NEW YORK STATE | Office for People With Developmental Disabilities

Library of Attachments

RFP OPD-2025-54

Physician Services Pilot

Attachment 1

Document Submission Checklist and Attestation

OPWDD reserves the right to disqualify any proposals that do not contain the **mandatory items** specified for this Solicitation and the resulting Contract. Bidders should use the following checklist as a guide when submitting proposals and include all required documents *(mark the box to indicate inclusion of the document)*:

To Be Included with Submission when Checked by OPWDD	Required Documents	Type of Submission	Included with Submission (To Be Checked by Bidder)
☒	**Attachment 1** Document Submission Checklist and Attestation	Provide completed and signed copy.	☐
☒	**Attachment 2** Cost Proposal	Provide completed copy in excel format.	☐
☒	**Attachment 3** Contractor Information Sheet	Provide completed and signed copy.	☐
☒	**Attachment 4** Encouraging the Use of New York Subcontractors and Suppliers	Provide completed and signed copy.	☐
☒	**Attachment 4A** New York State Business Usage Form	Provide completed copy.	☐
☒	**Attachment 5** Non-Collusive Bidding Certification	Provide completed and signed copy.	☐
☐	**Attachment 6** References	Not applicable for this solicitation.	☐
☒	**Attachment 7** Vendor Responsibility Questionnaire Certification	Provide completed and signed copy.	☐
☒	**Attachment 8** New York State Consultant Services Contractor's Planned Employment Form A	Provide completed and signed copy.	☐
☒	**Attachment 9** Vendor Assurance of No Conflict of Interest or Detrimental Effect	Provide completed and signed copy.	☐
☒	**Attachment 10** Procurement Lobbying Law Certification of Compliance	Provide completed and signed copy.	☐
☒	**Attachment 11** Equal Employment Opportunity Staffing Plan	Provide completed and signed copy.	☐
☒	**Attachment 12** MWBE Utilization Plan	Provide completed and signed copy.	☐

☒	**Attachment 13** SDVOB Utilization Plan	Provide completed and signed copy.	☐
☒	**Attachment 14** Sexual Harassment Prevention Policy Certification	Provide completed and signed copy.	☐
☒	**Attachment 15** Executive Order 177 Anti-Discrimination Certification	Provide completed and signed copy.	☐
☒	**Attachment 16** Certification Under Executive Order No. 16	Provide completed and signed copy.	☐
☒	**Attachment 17** Minimum Mandatory Requirements	Provide completed copy as applicable.	☐
☒	**Attachment 18** Technical Proposal Response Cover Page	Cover page to be placed on top of Technical Proposal.	☐
☒	**Attachment 19** Diversity Practices Questionnaire	Provide responses to the questions as applicable.	☐
☐	**Exhibit 1** Equipment	Informational Only.	☐
☒	ST-220-TD Contractor Certification and ST-220-CA Contractor Certification to Covered Agency (locate the current form at the link below) https://www.osc.ny.gov/state-agencies/gfo/chapter-xi/xi18d-sales-and-compensating-use-tax-documentation	Provide completed and signed copy.	☐
	NYS Substitute Form W-9 if the Bidder does not have a SFS Supplier ID (locate the current form at the link below) https://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf	Provide completed and signed copy as applicable.	☐

ATTESTATION:

By signing below, the Bidder hereby attests that they have read, understand, and are willing to comply with the scope and requirements of this Solicitation. The Bidder also affirms that, to the best of their knowledge, the contents of their submitted proposal are truthful and accurate, meeting all mandatory requirements as presented.

PRINTED NAME: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Attachment 3

NYS Office for People With Developmental Disabilities
Contractor Information Sheet

BIDDER NAME	
ADDRESS	
PRINTED NAME	
TITLE	
EMAIL ADDRESS	
PHONE #	
NYS VENDOR ID	
FEDERAL ID (FEIN) #	

IF THE BIDDER USES, OR HAS USED IN THE PAST TEN YEARS, ANY OTHER BUSINESS NAME, FEIN, OR DBA PLEASE PROVIDE:

_____

_____

Number of Years in Business: _____ Number of Years of Experience Providing Solicited Service: _____

PLEASE CHECK THE APPROPRIATE BOX:

☐ NYS Minority-Owned Business (MBE) Registration # _____

☐ NYS Women-Owned Business (WBE) Registration # _____

☐ NYS Small Business (SB) Registration # _____

☐ NYS Disadvantaged Business Enterprise (DBE) Registration # _____

☐ NYS Service-Disabled Veteran-Owned Business (SDVOB) Registration # _____

☐ None of the above

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**____

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

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

Attachment 4

Encouraging the Use of New York Subcontractors and Suppliers

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

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

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

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

Bidder can demonstrate their commitment to the use of New York state businesses by responding to the question below:

Will New York State Businesses be used in the performance of this contract? ☐ YES ☐ NO

If yes, complete **Attachment 4A – New York State Business Usage Form** to provide identifying information about New York State Businesses that will be used in the performance of this contract.

