

Attachment A: Labels for Proposal Envelopes

Attachment A: Labels for Proposal Envelopes

Proposal Submission Label

(To be affixed to lower left corner of Proposal Package)

Bid Date:	July 18, 2014 at 3:00 p.m.
For:	IV&V for EMR Implementation Project
Project #:	C009992

Technical Envelope Label

(To be affixed to lower left corner of **Technical** Envelope)

Bid Date:	TECHNICAL ENVELOPE July 18, 2014 at 3:00 p.m.
For:	IV&V for EMR Implementation Project
Project #:	C009992

Financial Envelope Label

(To be affixed to lower left corner of **Financial Envelope**)

Bid Date:	FINANCIAL ENVELOPE July 18, 2014 at 3:00 p.m.
For:	IV&V for EMR Implementation Project
Project #:	C009992

Attachment A: Labels for Proposal Envelopes

Proposal Flash Drive Label

(All included files must be in Microsoft Office 2007 or above software – one (1) drives for each portion (one (1) technical and one (1) financial) of the proposal. If files are password protected all passwords must be provided)

Vendor Name:

Solicitation Number: OMH C009992

Submission Date:

Technical Proposal:

Vendor Name:

Solicitation Number: OMH C009992

Submission Date:

Financial Proposal:

Attachment B: Proposal Cover Sheet

Attachment B: Proposal Cover Sheet

Bid # C009992/IV&V for EMR

NAME OF FIRM:			
ADDRESS:			
PRINTED NAME/SIGNATURE			
TITLE			
E-MAIL ADDRESS			
PHONE #		FAX#	
FEDERAL ID (FEIN) #			
DUNS #			
If the company uses, or has used in the past ten (10) years, any other Business Name, FEIN, or D/B/A please provide			
Primary place of business in New York State is (circle one):		Owned	Rented
If rented, provide landlord's name, address, and telephone #:			

Number of Years in Business: _____

Number of Years of Experience Providing Solicited Service: _____

Form submitted to show compliance with New York State Workers Compensation Insurance requirements:

CE-200_____ or **C-105.2**_____ or **U-26.3**_____ or **SI-12**_____ or **GSI-105.2**_____

Bid # C009992/IV&V for EMR

ATTACHMENT B PROPOSAL COVER SHEET – Cont'd

Form submitted to show compliance with New York State Disability Benefits Insurance requirements:

Attachment B: Proposal Cover Sheet

CE-200 ____ or **DB-120.1** ____ or **DB-155** ____

Is the price quoted the same or lower than quotes you have offered to other corporations, institutions or governmental agencies for similar Services and/or like equipment or supplies?

Yes _____ No _____

If no, explain:

PLEASE CHECK THE APPROPRIATE BOX:

- NYS Minority-owned Business (MBE) Registration # _____
- NYS Women-owned Business (WBE) Registration # _____
- NYS Small Business (SB) Registration # _____
- NYS Certified Disadvantaged Business Enterprise (DBE) (<http://biznet.nysucp.net/>) Registration # _____
- None of the above

(Note: Information provided on this form must match, when applicable, to information provided on Vendor Responsibility Questionnaire/Attachment E or on the on-line version of the document)

Attachment C: Proposal Cost Statement

Project Name: IV&V for EMR

Project Code/Contract No.: #C009992

Contractor/Firm Name: _____

Instructions: Complete Attachment C-1: Cost Worksheet. For each IV&V Team Member you are proposing, fill in the Title/Role column, below, and enter the Total Estimated Project Hours by Role and the Total Not to Exceed Project Cost by Role for that candidate. Then, sum the Total Project Hours by Role and Total Project Cost by Role columns and enter the Total Project Hours and Total Project Cost on the "Project Totals" row.

Title/Role	Total Estimated Project Hours by Role		Total Not To Exceed Project Cost by Role	
Project Totals	Total Estimated Project Hours:		Total Not to Exceed Project Cost:	

(add more rows if necessary)

The Total Estimated Project Hours and Total Not to Exceed Project Cost in the Project Totals row above must match the amount submitted on Attachment C-1: Proposal Cost Statement Worksheet.

The rates provided on Attachment C1: Proposal Cost Statement Worksheet shall be inclusive of all direct and indirect costs and profit, and shall represent the rates which would be utilized over the three year period of performance.

Note: Travel, meals and lodging will not be reimbursed. All direct non-salary costs attributed to this project must be included in the quoted rates.

The Bidder's signature below attests to the receipt and understanding of this RFP and questions and answers associated with this solicitation.

Printed Name and Title: _____

Authorized Signature: _____

Date: _____

Attachment D: Nondiscrimination in Employment in Northern Ireland: MacBride Fair Employment Principles

In accordance with section 165 of the State Finance Law, the Bidder, by submission of this Bid certifies that it or any individual or legal entity in which the Bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds 10% or greater ownership in the Bidder, either: (answer yes or no to one or both of the following, as applicable),

(1) has business operations in Northern Ireland;

Yes _____ or No _____

If yes:

(2) Shall take lawful steps in good faith to conduct any business operations that it has in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.

Yes _____ or No _____

Signature _____

Attachment E: Vendor Responsibility Questionnaire Certification

“Vendors are invited to file the required Vendor Responsibility Questionnaire online via the Office of the State Comptroller (OSC) New York State VendRep System. To enroll in and use the OSC VendRep System, see the OSC VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the OSC VendRep System online at <https://portal.osc.state.ny.us>. For direct OSC VendRep System user assistance, the OSC Agency Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors may opt to file a paper questionnaire; the appropriate questionnaire form can be also be obtained from the VendRep website www.osc.state.ny.us/vendrep or may contact the state agency’s permissible authorized contact or the Office of the State Comptroller for a copy of the paper form.”

.....

VENDOR RESPONSIBILITY CERTIFICATION

Please check the appropriate box indicating what mechanism has been utilized to submit the Vendor Responsibility Questionnaire; the Questionnaire is to be certified prior to the Bid due date.

