

**NEW YORK STATE DEPARTMENT OF HEALTH**

A Request for Proposal for

Vital Records

RFP No.1108081144

Remote Order and Payment Services

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Schedule of Key Events

RFP Release Date	May 30, 2012
Written Questions Due	June 8, 2012
Response to Written Questions	June 13, 2012
Proposal Due Date	June 21, 2012
Contract Start Date	August 1, 2012

## Contacts Pursuant to State Finance Law § 139-j and 139-k

### **DESIGNATED CONTACTS:**

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contacts to whom all communications attempting to influence this procurement must be made:

Guy Warner  
NYS Department of Health  
Vital Records  
800 North Pearl Street Room 216  
Albany, New York 12204  
[vrr@health.state.ny.us](mailto:vrr@health.state.ny.us)

### **Permissible Subject Matter Contacts:**

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health also identifies the following allowable contacts for communications related to the following subjects:

RFP Release Date: May 30, 2012

Submission of written proposals or bids:

Guy Warner

Submission of Written Questions:

Guy Warner

Participation in the Pre-Bid Conference:

Guy Warner

Minority and Women Owned Business Liaison:

Guy Warner

Debriefings:

Guy Warner

Negotiation of Contract Terms after Award:

Guy Warner

*For further information regarding these statutory provisions, see the Lobbying Statute summary in Section E, 10 of this solicitation.*

## **A. INTRODUCTION**

This is a Request for Proposal (RFP) to identify a vendor who will provide the New York State Department of Health (DOH) with a remote order acceptance and payment service related to telephone and Internet applications for certified copies of vital records. DOH plans to utilize the services of a single vendor to provide the services described in this RFP. The contract will be for five years. At the sole discretion of the DOH, the prices quoted by the vendor will be in force for years 1 through 3 of the contract but may increase in years four and five of the contract by an amount not to exceed the Consumer Price Index or 5% whichever is less. However, DOH may approve subject to further approval by the Office of the New York State Comptroller a higher amount with sufficient justification.

Generally, the vendor will be required to:

1. Collect application data (names, dates of event, etc.) from the applicant
2. Collect payment data (credit/debit card #, checking account #) from the applicant
3. Accept and authorize payment by major credit/debit card(s)
4. Accept payment by electronic funds transfer from applicant's bank account
5. Authenticate the identity of the applicant
6. Electronically transmit application data and payment to DOH daily
7. Provide for the exchange of data between the vendor's data system and the DOH data system.
8. Issue a daily payment check or checks to DOH covering the copy fees collected each day
9. Provide daily, monthly and annual fiscal and statistical reports
10. Provide option of overnight return delivery service

While, not all applicants requesting certified copies of vital records use the remote order service, as many as 45,000 to 50,000 requests are expected to be submitted through the remote ordering and acceptance service each year. The service will be available to applicants who voluntarily agree to pay the vendor's service charge.

The terms contractor and vendor will be used interchangeably throughout this RFP. The terms Department of Health, DOH and Department will be used interchangeably throughout this RFP.

## **B. BACKGROUND**

The New York State Department of Health is responsible for filing birth and death certificates for births and deaths within New York State outside of New York City; marriage certificates for marriage licenses obtained in New York State outside of New York City; and divorce certificates for divorces anywhere in New York State. The public requires certified copies of such certificates to apply for a passport or driver's license; to establish citizenship or employment verification; and to collect Social Security, life insurance and other benefits; etc. Article 41 of the New York State Public Health Law establishes the fee for certified copies of birth, death, marriage and divorce certificates at \$30 per copy. The Public Health Law authorizes the additional special handling fee of \$15 per copy for expedited requests. Payment is required before the copy can be

issued. Annually, the DOH processes approximately 100,000 requests for certificate copies by mail, telephone and the internet.

### Telephone and internet requests

DOH is currently using a remote ordering and acceptance system provided by VitalChek Network, Inc (VCN). The VCN system provides the public with the following remote ordering options: telephone; interactive voice response (IVR), and internet.

Applicants are informed of an optional remote ordering service at a cost above the statutory certificate copy fee. The vital records copy fee, the vendor's service charge and the delivery charges are paid by the applicant directly to the vendor. Currently, payment is restricted to credit/debit card.

VCN collects information necessary to process orders from applicants. This includes information about the applicant (name, address, relationship to certificate holder, etc); information about the requested record (names, dates, etc.), and financial information (credit/debit card number). VCN performs all data collection services and payment authorization functions. Requestor's address and credit/debit card address must be the same to ensure applicant identity. Government issued picture identification is required for requests originating from foreign countries. Signed notarized consent is required if the applicant receives mail at a PO Box or the requests involves a third party.

On a daily basis, VCN transmits encrypted requests and various reports to DOH and issues DOH a check in the amount of \$45 times the number of certificate copies ordered that day. All telephone and internet requests receive special handling and are subject to the \$15 special handling fee, included in the \$45 fee.

Using the electronic data, orders are electronically and/or manually searched to produce full micrographic copies or computer generated transcripts.

Prior to issuing the requested vital records copy, DOH confirms that the client is an eligible recipient and has provided the minimum data necessary to identify themselves and the requested copy.

DOH forwards the requested certificate copy to the applicant by first class mail or overnight delivery. For overnight delivery, VCN has provided for payment and pre-printed mailing labels.

The data received from VCN is automatically transferred into the DOH Certification Production System (Certprod).

At present, the DOH staff access the VCN data system through a firewall. VCN has installed equipment in the DOH office space that provides for the transmission and storage of order data from the VCN Data Center. DOH staff utilizes workstations that are connected to the Department's Health Information Network. The firewall only allows outgoing requests in order to maintain the integrity of the DOH's network. Currently, the firewall is the only approved means for the DOH's staff to access equipment outside of the DOH Network.

DOH staff has access to computer equipment that may be available for use by the winning bidder. Bidders may incorporate this equipment as part of their proposals. Specifically DOH staff has access to the DOH network. As such, they routinely utilize computer workstation, network printers and shared file space. See **Attachment 10** for a description of network resources that are available to DOH staff.

**Mail requests** - Staff of the DOH reviews each request received by mail to: determine that the requestor is qualified to receive the record; verify the identity of the requestor; determine that all information needed to locate the certificate have been provided; and account for the required fee. Information needed to process the request is entered into Certprod enabling requests to be logged and tracked. Relevant information from the Certprod System is electronically passed to the Automated Search System to locate the requested record in the database and generate a computer transcript or long form request for the Reproduction Unit. For records not found by the automated search, a manual search of microfiche or computer indexes are made and a full copy is issued from paper or micrographic storage media. Prior to its release, each transcript and full copy are reviewed to determine that the correct document is being sent to the appropriate qualified applicant. Processing mail requests is outside of the scope of the contract resulting from this RFP.

## **C. DETAILED SPECIFICATIONS**

### **1. Order acceptance services**

The vendor will accept orders from the public for vital records copies and collect relevant information, as identified on the application forms in **Attachments 15, 16, 17 and 18**, necessary for DOH to process such orders.

The vendor will provide the public with the following methods of placing orders:

- a. Operator assisted telephone orders** - The vendor will provide the public with the ability to order vital records copies by means of speaking with a vendor-employed operator during normal business hours (minimally, 9:00 AM - 5:00 PM, Monday through Friday, except for federal or state holidays). The vendor will provide toll-free access to the vendor-employed operator as well as a number suitable for international callers. The operator will obtain all information necessary to process the order. The information will be entered into a software program and transmitted or accessible to DOH in a secure manner on a daily basis for fulfillment in accordance with the requirements set forth in this RFP. The vendor will screen the applicant's eligibility in accordance with criteria provided by DOH. For example, ensure the applicant belongs to one of the categories of persons authorized to obtain the requested copy. The vendor will authenticate the applicant's identity in a manner acceptable to DOH.

- b. Interactive Voice Response Unit (IVR) orders** - The vendor will provide the public with the ability to order vital records copies by recording ordering information on a vendor-operated IVR. The vendor shall provide toll-free access to the IVR, and will accept IVR orders 24 hours a day, 365 days a year. Vendor's IVR shall be programmed with a "form filler" filler application that will prompt the requestor for information necessary to process the order and to determine the requestor's eligibility to receive the document requested. Vendor's IVR shall also be capable of accepting orders from the hearing impaired, utilizing Telecommunications Device for the Deaf (TDD) and Text Telephone (TTY) technology. Access to applicant information on the vendor's IVR system will be password protected and will be by authorized staff only. Vendor will in turn enter appropriate ordering information recorded on the IVR into a software program capable of storing the information and transmitting it or enabling DOH to access it in an encrypted format on a daily basis for fulfillment in accordance with the requirements set forth in this RFP. The vendor will screen the applicant's eligibility in accordance with criteria provided by DOH. For example, ensure the applicant belongs to one of the categories of persons authorized to obtain the requested copy. The vendor will authenticate the applicant's identity in a manner acceptable to DOH.
- c. Internet Orders** - The vendor will provide the public with the ability to order vital records copies over the Internet. The vendor will create an Internet home page that will provide the public with ordering information and requirements, and in turn offer the public the ability to order vital records copies "on-line". The vendor will develop software that will encrypt ordering information transmitted via the Internet and de-encrypt such information upon receipt by vendor. Vendor will in turn enter appropriate ordering information received via the Internet into a software program capable of storing the information and transmitting it to DOH or enabling DOH to access it in an encrypted format on a daily basis for fulfillment in accordance with the requirements set forth in this RFP. The vendor will screen the applicant's eligibility in accordance with criteria provided by DOH. For example, ensure the applicant belongs to one of the categories of persons authorized to obtain the requested copy. The vendor will authenticate the applicant's identity in a manner acceptable to DOH.