Contractor Name: _____

Printed Name: _____

Title: _____

Authorized Signature: _____ Date: _____

This form must be signed by an authorized executive or legal representative.

Attachment 4A

New York State Business Usage Form

Question	Yes	No
1. Will subcontractors be used in the performance of this contract?	☐	☐
2. Will New York State Businesses be used as subcontractors in the performance of the contract?	☐	☐
3. Will suppliers be used in the performance of the contract?	☐	☐
4. Will New York State Businesses be used as suppliers in the performance of the contract?	☐	☐

If you answered "Yes" to either questions 2 or 4, please provide identifying information below:

Subcontractor or Supplier	Check applicable certification type:	Estimated Contract Amount and Brief Description of Services/Commodity	Company Phone #	Location/Address where Services will be Performed
Name: EIN:	☐NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $_____ Description:		
Name: EIN:	☐NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $_____ Description:		
Name: EIN:	☐NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $_____ Description:		
Name: EIN:	☐NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $_____ Description:		
Name: EIN:	☐NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $_____ Description:		

Attachment 5

Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law
(Page 1 of 3)

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 that 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.]

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.

Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law
(Page 2 of 3)

IF BIDDER IS A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS	**LEGAL RESIDENCE**

IF BIDDER IS A CORPORATION, COMPLETE THE FOLLOWING:

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

IF BIDDER IS A LIMITED LIABILITY COMPANY (LLC), COMPLETE THE FOLLOWING:

NAMES OF MEMBERS	**LEGAL RESIDENCE**

Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law
(Page 3 of 3)

Identifying Data

Potential Contractor: _____

Address: _____
Street

_____
City, Town, etc.

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

_____
Legal name of person, firm or corporation

By: _____
Name

_____
Title

_____
Signature

_____
Name

_____
Title

_____
Signature

Address: _____
Street

_____
City, State

Address: _____
Street

_____
City, State

Attachment 7

Vendor Responsibility Questionnaire Certification

Vendors are encouraged to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at https://www.osc.ny.gov/state-vendors/vendrep/vendrep-system or go directly to the VendRep System online at https://onlineservices.osc.state.ny.us. For direct VendRep System user assistance, the Office of the State Comptroller Help Desk may be reached at 866-370-4672 or 518-408-4672 or at https://www.osc.ny.gov/online-services/get-help.Vendors may opt to file a paper questionnaire; the appropriate questionnaire form can be obtained from the VendRep https://www.osc.ny.gov/state-vendors/vendrep/vendor-responsibility-forms, or vendors may contact the authorized contact at OPWDD or the Office of the State Comptroller Help Desk for a copy of the paper form.

Vendors enrolled in the online VendRep System are also reminded to recertify existing questionnaires every six months or whenever changes that affect their business entity occur.

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 submitted/certified prior to the bid due date.

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

☐ On-Line Certified Format (Preferred) or ☐ Hard Copy, Paper Format

Note: If utilizing a 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. Failure to provide the required *Vendor Responsibility Questionnaire* may result in the bid being rejected for not meeting the minimum mandatory requirement.

Vendor Registration Requirement

The New York State Vendor Management Unit (VMU) relies on State Business Units to obtain a completed Substitute Form W-9 for any vendor not already registered. Any vendor that wants to do business with New York State must complete a Substitute Form W-9, which may be accessed on the NYS Office of the State Comptroller's Web site at the following link: https://www.osc..ny.gov/vendors/forms/ac3237s_fe.pdf.

Submit the completed form with the required bid documentation. For more information about NYS Vendor Management, please access the NYS Office of State Comptroller's website using the following link: http://www.osc..ny.gov/state-vendors.

Attachment 8

Consultant Disclosure Reporting Requirements - Contractor Instructions

Pursuant to New York State Finance Law Section 163(4)(g), state agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract, such report to include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors selected for award on the basis of a procurement issued by the Office of the State Comptroller (OSC) (Request for Proposals, Mini-Bid, or Invitation for Bids) must complete **Form A, State Consultant Services – Contractor's Planned Employment from Contract Start Date through the End of the Contract Term** upon notification of award. The completed **Form A** must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.

