ()	Dates Resided
<p>Have you ever been convicted of a felony or misdemeanor?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date, charge, and disposition.</p> <p>Have you ever been excluded from participation as a provider in the Medicare Program?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates of exclusion and reinstatement.</p> <p>Have you ever, or are you currently involved in any form of disciplinary/investigative process before any state licensing body or any accrediting body?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.</p> <p>Except for minor traffic violations, have you ever been convicted of any violation of the law?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.</p>			
Acknowledgment & Authorization			
<p>I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no willful misrepresentations and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents if any) to provide any relevant information that may be needed to arrive at an employment decision.</p> <p>I agree, if employed, to abide by all rules, policies and regulations of Downstate Medical Center. I certify that the information that I have provided is complete and accurate.</p> <p>May we contact your current employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when may we contact your employer?</p>			
Applicant's Signature		Date	

Downstate Medical Center is a Drug Free Workplace

Downstate Medical Center is an affirmative action, equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, veteran status or disability in employment.

Please continue to the next page ➡

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

Subject: Procurement Project, Requisition: No. 15-18: ICD 10: Implementation, Remediation and Go- Live Testing

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: Maureen Crystal
Title: Director of Contracts
Department: Contracts
e-mail: maureen.crystal@downstate.edu
Phone: (718) 270-1976
Fax: (718) 270-3342

(2) Designated Contact

Name: Lisandra Reid
Title: Contracts Officer
Department: Contracts
Email: lisandra.reid@Downstate.edu
Phone: 718-270- 1453
Fax: (718) 270-3342

(3) Designated Contact

Name: Kenneth Lee
Title: Purchasing Agent
Department: Contracts
E-mail: raul.rosada@downstate.eud
Phone: 718-270-2963

(4) Designated MWBE Contact

Name: Raul Tosado
Title: Executive Director
Department: Contracts & Procurement
E-mail: raul.rosada@downstate.eud
Phone: 718-613-8723

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 Project, Requisition No. 15-18: ICD 10: Implementation, Remediation and Go-live Testing