## **2. Customer Support**

DOH expects to receive between 45,000 and 50,000 remote access requests annually. The vendor must be capable of receiving telephone calls and internet queries from the public regarding the application process, ordering options, processing timeframes, order status, etc. The vendor is expected to provide information to the public in a professional and courteous manner. The vendor must respond to calls and refer to DOH only those calls of an unusual nature.

The vendor will:

- a. Provide a toll-free telephone help line for applicants to speak with trained vendor-employed representatives during normal business hours (minimally, 9:00 AM - 5:00 PM, Monday through Friday, except for federal or state holidays) regarding ordering options, order status, eligibility requirements, identification document requirements and general assistance in placing orders. The vendor may propose to extend such service beyond the minimum hours.
- b. Provide a sufficient number of trained telephone representatives to ensure that the wait time to speak with a representative for both order placement and help line services from the public in a reasonable length of time. The vendor will make best effort to ensure that wait time does not exceed 2 minutes.
- c. Make one vendor-employed trainer available to be trained by DOH regarding the New York State Vital Records copy application process. The vendor will then be responsible for training all vendor-employed telephone representatives. The trainer will be trained at DOH's offices at 800 North Pearl Street, Menands, New York. Training will not exceed 5 days. This person may be the same person selected by the vendor for confidentiality training required in Section 6 of this RFP. In this case, Customer Support and Confidentiality training will be concurrent.
- d. Review all requests for completeness, i.e., ensures that all information needed to process request has been provided and that applicant's identity has been authenticated.
- e. Notify applicant by telephone or email of any application deficiencies within 24 hours of receiving request. Follow-up with applicant at least one time if response not received within 24 hours.

### **3. DOH Support**

DOH staff starts the workday as early as 7:00 a.m. Monday through Friday. The vendor must provide support to DOH staff when DOH staff is unable to receive orders for the previous day's applications or otherwise has encountered technical problems with the vendor's remote order system.

### **4. Delivery Service**

The vendor will:

- a. Provide the requestor with the option of receiving the issued record by an overnight return delivery service. The vendor may subcontract delivery services to a subcontractor approved by DOH. The delivery must be traceable via internet access at the subcontractor's web site by a tracking number assigned by the delivery service subcontractor and

require the applicant's signature upon delivery.

- b. Arrange for daily pick-up of overnight shipments between 2:00 PM and 4:00 PM at DOH'S offices at 800 North Pearl Street, Albany, NY 12204.
- c. Arrange for DOH to receive pre-printed (or print on demand) overnight delivery labels, containing DOH'S return address and vendor's third party billing number.
- d. Arrange for the placement of the above information on bar coded labels to be used in conjunction with delivery window envelopes.
- e. Assume full responsibility for and guarantee payment of overnight delivery fees incidental to orders processed through the vendor's service.

## **5. Authentication of Applicant's Identity**

The vendor will be required to submit a detailed description of the methodology it proposes to use to authenticate applicant identity for all requests regardless of the manner (telephone or internet) by which the request is made.

The vendor shall fully describe the proposed methodology and provide available quantitative and qualitative evidence of its effectiveness. The vendor will indicate if no such evidence exists.

## **6. Confidentiality**

The vendor must maintain the confidentiality of all information collected for certificate copy requests obtained or developed during the conduct of this contract. The vendor shall ensure that all information and records collected in the implementation of this contract will be held highly confidential in accordance with applicable provisions of State and Federal law including, but not limited to the New York State Public Health Law, the New York State Domestic Relations Law, the Federal Confidentiality Law in 42 CFR Part 2, State Confidentiality Law in Chapter 584 of the Laws of 1988, Part 50 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

File transmissions between the applicant's web browser and the vendor website shall be secure.

File transmissions between the contractor and DOH shall be secure.

The vendor's protocol for ensuring confidentiality of personal and health related information is to be updated whenever a program activity change renders the established protocol obsolete or inadequate.

The vendor will make available a vendor-employed trainer who will be trained by DOH regarding the New York State Vital Records regarding responsibilities and authorized access to personal and health related information. The vendor will



then be responsible for training all of their authorized personnel. This person may be the same person selected by the vendor for Customer Support training required in Section 2 of this RFP. In this case, Customer Support and Confidentiality training will be concurrent.

Employees authorized by the vendor to access personal and health related information after training are to be advised in writing, by the vendor, that the employee shall not:

- a. Examine documents or computer data containing personal and health related information unless required in the course of official duties and responsibilities.
- b. Remove from the vendor's premises or copy such documents or computer data unless acting within the scope of the assigned duties.
- c. Discuss the content of confidential documents or computer data with any person unless that person has authorized access and the need to know the information discussed.
- d. Discriminate, abuse or take any adverse action directed toward a person to whom personal and health related information applies.

Each employee, upon receiving training shall sign a statement acknowledging receipt of a copy of the vendor protocol for ensuring confidentiality, **Attachment 12** and a copy of this confidentiality section, and understanding that violation of confidentiality statutes and rules may lead to disciplinary action, including suspension or dismissal from employment and criminal prosecution.

On a monthly basis, the vendor will purge all personal (name of certificate holder, date of birth, place of birth, etc.) information related to the applications that were fulfilled more than six months prior to the current month. The vendor will certify that all such information has been purged each month. The vendor may maintain billing information necessary for business needs such as applicant name, address, credit card and other billing information.

Upon conclusion of the contract resulting from this RFP, all documents, data, and reports prepared by the Contractor under the Contract shall become the property of and be delivered to DOH upon demand.

The vendor must agree to implement all security provisions resulting from the Federal Intelligence Reform and Terrorism Prevention Act of 2004 at no additional cost to DOH or the public.

## 7. Reports

Provide reports and payment checks as follows:

- a. At least once a day, prompt a summary report from the Authorization/Client Server, which will include:

- i. A listing of all orders transmitted to DOH for fulfillment, including the date, time and name on each record ordered, the amount due DOH for each order and the check number of the payment check to DOH for the orders transmitted for fulfillment. Vendor will work with DOH staff to determine the exact format and contents of the report.
- ii. The amounts due DOH, the vendor and mail carrier, plus the total for each transaction (voids shown as negative numbers), and grand totals. Vendor will work with DOH staff to determine the exact format and contents of the report.
- b. After printing of the summary report, print a check for the dollar amount due DOH for that batch, including the printing of the corresponding check number listed on the batch summary report; the date and time of payment and the summary grand total amounts listed on the summary batch report.
- c. The vendor will provide monthly and annual fiscal and statistical reports providing frequency distributions of the numbers of requests, types of certificates, types of applicants, receipts, number of phone calls received, wait time, and internet orders received, etc. The vendor will work with DOH staff to determine the exact format and content of the report.
- d. The vendor will make available to DOH computer files containing information regarding the numbers of requests, types of certificates requested, money received, etc., enabling DOH to import such data into data base and spreadsheet applications.
- e. The vendor must be willing to make changes to the reporting requirements as DOH'S needs may change from time to time.

## 8. Integration with DOH

The vendor will be required to integrate the Order Processing Service with the Department's System for the Reproduction of Vital Records Certificates. At a minimum, the vendor will be required to provide following:

- a. Orders – The Department requires a hardcopy printout of each new order. The printed orders must be available to Department staff by 7:00 AM each business day. The orders must include a separate printed page of each order that was completed by the Vendor the preceding day. See **Attachment 13** for a sample of printed orders.
- b. Master List of Orders – DOH requires a hardcopy master list detailing each new order that was printed (see 1 above). The vendor must make the master list available to Department staff by 7:00 AM each business day. The vendor will work with DOH staff to determine the exact format and contents of the report.

- c. Payment – DOH requires payment for the orders it receives each day (see item a above). The payment must be for the number of orders received multiplied by \$45. The payment must be received on the same day the orders are received.
- d. Access to Supporting Information (Images) – DOH requires access to images of all the supporting documentation (For example: driver's license of the requestor) collected by the vendor. DOH staff must be provided with the ability to view and print the images of the supporting information for each order DOH has received within the last six months. The images for a particular order must be available at the time the order is printed (see A). Upon termination of the Contract and at the request of the DOH, the vendor must supply an extract of this information in a format agreeable to the DOH.
- e. Access to Order History – DOH requires access to a history of orders. The vendor must provide a means for DOH staff to search for a particular order to determine the status of that order. Staff must be able to determine if the order was completed (sent to the customer via the delivery carrier), still open (received by DOH and not yet sent), or never received (Not received by DOH). Staff must be able to search for an order by the Requestor's Name as well as Customer's Name, Telephone Number, Email Address, and Order Identification Numbers. The history of orders must at a minimum include all orders collected by the vendor within the last six months. Upon termination of the Contract and at the request of the DOH, the vendor must supply an extract of this information in the form of a text file.
- f. Match Process – The vendor must provide access to a database table of orders so the DOH can match each order to its database of Vital Records Certificates. The database table must contain all orders that were completed the prior business day. DOH will supply winning bidder with a description of the table. The DOH must be able to access the table using a JDBC connection and issue SQL commands to retrieve order data. The table of orders must be available to the DOH between the hours of 6:00 a.m. and 6:30 a.m. each morning so that the match process can be performed.

The Vendor must use the updated table to print the orders (see a above). Information included on the table such as text describing the status of the request (for example: Single Match) and the state file number must be printed on the receipts. Additionally the orders must be printed in a sorted sequence using the sort key included in the table.