Bidder is to indicate the format utilized by checking the appropriate box:

Hard Copy, Paper Format or On-Line Certified Format

Note: If utilizing the hard copy, paper format, that hard copy must be included with the Bid quote submission; if utilizing the online format, the Vendor Responsibility Questionnaire must be certified by the Bid due date. In either case, failure to provide the required Vendor Responsibility Questionnaire may result in the Bid being rejected for not meeting the minimum mandatory requirement.

Attachment F: Non-Collusive Bidding Certification

NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY SECTION 139-D OF THE STATE FINANCE LAW

SECTION 139-D, Statement of Non-Collusion in Bids to the State:

BY SUBMISSION OF THIS BID, BIDDER AND EACH PERSON SIGNING ON BEHALF OF BIDDER CERTIFIES, AND IN THE CASE OF JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The prices of this Bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;

[2] Unless otherwise required by law, the prices which have been quoted in this Bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a Bid for the purpose of restricting competition.

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Attachment F: Non-Collusive Bidding Certification

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____, 20__ as the act and deed of said corporation of partnership.

IF BIDDER(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS	LEGAL RESIDENCE

IF BIDDER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

NAME	LEGAL RESIDENCE
President:	
Secretary:	
Treasurer:	
President:	
Secretary:	
Treasurer:	

Attachment F: Non-Collusive Bidding Certification

IDENTIFYING DATA

Potential Contractor:	
Address:	
Telephone:	Title:

If applicable, Responsible Corporate Officer:

Name:
Title:
Signature: _____

Joint or combined Bids by companies or firms must be certified on behalf of each participant:

Legal Name of Person, Firm, or Corporation:	
By (Name):	
Title:	
Address (Street, City, State, Zip):	

Legal Name of Person, Firm, or Corporation:	
By (Name):	
Title:	
Address (Street, City, State, Zip):	

Attachment G: No Bid Reply Form

C009992 IV&V for EMR

Please return no later than: July 18, 2014 at 3:00 p.m.

TO:
Office of Mental Health (OMH)
Consolidated Business Office (CBO)
Procurement Unit – Unit N Upper
75 New Scotland Avenue,
Albany, New York 12208

Attention: Bid # C009992 EMR IV&V

FROM: _____ / _____
(Print Company Representative Name) Signature

COMPANY NAME: _____
(PRINT)

ADDRESS: _____
(PRINT)

I do not wish to submit a Bid for the above solicitation due to:

Attachment H: References and Project Abstract Form

The Bidder must provide a minimum of two senior level management references and descriptions for each of two (2) IV&V projects performed within the previous ten (10) years, one of which was completed within the past two (2) years. The experience must total a minimum of five years. **Submit one copy of this form for each project and reference.**

Name of Project:			
Name and Address of the Company/Agency:		REFERENCE Points of Contact (POC) Contract Officer	
		Name:	
		Title:	
		Phone:	
		Email:	
Contract Number:		Point of Contact (POC) – Customer	
		Name:	
Contract Type:		Title:	
		Phone:	
Prime Contractor		Email	
		Address:	
Subcontractor		Percent of Workshare by Prime/Sub:	
Initial Duration of Contract:		Final Duration of Contract:	
Award Value:		Value of the Entire Project:	
Project Description and Relevance to this Contract			
Objectives or Solutions Achieved			
Deliverables:			
Problems Encountered/Corrective Action:			

Attachment I: Mandatory Qualifications Detail Forms

1. Bidder Mandatory Qualifications

Firm Name: _____

1) For each Mandatory Qualification listed in RFP Section **4.1 Mandatory Minimum Firm Qualifications**, complete the “Actual Years of Experience” and “Dates of Experience” on this section of the Mandatory Qualifications Detail Form.

2) Do not Bid unless each of the following conditions is satisfied:

a) The Firm’s skills and experience satisfy each and every Mandatory Qualification listed on this form.

b) For each Mandatory Qualification listed, the Firm’s experience should be clearly reflected in the Mandatory Qualification Table (below) showing the name of the company where the experience was obtained, specific dates for the qualifying experience, and a narrative demonstrating tasks, tools, methodologies, and/or responsibilities which meet the specific qualification claimed on this form.

Mandatory Qualifications	Minimum Years of Experience Required	Actual Years of Experience	Dates of Experience
1. A minimum of five (5) years total experience providing IV&V services.	5		
2. A minimum of two (2) projects, providing the proposed services for two (2) different client organizations in the last ten (10) years. One of these engagements must have been conducted within the last twenty-four (24) months.	5		
Mandatory Qualification Detailed Experience #1: Experience providing IV&V services Years Required: 5			
Project Name	Client Name	Point of Contact	
Name 1 Name 2 Name 3	Client 1 Client 2 Client 3	Name 1: Name 2: Name 3:	
Dates of Qualifying Experience		Title	
Project Name 1: Project Name 2: Project Name 3:		Phone:	
Project Description & Relevance (list detailed experience/tasks for all projects listed above)		Email:	
Mandatory Qualification Detailed Experience #2: List a minimum of two (2) projects, where the firm provided the proposed services for two (2) different client organizations in the last ten (10) years. One of these engagements must have been conducted within the last twenty-four (24) months. Years Required: 5			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance (include methodology used)		Email:	

2. IV&V Director Mandatory Qualifications

See RFP Section 5.6.9 Ethics

Contractor Name: _____

Candidate's Name: _____

1) For each Mandatory Qualification listed, there is a corresponding Mandatory Qualification Detail Form that must be completed.

2) Do not propose this candidate unless each of the following conditions is satisfied:

a) The candidate's skills and experience satisfy each and every Mandatory Qualification listed on this form.

b) For each Mandatory Qualification listed, the candidate's experience should be clearly reflected in the Mandatory Qualification Table (below) showing the name of the company where the experience was obtained, specific dates for the qualifying experience, and narrative demonstrating tasks, tools and/or responsibilities which meet the specific qualification claimed on this form.

c) _____ certifies that the individual proposed as Contractor IV&V Director was contacted after the issue date of the solicitation and that this individual has confirmed that they are available for performance.

