



NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
ALBANY, NEW YORK 12243-0001

Andrew M. Cuomo  
*Governor*

March 24, 2011

Dear Colleague:

This contract application packet is being provided to all prospective Refugee Medical Screening Program providers in New York City under an open five year RFP for contract terms beginning anytime on or after April 1, 2010 and terminating March 31, 2015. Please review the materials thoroughly and, if interested in becoming a contractor for this program during the above contract term, submit all required information to the address below before March 31, 2014. Applications received after this date will not be accepted.

The Bureau of Refugee and Immigrant Assistance (BRIA) within the New York State Office of Temporary and Disability Assistance (OTDA) administers the Refugee Medical Screening Program in New York City. The Federal Office of Refugee Resettlement (ORR) has made program funding available to New York State.

Refugee Medical Screening and Initial Adult Immunization is required for all newly arriving refugees and others in eligible refugee status in the United States within 90 days of their date of arrival or status granted. Priority should be given to individuals with medical conditions identified during the overseas medical examination. These individuals should receive a medical screening as soon as possible within 30 days of arrival in the US.

The purposes of a Refugee Medical Screening are as follows:

1. To ensure follow-up of Class A and B conditions identified during the overseas medical exam and reported on DS 2053;
2. To identify persons with communicable diseases of potential public health importance, and
3. To identify personal health conditions that adversely impact resettlement goals, such as job placement or school attendance.

Applicants are expected to fully document that Refugee Medical Screenings and Initial Adult Immunizations will be conducted and reported according to contract requirements. OTDA developed the enclosed contract application which must be completed in order to determine if a

contract award will be made. Applicants must complete and/or submit the following documents as instructed below:

1. The **Contract Face Page**, which is to be completed as follows:
  - ✓ **Contractor:** Enter name and address of Contractor;
  - ✓ **Status;** and
  - ✓ Enter **Federal Tax ID#**.
2. The **Contractor Signature Page**. **Do not** return with your contract application at this time. If an award is made, this will be completed at a later date.
3. **Exhibit 1 Non-Collusive Bidding Certification 1, 2 and 3** on pages 21, 22 and 23.
4. **Exhibit 2 Nondiscrimination in Employment in Northern Ireland** on page 24.
5. **Appendix D – Program Work Plan** on page 31;
  - ✓ Complete **A. Contractor Information**, sections 1 through 4, on page 31. **Do not complete section 5, this will be completed by OTDA/BRIA if an award is made.**
  - ✓ Complete **Organization Information** on page 32.
  - ✓ Complete **List of Authorized Signatories** on page 33.
  - ✓ Complete **B. Organization Description, C. Program Description and D. Key Personnel Profile** on page 34 and 35.
6. **Do not** complete **Appendix X** on page 36. This will be part of the contract and would be used for future contract modifications, if necessary.
7. Complete **Contractor/Subcontractor Background Questionnaire** on pages 43, 44 and 45. Signature is required.
8. Complete **Contractor Name** portion of Attachment Q on page 46.
9. A copy of the enclosed Procurement Lobbying Act Offerer's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j and k.
10. A copy of your most recent audited financial statements (dated within the last 12 months).
11. A copy of an operating certificate or license for each site that will be conducting screenings and immunizations.

Please return the original contract application with the above mentioned documents and four (4) copies all with original signatures in blue ink. Signature stamps and photocopies of signatures will not be accepted.

In addition, please visit <http://otda.ny.gov/main/contracts/mwbe/forms.asp>, and submit the following:

- ✓ MWBE/Equal Employment Opportunity Policy Statement (OTDA-4970 ELW)
- ✓ Equal Employment Opportunity Staffing Plan (OTDA-4934.1 ELW)
- ✓ MWBE Subcontractor Utilization Plan (OTDA-4937 ELW)
- ✓ MWBE Subcontractors and/or Suppliers Letter of Intent to Participate (OTDA-4938 ELW)
- ✓ MWBE Certification of Good Faith Efforts Form (OTDA-4976 ELW)
- ✓ MWBE Subcontractor Request for Waiver Form (OTDA-4969 ELW) (if applicable).

If you are a **For-Profit** entity, you must complete New York State Department of Taxation and Finance forms ST-220-TD and ST-220 CA. These can be found respectively at the following web links:

- ✓ Form ST-220-TD, Contractor Certification  
[http://www.tax.state.ny.us/pdf/2007/fillin/st/st220td\\_507\\_fill\\_in.pdf](http://www.tax.state.ny.us/pdf/2007/fillin/st/st220td_507_fill_in.pdf)
- ✓ Form ST-220-CA, Contractor Certification to Covered Agency  
[http://www.tax.state.ny.us/pdf/2006/fillin/st/st220ca\\_606\\_fill\\_in.pdf](http://www.tax.state.ny.us/pdf/2006/fillin/st/st220ca_606_fill_in.pdf)

**\*Form ST-220-CA must be returned to OTDA with your contract application documents. Form ST-220-TD must be sent to the NYS Department of Tax and Finance.**

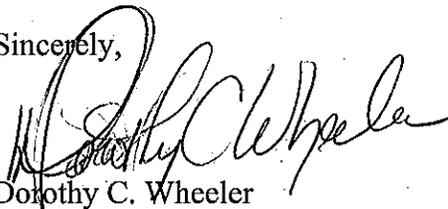
Furthermore, we have enclosed an OTDA Bidder Application form and its instructions for the applicant to complete and return with the above-completed documents. It is required for those qualified, potential offerers who may be interested in responding to related, competitively bid, Request for Proposals (RFPs), as issued by OTDA.

Questions may be directed to Thomas Keenan, of my staff, at (518) 402-3022 or email, [thomas.keenan@otda.state.ny.us](mailto:thomas.keenan@otda.state.ny.us). Please return completed applications and required documents with original signatures in ink to:

Salvatore Pamadora  
NYS Office of Temporary Disability Assistance (OTDA)  
Bureau of Contract Management  
40 North Pearl Street, 13B  
Albany, NY 12243-0001

Thank you for your interest in serving refugees.

Sincerely,

A handwritten signature in black ink, appearing to read "Dorothy C. Wheeler". The signature is written in a cursive style with a large initial "D".

Dorothy C. Wheeler  
New York State Refugee Coordinator, Director  
Bureau of Refugee and Immigrant Assistance

Enclosures

cc: Kristina Morelli  
Thomas Keenan