Contractors selected for award are also required to complete **Form B, State Consultant Services Contractor's Annual Employment Report** annually for each year of the contract term, on a State fiscal year basis. The first report is due on May 15 for the period April 1 through March 31.

Form A must be submitted to OPWDD as the contracting agency, and **Form B** must be submitted to OPWDD (as the contracting agency), the Department of Civil Service (DCS), and the Consultant Reporting Section of the Bureau of Contracts at OSC, at the addresses provided in these instructions.

Form A, State Consultant Services – Contractor's Planned Employment from Contract Start Date through the End of the Contract Term (attached) **and Form B, State Consultant Services Contractor's Annual Employment Report** (located in the RFP/IFB).

INSTRUCTIONS: FORM A

Upon notification of contract award, use **Form A, State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term**, attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete **Form A** for contracts for consulting services in accordance with the following:

- **Employment category**: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees anticipated to be 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 https://www.onetonline.org/ to find a list of occupations.)

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

- **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.

- Amount payable under the contract: the total amount 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.

Submit completed **Form A** within 48 hours of notification of selection for award to OPWDD (as the contracting agency) at the address listed below.

By email: procurement@opwdd.ny.gov
By mail: Contract Management Unit
NYS OPWDD
44 Holland Avenue, 5th Fl.
Albany, NY 12229

Attachment 8
State Consultant Services Contractor's Planned Employment FORM A

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

FORM A

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

State Agency Name: NYS Office for People With Developmental Disabilities
State Agency Department ID: 3660243 Agency Business Unit: OPD01
Contractor Name: Contract Number: **Insert Solicitation Number**
Contract Start Date: Contract End Date:

Employment Category[1]	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page	0	0	
Grand Total			

Name of person who prepared this report:

Title: Phone #:

Preparer's Signature:

Date Prepared: / /

(Use additional pages, if necessary) Page of

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

Attachment 9

Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Firm offering to provide services pursuant to this Contract, as a contractor, joint venture contractor, subcontractor or consultant, attests that its performance of the services outlined in this Contract does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State.
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State.
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State.
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State.
5. During the negotiation and execution of any contract, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a while including, but not limited to any action or decision to divert resources from one State project to another.
6. In fulfilling obligations under each of its State contracts, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole, including but not limited to any action or decision to divert resources from one State project to another.
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate Section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director, or was intended as a reward for any official action on the part of said employee, member or director.

Firms should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

Attachment 10

Procurement Lobbying Law Certification of Compliance

1. **CONTACTS** – Contractor affirms that it understands and agrees to comply with the procedures on procurement lobbying restrictions regarding permissible contacts in the restricted period for a procurement contract in accordance with State Finance Law §§ 139-j and 139-k. ☐ I agree

2. **BIDDER/OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS** – Pursuant to Procurement Lobbying Law, State Finance Law § 139-j.

   (a) Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into a procurement contract in the previous four years? ☐ Yes ☐ No

   If yes, please answer the following questions:

   i. Was the basis for the finding of non-responsibility due to a violation of State Finance Law § 139-j? ☐ Yes ☐ No

   ii. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity? ☐ Yes ☐ No

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

   Governmental Entity: _____

   Date of Finding of Non-Responsibility: _____

   Basis of Finding of Non-Responsibility: _____

   _____

   (b) Has any governmental agency terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information? ☐ Yes ☐ No

   If yes, please provide details below:

   Governmental Entity: _____

   Date of Termination or Withholding of Contract: _____

   Basis of Termination of Withholding: _____

   _____

3. **TERMINATION CLAUSE** – Contractor certifies that all information provided to the Agency with respect to State Finance Law §§ 139-j and 139-k is complete, true and accurate. If found to be in violation of State Finance law §§ 139-j and 139-k, the contract will result in termination. ☐ I agree

   Legal Entity Name: _____

   Contractor Address: _____

   By (signature): _____

   I understand that my signature represents that I am signing and responding to both certifications listed above.