1) We understand that the individual proposed as the IV&V Director more than likely did not obtain all their experience from one project or one employer. For each Mandatory Qualification Detailed Experience Area, please list the multiple projects or employments under the corresponding cell (example provided below). For the Point of Contact, please select the best reference from the multiple employers and provide their information.

Mandatory Qualifications	Minimum Years of Experience Required	Actual Years of Experience	Dates of Experience
1. Five (5) or more years of experience in managing and/or providing IV&V services for a project with Similar Scope* as defined in the OMH EMR RFP. (*See: RFP Mandatory Qualifications: IV&V Director)	5		
2. At least one (1) year of experience managing IV&V services for training, implementation, applications integration and software development services.	1		
3. Two (2) or more years providing Risk Management services, including identifying, prioritizing, numerically analyzing the effects of, and planning responses to risks.	2		
4. Bachelor’s Degree. Preference in Information Systems, Computer Programming or other similar field or 10 years’ experience in Project/Program Management.	Degree/10 Years		
5. Proficiency in Word, Excel, PowerPoint, MS Project, MS Visio & Adobe Acrobat.	n/a		
6. Superior English language written and verbal communication skills.	n/a		
Preferred Qualifications		Actual Years of Experience	Dates of Experience
1. Project Management Professional (PMP) Certification from the Project Management Institute (PMI) or equivalent.	Y/N		Date of PMP Certification
2. One or more years managing an EMR Project with Similar Scope as defined in the OMH EMR RFP	1		
3. Experience in managing shared resources from multiple organizations	n/a		

4. Internal Controls background	n/a		
Mandatory Qualification Detailed Experience #1: Five (5) or more years of experience in managing and/or providing IV&V services for a project with Similar Scope* as defined in the OMH EMR RFP.			
Project Name	Employer Name	Point of Contact	
Name 1	Employer 1	Name	Employer 2, Mr. Smith
Name 2	Employer 2		
Name 3	Employer 3		
Dates of Qualifying Experience		Title	
Project Name 1: 1999-2003		Phone:	
Project Name 2: 2003-2005			
Project Name 3: 2005-Current			
Project Description & Relevance		Email:	
Project Name 1: list detailed experience/tasks Project Name 2: list detailed experience/tasks Project Name 3: list detailed experience/tasks			
Mandatory Qualification Detailed Experience #2: At least one (1) year of experience managing IV&V services for training, implementation, applications integration and software development services.			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #3: Two (2) or more years providing Risk Management services, including identifying, prioritizing, numerically analyzing the effects of, and planning responses to risks.			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	

Mandatory Qualification Detailed Experience #4: Bachelor's Degree. Preference in Information Systems, Computer Programming or other similar field or 10 years' experience in Project/Program Management.			
College or University attended	Degree Obtained	Year Granted	
If Project Experience, Name of Project	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #5: Proficiency in Word, Excel, PowerPoint, MS Project, MS Visio & Adobe Acrobat.			
Where obtained	Years of Proficiency		
Mandatory Qualification Detailed Experience #6: Superior English language written and verbal communication skills.			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Preferred Qualification Detailed Experience #1: Project Management Professional (PMP) Certification from the Project Management Institute (PMI) or equivalent.			
Certification Type: ___ PMP or ___ Other (If Other, Specify Type or Certifying Organization):		Certificate #: Date Awarded:	
Preferred Qualification Detailed Experience #2: One or more years managing an EMR Project with Similar Scope as defined in the OMH EMR RFP			
Project Name	Employer Name	Point of Contact	

		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Preferred Qualification Detailed Experience #3: Experience in managing shared resources from multiple organizations			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Preferred Qualification Detailed Experience #4: Internal Controls background			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	

IV&V Director Reference #1	
Name and Address of Reference Site:	
Reference Name:	
Reference Street Address/PO Box:	
City, State, Zip:	
Contact Name:	
Contact Phone #:	
Contact e-mail address:	
IV&V Director Reference #2	
Name and Address of Reference Site:	
Reference Name:	
Reference Street Address/PO Box:	
City, State, Zip:	
Contact Name:	
Contact Phone #:	
Contact e-mail address:	

IV&V Director Reference #3	
Name and Address of Reference Site:	
Reference Name:	
Reference Street Address/PO Box:	
City, State, Zip:	
Contact Name:	
Contact Phone #:	
Contact e-mail address:	

3. IV & V Team Member Mandatory Qualifications

(Submit one copy of this form for each candidate being proposed)

See RFP Section 5.7.8 Ethics

Contractor Name: _____

Candidate's Name: _____

Candidate's Role: _____

The OMH requires that all IV&V Team Member Mandatory Qualifications are met by the IV&V team in total, (that is, each Mandatory Qualification must be met by one or more team member). With the exception of “excellent English language written and verbal communication skills” **which is Mandatory for all candidates**, the OMH does not require that each candidate meet every Mandatory Qualification.

On the form below, please indicate whether this candidate meets a particular Mandatory Qualification by entering “Actual Years of Experience” equal to or greater than the “Minimum Years of Experience.” For every Mandatory Qualification that is met by this candidate, enter the Project, Employer, Dates of Qualifying Experience, Project description and Relevance and Point of Contact Information in the corresponding Mandatory Qualification Detail area of the form. Specify the number and name of the Mandatory Qualification for which you are providing detail in the Mandatory Qualification Detail area of the form.

Do not propose this candidate unless each of the following conditions is satisfied:

a) For each Mandatory Qualification listed, the candidate’s experience should be clearly reflected in the Mandatory Qualification Table (below) showing the name of the company where the experience was obtained, specific dates for the qualifying experience, and narrative demonstrating tasks, tools and/or responsibilities which meet the specific qualification claimed on this form.

b) _____ certifies that the individual proposed as Contractor IV&V Quality Assurance Manager was contacted after the issue date of the solicitation and that this individual has confirmed that they are available for performance.