Two bar codes in Code 39 (3 of 9) format will print on each receipt. The first will represent an order group and is to be used to generate shipping labels for overnight delivery or regular mail tracking. The second bar code will represent a unique certificate order number for each individual record ordered. This bar code will be used by DOH to process and track the individual certificates ordered.

- g. Reprinting Orders – DOH requires a means to regenerate printed orders that were lost or damaged. DOH staff must be provided with the ability to regenerate or otherwise obtain a printed copy of any lost or damaged orders that were received within the last six months. Once staff has determined that a printed order was lost or damaged, they must be able to generate or otherwise obtain a copy within 1 hour.
- h. Data Security – In order to maintain proper data security, the vendor must make arrangements to ensure that access to the table of orders (see item f above) is restricted. The table of orders should be accessible by the Vendor and DOH. The table must not be accessible to the general public. The current Vendor maintains a database server within DOH office space. The server operates between two firewalls supplied by the vendor. One firewall restricts connections between the server and the DOH network while the other restricts connections between the server and the Vendor network.
- i. Electronic Data Transmission - While Bidders may propose any secure method for the transmission of data between the Department and the Contractors Data Center, DOH may at its' sole discretion require the Vendor to utilize the Health Commerce System (see **Attachment 14**) as a backup means for the electronic submission of data. At such time, the vendor will be required to alter, at no cost to the Department and without an increase in the service fee, their system to utilize the HCS as a backup means to transmit order data. As such, the Vendor may be required to obtain an HCS account and develop procedures to extract and send order data (as a flat file) to the Department through the HCS.
- j. DOH Certprod System - During the contract period, DOH at its sole discretion may require the Vendor to supply data necessary to incorporate orders in the Certprod System. At such time, the vendor may be required to expand, at no cost to the Department and without an increase in the service fee, the table of orders (see item f above) with additional data elements yet to be determined. The Vendor will then be required to populate the new data elements as part of the nightly process of supplying order data to the DOH (see item f above). It is anticipated that the additional data elements will include, but not be limited to, items such as delivery address, delivery phone number, reason for request, relationship of requestor and number of copies ordered.
- k. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any web-based intranet and internet information and applications development, or programming delivered pursuant to the contract or procurement will comply with New York State Enterprise IT Policy NYS-P08-005, "Accessibility Web-based Information and Applications", and New York State Enterprise IT Standard NYS-s08-005. Accessibility of

Web-based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to New York State Enterprise IT Standard NYS-S08-005, as determined by quality assurance testing. Such quality assurance testing will be conducted by Department of Health, contractor or other, and the results of such testing must be satisfactory to the Department of Health before web content will be considered a qualified deliverable under the contract or procurement.

#### I. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the general Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual's unencrypted personal information implies one or more of the following: social security number, driver's license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity, person, or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at: <http://www.dhSES.ny.gov/ocs/>

#### 9. Hardware and Software

The vendor will be required to:

- a. Provide at no cost to DOH all necessary hardware and software to support the requirements of this RFP.
- b. Install and maintain at no cost to DOH all necessary telephone or other communication lines necessary to operate the system.

#### 10. Fees and payments.

The vendor will:

- a. Provide remote ordering services to the public at a reasonable fee, as

specified in the signed agreement with DOH.

- b. Accept payment from the public, including, but not limited to, the following forms of payment:
  - i. Major credit/debit cards, including Visa, MasterCard, American Express and Discover.
  - ii. Electronic funds transfer from the applicant's bank account.
  - iii. Account billing, for large institutional requestor's (i.e. social services organizations, military recruitment offices, private companies, etc.).
- c. Authorize payment for orders prior to transmission to DOH for fulfillment. As part of the payment authorization process, vendor will verify the address and/or telephone number of the requestor in a manner mutually agreeable to vendor and DOH.
- d. Assess no fees or charges to DOH for the performance of its services.

## **11. Business Continuity**

Vendor will make best effort to ensure that a natural or other disasters suffered by the vendor will not interrupt the DOH's Vital Records certification operations.

## **D. PROPOSAL REQUIREMENTS**

### **a. Workmanship and Materials.**

All work shall be done in accordance with these specifications and shall be executed to the complete satisfaction of the Commissioner of Health or his designated representative. No deviation from these specifications will be permitted without the full knowledge and written consent of the Commissioner of Health or his designated representative. All equipment, materials and articles used in the work covered by the contract shall be of the most suitable grade of their respective kinds for the purpose. All workmanship shall be of high quality.

### **b. Inspection and Tests**

All materials, workmanship or equipment, including the work site, shall be subject to inspection, examination or test by DOH at any and all times during the course of the work. Rejected workmanship shall be satisfactorily corrected, and rejected materials shall be satisfactorily replaced with proper materials without additional expense to the State and the contractor shall promptly separate and remove the same from the premises. If the Contractor fails to proceed at once with the correction of, defective workmanship and/or materials, DOH may by contract or otherwise, replace such materials and/or correct such workmanship and charge the cost thereof to the Contractor or may terminate the Contract as provided elsewhere in the specifications.

The Contractor shall provide evidence of the proper and satisfactory performance of the work required in these specifications by submitting together with the invoices for payments a properly signed and dated certification on their own form or letterhead indicating the service was provided.

**c. Access to Premises**

No employee of the Contractor shall be permitted in any of the premises of DOH unless the employee is provided with means of identification furnished by the Contractor and approved by the Department of Health representative.

**d. Contractor Cooperation**

Contractor shall cooperate fully in aiding the State to investigate, adjust, settle or defend any claims, action or proceeding brought in connection with the operation of the contract resulting from this RFP.

**e. Termination for Convenience**

DOH reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of DOH without penalty or recourse. Upon receipt of the written notice, the Vendor shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination, and minimize all further costs to DOH. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to DOH upon demand. The Vendor shall be entitled to receive just and equitable compensation for work in progress, work completed, and materials accepted before the effective date of the termination.

**METHOD OF AWARD**

Vendor Selection

At the discretion of the Department of Health, all bids may be rejected. The evaluation of the bids will include, but not be limited to the following considerations:

**a. Evaluation Criteria**

Evaluation of submitted bids will be based on a “best value” concept. This means that the bid, which “optimizes quality, cost and efficiency among the responsible and responsive bidders”, shall be selected for award (State Finance Law, Article 11, Section 163).

Scoring of the Financial Proposal will constitute 20% of the final score. Scoring of the Technical Proposal will constitute 80% of the final score. The evaluation of the Technical Proposal will be accomplished via a “cost blind” approach with Technical and Financial Proposal being evaluated by separate teams. The financial and technical scores will be normalized.

## **Financial Score (BFSC)**

The financial score will be computed as the weighted mean of the vendor's service charge for requests with overnight delivery and requests without overnight delivery. Based on year 2010 remote orders, 3/4 of all applicants opted for overnight delivery and 1/4 did not. Vendor's weighted mean service charge is computed as follows:

$$\text{Bidder's Weighted Service Charge} = \frac{(W_1 * C_1) + (W_2 * C_2)}{(W_1 + W_2)}$$

Where:

$W_1 = 3/4$  = proportion of requests opting for overnight delivery

$W_2 = 1/4$  = proportion of requests not opting for overnight delivery

$C_1$  = Vendor service charge with overnight delivery requested

$C_2$  = Vendor service charge without overnight delivery

The bid with the lowest service charge will receive 20 points. The financial score for the remaining proposal(s) will be normalized according to the following formula:

$$\text{Bidder's Financial Service Charge Score (BFSC)} = P/Q * 20$$

Where:

P = BWSC of lowest priced bidder

Q = BWSC for bidder being scored

## **Technical Score (BTS)**

The technical score for each vendor will be the normalized cumulative score of individual subsections described in the Proposal Content and Format Section of this RFP. The maximum technical score a vendor may earn is 80 points. Failure of Pass/Fail subsections will result in the elimination of the vendor from consideration of any contract resulting from this RFP.

The bid with the highest cumulative technical score will receive 80 points. The technical score for the remaining proposal(s) will be normalized according to the following formula.

$$\text{Bidder's Technical Score (BTS)} = P/Q * 80$$

Where:

P = BTS of highest scoring bidder

Q = BTS for bidder being scored



## **Total Score**

Bidder's Total Score = BFSC + BTS

### **b. Proposal Content and Format**

The bidder must demonstrate his/her ability to meet the requirements of this RFP. The proposal and ensuing contract must satisfy the contractor requirements listed in Section C of this RFP.

The bid will be evaluated in three parts: Screening Documents; Financial Proposal; and Technical Proposal.

At the discretion of DOH, all bids may be rejected. Evaluation of the bids will be based on the following considerations:

#### **a. Bidder Screening**

DOH at its sole discretion may eliminate any bidder who fails to be responsive to the items identified in this section.

##### **i. Cover Page**

- 1) Title of Project and RFP number
- 2) Name of Contractor
- 3) Type of organization
- 4) Project Director (name, title, address, e-mail address, telephone, and fax numbers)
- 5) Person authorized to sign a contract for bidder, organization name, title, address, e-mail address, telephone and fax number
- 6) Original signature(s) of the Project Director and the person authorized to enter into the contractual agreement by the bidder
- 7) Federal Internal Revenue Employer Identification Number or NYS Charity Registration Number.

