

MISCELLANEOUS/CONSULTANT SERVICES

STATE AGENCY (Name and Address):
New York State Department of Health
Corning Tower
Albany, NY 12237

NYS COMPTROLLER'S #

ORIGINATING AGENCY GLBU: DOH01
DEPARTMENT ID: 3450000

CONTRACTOR (Name and Address):

TYPE OF PROGRAM(S):

CHARITIES REGISTRATION NUMBER:

CONTRACT TERM

FROM: January 1, 2021
TO: December 31, 2025

CONTRACTOR HAS () HAS NOT () TIMELY
FILED WITH THE ATTORNEY GENERAL'S
CHARITIES BUREAU ALL REQUIRED
PERIODIC OR ANNUAL WRITTEN REPORTS

FUNDING AMOUNT FOR CONTRACT
TERM: NOT TO EXCEED

FEDERAL TAX IDENTIFICATION NUMBER:

STATUS:
CONTRACTOR IS () IS NOT () A
SECTARIAN ENTITY

NYS VENDOR IDENTIFICATION NUMBER:

MUNICIPALITY NO. (if applicable)

CONTRACTOR IS () IS NOT () A
NOT-FOR-PROFIT ORGANIZATION

CONTRACTOR IS () IS NOT () A
N Y STATE BUSINESS ENTERPRISE

() IF MARKED HERE, THIS CONTRACT MAY BE RENEWED FOR ___ ADDITIONAL ____
PERIOD(S) SUBJECT TO APPROVAL OF THE OFFICE OF THE STATE COMPTROLLER.

APPENDICES ATTACHED AND PART OF THIS CONTRACT

Precedence shall be given to these documents in the order listed below.

- X- APPENDIX A Standard Clauses as Required by the Attorney General for all State Contracts.
- X- APPENDIX X Contract Amendment Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)
- X- APPENDIX Q Modification of Standard Department of Health Contract Language
- X- NEW YORK STATE DEPARTMENT OF HEALTH CONTRACT
- X- APPENDIX M Participation by Minority and Women-Owned Business Enterprises
- X- APPENDIX C Program Specific Requirements
- X- APPENDIX C-1 Marketplace Facilitated Enroller Program
- X- APPENDIX D NY State of Health Invitation and Requirements for Insurer Certification and Recertification for Participation in 2021, as amended by the Q and A posted on the NY State of Health Website
- X- APPENDIX D-1 Contractor's Proposal for certification to participate in Basic Health Program
- X- APPENDIX I Trading Partner Agreement
- X- APPENDIX J Capitation Rates