3) We understand that the individual proposed more than likely did not obtain all their experience from one project or one employer. For each Mandatory Qualification Detailed Experience Area, please list the multiple projects or employments under the corresponding cell (example provided below). For the Point of Contact, please select the best reference from the multiple employers and provide their information.

#	Mandatory Qualification	Minimum Years of Experience Required	Actual Years of Experience	Dates of Experience
1.	Proficiency in Word, Excel, PowerPoint, MS Project, MS Visio & Adobe Acrobat.	n/a		
2.	Excellent English language written and verbal communication skills. (Mandatory for all candidates.)	n/a		

3.	Bachelor's Degree. Preference in Information Systems, Computer Programming or other similar field or 10 years' experience in Project/Program Management.	Degree, or 10 years		
4.	One (1) or more years of experience managing IV&V services for a project or projects involving training, implementation, applications integration and software development services.	1		
5.	Three (3) or more years of experience in managing and/or providing IV&V services for a project with Similar Scope as defined in the OMH EMR RFP.	3		
6.	Two (2) or more years of experience performing quality management services for a project with Similar Scope as defined in the OMH EMR RFP.	2		
7.	Three (3) or more years direct experience developing, executing and maintaining test documentation for large application systems.	3		
8.	Two (2) or more years of extensive experience using/configuring an automated testing tool from a functional and technical perspective.	2		
9.	Two (2) or more years' experience developing, writing, and executing detailed test cases, scripts, and scenarios.	2		
10.	10 years' experience in Quality Assurance Management.	10		
11.	Two (2) or more years providing Risk Management services, including identifying, prioritizing, numerically analyzing the effects of, and planning responses to risks.	2		
Mandatory Qualification Detailed Experience #1: (Add the Mandatory Qualification number and description here)				
	Project Name	Employer Name	Point of Contact	
	Name 1 Name 2 Name 3	Employer 1 Employer 2 Employer 3	Name	Employer 2, Mr. Smith
	Dates of Qualifying Experience		Title	
	Project Name 1: 1999-2003 Project Name 2: 2003-2005 Project Name 3: 2005-Current		Phone:	

Project Description & Relevance		Email:	
Project Name 1: list detailed experience/tasks Project Name 2: list detailed experience/tasks Project Name 3: list detailed experience/tasks			
Mandatory Qualification Detailed Experience #2: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #3: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #4: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	

Mandatory Qualification Detailed Experience #5: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #6: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #7: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	
		Phone:	
Project Description & Relevance		Email:	
Mandatory Qualification Detailed Experience #8: (Add the Mandatory Qualification number and description here)			
Project Name	Employer Name	Point of Contact	
		Name	
Dates of Qualifying Experience		Title	

		Phone:	
	Project Description & Relevance	Email:	

Please submit three references for each Staff position. Print additional forms as necessary. IV&V Staff Reference #1	
Name of Candidate:	
Name and Address of Reference Site:	
Reference Name (i.e., Client):	
Reference Street Address/PO Box:	
City, State, Zip:	
Contact Name:	
Contact Phone #:	
Contact e-mail address:	

IV&V Staff Reference #2	
Name and Address of Reference Site:	
Reference Name:	
Reference Street Address/PO Box:	
City, State, Zip:	
Contact Name:	
Contact Phone #:	
Contact e-mail address:	

<u>IV&V Staff Reference #3</u>	
Name and Address of Reference Site:	
Reference Name:	
Reference Street Address/PO Box:	
City, State, Zip:	
Contact Name:	
Contact Phone #:	
Contact e-mail address:	

Attachment J: Summary of OMH Procurement Lobbying Guidelines

NEW YORK STATE OFFICE OF MENTAL HEALTH

The OMH has issued Guidelines pursuant to the New York State Finance Law Sections 139-j and 139-k, which prohibit lobbying on procurement Contracts. For purposes of the law, procurement Contracts include most Contracts/Purchase Orders with an estimated annual expenditure in excess of \$15,000 per year, as well as amendments and modifications to such Contracts which were not contemplated by the original Contract and represent a material change in the Scope of the Contract.

The law provides that, during the Restricted Period of an agency procurement for goods or services, vendors (or Offerors) may only contact the agency's designated contact person(s), and all contacts, whether permissible or impermissible, shall be recorded:

Vendor Requirements

- Must limit communications with the OMH during the Restricted Period of each procurement to the OMH-designated point(s) of contact.
 - The Restricted Period is the period from the date of the earliest method by which an agency solicits a response from vendors to a Contract opportunity until the date the Contract is awarded and, if applicable, approved by the Comptroller's Office.
- Must affirm in writing vendor's understanding of and agreement to comply with the OMH Procurement Guidelines
- Must certify whether vendor has been found non-responsible within the previous four years by any Governmental Entity for failure to comply with State Finance Law 139-k or for the intentional provision of false or incomplete information regarding its procurement lobbying law compliance.

OMH Requirements

- Must include a summary of the OMH's procurement lobbying guidelines in each initial solicitation document
- Must designate a single point or points of contact for each procurement
- Must require OMH staff to record all Contacts from Offerors during the Restricted Period of each procurement
 - A Contact is any communication with the OMH under circumstances where a reasonable person would infer that the communication was intended to influence the procurement
- Must refer all impermissible Contacts for investigation by the OMH
- Must make a responsibility determination with regard to State Finance Law Section 139-j and 139-k compliance prior to award of the Contract
- Must include a provision in all procurement Contracts which allows the OMH to terminate the Contract if the vendor's certification is found to be intentionally false or intentionally incomplete.

