



# SUNY DOWNSTATE Medical Center

August 22, 2013

Update: The Deadline/Due Date has been extended to Sept 18, 2013

**TO: Prospective Vendor**

**SUBJECT: Hospital Billing and Debt Collection 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 requirements 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.

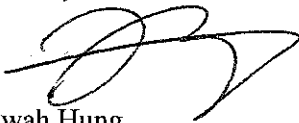
**By way of this legislation, the State University of New York – Downstate Medical Center ("SUNY-DMC") seeks to procure hospital billing and debt collection services for its Long Island College Hospital ("LICH") facility.**

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 stated in your proposal. Please note, however, that the terms therein were crafted under direction from the applicable New York State regulatory bodies, and SUNY-DMC's ability to negotiate said terms is very limited. Moreover, it is 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, September 10, 2013, and they must be submitted to the following address:

SUNY - Downstate Medical Center  
Department of Contracts, MSC 63  
Attention: Howah Hung, Contracts Attorney  
450 Clarkson Avenue  
Brooklyn, NY 11203-2908  
Email: [Howah.Hung@downstate.edu](mailto:Howah.Hung@downstate.edu)  
Fax: (718) 270-3342

Sincerely,



Howah Hung  
Contracts Attorney  
SUNY Downstate Medical Center  
Department of Contracts, MSC 63  
450 Clarkson Avenue  
Brooklyn, NY 11203  
(718) 613-8748

ATTACHMENTS:

- Section I      Part Q Procurement General Terms and Conditions  
                  Specifications List and Vendor Selection Criteria (4 Pages)  
                  Cost Proposal Grid (1 Page)
- Section II      SUNY Downstate Form Contract (13 Pages)  
                  Exhibit A (3 Pages)  
                  Exhibit A-1 (3 Pages)  
                  BAA (15 Pages)  
                  DRA (4 Pages)
- Section III     Mandatory Submission Checklist for Part Q Procurement  
                  139 (j) & (k) Acknowledgement Form (2 Pages)  
                  Policy and Procedure 139 (j) & (k) Forms A,B, & C (4 Pages)  
                  Vendor Responsibility Questionnaire (10 Pages)  
                  Tax Certification ST-220-CA and ST-220-TD (6 Pages)  
                  Consultant Disclosure Legislation Bulletin G-226 (7 Pages)

## 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 submitted 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.

**SECTION I**

### **Statement of Need:**

- Upon acquiring Long Island College Hospital (LICH) in May 2011, SUNY Downstate acknowledged that it did not have the internal resources to conduct billing and collection activities related to LICH Accounts Receivable.
- SUNY Downstate negotiated a service contract with Continuum Health Partners (CHP) to provide billing, collection, and computer support services for Long Island College Hospital (LICH). The contract expires in May 2014.
- With the possibility of LICH closure or disassociation with SUNY Downstate Medical Center, SUNY Downstate would like to contract with multiple Accounts Receivable Resolution vendors in case the LICH Accounts Receivable needs to be recovered from CHP prior to the May 2014 contract expiration date.
- Accounts Receivable Resolution vendors are required to liquidate the LICH Accounts Receivable in this eventuality. Vendors will be asked to resolve assigned components of the LICH legacy Accounts Receivable at an accelerated pace under contracts that will not exceed a one year duration.
- SUNY Downstate will seek two types of vendors; insurance recovery/collection vendors and self-pay collection vendors. Because of the volume of accounts, each of these "lots" may be split between 2 vendors, depending on the quality of the applicants.
- SUNY-DMC has an extremely diverse/multicultural patient base, with a significant percentage of its patients speaking Haitian Creole or Spanish as their primary languages. Therefore, it is required that the self-pay collection vendor has employees capable of communicating in these languages.
- Multiple Vendors will be selected.
- The contract will be awarded for a 1 Year Term.

### **Experience:**

- The Vendor must have more than 5 years' experience with Accounts Receivable Resolution.
- The Vendor must have experience working with Accounts Receivable Resolution projects in multiple acute care hospitals of 350 beds or higher, preferably including one in New York State.
- The Vendor must show proven ability to effectuate the collection of accounts nationwide and internationally.
- The Vendor must document that they are fully equipped and fully staffed with all necessary technology, personnel, and facilities as required to meet and fully carry out and perform all collection activities.
- The Vendor must prove that all applicable staff have been trained, at a minimum, in customer services, Fair Debt Collections, and HIPAA privacy regulations.