##### **ii. Corporate Acknowledgement**

The corporate acknowledgment must be attached in the form of a standard business letter and signed by an individual authorized to legally bind the bidder. **Failure to provide this acknowledgement will result in disqualification of the bid.** The letter will include statements:

- 1) Indicating that the bidder is a corporation or other legal entity.
- 2) Accepting, without qualification, all contractor requirements as described in Section C of this RFP as well as all terms and conditions as stated in the proposal.
- 3) Specifying that the bidder has sole and complete responsibility for the production and completion of all deliverables;
- 4) Certifying that the individuals signing this proposal are the people in the bidder's organization authorized to make decisions as to the

prices quoted in the cost proposal.

- 5) Indicating that the price quote is good for at least 180 days.
- 6) Identify the use of any subcontractor(s) being proposed and append a transmittal letter, signed by an individual authorized to legally bind the subcontractor, stating and detailing the following:
  - a) The general scope of work to be performed by the subcontractor;
  - b) Written confirmation of the subcontractor's agreement with the project and the costs;
  - c) The subcontractor's commitment to perform work indicated in the time period specified;
  - d) Assurance that the subcontractor does not discriminate in its employment practices with regard to race, color, religious creed, age, marital status, national origin, sex, or developmental or physical disability, and
  - e) The subcontractor's Federal Employer Identification Number.
- 7) Indicating that the bidder will not utilize offshore services with regard to any aspect of the work involved in the Remote Order and Payment Services contract that results from this RFP. **Failure to comply with this requirement will result in disqualification of the bid.**

### iii. Company Background

Provide a description of the company including information regarding the following:

- 1) Stability and performance.
- 2) Audited financial statements for last 3 years of operations or statement that such audits are not required.
- 3) Other evidence of bidder's ability to perform must be included if independent audits are not required. At a minimum, this must include a current Dunn and Bradstreet report.
- 4) Statements from bank confirming the level of account balances or similar documents.
- 5) List of all principals and offices of the company.
- 6) Capability to perform the various components of the contract resulting from this RFP.
- 7) Plan regarding how the company will meet the start-up requirements.
- 8) Other submissions indicating the expertise that the company has that would enhance its qualifications.

### iv. References

Specify not less than two and up to five state offices or private companies to serve as references. DOH will contact at least two of the references and, at DOH's sole discretion, may contact additional references.

**b. Cost Proposal (20-Points)**

Submit cost proposal on the Bid Form (**Attachment 1**).

**Cost Proposal**

**Remote Order and Payment Services**

**Request for Proposal No. 1108081144**

**Public Bid Opening: June 21, 2012**

The contract will be for five years. DOH at its sole discretion may terminate the contract resulting from this RFP upon 30 days notice to the contractor. The prices may increase in years four and five of the contract by an amount not to exceed the Consumer Price Index or 5% whichever is less. However, DOH may approve a higher amount with sufficient justification at the sole discretion of DOH and subject to final approval by the Office of the State Comptroller.

**c. Technical Proposal (Total 80 Points)**

Proposals, which pass screening, will be scored by each member of the evaluation committee as follows:

**i. Organizational Capacity (30 Points)**

Describe the capacity of the company to develop and manage the projects described in the Scope of Work. This portion must include:

- 1) A brief history of your company, its annual budget, and how its mission will support the implementation and management of the New York State Remote Order and Payment Services function;
- 2) A description of the experience your company has delivering telephone, internet, and fax-based Remote Order and Payment Services programs, including but not limited to types of services, number of years providing such services, etc.;
- 3) List each state government agency, local government agency, or private company for which the vendor has managed a Remote Order and Payment Services program in the last 5 years. Identify the application volumes per day for each type of service provided, number of years under contract with the agency or company and the status of the current contract;
- 4) Demonstrate an understanding of the mission and role of the Remote Order and Payment Services program. Describe how the bidder will work with the Department of Health and the public to provide remote ordering services.

- ii.** Provide resumes of contractor's staff responsible for the delivery and operation of the Remote Order and Payment Services being offered.

**d. Business Continuity (10 Points)**

Provide information regarding the vendor's disaster recovery plan including but not limited to backup systems, work locations, and procedures. The plan must take into account problems caused by but not limited to computer system failure and/or other disruption of services resulting from natural disaster, human error, criminal acts, and management or personnel issues.

**e. Customer Support (5 Points)**

The vendor will describe in detail their plan to fulfill the requirements of Section C 2 of this RFP. Include but do not limit descriptions to hours of availability, number of available representatives, number of available telephone lines, number of fax machines, types of equipment, locations of operation, web server configuration and procedures to ensure that telephone, fax and internet customers receive prompt service and assistance placing orders, checking order status and reporting problems and complaints. The vendor will indicate the availability of multilingual representatives available to customers including a list of the languages spoken. The vendor will supply the resumes of key staff critical to the customer support function.

**f. DOH Support (5 Points)**

- i. The vendor must guarantee and explain how malfunctioning equipment and software included in Section A.1 of this RFP will be replaced or repaired within 24-hours after the service call is made.
- ii. The vendor will describe in detail how they plan to fulfill the requirements of Section 3 of this RFP. Include but do not limit description to hours of availability, number, title of available representatives and procedures to ensure that DOH staff will be able to communicate with vendor's technical representative regarding technical problems concerning requests transmitted overnight to DOH by vendor. The vendor will supply the resumes of key staff critical to the DOH support function.

**g. Authentication of Applicant's Identity (20 Points)**

The vendor will provide descriptions of methodologies proposed to fulfill Section 5 of this RFP.

**h. Confidentiality Protocol (10 Points)**

Submit a complete protocol regarding the confidentiality, security, storage and disposal of all electronic and hard copy data received from the public and DOH with respect to requests for vital records copies. Include a description of the physical location(s) where the vital records and

applicant information and files will be maintained and the methods employed to safeguard their security and confidentiality.

The protocol shall minimally include as necessary:

- i.** Measures to ensure that letters, memoranda and other documents containing personal and confidential information are accessible only by authorized personnel.
- ii.** Measures to ensure that personal and confidential information stored electronically is protected from access by unauthorized persons.
- iii.** Measures to ensure that only personal and confidential information necessary to fulfill authorized functions is maintained in the unit.
- iv.** Measures to ensure that staff working with personal and confidential information secures such information from casual observance or loss and that such documents or files are returned to secure storage on termination of use.
- v.** Measures to ensure that personal and confidential information is not inappropriately copied or removed from control of the vendor.
- vi.** Measures to provide safeguards to prevent discrimination, abuse or other adverse actions directed toward persons to whom personal and confidential information applies.
- vii.** Measures to ensure that personal and confidential information is adequately secured after working hours.
- viii.** Measures to ensure that transmittal of personal and confidential information outside of the unit is authorized only by the director of the unit, other persons designated by the director or in accordance with such protocol.
- ix.** Measures to protect the personal and confidential information being transferred within the vendor's company.
- x.** Measures to ensure that documents or files that contain personal and confidential information that are obsolete or no longer needed are promptly disposed of in a manner so as to not compromise the confidentiality of the documents.
- xi.** Measures to secure the physical location where vital records documents and files are used and stored.
- xii.** Measures to secure the transmission of data to DOH.
- xiii.** Measures to secure the collection and storage of documents (driver's license, passport, etc.) from customers.

**i. Vendor Presentations**

The DOH may ask a bidder to make an oral presentation for the purpose of clarifying the vendor’s proposal. These presentations will be given at the New York State Department of Health or other place agreed to by DOH. The evaluation team will schedule these presentations. DOH may require individuals identified as key staff within bidder’s response to attend.

**j. Notification of Award**

The successful bidder will be informed in writing of the award by DOH. The contract, which will be comprised of this RFP, the successful bidder’s proposal and appendices, will be submitted to the Attorney General of the State of New York and upon approval of this agency,

In the event of a tie, the determining factor(s) for award, in descending order of importance, will be:

- Lowest cost
- Minority/Women-owned Business Enterprise (MWBE) utilization
- Past experience
- References

**E. ADMINISTRATIVE**

1. Issuing Agency

This Request for Proposal (RFP) is a solicitation issued by the NYS Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all proposals.

2. Inquiries

Any questions concerning this solicitation must be directed to:

Guy Warner  
NYS Department of Health  
Vital Records  
800 North Pearl Street Room 216  
Albany, New York 12204  
[vrrro@health.state.ny.us](mailto:vrrro@health.state.ny.us)

Questions and answers, as well as any RFP updates and/or modifications, will be posted on the Department of Health’s website at <http://www.health.ny.gov/funding/> by June 13, 2012. Bidders wishing to

receive these documents via mail must send a request, in writing, to the Department at the address above.

3. Submission of Proposals

Interested vendors should submit one original and six signed copies of their Bid Proposal not later than June 21, 2012 at 2:30 pm.

The proposal must be submitted in three separate parts and directed to:

Guy Warner, Director  
RFP 1108081144  
NYS Department of Health  
Vital Records  
800 North Pearl Street Room 216  
Albany, New York 12204

The three parts to be submitted are the bidder screening documents, financial proposal and the technical proposal. **Each part must be submitted in separately sealed envelopes marked on their respective exteriors as follows:**

**Envelope for Bidder Screening Documents:**

**Bidder Screening Documents  
Remote Order and Payment Services  
Request for Proposal No. 1108081144  
Bid Opening: June 21, 2012 at 2:30 PM**

**Envelope for the Financial Proposal:**

**Financial Proposal  
Remote Order and Payment Services  
Request for Proposal No. 1108081144  
Bid Opening: June 21, 2012 at 2:30 PM**

**Envelope for the Technical Proposal:**

**Technical Proposal  
Remote Order and Payment Services  
Request for Proposal No. 1108081144  
Bid Opening: June 21, 2012 at 2:30 PM**

The separately sealed envelopes for the financial and technical proposals may be placed in a third envelope marked on the exterior as follows:

**Remote Order and Payment Services  
Request for Proposal No. 1108081144  
Bid Opening: June 21, 2012 at 2:30 PM**

It is the bidders' responsibility to see that bids are delivered to Room 216 prior to the date and time of the bid due date. Late bids due to delay by the carrier or not received in the Department's mail room in time for transmission to room 216 will not be considered.