An electronic copy of the complete OMH Procurement Lobbying Law Guidelines is located at:

<http://www.omh.ny.gov/omhweb/procurementguidelines/>

OMH Summary of Procurement Guidelines: March 27, 2006

Attachment J1: Offeror's Affirmation of, Understanding of, Agreement to, and Compliance with OMH Procurement Lobbying Guidelines

New York State Finance Law 139-j(6)(b) provides that OMH shall seek written affirmation from all Offerors on their understanding of and agreement to comply with OMH's procedures relating to permissible contacts during each procurement pursuant to State Finance Law 139-j(3). OMH is expanding on that requirement, requiring that (1) Offerors affirm they have complied with the OMH Guidelines throughout the procurement process, and (2) Offerors agree that OMH shall have the right to terminate any Contract, purchase order or purchase authorization resulting from the procurement in the event that the affirmation is found to be intentionally false or intentionally incomplete.

Solicitation # and/or OMH descriptive name of solicitation: Enter Contract #

I hereby affirm that I have read and understand the OMH Procurement Lobbying Guidelines, and agree to comply with the OMH procedures relating to permissible contacts during this New York State governmental procurement pursuant to State Finance Law 139-j(3). Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with, the OMH Guidelines.

I understand and agree that: 1) OMH shall have the right to terminate the Contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH may exercise its termination right by providing written notification.

Date: _____ 20__

Signature of Offeror's Authorized Representative _____

Printed Name and Title _____

Name of Offeror _____

Offeror's Address: _____

OMH Attachments J1: March 27, 2006

Attachment J2: OMH Offeror Disclosure of Prior Non-Responsibility Determinations

New York State Finance Law 139-k requires Offerors to disclose findings of non-responsibility within the last four years by a governmental entity where such prior finding of non-responsibility was due to unlawful contacts during a procurement as stated under State Finance Law §139-j or the intentional provision of false or incomplete information to a governmental entity.

Failure to submit this form, the submission of a form with false, misleading or incomplete information, or failure to update this form when required may result in a determination of non-responsiveness and disqualification of the Bid, proposal or offer. If the failure to comply is discovered after the contracting process has been completed, it may result in termination of the Contract.

* * *

Solicitation # and/or OMH descriptive name of solicitation: Enter Contract #

(1) Has any New York State agency or authority made a finding of non-responsibility regarding the Offeror in the last four years? (Please circle): No Yes

If yes, what was the basis for the finding of the Offeror's non-responsibility?

Please check all that apply:

Unlawful Contacts during a procurement Contract (State Finance Law §139-j)

The intentional provision of false or incomplete information

If yes, please provide details regarding the finding of non-responsibility below:

New York State Agency or Authority: _____

Year of Finding of Non-Responsibility: _____

Facts Underlying Finding of Non-Responsibility: _____

Add additional sheets if necessary

(2) Has any New York State agency or authority terminated or withheld a procurement Contract with the Offeror due to the intentional provision of false or incomplete information?

(Please circle): No Yes

If yes, please provide details regarding the termination/withholding below:

New York State Agency or Authority: _____

Date of Termination/Withholding of Contract: _____ Contract #: _____

Facts Underlying Termination: _____

Add additional sheets if necessary

Offeror certifies that all information provided to OMH with respect to State Finance Law 139-k is complete, true and accurate.

Date: _____ 201_ _____

Signature of Offeror's Authorized Representative

Printed Name and Title of Authorized Representative

Name and Address of Offeror

OMH Attachments J2: March 27, 2006

Attachment K: Employment Opportunity Policy Statement

Contract #C009992

_____, the Bidder/Contractor, agree to adopt and implement the following policy in connection with the State Contracts.

1. 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 and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State Contracts.

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

3. At the request of the contracting agency, this organization 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.

Agreed to this _____ day of _____, 2 _____

By _____

Print _____ Title _____

Signature _____

Version 1/09/2009

**ATTACHMENT K-2
Equal Employment Opportunity Staffing Plan**

Solicitation/Program Name:	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offerer's Name:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offerer's Address:	

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

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

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):	SUBMIT COMPLETED WITH BID OR PROPOSAL	

General instructions: All Offerers and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (04-10) 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 or subcontractor's total work force, the Offerer 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 or subcontractor's total work force, the Offerer shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number or RFP number that this report applies to along with the name and address of the Offerer.
2. Check off the appropriate box to indicate if the Offerer completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerers' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the 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 report, 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**

ATTACHMENT L: M/WBE UTILIZATION PLAN

1. Offeror/Contractor Name:		4. Telephone :		8. Contract No		11. Contract Goals: MBE: ____% WBE: ____%	
		5. Email Address:		9. Total Contract Value: \$			
2. Address:		6. Federal ID:		10. Contract Description:		12. Adjusted Goals: MBE: ____% WBE: ____%	
3. City, State, Zip:		7. SFS Vendor ID:					
13. MWBE Subcontractor. (attach sheets as necessary)		14. Classification.		15. Description of Work/Supplies		16. Dollar Value of Subcontracts/Supplies/S ervices	
Name:		MBE <input type="checkbox"/>		<input type="checkbox"/> Direct (Spending directly fulfilling contract obligations.)		\$ _____	
Address:		WBE <input type="checkbox"/>		Description:			
City/State/Zip:		Dual <input type="checkbox"/>		<input type="checkbox"/> Indirect (Spending in support of company operations.)		\$ _____	
Telephone:		Description:					
Email Address:		Fed. ID. NO:		SFS Vendor ID			
Name:		MBE <input type="checkbox"/>		<input type="checkbox"/> Direct (Spending directly fulfilling contract obligations.)		\$ _____	
Address:		WBE <input type="checkbox"/>		Description:			
City/State/Zip:		Dual <input type="checkbox"/>		<input type="checkbox"/> Indirect (Spending in support of company operations.)		\$ _____	
Telephone:		Description:					
Email Address:		Fed. ID. NO:		SFS Vendor ID:		Total M/WBE Expenditures: \$	

FOR AUTHORIZED USE ONLY			
Utilization Plan Approved:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____	<input type="checkbox"/> VENDOR CERTIFICATION: I hereby affirm that the information supplied in this utilization plan is true and correct. SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.
Notice of Deficiency Issued:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____	
Notice of Acceptance Issued:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____	
Reviewed By:	_____	Date: _____	
Comment(s):	Signature: _____ Print Name: _____ Title: _____ Date: _____		

Attachment M: Application for Waiver of M/WBE Participation Goals

Attachment M: Application for Waiver of M/WBE Participation Goals

This form must be submitted for review and approval by NYS Office of Mental Health M/WBE liaison and the Governor's staff. Waiver approval must be perceived prior to completion of the contract and a prerequisite for full and final payment.