**Implementation:**

- Within 5 business days of the initial referral of accounts, and as required during the duration of the contract, the Vendor must provide SUNY Downstate with a detailed referral inventory acknowledgement report which verifies all referred account detail including:
  - Patient name and address,
  - Hospital account number,
  - Date(s) of service,
  - Financial class and Insurance plan,
  - Account balance, and
  - Subtotals for # and \$ accounts for patient types and payers.
- The Vendor must supply to SUNY Downstate copies of all letters that will be sent to patients and insurers on its behalf. SUNY Downstate will have the right to revise, and must give final approval for, all correspondence that will be sent on its behalf

**Reports:**

- A Monthly Project Status Report must be issued and reviewed monthly with the UHB Billing Department management. Summary data required includes:
  - Total accounts in inventory,
  - Number accounts active,
  - Number accounts liquidated,
  - Total \$ amount recovered,
  - Total financial class changes, and
  - Total accounts determined to be "Uncollectable,"
  - All reports must contain Month-End and Project-to-Date totals.
- Monthly Detail Reports will provide individual account detail for all defined Summary Reports.
- Custom reports must be available at no additional charge.

**Recovery Capabilities:**

- The vendor must describe its resources and approach to A/R recovery including:
  - Specific technologies utilized (Workflow management, insurance verification, claim submission systems, predictive dialers, call management systems, payment plan support, call recording and screen capture software, etc.)
  - Organization and Team Leadership qualifications.

- SUNY Downstate will have the right to visit the Vendor worksite given 72 hours' notice.
- SUNY Downstate will have the right to audit all work product including account summaries, all account activity notes and all account correspondence. Vendor must respond to and provide all requested records to fulfill all such audit requests with 48 hours.

### **Duration of Contract**

- This contract will be awarded for a 1 Year Term.

### **Service Level Agreement (SLA):**

- Vendor must supply manned telephone support during business hours.
- Routine support requests must be responded to on the same day the request is made.
- If circumstances call for emergency support, Vendor must be able to be on site within 48 hours.

### **Statistics:**

University hospital of Brooklyn – Long Island College Hospital

- Total A/R balance \$106,000,000
- Total A/R % > 90 days 40%
- Accounts with balances > \$10,000 = 58%
- Accounts with balances > \$1,000 < \$10,000 = 31%
- Accounts with balances < \$1,000 = 11%

### **Evaluation Criteria:**

1) Experience, as demonstrated by:

- a. Years of experience in healthcare collection and recovery services;
- b. Representation in NYC hospitals;
- c. Experience of client support leads/managers Account Management and other support services.

- 2) Vendor cost based on contingency fee and other fees.
- 3) SUNY-DMC cost of administration of services
- 4) Strength of product, as demonstrated by:
  - a. Past performance,
  - b. Application of systems and technology,
  - c. Robustness of reporting functionalities,
  - d. Strength of ROI analysis,
  - e. Extent of support services and reference databases.
- 5) Included functionalities which exceed SUNY-DMC's desires.



**Hospital Billing and Debt Collection Services  
Bid # Q14-04**

**Cost Proposal Grid**

Submitted by: \_\_\_\_\_  
Vendor Name

**Please propose based on the following statistics:**

- Total A/R balance \$106,000,000
- Total A/R % > 90 days 40%
- Accounts with balances > \$10,000 = 58%
- Accounts with balances > \$1,000 < \$10,000 = 31%
- Accounts with balances < \$1,000 = 11%

**Vendor shall perform the following Services in accordance with the terms hereof and of its Proposal for the *fee-for-services costs* of:**

Payer	Contractor's Proposed % Fee	Compensation Cap

**\*\*NOTE - the final costs must be all-inclusive. Vendor's compensation under the Contract will be limited to the rates herein proposed, which rates shall remain fixed for the term of the Contract(s) (VENDOR'S SHALL NOT PROPOSE ANY ESCALATION).**

## SECTION II

**Contract Number: XXXXXXX**

**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 [**CONTRACTOR'S FULL LEGAL NAME, TYPE OF ENTITY**], a corporation organized and existing under the laws of the State of [**STATE OF INCORPORATION**], with its principal place of business located at [**PRIMARY CORPORATE ADDRESS**] ("**Contractor**").