   Name (print/type): _____

   Title: Date: Email Address: _____

Attachment 11

Equal Employment Opportunity Staffing Plan

Solicitation/Program Name:	**Report includes:** □ Work force to be utilized on this contract □ Total work force
Bidder Name:	**Reporting Entity:** □ Contractor □ Subcontractor **Subcontractor's name:** _____
Bidder 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**																**Veteran Status**					
		Total Male (M)	Total Female (F)	Total X (X)	White (M) (F) (X)			Black (M) (F) (X)			Hispanic (M) (F) (X)			Asian (M) (F) (X)			Native American (M) (F) (X)			Disabled (M) (F) (X)			Veteran (M) (F) (X)		
Officials/ Administrators																										
Professionals																										
Technicians																										
Sales Workers																										
Office/Clerical																										
Craft Workers																										
Laborers																										
Service Workers																										
Temporary Apprentices																										
Totals																										

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

General instructions: All Offerors 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 Bidder 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 Bidder 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 Bidder.
2. Check off the appropriate box to indicate if the Bidder 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 Bidder's 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/LATINO** 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 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, Female, or X

Attachment 12

MWBE UTILIZATION PLAN X Initial Plan ☐ Revised plan Solicitation# **OPD-2025-54**

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprises (MWBE) under the contract. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		MWBE Goals In Contract
Bidder/Contractor Name:	NYS Vendor ID:	MBE %
Bidder/Contractor Address (Street, City, State and Zip Code):		WBE %
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		

MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (If firm is dual certified, please select one only)	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		

Submit Completed Plan To:

NYS Office for People With Developmental Disabilities
Division of Fiscal Policy and Management
44 Holland Ave, 5th Floor
Albany NY 12229
email: mwbe@opwdd.ny.gov

ADDITIONAL SHEET

Bidder/Contractor Name:	**Solicitation#** **OPD-2025-54**

MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (**If firm is dual certified please select one only)**	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		
MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (**If firm is dual certified please select one only)**	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		
MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (**If firm is dual certified please select one only)**	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		
MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (**If firm is dual certified please select one only)**	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
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Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		
MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (**If firm is dual certified please select one only)**	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $_____ or _____%		

Attachment 13

SDVOB Contractor Utilization Plan

SDVOB UTILIZATION PLAN

x Initial Plan ☐ **Revised plan** **Solicitation#** OPD-2025-54

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		**SDVOB Goals In Contract**
Bidder/Contractor Name:	NYS Vendor ID:	%
Bidder/Contractor Address (Street, City, State and Zip Code):		
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION

Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.

SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		

SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		

FOR OPWDD USE ONLY

OPWDD Authorized Signature:		☐ **Accepted**	☐ **Accepted as Noted**	☐ **Notice of Deficiency**
NAME (Please Print):	**SDVOB %/$** ____	____	**Date Received:**	**Date Processed:**
Comments:				

NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: Division of Service-Disabled Veterans' Business Development (ny.gov)

Note: All listed Subcontractors/Suppliers will be contacted and verified by OPWDD.

ADDITIONAL SHEET

Bidder/Contractor Name:	**Solicitation#** **OPD-2025-54**

SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform)): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		

Attachment 14
Sexual Harassment Prevention Policy Certification

State Finance Law § 139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment prevention training to all its employees and that such policy, at a minimum, meets the requirements of State Labor Law § 201-g.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all its employees. Such policy shall, at a minimum, meet the requirements of State Labor Law § 201-g.

Please mark the applicable box (select one) below and complete the following sections, as required.

☐ The Contractor certifies its compliance with State Finance Law § 139-l.

☐ The Contractor cannot certify its compliance with State Finance Law § 139-l.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

If the Contractor cannot make the above certification, the Contractor must provide a statement detailing the reasons:

This form must be signed by an authorized executive or legal representative.

Attachment 15

Executive Order 177 Anti-Discrimination Certification

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment on the basis of age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status, or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations, and apprenticeship training programs in all instances of discrimination or harassment.
- employers with fewer than four employees in all cases involving sexual harassment; and
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion, or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1 Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

Attachment 16

Certification Under Executive Order No. 16
Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia

Executive Order No. 16 provides that "all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia." The complete text of Executive Order No. 16 can be found at Executive Order 16 Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia | Office of General Services (ny.gov).

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

☐ 1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.

☐ 2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion)

☐ 2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services in Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)

☐ 3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalty of perjury that they are knowledgeable about the Vendor's business and operations and that the answer provided herein is true to the best of their knowledge and belief.