1. The Bid Form must be filled out in its entirety.
  2. The responsible corporate officer for contract negotiation must be listed. This document must be signed by the responsible corporate officer.
  3. All evidence and documentation requested under Section D, Proposal Requirements must be provided at the time the proposal is submitted.
4. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO
1. Reject any or all proposals received in response to the RFP;
  2. Withdraw the RFP at any time, at the agency's sole discretion;
  3. Make an award under the RFP in whole or in part;
  4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
  5. Seek clarifications and revisions of proposals;
  6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
  7. Prior to the **bid opening**, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
  8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
  9. Change any of the scheduled dates;
  10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
  11. Waive any requirements that are not material;
  12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;



13. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 60 days from the bid opening; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

5. Payment

This proposal will enable the public to order copies of vital records certificates by telephone and Internet through the services provided by the selected vendor. The public will pay all vendor service charges and special delivery charges associated with this service directly to the vendor. There will be no cost to DOH. Therefore, there are no vouchers to be submitted to DOH by the vendor and no payment by DOH to the vendor for services rendered.

6. Term of Contract

This agreement shall be effective upon approval of the NYS office of the State Comptroller.

The contract will be for five years. At the sole discretion of the DOH, the prices quoted by the vendor will be in force for years 1 through 3 of the contract but may increase in years four and five of the contract by an amount not to exceed the Consumer Price Index or 5% whichever is less. However, DOH may approve subject to further approval by the Office of the New York State Comptroller a higher amount with sufficient justification. The anticipated contract start date is August 1, 2012.

This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

7. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

8. Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at: [http://www.osc.state.ny.us/agencies/gbull/g\\_232.htm](http://www.osc.state.ny.us/agencies/gbull/g_232.htm).

9. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at [helpdesk@osc.state.ny.us](mailto:helpdesk@osc.state.ny.us). Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Bidders must also complete and submit the Vendor Responsibility Attestation (Attachment 8).

10. State Consultant Services Reporting

Chapter 10 of the Laws of 2006 amended certain sections of State Finance Law and Civil Service Law to require disclosure of information regarding contracts for consulting services in New York State.

The winning bidders for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

Winning bidders must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

Both of these forms are included as attachments to this document.

## 11. Lobbying Statute

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, provides, among other things, the following as pertains to development of procurement contracts with governmental entities:

- a. makes the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b. requires the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c. requires governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d. authorizes the New York State Commission on Public Integrity to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e. directs the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f. requires the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment;
- g. expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;
- h. modifies the governance of the New York State Commission on Public Integrity
- i. provides that opinions of the Commission shall be binding only on the person to whom such opinion is rendered;
- j. increases the monetary threshold which triggers a lobbyists obligations under the Lobbying Act from \$2,000 to \$5,000; and
- k. establishes the Advisory Council on Procurement Lobbying.

Generally speaking, two related aspects of procurements were amended: (i) activities by the business and lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental agencies establishing procurement contracts (through amendments to the State Finance Law).

Additionally, a new section 1-t was added to the Legislative Law establishing an Advisory Council on Procurement Lobbying (Advisory

Council). This Advisory Council is authorized to establish the following model guidelines regarding the restrictions on contacts during the procurement process for use by governmental entities (see Legislative Law §1-t (e) and State Finance Law §139-j). In an effort to facilitate compliance by governmental entities, the Advisory Council has prepared model forms and language that can be used to meet the obligations imposed by State Finance Law §139-k, Disclosure of Contacts and Responsibility of Offerers. Sections 139-j and 139-k are collectively referred to as “new State Finance Law.”

It should be noted that while this Advisory Council is charged with the responsibility of providing advice to the New York State Commission on Public Integrity regarding procurement lobbying, the Commission retains full responsibility for the interpretation, administration and enforcement of the Lobbying Act established by Article 1-A of the Legislative Law (see Legislative Law §1-t (c) and §1-d). Accordingly, questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Commission on Public Integrity.

12. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any web-based intranet and internet information and applications development, or programming delivered pursuant to the contract or procurement will comply with New York State Enterprise IT Policy NYS-P08-005, “Accessibility Web-based Information and Applications”, and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to New York State Enterprise IT Standard NYS-S08-005, as determined by quality assurance testing. Such quality assurance testing will be conducted by Department of Health, contractor or other, and the results of such testing must be satisfactory to the Department of Health before web content will be considered a qualified deliverable under the contract or procurement.

13. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual’s unencrypted personal information plus one or more of the following: social security number, driver’s license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual’s financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without

unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at:  
<http://www.cscic.state.ny.us/security/securitybreach/>

14. New York State Tax Law Section 5-a

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

Contractor must complete and submit directly to the New York State Taxation and Finance, Contractor Certification Form ST-220-TD attached hereto. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the contractor, its affiliate(s), or its subcontractor(s), a new form (ST-220-TD) must be filed with DTF.

Contractor must complete and submit to the Department of Health the form ST-220-CA attached hereto, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer non-responsive and non-responsible. Offerers shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

15. Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.state.ny.us/procurecounc/pgbguidelines.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

16. Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority and Women Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women

#### NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of New York State Department of Health contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that New York State Department of Health establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

#### Business Participation Opportunities for MWBEs

For purposes of this solicitation, New York State Department of Health hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises ("MBE") participation and 10% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers

in the performance of the Contract and Contractor agrees that New York State Department of Health may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>. For guidance on how New York State Department of Health will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and New York State Department of Health may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract ("Bidder") agrees to submit the following documents and information as evidence of compliance with the foregoing:

- A. Bidders are required to submit a MWBE Utilization Plan on Form #1 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to New York State Department of Health.
- B. New York State Department of Health will review the submitted MWBE Utilization Plan and advise the Bidder of New York State Department of Health acceptance or issue a notice of deficiency within 30 days of receipt.
- C. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the [AGENCY NAME, address phone and fax information], a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by New York State Department of Health to be inadequate, New York State Department of Health shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on Form #2. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.
- D. New York State Department of Health may disqualify a Bidder as being non-responsive under the following circumstances:
  - a) If a Bidder fails to submit a MWBE Utilization Plan;
  - b) If a Bidder fails to submit a written remedy to a notice of deficiency;
  - c) If a Bidder fails to submit a request for waiver; or

d) If New York State Department of Health determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to New York State Department of Health, but must be made prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report on Form #3 to the New York State Department of Health address, phone and fax information, by the 10<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

#### Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan (Form #4) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the New York State Department of Health, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will 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.



**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**

## A. APPENDICES

The following will be incorporated as appendices into any contract resulting from this Request for Proposal. This Request for Proposal will, itself, be referenced as an appendix of the contract.

- APPENDIX A - Standard Clauses for All New York State Contracts  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix\\_a](http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix_a)
- APPENDIX B - Request for Proposal
- APPENDIX C - Proposal  
The bidder's proposal (if selected for award), including any Bid Forms and all proposal requirements.
- APPENDIX D - General Specifications  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix\\_d](http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix_d)
- APPENDIX E  
Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:
  - Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:
    - **CE-200**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
    - **C-105.2** – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
    - **SI-12** – Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance.
  - Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:
    - **CE-200**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
    - **DB-120.1** – Certificate of Disability Benefits Insurance

- **DB-155** – Certificate of Disability Benefits Self-Insurance
- Appendix G – Notices  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix\\_g](http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix_g)
- Appendix H - Health Insurance Portability and Accountability Act (HIPAA) (if applicable)  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix\\_h](http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix_h)
- Appendix M - Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix\\_m](http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix_m)
- Appendix X – Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix\\_x](http://fmgweb.health.state.ny.us/v4/default.jsp?page=appendix_x)

## **B. ATTACHMENTS**

1. Bid Form  
[See attached](#)
2. No Bid Form  
[See attached](#)
3. N.Y.S. Taxation and Finance Contractor Certification Form ST-220-TD  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=st220\\_form](http://fmgweb.health.state.ny.us/v4/default.jsp?page=st220_form)
4. N.Y.S. Taxation and Finance Contractor Certification Form ST-220-CA  
[http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)
5. N.Y.S. Office of the State Comptroller Vendor Responsibility Questionnaire (for procurements greater than or equal to \$100,000)  
<http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3290s.pdf>
6. State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=ib2006\\_10\\_form\\_a](http://fmgweb.health.state.ny.us/v4/default.jsp?page=ib2006_10_form_a)
7. State Consultant Services Form B, Contractor's Annual Employment Report  
[http://fmgweb.health.state.ny.us/v4/default.jsp?page=ib2006\\_10\\_form\\_b](http://fmgweb.health.state.ny.us/v4/default.jsp?page=ib2006_10_form_b)
8. Vendor Responsibility Attestation  
[See attached](#)

9. M/WBE Procurement Forms  
[See attached](#)
10. Network Resources Available to DOH Staff  
[See attached](#)
11. Identification Requirements  
[See attached](#)
12. Security & Confidentiality Agreement  
[See attached](#)
13. Sample of Printed Orders  
[See attached](#)
14. Health Provider Network (HPN)  
[See attached](#)
15. Birth Certificate Application Form  
[See attached](#)
16. Death Certificate Application Form  
[See attached](#)
17. Marriage Certificate Application Form  
[See attached](#)
18. Divorce Certificate Application Form  
[See attached](#)

NEW YORK STATE  
DEPARTMENT OF HEALTH

**BID FORM**

PROCUREMENT TITLE: \_\_\_\_\_ FAU # \_\_\_\_\_

Bidder Name:

Bidder Address:

Bidder Fed ID No:

- A.** The vendor must specify the service charge an applicant will pay to use the vendor's Remote Order Payment Services. The charge is to be based on a single transaction. A single transaction is defined as a request of one or more certificate copies for one or more persons made at the same time

The vendor must specify the amount the applicant will be charged for overnight delivery services.