**WITNESSETH:**

**WHEREAS**, **SUNY-DMC** requires a qualified firm to provide certain [**high level description of covered services**] 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 [**initial term of the Agreement**], (the "Term"), commencing [**beginning date**] and expiring [**end**].

3. **Contractor** shall provide to **SUNY-DMC** the [~~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 amount of [~~MUTUALLY AGREED UPON PAYMENT TERMS~~]

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:

**[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](http://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](http://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**:

**[CONTRACTOR'S ADDRESS FOR NOTICE RECEIPT 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](http://www.oig.hhs.gov)), General Services Administrative List of Excluded Individuals/Entities ([www.epls.gov](http://www.epls.gov)), and New York State Medicaid Disqualified Provider List ([www.omig.state.ny.us](http://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 consents of **SUNY-DMC**, 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 the Vice President of Revenue Cycle, 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 13);
  - (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 or 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.”

[CONTRACTOR'S FULL  
LEGAL NAME]

STATE UNIVERSITY OF NEW YORK  
DOWNSSTATE MEDICAL CENTER

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Print Name:  
Print Title:

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Alan Dzija  
Vice President and  
Chief Financial Officer



**SUNY DOWNSTATE MEDICAL CENTER  
HIPAA BUSINESS ASSOCIATE AGREEMENT**

CONTRACT NO(S): \_\_\_\_\_

**THIS 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 and having its principal offices located at State University Plaza, Albany, New York 12246, acting for and on behalf of **SUNY DOWNSTATE MEDICAL CENTER** (also known as SUNY Health Science Center at Brooklyn), located at 450 Clarkson Ave., Brooklyn, New York 11203 ("Covered Entity") and \_\_\_\_\_ ("Business Associate"). Covered Entity and Business Associate, collectively, may hereinafter be referred to as the "Parties," as in the parties to this Agreement.

**WHEREAS**, Covered Entity and Business Associate are parties to one or more agreements and/or may in the future become parties to additional agreements (collectively, the "Underlying Agreements"), pursuant to which Business Associate provides certain services to Covered Entity and, in connection with such services, creates, receives, uses or discloses for or on behalf of Covered Entity certain individually identifiable Protected Health Information relating to patients of Covered Entity ("PHI") that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 as amended by the Health Information Technology for Economic and Clinical Health Act Title XIII of Division A of the American Recovery and Reinvestment Act, 2009 (HITECH Act) and regulations promulgated there under, as such law and regulations may be amended from time to time (collectively, "HIPAA"); and

**WHEREAS**, Covered Entity and Business Associate wish to comply in all respects with the requirements of HIPAA, including requirements applicable to the relationship between a covered entity and its business associates;

**NOW, THEREFORE**, the parties agree that each of the Underlying Agreements shall hereby be amended as follows:

**1. Definitions.**

- (a) "Breach"- shall have same meaning given to such term as defined in 45 CFR § 164.402.
- (b) "Business Associate" shall have the same meaning given to such term as defined in 45 CFR § 160.103.
- (c) "Covered Entity" shall have the same meaning given to such term as defined in 45 CFR § 160.103.
- (d) "Designated Record Set" shall have the same meaning given to such term as defined in 45 CFR § 164.501.
- (e) "Disclosure" shall have the same meaning given to such terms as defined in 45 CFR §160.103.
- (f) "Electronic Protected Health Information" or "e-PHI" shall have the same meaning given to such term as defined in 45 CFR §160.103 limited to the information transmitted or maintained by the Business Associate in electronic form format or media.
- (g) "Individual" shall have the same meaning given to such term as defined in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- (h) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E respectively.