Vendor Name (Legal Entity): _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

NEW YORK STATE | Office for People With Developmental Disabilities

OPD-2025-54 Physician Services Pilot Attachment 17 Minimum Mandatory Requirments

Bidder Name:

By checking the boxes the Bidder has included, as stated in Section 1.8 the following:

1. A list of proposed medical providers to participate in the Physician Services Pilot. ☐
2. Copies of all the necessary licenses, certifications, authorizations and permits. ☐
3. Attest to ensuring that Vendor, Subcontractor and medical providers must not be on an exclusion list for NYS Medicaid. OPWDD staff will verify this using the Office of the Medicaid Inspector General List of Restricted and Excluded Providers at https://apps.omig.ny.gov/exclusions/ex_search.aspx. ☐

By checking each of the boxes below the Bidder is attesting to adhere to following items upon effectuated contract:

4. Must be board certified doctors available 24/7 through this service that are specially trained to address the medical concerns of people with developmental disabilities and behavioral health issues. ☐
5. Will comply with all applicable laws, rules, regulations, standards, guidelines, policies, proceduresand bylaws of all applicable regulatory authorities and all policies, procedures and regulations of OPWDD. ☐
6. Strictly adhere to all applicable NYS OPWDD and NYS ITS policies, standards, and requirements. This includes insuring full compliance with all applicable regulatory requirements. http://www.its.ny.gov/tables/technologypolicyindex.htm/security and https://its.ny.gov/eiso/policies/security ☐
7. Assign only qualified medical providers to OPWDD. All medical providers shall have and maintain licensure to provide services in New York State and remain in good standing throughout the duration of the contract agreement. ☐
8. This service must work in conjunction with OPWDDs RNs as per regulatory requirements that state that the oversight for the direct support staff must be provided by the RN. Will ensure collaboration with OPWDD RNs for OPWDD to maintain compliance with our Nursing Supervision ADM 2003-01. ☐

Printed Name:

Authorized Signature:

Date:

NEW YORK STATE | Office for People With Developmental Disabilities

Attachment 18

Technical Proposal Response Cover Page

RFP OPD-2025-54
Physician Services Pilot

Bidder:

Attachment 19

Diversity Practices Questionnaire

Offeror's Name: Date:

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises ("MWBEs") in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with Non-government entities and governmental units other than the State Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBEs. OPWDD has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of Offerors to this procurement is practical, feasible, and appropriate. Accordingly, Offerors are required to provide responses the space provided below each of the following eight (8) questions as part of their technical proposal:

Q1: Does your organization have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? If yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.
Q2: What percentage of your organization's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-ventures, partners, or other similar arrangement for the provision of goods or services to your organization's clients or customers?
Q3: What percentage of your organization's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your organization's clients or customers) or noncontract-related expenses (from your prior fiscal year) was paid to New York State certified minority and women-owned business enterprises as suppliers/contractors?
Q4: Does your organization provide technical training to minority- and women-owned business enterprises? If yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.
Q5: Is your organization participating in a government approved minority- and women-owned business enterprise mentor-protégé program? If yes, identify the governmental mentoring program in which your organization participates and provide evidence demonstrating the extent of your organization's commitment to the governmental mentoring program.

Q6: Does your organization include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? If yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.
Q7: Does your organization have a formal minority- and women-owned business enterprise supplier diversity program? If yes, provide documentation of program activities and a copy of policy or program materials.
Q8: Does your organization plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? If yes, complete the “MWBE Utilization Plan” included as part of Appendix A Supplement - 2 of this RFP.

Webcam

Blood pressure machine

ECG

Electronic Health Record System

↑ ↑ ↑ ↑

Data will be transmitted to the doctor

Telehealth technology allows healthcare providers to remotely monitor, evaluate, and support individual's using various digital tools. Here's how OPWDD envision these services to work:

1. Data Collection via Medical Devices:

- Devices like blood pressure monitors, ECG machines, and digital thermometers record vital signs or test results from the individual at home.
- These devices are often Bluetooth-enabled or Wi-Fi-connected to transmit the data instantly to a central system.

2. Video & Visual Communication:

- A webcam or a built-in laptop camera enables live video consultations, or similar device such as a tablet
- The doctor can visually assess the patient and discuss results or symptoms in real-time.

3. Data Transfer to Electronic Health Records (EHRs):

- All data (vital signs, ECG readings, photos, etc.) are securely uploaded to an Electronic Health Record (EHR) system.
- These systems are cloud-based and encrypted to protect privacy and ensure HIPAA compliance.
- Bidders should familiarize themselves with all applicable NYS and federal laws, regulations, policies, and standards for IT systems that transfer, process, or store OPWDD data.

4. Provider Access to OPWDD Electronic Health Record (EHR) System:

- The provider accesses the EHR system via a secure login on their computer or tablet.
- They review the data, make a diagnosis, update treatment plans, or schedule follow-ups,all without needing the individual to visit in person.

5. Automated Alerts & Integration:

- Devices and EMRs are often interoperable, meaning they can share data across platforms to maintain a complete picture of the individual's health.

This system enhances access, saves time, and allows for earlier detection and intervention in individual care.