\_\_\_\_\_  
(Name of Offerer/Bidder)

Basic Service Charge \$ \_\_\_\_\_ Overnight Delivery Charge \$ \_\_\_\_\_

- B.** Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j (3) (a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document*. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period; the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No Yes

If yes, please answer the next questions:

- 1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

- 1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility:

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(Add additional pages as necessary)

2a. Has any Governmental Entity or other 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? (Please circle):

No

Yes

2b. If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding:

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(Add additional pages as necessary)

C. Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

**D.** Offerer/Bidder agrees to provide the following documentation either *with their submitted bid/proposal or upon award* as indicated below:

With Bid

Upon Award

1. A completed N.Y.S Taxation and Finance Contractor Certification Form ST-220.

2. A completed N.Y.S. Office of the State Comptroller Vendor Responsibility Questionnaire (for procurements greater than or equal to \$100,000)

3. A completed State Consultant Services Form A, Contractor's Planned Employment from Contract Start Date through End of Contract Term

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\_\_\_\_\_  
(Officer Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Officer Title)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(e-mail Address)

NEW YORK STATE  
DEPARTMENT OF HEALTH

**NO-BID FORM**

PROCUREMENT TITLE: \_\_\_\_\_ FAU # \_\_\_\_\_

Bidders choosing not to bid are requested to complete the portion of the form below:

- We do not provide the requested services. Please remove our firm from your mailing list
- We are unable to bid at this time because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please retain our firm on your mailing list.

\_\_\_\_\_ (Firm Name)

\_\_\_\_\_ (Officer Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Officer Title) \_\_\_\_\_ (Telephone)

\_\_\_\_\_ (e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.



## Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section E, Administrative, 8. Vendor Responsibility Questionnaire, I hereby certify:

**Choose one:**

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**New York State Department of Health  
M/WBE Procurement Forms**

The following forms are required to maintain maximum participation in M/WBE procurement and contracting:

M/WBE Form#1: Bidder's M/WBE Utilization Plan

M/WBE Form#2: M/WBE Waiver Request

M/WBE Form#3: QUARTERLY UPDATE - M/WBE CONTRACTOR  
COMPLIANCE & PAYMENT Report

M/WBE Form#4: M/WBE Staffing Plan

M/WBE Form#5: Equal Employment Policy Statement - Sample

M/WBE Form#6: M/WBE Workforce Employment Utilization  
Report

**New York State Department of Health**

**BIDDER/CONTRACTOR M/WBE UTILIZATION PLAN**

<b>Bidder/Contractor Name:</b>	
<b>Vendor ID:</b>	<b>Telephone No.</b>
<b>RFP/Contract Title:</b>	<b>RFP/Contract No.</b>

**Description of Plan to Meet M/WBE Goals**

--

**PROJECTED M/WBE USAGE**

	<b>%</b>	<b>Amount</b>
<b>1. Total Dollar Value of Proposal Bid</b>	<b>100</b>	<b>\$</b>
<b>2. MBE Goal Applied to the Contract</b>		<b>\$</b>
<b>3. WBE Goal Applied to the Contract</b>		<b>\$</b>
<b>4. M/WBE Combined Totals</b>		<b>\$</b>

**New York State Department of Health  
 BIDDER/CONTRACTOR PROPOSED M/WBE UTILIZATION PLAN  
 MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Dollar Amount
Name  Address  City, State, ZIP  Employer I.D.  Telephone Number ( ) -		\$ _____
Name  Address  City, State, ZIP  Employer I.D.  Telephone Number ( ) -		\$ _____
Name  Address  City, State, ZIP  Employer I.D.  Telephone Number ( ) -		\$ _____

**New York State Department of Health  
 BIDDER/CONTRACTOR PROPOSED M/WBE UTILIZATION PLAN  
 WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:

<b>WBE Firm (Exactly as Registered)</b>	<b>Description of Work (Products/Services) [WBE]</b>	<b>Projected WBE Dollar Amount</b>
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		\$ _____
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		\$ _____
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		\$ _____

New York State Department of Health

M/WBE UTILIZATION WAIVER REQUEST

<b>Bidder/Contractor Name:</b>	
<b>Vendor ID:</b>	<b>Telephone No.</b>
<b>RFP/Contract Title:</b>	<b>RFP/Contract No.</b>

**Explanation why Bidder/Contractor is unable to meet M/WBE goals for this project.:**

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**Include attachments below to evidence good faith efforts:**

- Attachment A. List of the general circulation, trade and MWBE-oriented publications and dates of publications soliciting for certified MWBE participation as a subcontractor/supplier and copies of such solicitation.
- Attachment B. List of the certified MWBEs appearing in the Empire State Development MWBE directory that were solicited for this contract. Provide proof of dates or copies of the solicitations and copies of the responses made by the certified MWBEs. Describe specific reasons that responding certified MWBEs were not selected.
- Attachment C. Descriptions of the contract documents/plans/specifications made available to certified MWBEs 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 MWBEs.
- Attachment D. Description of the negotiations between the contractor and certified MWBEs for the purposes of complying with the MWBE goals of this contract.
- Attachment E. Identify dates of any pre-bid, pre-award or other meetings attended by contractor, if any, scheduled by OGS with certified MWBEs whom OGS determined were capable of fulfilling the MWBE goals set in the contract.
- Attachment F. Other information deemed relevant to the request.

**Section 4: Signature and Contact Information**

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Submitted by : \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

**New York State Department of Health  
 QUARTERLY UPDATE  
 M/WBE CONTRACTOR COMPLIANCE & PAYMENT REPORT**

<b>Contractor Name:</b>	
<b>Contract Title:</b>	<b>Contract No.</b>

**TOTAL PROJECTED M/WBE USAGE (from original M/WBE Utilization Plan)**

	%	Amount
1. Total Dollar Value Contract	100	\$
2. Planned MBE Goal Applied to the Contract		\$
3. Planned WBE Goal Applied to the Contract		\$
4. M/WBE Combined Totals		\$

**ACTUAL M/WBE USAGE\* AS OF \_\_\_\_\_ (insert date)**

	%	Amount
1. Total Dollar Value Completed to date	100	\$
2. MBE Utilization to date		\$
3. WBE Utilization to date		\$
4. M/WBE Combined Utilization to date		\$

\* Report usage from contract start date to quarterly end-date inserted above.

**Explain any deficiencies in attaining M/WBE goals in the space below:**

Submitted by : \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
 Signature

New York State Department of Health  
M/WBE STAFFING PLAN

Check applicable categories:  Project Staff  Consultants  
 Subcontractors

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
TOTAL							

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date



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

**M/WBE AND EEO POLICY STATEMENT**

I, \_\_\_\_\_, the (awardee/contractor) \_\_\_\_\_ agree to adopt the following policies with respect to the project being developed or services rendered at \_\_\_\_\_

**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:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) 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.
- (5) 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.
- (6) 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.

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature & Date

**New York State Department of Health  
WORKFORCE EMPLOYMENT UTILIZATION REPORT**

Check applicable categories:  Project Staff  Consultants  
 Subcontractors

Contractor Name \_\_\_\_\_ Contract # \_\_\_\_\_

Staff Used on Contract for the quarter      /      /      to      /      /     

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
<b>TOTAL</b>							

Explain variances from original staffing plan submitted in the space below:

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

## **Network Resources Available to DOH Staff**

### **State LAN**

- 21 Intel PCs
- Microsoft Windows OS (Includes all existing and future Service Pack releases):
  - XP Professional
  - Vista Enterprise
  - Windows 7 Enterprise
- TCP/ IP network
- Static IPs,
- Static DNS
- 2008 Active Directory Structure
- Information Security Policies (Cyber Security Policy P03-002) in effect. This affects the following:
  - Domain logons
  - Clear screen
  - External Connections
  - Antivirus
  - User password management
  - Network Access Control
  - Operation System access control
  - Internet Firewall

### **Current 3<sup>rd</sup> Party (VitalChek) Solution**

#### **Hardware**

- VCServer – receives uploads from VitalChek for Vital records orders that must be processed. These orders are placed on VitalChek’s website or via responses to an automated telephone system
- FedEx machine – works with an application on the VCserver that creates Air bills for Vital records orders.
- Pix Firewall –
  - puts VCserver and FedEx station on private network outside our network
  - Permits access from our network to database of orders
- Hub –Allows VCserver and FedEx station to communicate to each other
- DSL Connection –
  - used by VitalChek to upload Vital record orders that must be processed
- Printer – prints air bills and VR orders to be processed.