- (i) "Protected Health Information" or "PHI" shall have the same meaning given to such term as defined in 45 CFR §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (j) "Required By Law" shall have the same meaning given such term as defined in 45 CFR§ 164.103 and The Health Information Technology for Economic and Clinical Health Act (HITECH) Division A: Title XIII, Subtitle D.
- (k) "Security" or "Security Measures" encompass all of the administrative, physical, and technical safeguards in an information system specified in subpart C of 45, CFR § 164.
- (l) "Security Rule" shall mean the Standards for Security of Electronic Protected Health Information as specified in subparts A and C in 45 C.F.R. Parts 160 and 164, respectively.
- (m) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

## **2. Obligations and Activities of Business Associate.**

- (a) Business Associate may not use or disclose protected health information other than as permitted or required by the Underlying Agreement or as required by law:
- (b) Business Associate agrees to use appropriate safeguards, including without limitation, administrative, physical and technical safeguards, to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement and to reasonably and appropriately employ the same standards as required by law to, protect the confidentiality, integrity and availability of any electronic Protected Health Information (e-PHI) that it may receive, maintain or transmit on behalf of the Covered Entity.

- (c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- (d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement or any security incident of which it becomes aware, involving Protected Health Information of the Covered Entity.
- (e) Business Associate must in accordance with 45 CFR §164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors, agents or affiliates of the Business Associate 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. Subject to the United States and New York State export control and foreign outsourcing laws, rules and regulations, the Business Associate will require any of its subcontractors and agents either based in the United States or a foreign country, to provide a reasonable assurance, evidenced in writing, that the subcontractor or agent will comply with the same privacy and security obligations as the Business Associate with respect to such PHI either set forth in this Agreement or in applicable law, rules and regulations.
- (f) Business Associate agrees to provide access, at the written request of Covered Entity, and in the time and manner designated by Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity in order to meet the requirements under 45 CFR §164.524.
- (g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the written request of Covered Entity or an Individual, and in the time and manner designated by Covered Entity.

- (h) Business Associate agrees to make available internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy and Security Rules.
- (i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.
- (j) Business Associate agrees to provide to Covered Entity or an Individual, in time and manner designated by Covered Entity, information collected in accordance with Section (2)(i) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.
- (k) 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.
- (l) If Business Associate, in performance of the contracted services, 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 16 C.F.R. § 681.2(b)(3), the Business Associate shall 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.

- (m) Business Associate understands and agrees that it will not access or use any Protected Health Information of any patient except for those patients whose accounts have been assigned to Business Associate, and it will further limit access to that Protected Health Information that is necessary to the activities undertaken by Business Associate on behalf of Covered Entity.
- (n) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional applicable requirements of the Privacy Rule, including those contained in 45 CFR §§ 164.502(e) and 164.504(e)(1)(ii), at such time as the requirements are applicable to Business Associate. Business Associate will not directly or indirectly receive remuneration in exchange for any Protected Health Information, subject to the exceptions contained in the HITECH Act, without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed to be "Marketing" under the HITECH Act. In addition, Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all applicable requirements of the Security Rule, contained in 45 CFR §§ 164.308, 164.310, 164.312, and 164.316, at such time as the requirements are applicable to Business Associate.

### **3. Permitted Uses and Disclosures by Business Associate.**

In case Business Associate obtains or creates Protected Health Information, Business Associate may use or disclose Protected Health Information, or any information derived from that Protected Health Information, only as explicitly permitted in the underlying agreement, and only if such use or disclosure, respectively, is in compliance with each applicable requirement of 45 CFR § 164.504(e). It means that:

- (a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person 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 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, 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.

**4. Responsibilities of the Parties with Respect to Protected Health Information**

- (a) Responsibilities of Covered Entity. With regard to the use and/or disclosure of Protected Health Information by the Business Associate, Covered Entity hereby agrees:
  - (1) 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.

(2) to inform the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose Protected Health Information, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

(3) to notify the Business Associate, in writing and in a timely manner, of any restriction on the use or disclosure of Protected Health Information 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 Protected Health Information by the Business Associate under this Agreement. Except if the Business Associate will use or disclose Protected Health Information for (and the Underlying Agreement includes provisions for) data aggregation or management and administration and legal responsibilities of the Business Associate, Covered Entity will not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy and Security Rule if done by the Covered Entity.