SECTION 1: BASIC INFORMATION			
Contractor's Name:		Federal ID Number:	SFS Vendor ID Number:
Street Address:		E-Mail Address:	
City, State, Zip Code:		Telephone:	
Contract Number:		Contract Value: \$	
Description of Contract:		M/WBE Goals Assigned to the Contract:	
		MBE %	WBE%
		%	%
SECTION 2: TYPE OF M/WBE WAIVER REQUESTED			
MBE Waiver	<input type="checkbox"/> Total Waiver	<input type="checkbox"/> Partial Waiver	If partial waiver is being requested please indicate the proposed MBE utilization: %
WBE Waiver	<input type="checkbox"/> Total Waiver	<input type="checkbox"/> Partial Waiver	If partial waiver is being requested please indicate the proposed WBE utilization: %
Does a certified M/WBE exist anywhere in New York State that can provide at least 20% of the products and/or services needed to the contract? If so, please explain in detail the reason you are requesting a waiver. (Attach additional sheets if necessary).			
SECTION 3: SUPPORTING DOCUMENTATION			
Provide the following documentation as evidence of your good faith efforts to meet the M/WBE goals set forth in the contract and support of your waiver application: (Please check all that apply and include attachments).			
<input type="checkbox"/> Attachment A. List of the general circulation, trade and M/WBE specific publications and dates of publications in which your firm solicited for certified M/WBE participation as a subcontractor/supplier and copies of such publications.			
<input type="checkbox"/> Attachment B. List of the certified M/WBEs found in the New York State Contracting System M/WBE Directory (https://ny.newnycontracts.com/) that were solicited for this contract. Provide proof of the dates or copies of the solicitations and copies of the responses made by the certified M/WBEs. Describe specific reasons that responding certified M/WBEs were not selected.			
<input type="checkbox"/> Attachment C. Descriptions of the contract documents/plans/specifications made available to certified M/WBEs by the contractor when soliciting their participation and steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from certified M/WBEs.			
<input type="checkbox"/> Attachment D. Description of the negotiations between the contractor and certified M/WBEs for the purposes of complying with the M/WBE goals for this contract.			

Attachment M: Application for Waiver of M/WBE Participation Goals

- Attachment E.** Identify dates of pre-bid, pre-award or other meetings attended by the contractor and scheduled by OMH with certified M/WBEs whom OMH determined were capable of fulfilling the M/WBE goals set in the contract.

- Attachment F.** Any other information deemed relevant to the request for waiver.

SECTION 4: SIGNATURE AND CONTACT INFORMATION

DECLARATION: The undersigned certifies that he or she is authorized by the Contractor identified above to make this declaration. The Contractor has made good faith efforts, as defined in NYS law, to meet the M/WBE goals contained in NYS law and under the applicable contract. The undersigned acknowledges that failure to submit complete and accurate information in connection with a waiver request may result in denial and/or a finding of non-compliance. Failure to establish good faith efforts may result in suspension or termination of a New York State contract.

Prepared By : (Signature)	Date:
---------------------------	-------

Name and Title of Preparer:

The Freedom of Information Law requires public disclosure of certain records held by NYS OMH. Based upon the foregoing, you are hereby notified that this document, and related documents, constitutes "records" that fall under the scope of the Freedom of Information Law. Therefore, such documents may be made available to the public.

Attachment M: Application for Waiver of M/WBE Participation Goals

Instructions for Completing and Submitting an Application for a Waiver of M/WBE Utilization Goals

Article 15-A of the New York State Executive Law and 5 NYCRR 140-145 require State Agencies to increase participation by Minority and Women-Owned Business Enterprises (M/WBEs) on State contracts. All solicitations are reviewed and have goals established for them for both MBE and WBE utilization. The goals are expressed as a percentage of the anticipated payments made under the contract. A state agency shall not grant any automatic waivers of goal requirements on a State contract. A State agency may grant a partial or total waiver of goal requirements upon submission and approval of a waiver application documenting a contractor's good faith efforts. Governor's Office Executive Chamber approval is also a requirement of a State Agency waiver approval. Failure to make good faith efforts may result in a State contract being awarded to another bidder, or, if the contract is already in progress, may result in financial penalties.

Section 1: Basic Information

Complete all sections including the contractor's name, address federal identification number, State Financial System (SFS) vendor identification number and contract number. Please provide a current e-mail address and telephone number where the firms authorized representative may be reached. In the space provided, please provide a detailed description of the contract. Where requested, please state the original M/WBE utilization goals that were established for the contract.

Section 2: Type of Waiver Request

In this section please indicate the type of waiver being requested. If requesting a partial waiver, please provide the revised utilization goal percentage being proposed by the firm. In the space provided, explain in detail the need of a waiver of the M/WBE participation goals.

Section 3: Supporting Documentation

Demonstrating Good Faith Efforts requires extensive documentation in order to comply with the requirements of Article 15-A of the Executive Law. See the form for specific details on the documentation required and check all that apply.

Section 4: Signature and Contact Information

The waiver application must be signed by an authorized official of the firm who will be responsible for the contract. By signing the waiver application, the authorized official is certifying that he or she is authorized to make the DECLARATION that has been set forth, and that the Contractor has made good faith efforts, as defined in NYS law, to meet the M/WBE goals contained in NYS law and under the applicable contract. The undersigned acknowledges that failure to submit complete and accurate information in connection with a waiver request may result in denial and/or a finding of noncompliance. Failure to establish good faith efforts may result in suspension or termination of a New York State contract. Please state the date that the Application for Waiver of M/WBE Participation Goals was signed by the authorized official who is responsible for the contract.