#### **Software**

- SQL anywhere allows different workstations in Certification to connect to the database of orders on the VCserver
-

## Identification Requirements

**Identification Requirements for Copies of New York State Certificate of Birth Application** must be submitted **with copies of either A or B:**

**A. One (1) of the following forms of valid U.S. government issued photo-ID:**

- Driver license
- State issued non-driver photo-ID card
- Passport
- U.S. Military issued photo-ID

**B. Two (2) of the following showing the applicant's name and address:**

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

### **Important Notes:**

- Failure to include necessary identification will result in rejection of your application.
- Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel

## Security & Confidentiality Agreement

**NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF PRODUCTION SYSTEMS MANAGEMENT  
VITAL RECORDS SECTION**

TO: Employees of

FROM: Guy Warner, Director  
Bureau of Vital Records

SUBJECT: Vital Records Security and Confidentiality

DATE:

You will be working with highly confidential personal and financial information collected from applicants for New York State birth, death, marriage and dissolution of marriage certificates. Vital records information and copies may only be released in accordance with Article 41 of the New York State Public Health Law and Articles 1, 2 and 3 of the Domestic Relations Law. To promote a secure and confidential environment for New York State vital records and applicant information, I agree to the following:

1. Except as required to fulfill the responsibilities of my work assignment, I will not discuss identifying; personal or financial information collected or in any other manner obtained from New York State vital records applicants.
2. I will maintain the all information obtained from New York State vital records applicants whether in hard copy, computerized or other storage media format in a secure location with access limited to authorized staff only.
3. I will immediately report to my supervisor and to the New York State Department of Health any violation or suspected violation of the provisions of this agreement.

---

I have read this memorandum and understand the rules protecting the confidentiality of New York State vital records information and I understand that the unlawful and or unauthorized release of vital records information may result in legal action against me.

---

Signature

---

Date

---

Print Name

---

Title or Position

Sample of Printed Orders

NEW YORK STATE VITAL RECORDS  
 800 N. Pearl St., 2nd Floor Albany, NY 12204  
 Telephone: (518) 474-3038 Fax: (518) 432-6286

**VitalChek Receipt**

Credit Card Authorization Code: 02731P

Authentication Status: PASS / Transaction ID: 1317142045139VCNXPROID667

PASS

Date/Time Requested: 9/27/2011 @ 11:47 am

Operator: WEB

Transaction ID: V99-0313600-1

Group: 1 of 2

Request Fee this Item: \$ 45.00  
 Other Agency Fees this Item: \$ 0.00

VCN Fee	Carrier Fee	Agency Request Fee	Other Agency Fee	Total Fee
\$ 7.25	\$ 12.00	\$ 90.00	\$ 0.00	\$ 109.25

**Certificate Information**

Relationship: SELF  
 Reason for Request: OFFICIAL GOVT PURPOSE  
 Certificate Type: BIRTH  
 Number of Copies: 1

Auto Search: SINGLE MATCH  
 Certificate Status:  
 State File Number: 1977 - [REDACTED]  
 Batch Number:

D  
i  
f  
f

	Request Data	DOH Data
Name on Certificate:	[REDACTED]	[REDACTED]
Father's Name:	[REDACTED]	[REDACTED]
Mother's Name:	[REDACTED]	[REDACTED]
Date of Birth:	1977	1977
Event City:	WELLSVILLE	
Event County:	ALLEGANY	ALLEGANY

Ship To:

Carrier: UPS NEXT DAY AIR

Daytime Phone Number: (817)807-3336

Delivery Phone Number: (817)807-3336

Email:

**VitalChek Receipt**

Transaction ID: V99-0313600-1

Date/Time Requested: 9/27/2011 @ 11:47 am

Certificate Type: BIRTH

Name on Certificate: [REDACTED]

Father's Name:

Copies: 1

Carrier: UPS NEXT DAY AIR

Delivery Telephone(s): [REDACTED] / [REDACTED]

Credit Card Authorization Code: 02731P

Request Fee this Item: \$ 45.00

Other Agency Fees this Item: \$ 0.00

VCN Fee	Carrier Fee	Agency Request Fee	Other Agency Fee	Total Fee
\$ 7.25	\$ 12.00	\$ 90.00	\$ 0.00	\$ 109.25

Ship To: [REDACTED]

Sample of Printed Orders

NEW YORK STATE VITAL RECORDS  
800 N. Pearl St., 2nd Floor Albany, NY 12204  
Telephone: (518) 474-3038 Fax: (518) 432-6286

VitalChek Receipt

Credit Card Authorization Code: 02731P

Authentication Status: PASS / Transaction ID: 1317142045139VCNXPROID667  
Date/Time Requested: 9/27/2011 @ 11:47 am Operator: WEB  
Transaction ID: V99-0313600-2 Group: 2 of 2

PASS

Request Fee this Item: \$ 45.00  
Other Agency Fees this Item: \$ 0.00

Certificate Information

Relationship: SELF  
Reason for Request: OFFICIAL GOVT PURPOSE  
Certificate Type: DIVORCE  
Number of Copies: 1

D i f f	Auto Search: SINGLE MATCH Certificate Status: State File Number: 2009 - [REDACTED] Batch Number:
	DOH Data
Name of Husband: Name of Wife:	[REDACTED]
Event Date: Event City: Event County:	[REDACTED] 2009 [REDACTED] BELMONT [REDACTED] ALLEGANY

Carrier: UPS NEXT DAY AIR  
Daytime Phone Number: [REDACTED]  
Delivery Phone Number: [REDACTED]  
Ship To:  
Email:

VitalChek Receipt

Transaction ID: V99-0313600-2  
Date/Time Requested: 9/27/2011 @ 11:47 am  
Certificate Type: DIVORCE  
Name of Husband: [REDACTED]  
Name of Wife: [REDACTED]  
Copies: 1  
Carrier: UPS NEXT DAY AIR  
Delivery Telephone(s): [REDACTED]

Credit Card Authorization Code: 02731P  
Request Fee this Item: \$ 45.00  
Other Agency Fees this Item: \$ 0.00

Ship To: [REDACTED]

## **Health Provider Network (HPN)**

The New York State Department of Health (NYSDOH) has developed the Health Provider Network (HPN) as a secure system for electronically collecting and distributing health related data among NYSDOH, health facilities/providers and public health response partners. This system is an integral part of the NYSDOH Public Health Preparedness and Response Plan.

The Health Emergency Response Data System (HERDS) on the HPN won the eastern national competition for the Counsel of State Government Innovations Award. This system is a significant milestone in the Department's achievements in Preparedness for Public Health Events, including terrorism. New York is being nationally recognized for this achievement.



**Information Page — Mail-in Application for Copy of Birth Certificate**

**General Instructions**

- **Do not** use this application to submit your request *by fax*.
- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application along with check or money order and a copy of the required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

Certification Unit  
Vital Records Section  
New York State Department of Health  
P.O. Box 2602  
Albany, NY 12220-2602

For priority handling (add \$15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

Certification Unit  
Vital Records Section / 2nd Floor  
New York State Department of Health  
800 North Pearl Street  
Menands, NY 12204

**Identification Requirements: Application *must* be submitted with copies of either A or B:**

**Note:** Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

- A. One (1) of the following forms of valid photo-ID:
- Driver license
  - Non-driver license
  - Passport
  - U.S. military issued photo-ID
- B. Two (2) of the following showing the applicant's name and address:
- Utility bill or telephone bill
  - Letter from a government agency dated within the last six (6) months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- **For priority handling:** The fee is \$30.00 + \$15.00 per copy. — Total for one (1) copy is \$45.00. Total for two (2) copies is \$90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid** return mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. **Do not send cash.**

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

**Processing Time**

- For the latest information on processing times, please visit our web page at [www.nyhealth.gov/vital\\_records/processingtime.htm](http://www.nyhealth.gov/vital_records/processingtime.htm)
- For faster processing, you may wish to use your credit card and submit your request by e-mail, fax, or telephone.

**Completing the Form**

- If you are using Adobe Reader® 5.0 or newer (available as a free download from [www.adobe.com](http://www.adobe.com)) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of the required identification.



**Information Page — Mail-in Application for Copy of Death Certificate**

**General Instructions**

- **Do not** use this application for *fax requests*.
- Use this application if you are the spouse, parent or child of the deceased.
- If you are **not** the spouse, parent or child of the deceased, then you must submit with this application a copy of documentation establishing a lawful right or claim (see below).
- Use this application only if the death occurred in New York State outside of New York City. **Do not** use this application if the death occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application with check or money order and a copy of any required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

New York State Department of Health  
Vital Records Section  
Certification Unit  
P.O. Box 2602  
Albany, NY 12220-2602

For priority handling (add \$15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

New York State Department of Health  
Vital Records Section / 2nd Floor  
Certification Unit  
800 North Pearl Street  
Menands, NY 12204

**What is a lawful right or claim?**

- If the applicant is not the spouse, parent or child of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit.
- Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested death record is required from the applicant in order to process a claim.

**Identification Requirements -- Application *must* be submitted with copies of either A or B:**

**Note:** Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:

- Driver license
- Non-Driver Photo-ID Card
- Passport
- Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- **For priority handling:** The fee is \$30.00 + \$15.00 per copy — Total for one (1) copy is \$45.00. Total for two (2) copies is \$90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid** return mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. Do not send cash.

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

**Processing Time**

- For the latest information on processing times, please visit our web page at [www.nyhealth.gov/vital\\_records/processingtime.htm](http://www.nyhealth.gov/vital_records/processingtime.htm)
- For faster processing, you may wish to use your credit card and submit your request by e-mail, fax, or telephone.

**Completing the Form**

- If you are using Adobe Reader® 5.0 or newer (available as a free download from [www.adobe.com](http://www.adobe.com)) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of any required documentation.