**5. Application of Security and Privacy Provisions to Business Associate.**

- (a) Security Measures: 45 CFR §164.308, 164.310, 164.312 and 164.316, dealing with the administrative, physical and technical safeguards as well as policies, procedures and documentation requirements that apply to Covered Entity shall in the same manner apply to Business Associate as Required By Law. Any additional security requirements contained in Division A Title XIII Health Information Technology of the American Recovery and Reinvestment Act that apply to Covered Entity shall also apply to Business Associate as of February 17, 2010. Business Associates that require access to Covered Entity electronic



patient systems and electronic infrastructure systems (either on site or remote) will supply the necessary information of employees to uniquely identify such employees, as employees with a need to access systems and will supply to Covered Entity Information Security Officer a valid state or federal issued photo ID for such employees to receive a unique user name and password to access the system(s).

- (b) Application of Civil and Criminal Penalties- If Business Associate violates any security provision as Required By Law specified in subparagraph (a) above, sections 1176 and 1177 of the Social Security Act 42 U.S.C. §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.

## **6. Information Breach Notification Requirements.**

- (a) Business Associate expressly recognizes that Covered Entity has certain reporting and disclosure obligations to the Secretary of the Department of Health and Human Services and the Individual in case of a security breach of unsecured Protected Health Information (as defined in 45 CFR §164.402).
- (b) Where Business Associate accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses unsecured Protected Health Information, Business Associate without unreasonable delay and in no case later than thirty (30) days following the discovery of a breach of such information, shall notify Covered Entity of such breach. Such notice shall include the identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired or disclosed during the breach.
- (c) Covered Entity and Business Associate recognizes that the Unsecured Protected Health Information 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 event of the breach of Unsecured Protected Health Information containing an Individual's private information, Business Associate shall in addition to notifying Covered Entity as in subparagraph (a) comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law § 899-aa and State Technology Law, § 208). 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.

## **7. Term and Termination.**

- (a) Term. The Term of this Agreement shall be effective as of the Effective Date (as defined below), and shall terminate at termination of underlying agreement or on the date Covered Entity terminates this agreement for cause as authorized on paragraph (b) of this section, whichever is sooner.
- (b) Termination for Cause. The parties acknowledge that in the event the Covered Entity learns of a pattern or activity or practice of the Business Associate that constitutes violation of a material term of this Agreement, then the parties promptly shall take reasonable steps to cure the violation. If such steps are, in the judgment of the Covered Entity, unsuccessful, ineffective or not feasible, then the Covered Entity may terminate, in its sole discretion, any or all of the Underlying Agreements upon written notice to the Business Associate, if

feasible, and if not feasible, shall report the violation to the Secretary of the Department of Health and Human Services.

(c) Effect of Termination.

(1) Except as provided in paragraph (2) of this section, upon termination of this Agreement or the Underlying Agreement(s) for any reason, Business Associate shall return or destroy all Protected Health Information pursuant to 45 CFR § 164.504(e)(2)(I) received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

(2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification, in writing, of the conditions that make return or destruction infeasible. Said notification shall include: (i) a statement that the Business Associate has determined that it is not feasible to return or destroy the Protected Health Information in its possession, and (ii) the specific reasons for such determination. The Covered Entity may disagree with the Business Associate's determination. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If it is infeasible for the Business Associate to obtain, from a subcontractor or agent, any Protected Health Information in the possession of the subcontractor or agent, the Business Associate must provide a written explanation to the Covered Entity and require the subcontractors and agents to agree to extend any and all protections, limitations, and restrictions contained in

this Agreement to the subcontractors and/or agents' use and/or disclosure of any Protected Health Information 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 Protected Health Information infeasible.

- (d) Automatic Termination. This Agreement will automatically terminate without any further action of the Parties upon termination or expiration of the Underlying Agreement.
- (e) Effective Date. The effective date of this Agreement (the "Effective Date") shall be the date of the last signature below.

## **8. Insurance and Indemnification.**

Indemnification. The Business Associate agrees to indemnify, defend and hold harmless Covered Entity and Covered Entity's employees, directors, officers, subcontractors, agents or 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 arising from any negligent or wrongful acts or omissions of Business Associate, 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.