For NYS OMH USE ONLY:	
Review By:	Date:
Title:	

Attachment M: Application for Waiver of M/WBE Participation Goals

OMH Waiver Recommendation

<input type="checkbox"/> Full MBE Waiver be granted	<input type="checkbox"/> Full WBE Waiver be granted
<input type="checkbox"/> Partial MBE Waiver granted, revised MBE goal: %	<input type="checkbox"/> Partial WBE Waiver granted, revised WBE goal: %
<input type="checkbox"/> MBE Waiver denied	<input type="checkbox"/> WBE Waiver denied

Executive Chamber Waiver Recommendation

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date of Decision:
--	-------------------

Date Notice of Determination sent to Contractor:

Comments:

Attachment O: Bidder's Staff Certification

I _____ (Contractor Name) certify that all information concerning all candidates experience and background information presented in this proposal submission is accurate and complete. All candidates prior to being submitted have been interviewed and information regarding their experience and previous history has been verified.

I furthermore certify that all candidate employees are legally entitled to work in the United States as required by Federal law and understand that Office of Mental Health (OMH) reserves the right to request legally mandated employer held documentation attesting to the same for each staff member assigned work under any project awarded as a result of this solicitation.

I understand that knowingly making a false written statement on this form, or any attachment may result in disqualification. Discovery of false information subsequent to candidate engagement may result in dismissal from this engagement. I agree to accept this condition and hereby certify that all statements made in this proposal are true and complete, to the best of my knowledge.

Date: _____

Signature: _____
Bidder's Authorized Representative

Version Date: 9/7/06

Attachment S: OMH EMR Project Deliverables

Deliverable Category	Deliverable Number	Deliverable Name
Project Management	1	Kick Off Meeting Presentation
	2	Start-Up Plan/Incoming Transition Plan
	3	Project Management Plan
	4	Schedule for Project
	5	Risk/Issue Log
	6	DELETED
	7	ICD-10 Plan
	8	Weekly Status Meeting Notes
	9	Monthly Progress Report (MPR)
	10	Action Item List
	11	Lessons Learned
	12	Review Materials
Requirements	13	Requirements Traceability Matrix (RTM)
	14	Enterprise Assessment Plan
Design Deliverables	15	Infrastructure Architecture Design (IAD)
	16	User Interface Design (UID)
	17	Data Migration/Interface Design (Track 1)
	18	Full Functionality OMH EMR Design (Track 2)
	19	Reports
	20	Preliminary Design Review (PDR) Meeting Materials
	21	Critical Design Review (CDR) Meeting Materials
	22	Production Review (PR) Meeting Materials
Development Deliverables	23	System Development Plan
	24	Configuration Management (CM) Plan
	25	Release Management Plan (RMP)
	26	Code Documentation and Instructions
Testing Deliverables	27	System & User Test Plan
	28	System & User Test Scenarios
	29	System & User Test Performance Report
	30	System & User Test Results Log
	31	Fix Log
Training Deliverables	32	User Manuals for Hospital Staff
	33	Training Materials (Track 1 - Base Vista and Track 2 - OMH EMR)
	34	Certification Training and Testing Modules
	35	e-Learning Application
	36	Training Plan
	37	Hospital Staff Training Report
Implementation Deliverables	38	Project Implementation Plan (IP)
	39	Pilot Results Reports (Track 1 and 2)
	40	Production Environment Report
	41	Uninstall Plan
	42	Knowledge Transfer User Manual

Attachment S: OMH EMR Project Deliverables

Deliverable Category	Deliverable Number	Deliverable Name
Maintenance/On-going Support Deliverables	43	Operations and Maintenance (O&M) Plan
	44	Service Level Agreement (Primary & Third Party applications)
	45	System Implementation and Training Support Plan
	46	Software Transition Plan
	47	Help Desk Report
	48	Enhancement Modification Report
	49	Enhancement Request Management Plan
	50	Contingency of Operations Plan
Software Deliverables	51	Base VistA Implementation: CPOE/CPRS/BCMA/Pharmacy
	52	Integration interface/components – Base VistA
	53	OMH EMR Implementation
	54	Integration Interface/Components – OMH EMR
Project Closure Deliverables	55	Outgoing Transition
	56	Final Project Report

Attachment T: Checklist for Bid Submission

RFP IV&V for EMR Contract #C009992

Bid Package Checklist

<input type="checkbox"/>	1. ATTACHMENT A: Labels for Proposal Envelopes 4 Proposal Flash Drive Labels (1 Technical, 1 Financial)
<input type="checkbox"/>	2. Technical Proposal (1 Original, unbound, 3 Copies, bound, 1 electronic copy)
<input type="checkbox"/>	3. Financial Proposal (1 Original, unbound, 1 Copy, bound, 1 electronic copy)

Technical Proposal Checklist

<input type="checkbox"/>	1. ATTACHMENT A: Labels for Proposal Envelopes Technical Proposal Submission Label
<input type="checkbox"/>	2. ATTACHMENT B: Proposal Cover Sheet
<input type="checkbox"/>	3. Bid Confidentiality/FOIL Letter if applicable (see RFP Section 5.7.5 Bid Confidentiality/FOIL)
<input type="checkbox"/>	4. Assurance of No Conflict of Interest or Detrimental Effect Letter (see: RFP Section 5.7.6: Assurance of No Conflict of Interest or Detrimental Effect for Bidder and all proposed subcontractors)
<input type="checkbox"/>	5. Technical Proposal (See: Section 5.4 Technical Proposal Mandatory Requirements)
<input type="checkbox"/>	6. Resumes for all proposed IV&V Staff positions (including the IV&V Director)
<input type="checkbox"/> No. of Copies _____	7. ATTACHMENT H: References and Project Abstract Form. Submit one copy for each reference (a minimum of 2 References for the Bidder's Firm are required). Print one copy of the form for each reference and indicate the number of copies of the form being submitted in box to the left.
<input type="checkbox"/>	8. ATTACHMENT I: Mandatory Qualifications Detail Forms <ul style="list-style-type: none"> <input type="checkbox"/> Bidder <input type="checkbox"/> IV & V Director (include 3 references) <input type="checkbox"/> IV & V Staff (
<input type="checkbox"/>	9. ATTACHMENT O: Bidder's Staff Certification
<input type="checkbox"/>	10. ATTACHMENT Q: IV&V for EMR Staff Roster