**Information Page — Mail-in Application for Copy of Marriage Certificate**

**General Instructions**

- Use this application if you are the bride, groom or spouse named on the marriage certificate.
- If you are **not** the bride, groom or spouse named on the marriage certificate, then you must submit with this application a copy of documentation establishing a judicial or other proper purpose (see below).
- Use this application only if the marriage license was obtained in New York State *outside* of New York City. **Do not** use this application if the marriage license was obtained in any of the five (5) boroughs of New York City.
- **Do not** use this application for genealogy requests.
- If delivery is to a P.O. Box or to a third party you must submit, with this application, a **notarized** statement signed by the bride, groom or spouse **and** a copy of the bride, groom or spouse's driver license.
- Print a copy of this application, complete and sign.
- **Mail** application with check or money order and a copy of any required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

New York State Department of Health  
Vital Records Certification Unit  
P.O. Box 2602  
Albany, NY 12220-2602

For priority handling (add \$15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

New York State Department of Health  
Vital Records Certification Unit  
800 North Pearl Street - 2nd Floor  
Menands, NY 12204

**What is a judicial or other proper purpose?**

- If the applicant is not the bride, groom or spouse, a judicial or other proper purpose must be documented. An example of a judicial or other proper purpose would be a marriage record needed by the applicant to claim a benefit.
- Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested marriage record is required from the applicant in order to process a claim.

**Identification Requirements -- Application *must* be submitted with copies of either A or B:**

**Note:** Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:

- Driver license
- State Issued Non-Driver Photo-ID Card
- Passport
- U.S. Military Issued Photo-ID

-- OR --

B. Two (2) of the following showing the applicant's current name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- **For priority handling:** The fee is \$30.00 + \$15.00 per copy — Total for one (1) copy is \$45.00. Total for two (2) copies is \$90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid return** mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. Do not send cash.

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order.

**Do not send cash.**

**Processing Time**

- For the latest information on processing times, please visit our web page at [www.health.ny.gov/vital\\_records/processingtime.htm](http://www.health.ny.gov/vital_records/processingtime.htm)
- For faster processing, you may wish to use your credit card and submit your request on-line or by telephone. For credit card fees and ordering information visit our web page at [www.health.ny.gov/vital\\_records/vitalchek.htm](http://www.health.ny.gov/vital_records/vitalchek.htm)

**Completing the Form**

- If you are using Adobe Reader<sup>®</sup> 7.0 or newer (available as a free download from [www.adobe.com](http://www.adobe.com)) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then **type or print** the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with any required documentation.

<b>Required ID must be included with application. Make check or money order payable to New York State Department of Health.</b>						
<b>For regular handling:</b> Enclose \$30 per copy or No Record Certification. Send to: New York State Department of Health Vital Records Certification Unit P.O. Box 2602 Albany, NY 12220-2602		<b>For priority handling:</b> Enclose \$45 per copy or No Record Certification. Submission by overnight carrier is recommended. Send to: New York State Department of Health Vital Records Certification Unit 800 North Pearl Street - 2nd Floor Menands, NY 12204				
<b>Bride/Groom/Spouse</b>						
Name (as recorded on marriage license):			Date of Birth: <small>(or age at time of marriage)</small>			
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Birth Name (if different)</small>			
If Previously Married, State Name Used at that Time:		Residence (at time of marriage):				
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>County</small> <small>State</small>			
<b>Bride/Groom/Spouse</b>						
Name (as recorded on marriage license):			Date of Birth: <small>(or age at time of marriage)</small>			
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Birth Name (if different)</small>			
If Previously Married, State Name Used at that Time:		Residence (at time of marriage):				
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>County</small> <small>State</small>			
<b>Marriage Information</b>						
Place Where Marriage License Was Issued:	Place Where Marriage Was Performed:	Marriage Certificate No.:	Local Registration No.:			
<small>Town or City</small> <small>County</small>	<small>Town or City</small> <small>County</small>	<small>(if known)</small>	<small>(if known)</small>			
Purpose for which record is required:		Date of Marriage or Period Covered by Search:				
In what capacity are you acting?:		Married on or Search from: _____ <small>(mm / dd / yyyy)</small> Search to: _____ <small>(if searching period) (mm / dd / yyyy)</small>				
What is your relationship to person whose record is required? <small>(If self, state "SELF".)</small>		If attorney, give name and relationship of your client to person whose record is required:				
<b>If you are not the bride, groom or spouse on the record, you must submit documentation of a judicial or other proper purpose.</b>						
Signature of Applicant:	Date Signed: Month    Day    Year <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Regular Handling <input type="checkbox"/> \$30.00 x <small>(Check Only One)</small> OR Priority Handling <input type="checkbox"/> \$45.00 x _____ Copies = \$ _____
Address of Applicant:		Please print or type the name and address where record should be sent: <small>(If delivery is to a P.O. Box or third party, you must submit with this application a <b>notarized</b> statement signed by the applicant and a copy of the applicant's driver license.)</small>				
_____ <small>(Applicant's Name)</small>		_____ <small>(Name)</small>				
_____ <small>(Street)</small>		_____ <small>(Street)</small>				
_____ <small>(City)</small> _____ <small>(State)</small> _____ <small>(Zip)</small>		_____ <small>(City)</small> _____ <small>(State)</small> _____ <small>(Zip)</small>				
Telephone No.: (      ) _____						

**Information Page — Mail-in Application for Copy of Divorce Certificate**

**General Instructions**

- Use this application if you are the wife, husband or spouse named on the divorce certificate.
- If you are **not** the wife, husband or spouse named on the certificate, then you must submit with this application a copy of a New York State Court Order requiring the divorce certificate.
- Use this application only if the divorce was granted in New York State (*including* New York City) on or after January 1, 1963. Contact the county clerk of the county where the divorce was granted if prior to January 1, 1963.
- **Do not** use this application for genealogy requests.
- If delivery is to a P.O. Box or to a third party you must submit, with this application, a **notarized** statement signed by the wife, husband or spouse **and** a copy of the wife, husband or spouse's driver license.
- Print a copy of this application, complete and sign.
- **Mail** the application along with a check or money order and a copy of any required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

New York State Department of Health  
Vital Records Certification Unit  
P.O. Box 2602  
Albany, NY 12220-2602

For priority handling (add \$15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

New York State Department of Health  
Vital Records Certification Unit  
800 North Pearl Street - 2nd Floor  
Menands, NY 12204

**Who is eligible to obtain a divorce certificate copy?**

- If the applicant is not the wife, husband or spouse, a New York State Court Order is required to obtain a copy of the divorce certificate.
- A copy of the New York State Court Order must be submitted along with the application if the request is being made by someone other than the wife, husband or spouse on the record.

**Identification Requirements -- Application *must* be submitted with copies of either A or B:**

**Note:** Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:

- Driver license
- State Issued Non-Driver Photo-ID Card
- Passport
- U.S. Military Issued Photo-ID

-- OR --

B. Two (2) of the following showing the applicant's current name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- **For priority handling:** The fee is \$30.00 + \$15.00 per copy — Total for one (1) copy is \$45.00. Total for two (2) copies is \$90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid return** mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. Do not send cash.

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order.

**Do not send cash.**

**Processing Time**

- For the latest information on processing times, please visit our web page at [www.health.ny.gov/vital\\_records/processingtime.htm](http://www.health.ny.gov/vital_records/processingtime.htm)
- For faster processing, you may wish to use your credit card and submit your request on-line or by telephone. For credit card fees and ordering information visit our web page at [www.health.ny.gov/vital\\_records/vitalchek.htm](http://www.health.ny.gov/vital_records/vitalchek.htm)

**Completing the Form**

- If you are using Adobe Reader<sup>®</sup> 7.0 or newer (available as a free download from [www.adobe.com](http://www.adobe.com)) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then **type or print** the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with any required documentation.

**Required ID must be included with application. Make check or money order payable to New York State Department of Health.**

**For regular handling:** Enclose \$30 per copy or No Record Certification.  
Send to:

New York State Department of Health  
Vital Records Certification Unit  
P.O. Box 2602  
Albany, NY 12220-2602

**For priority handling:** Enclose \$45 per copy or No Record Certification.  
Submission by overnight carrier is recommended. Send to:

New York State Department of Health  
Vital Records Certification Unit  
800 North Pearl Street - 2nd Floor  
Menands, NY 12204

**Wife/Husband/Spouse**

Name:

First Middle Last Birth Name (if different)

Address at Time of Decree:

Town or City County

**Wife/Husband/Spouse**

Name:

First Middle Last Birth Name (if different)

Address at Time of Decree:

Town or City County

**Marriage and Divorce Information**

Place Where Marriage License Was Issued:

Town or City County

Date of Marriage:

(mm / dd / yyyy)

Local Registration No.:

(if known)

Date of Final Decree or  
Period Covered by Search:

Purpose for which record is required?

Divorce Certificate No.:

(if known)

Decree Issued on  
or Search from:

(mm / dd / yyyy)

County in Which Divorce Decree Was Filed:

In what capacity are you acting?:

Search to:

(if searching period) (mm / dd / yyyy)

What is your relationship to person whose record is required?  
(If self, write "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

**If you are not the wife, husband or spouse named in the Decree, you must submit copy of New York State Court Order.**

Signature of Applicant:

Date Signed:		
Month	Day	Year

Regular Handling  \$30.00 x

(Check Only One) OR

Priority Handling  \$45.00 x \_\_\_\_\_ Copies = \$ \_\_\_\_\_

Address of Applicant:

Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a **notarized** statement signed by the applicant and a copy of the applicant's driver license.)

(Applicant's Name)

(Name)

(Street)

(Street)

(City) (State) (Zip)

(City) (State) (Zip)

Telephone No.: ( )