## **9. Miscellaneous.**

- (a) Regulatory References. A reference in this Agreement to a section in the Privacy and Security Rules means the section as in effect or as amended, and for which compliance is required.
- (b) Agreement. The Parties agree to take such action as is necessary to amend the Underlying Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy and Security Rules and the

Health Insurance Portability and Accountability Act, Public Law §104-191; provided, however, that no Agreement shall be deemed valid unless signed by both parties and approved by the New York State Attorney General and the Office of the State Comptroller, when necessary.

- (c) 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 a waiver of any right or remedy as to subsequent events. The Parties agree to take such actions 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.
- (d) Survival. The respective rights and obligations of Business Associate under Section 6(c) of this Agreement shall survive the termination of this Agreement and/or the Underlying Agreements, as shall the rights of access and inspection of Covered Entity.
- (e) 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.
- (f) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Privacy and Security Rules.

**10. Governing Law; Conflict.**

This Agreement shall be enforced and construed in accordance with the laws of the State of New York. Jurisdiction of any litigation with respect to this Agreement shall be in New York, with venue in a court of competent jurisdiction located in Kings County. In the event of a conflict between the terms of this Agreement and the terms of any of the Underlying Agreements, the terms of this Agreement shall control.

Revised 3/2013

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**EXHIBIT E**  
**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](http://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](http://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/images/stories//relevant\\_fca\\_statutes\\_122209.pdf](http://www.omig.state.ny.us/data/images/stories//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.



## EXHIBIT E

- (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,

or grantor-grantee, 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 E

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 E

Medicaid or other health insurance, and contains six crimes

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

## MANDATORY SUBMISSION CHECKLIST FOR PART Q PROCUREMENT

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Procurement # and Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor Contact: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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### 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 Project Leaders
    - Staffing Plan
  10.  Technical Proposal
    - Response to each specification
    - Implementation Plan
    - Expectations from, and requirements of, SUNY-DMC
    - List of deliverables
    - All applicable timelines
  11.  Five References
  12.  Price Proposal Matrix
  13.  MWBE Utilization Plan (if applicable)
-

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

**Procurement Q14-04: Hospital Billing and Debt Collection Services**

Pursuant to State Finance Law § §139-j and 139-k (the “Procurement Lobbying Law”), this solicitation includes and imposes certain restrictions on communications between a Governmental Entity and an Offerer during the procurement process. An Offerer/Bidder is restricted from making contacts from the earliest notice of intent to solicit offers through final award and approval of the Procurement Contract by the SUNY Downstate Medical University, and, if applicable, Office of the State Comptroller (“Restricted Period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in the State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is identified below. SUNY Downstate Medical University employees are also required to obtain certain information when contacted during the restricted period and make a determination of responsibility of the Offerer/Bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offeror/Bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the following website:

<http://www.ogs.state.ny.us/purchase/AboutPSG.asp>

All contacts and/or inquiries regarding this procurement, be they oral, written, or electronic commencing with the earliest written notice, advertisement, or solicitation and ending with the final contract award and approval by SUNY Downstate Medical University and, where applicable, Office of the State Comptroller, shall **only** be directed to the following person(s):

Howah Hung  
Contracts Attorney  
Howah.Hung@downstate.edu  
718-613-8748 (phone)  
718-270-3342 (fax)

Pamela Y. Swanigan  
Director of University-Wide Minority  
and Women-Owned Business Enterprise  
Program  
518-320-1628 (phone)  
518-320-1548 (fax)

or

Maureen Crystal  
Director of Contracts  
Maureen.Crystal@downstate.edu  
718-270-1976 (phone)  
718-270-3342 (fax)

(continued)

The vendor must affirm their understanding of and adherence to this policy by completing, signing and returning with the bid this acknowledgement form, which is hereby made a part of the resultant Agreement. This policy provides that if a member, officer, or employee of a governmental entity becomes aware that an officer has violated the permissible contact provisions of the State Finance Law 139j and 139k, said person shall immediately notify the Ethics Officer, Inspector General, or other official of the procuring governmental entity for investigation. **Any Offeror/Bidder that fails to comply with this provision will be disqualified from consideration.**