Attachment T: Checklist for Bid Submission

Financial Proposal Checklist

<input type="checkbox"/>	1. ATTACHMENT A: Label for Financial Proposal
<input type="checkbox"/>	2. ATTACHMENT C: Proposal Cost Statement
<input type="checkbox"/>	3. ATTACHMENT C-1: Cost Worksheet
<input type="checkbox"/>	4. ATTACHMENT C-2: Payment Plan
<input type="checkbox"/>	5. ATTACHMENT D: Nondiscrimination in Employment in Northern Ireland: MacBride Fair Employment Principles
<input type="checkbox"/>	6. ATTACHMENT E: Vendor Responsibility Questionnaire Certification
<input type="checkbox"/>	7. ATTACHMENT F: Non-Collusive Bidding Certification
<input type="checkbox"/>	8. ATTACHMENT J1: Offeror's Affirmation of, Understanding of, Agreement to, and Compliance with OMH Procurement Lobbying Guidelines
<input type="checkbox"/>	9. ATTACHMENT J2: OMH Offeror Disclosure of Prior Non-Responsibility Determinations
<input type="checkbox"/>	10. ATTACHMENT K: Employment Opportunity Policy Statement
<input type="checkbox"/>	11. MWBE Requirements: <input type="checkbox"/> ATTACHMENT L: MWBE Contractor Utilization Plan <input type="checkbox"/> ATTACHMENT M: Application for Waiver Of M/WBE Participation Goals
<input type="checkbox"/>	12. New York State Department of Taxation and Finance ST-220-CA Contractor Certification to Covered Agency (6/06) http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf 
<input type="checkbox"/>	13. ATTACHMENT P: Form A
<input type="checkbox"/>	14. New York State Disability Benefits Insurance Requirements <input type="checkbox"/> Form CE-200, or <input type="checkbox"/> C-105.2 or <input type="checkbox"/> U-26.3, or <input type="checkbox"/> SI-12 or <input type="checkbox"/> GSI-105.2 Submitted to show compliance with New York State Disability Benefits Insurance requirements
<input type="checkbox"/>	15. New York State Worker Compensation & Disability Benefits <input type="checkbox"/> Form CE-200 or <input type="checkbox"/> DB-120.1 or <input type="checkbox"/> DB-155 Submitted to show proof of coverage of New York State Worker Compensation & Disability Benefits
<input type="checkbox"/>	16. General Liability Insurance Coverage

Attachment U: Notice of Deficiency Memo

Date:

[Contractor Company Name]:
Attn: [Contract Signatory]:
Street Address
City, State, Zip

[Contractor IV&V Director]:
[OMH Procurement Officer]:
Contract Name: IV&V for EMR
Contract Number: C009992
Project Name and Description: Independent Verification and Validation for Electronic Medical Records implementation.

Dear _____,

The New York State Office of Mental Health (OMH) finds that [Contractor] has failed to perform in accordance with the contract named above. According to the terms of the contract, the OMH may give the Contractor written notice specifying such Event of Breach and require the Contractor to remedy the Event of Breach.

Description of Expected Performance

Please see "IV&V for EMR" RFP section [3.2.n - Description] under section 3.2 "Contracted Services" OR "IV&V for EMR" RFP section [3.3.n - Description] under section 3.3 "Work Products", which states:

"[Text of Contracted Service or Work Product]"

Description of Actual Performance

[State what actually happened – what was delivered, measurement(s) – this must be factual and observable.]

Statement of Deviation

[you were supposed to..., you fell short by.... (will be factual and specific)]

Corrective Action - Contractor

1. **Work Product** - In the event the Contractor fails to submit a Work Product, or if the OMH determines that an IV&V Work Product cannot be accepted, the OMH will issue a Notice of Deficiency. The Contractor will then have a cure period, beginning with the dissemination of the OMH's Notice of Deficiency and lasting for [a period of time to be determined by the OMH, generally within 5 business days.]
2. **Contracted Services** - In the event the Contractor fails to perform one or more Contracted Services, or if the OMH determines that the performance of the Contracted Services is unacceptable, the OMH will issue a Notice of Deficiency. The Contractor will then have a cure period, beginning with the dissemination of the OMH's Notice of Deficiency and lasting for [a period of time to be determined by the OMH, generally within 5 business days.]

Corrective Action – Agency

1. **Work Product** - If, at the end of the cure period, the Work Product submitted by the Contractor cannot be approved, OMH may, at its sole discretion, deny all or part of the next IV&V Invoice payment and any subsequent payments until the Work Products are acceptable to OMH;
2. **Contracted Services** - If, at the end of the cure period, the Contracted Services performed by the Contractor still cannot be approved, OMH may, at its sole discretion, deny all or part of the next IV&V Invoice payment and any subsequent payments until the Contracted Services are acceptable to OMH;

Responses to this Notice of Deficiency Memo are to be sent to:

[NYS OMH CIT Procurement Manager]

[NYS OMH EMR Project Manager]

Sincerely,

Attachment A-2 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 for the Office of Mental Health (OMH) at 44 Holland Avenue, Albany, NY.

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

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

Request a list of State-certified M/WBEs from OMH and solicit bids from them directly.

Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.

Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof.

Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

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

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

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

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Attachment A-2 Minority and Women-Owned Business Enterprises – Equal Employment Opportunity Policy Statement

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

_____ is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment

M/WBE Contract Goals

20 % Minority and Women’s Business Enterprise Participation comprised of:

12 % Minority Business Enterprise Participation

8 % Women’s Business Enterprise Participation

(Authorized Representative)

Title: _____

Date: _____