**Bidder's Affirmation of Understanding & Adherence**

I, \_\_\_\_\_ (title), an authorized representative of  
\_\_\_\_\_, hereby acknowledge and affirm that \_\_\_\_\_  
\_\_\_\_\_ agrees to comply with the Procurement Lobbying Law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## 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](http://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](http://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:

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](mailto: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/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/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**

<b>I. LEGAL BUSINESS ENTITY INFORMATION</b>			
Legal Business Entity Name*		EIN (Enter 9 digits, without hyphen)	
Address of the Principal Place of Business (street, city, state, zip code)		New York State Vendor Identification Number	
		Telephone ext.	Fax
Email		Website	
Additional Legal Business Entity Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , <u>Other Identity</u> , or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 Legal Business Entity Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> Corporation (including PC)		Date of Incorporation	
<input type="checkbox"/> Limited Liability Company (LLC or PLLC)		Date of Organization	
<input type="checkbox"/> Partnership (including LLP, LP or General)		Date of Registration or Establishment	
<input type="checkbox"/> Sole Proprietor		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the Legal Business Entity formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No,' indicate jurisdiction where Legal Business Entity was formed or incorporated and attach a Certificate of Good Standing from the applicable jurisdiction or provide an explanation if a Certificate of Good Standing is not available.			
<input type="checkbox"/> United States State _____			
<input type="checkbox"/> Other Country _____			
Explain, if not available:			
1.2 Is the Legal Business Entity publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide CIK Code or Ticker Symbol			
1.3 Does the Legal Business Entity have a DUNS Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," Enter DUNS 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/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/definitions.pdf).

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

<b>I. LEGAL BUSINESS ENTITY INFORMATION</b>		
1.4 If the <u>Legal Business Entity's Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," provide the address and telephone number for one office located in New York State.		
1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> , <u>Women-Owned Business Enterprise (WBE)</u> , <u>New York State Small Business (SB)</u> or a federally certified <u>Disadvantaged Business Enterprise (DBE)</u> ? If "Yes," check all that apply:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise (WBE)</u> <input type="checkbox"/> <u>New York State Small Business (SB)</u> <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise (DBE)</u>		
1.6 Identify <u>Officials</u> and <u>Principal Owners</u> , 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.

<b>III. LEADERSHIP INTEGRITY</b>	
<i>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:</i>	
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 government contracting process?	<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 government entity 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:	

<b>IV. INTEGRITY - CONTRACT BIDDING</b>	
<i>Within the past five (5) years, has the reporting entity:</i>	
4.0 Been <u>suspended or debarred</u> from any government contracting process 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 government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a government contract 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 government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to <u>withdraw a bid submitted to a government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	



**NEW YORK STATE  
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FOR-PROFIT BUSINESS ENTITY**

<b>V. INTEGRITY – CONTRACT AWARD</b>	
<i>Within the past five (5) years, has the reporting entity:</i>	
5.0 Been suspended, cancelled or terminated for cause on any government contract 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:	

<b>VI. CERTIFICATIONS/LICENSES</b>	
<i>Within the past five (5) years, has the reporting entity:</i>	
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:	

<b>VII. LEGAL PROCEEDINGS</b>	
<i>Within the past five (5) years, has the reporting entity:</i>	
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 <u>indictment</u> , <u>grant of immunity</u> , <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 or 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:	

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<b>VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>	
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)</u> completed?	<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.	

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**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:  
 a) Any business-related activity; or  
 b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?  Yes  No

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.

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<b>X. FREEDOM OF INFORMATION LAW (FOIL)</b>	
10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," indicate the question number(s) and explain the basis for the claim.	

<b>XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE</b>		
Name	Telephone	Fax
	ext.	
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 contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the Reporting 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 Reporting Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Reporting Entity; and
- is under obligation to update the information provided herein to include any material changes to the Reporting 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 contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Reporting Entity Name \_\_\_\_\_

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

(6/06)

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	
Contractor's principal place of business				City	State
Contractor's mailing address (if different than above)				Contract number or description	
Contractor's federal employer identification number (EIN)		Contractor's sales tax ID number (if different from contractor's EIN)		Estimated contract value over the full term of contract (but not including renewals)	
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. This publication is available on our Web site, by fax, or by mail. (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.

If you have questions, please call our information center at 1 800 698-2931.

**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:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. 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 }
COUNTY OF }
SS.:

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 Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Need help?

Internet access: www.nystax.gov (for information, forms, and publications)

Fax-on-demand forms: 1 800 748-3676

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday. 1 800 698-2931

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

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, please call 1 800 972-1233.



# Contractor Certification

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

# ST-220-TD

(6/06)

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 name	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.

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), available at [www.nystax.gov](http://www.nystax.gov). Information is also available by calling the Tax Department's Contractor Information Center at 1 800 698-2931.

**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 Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

### Need help?



**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)



**Fax-on-demand forms:** 1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Sales Tax Information Center: 1 800 698-2909

From areas outside the U.S. and outside Canada: (518) 485-6800

**Hearing and speech impaired** (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110



**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, please call 1 800 972-1233.



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.

Make only one entry in each section below.

**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)



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

<b>BULLETIN:</b>	G-226
<b>SUBJECT:</b>	Consultant Disclosure Legislation
<b>DATE:</b>	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 163<sup>1</sup> 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 employment information in the Procurement Stewardship Act Report it compiles annually.<sup>2</sup>

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



STATE OF NEW YORK  
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<b>DATE:</b>	<b>December 5, 2006 (updated)</b>

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



STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER

**PROCUREMENT AND  
DISBURSEMENT GUIDELINES**

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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.<sup>3</sup>

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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<b>DATE:</b>	December 5, 2006 (updated)

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 15<sup>th</sup> of each succeeding year.

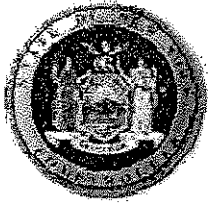
**Summary:**

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.



STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER

**PROCUREMENT AND  
DISBURSEMENT GUIDELINES**

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<b>DATE:</b>	<b>December 5, 2006 (updated)</b>

• **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](http://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, 11<sup>th</sup> 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  
DISBURSEMENT GUIDELINES

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

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

<sup>1</sup> Chapter 10 of the Laws of 2006 also amends State Finance Law § 22 and Civil Service Law § 97.

<sup>2</sup> 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.

<sup>3</sup> 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.

**OSC Use Only:**  
 Reporting Code:  
 Category Code:  
 Date Contract Approved:

**FORM A**

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

State Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<b>Total this page</b>			
<b>Grand Total</b>			

Name of person who prepared this report:  
 Title:  
 Preparer's Signature:  
 Date Prepared: / /  
 (Use additional pages, if necessary)

Phone #:  
  
  
 Page of

## 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 19% for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 13% for Minority-Owned Business Enterprises (“MBE”) participation and 6% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs).
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address: <http://www.esd.ny.gov/MWBE/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 5<sup>th</sup> 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](mailto:MWBEProgram@suny.edu).

Pamela Swanigan  
University-wide MWBE Program Director  
State University Plaza  
Albany, NY 12246  
518-320-1628  
[MWBEProgram@suny.edu](mailto: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 martial 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**

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

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																		

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

**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:

Federal Identification No.:

Address:

Location of Work: SUNY at

City, State, Zip Code:

Project No.:

Telephone No.:

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

Authorized Representative:

EEO Goals in the Contract: MBE      %    WBE      %

Authorized Signature:

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.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
8.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
9.	<b>NYS ESD CERTIFIED</b> <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).**

<b>PREPARED BY (Signature):</b> <b>DATE:</b> <b>NAME AND TITLE OF PREPARER (Print or Type):</b> 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.	<b>TELEPHONE NO.:</b>	<b>EMAIL ADDRESS:</b>
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<b>MWBE 107 (Revised 1/2013)</b> <b>Effective April 1, 2013</b>	<b>FOR M/WBE USE ONLY</b>	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ <b>Contract No.:</b> _____ <b>Project No. (if applicable):</b> _____  <b>Contract Award Date:</b> _____  <b>Estimated Date of Completion:</b> _____  <b>Amount Obligated Under the Contract:</b> _____  <b>Description of Work:</b> _____  <b>NOTICE OF DEFICIENCY ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  <b>NOTICE OF ACCEPTANCE ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

