

Technical Proposal Checklist (Use as cover page for original set)

<input type="checkbox"/>	1. ATTACHMENT C: Label for Technical Proposal affixed to the Technical Proposal package
<input type="checkbox"/>	2. ATTACHMENT D: Proposal Cover Sheet (Template Provided)
<input type="checkbox"/>	3. Bid Confidentiality/FOIL Letter if applicable (see: 7.7.5 Bid Confidentiality/FOIL)
<input type="checkbox"/>	4. Assurance of No Conflict of Interest or Detrimental Effect Letter (see: 7.7.6 Assurances of No Conflict of Interest or Detrimental Effect) for Bidder and all proposed subcontractors
<input type="checkbox"/>	5. Executive Summary (Not to exceed 10 pages). (See: Section 7.4.1 How Technical Proposals are to be Prepared on page 115)
<input type="checkbox"/>	6. Project Approach (15 points) (Not to exceed 150 pages) (See: Section 7.4.1 How Technical Proposals are to be Prepared on pages 115-6)
<input type="checkbox"/>	7. Technical Approach (5 points): Written response to questions in Exhibit 6 ITIL V3 Service Management Questions and Exhibit 8 Technical Proposal Requirements
<input type="checkbox"/>	8. Training Proposal (10 points): Written response to Exhibit 7 -Training Proposal Requirements and include a sample of the training materials for CPRS, CPOE, BCMA, and Pharmacy
<input type="checkbox"/> No. of Copies _____	9. ATTACHMENT Q: Project Abstract Form. A minimum of two (2) project references. Print one copy of the form for each reference and indicate the number of copies of the form being submitted in box to the left.
<input type="checkbox"/>	10. ATTACHMENT P: Project Team Staffing Roster
<input type="checkbox"/>	11. ATTACHMENT S: Mandatory Qualifications Detail Form for each of the six Key Staff
<input type="checkbox"/>	12. ATTACHMENT S1: Mandatory Qualifications Detail Form - Firm
<input type="checkbox"/>	13. ATTACHMENT R: Bidder's Key Staff Certification
<input type="checkbox"/>	14. Exhibit 17 Requirements Traceability Matrix (10 points) signed by Bidder, with "Summary" tab "Bidder Acknowledgement" column filled out.

Reminder: Bidders must submit one (1) unbound original and one (1) bound copy, and two electronic copies of the Technical Proposal Only on two USB flash drives (one copy on each drive).

Financial Proposal Checklist (Use as cover page for original set)

<input type="checkbox"/>	1. ATTACHMENT C: Label for Financial Proposal affixed to the Financial Proposal package
Sealed Envelope #1: (One Original and One Copy)	
<input type="checkbox"/>	2. Attachment O: Cost Proposal Summary Sheet
<input type="checkbox"/>	3. Supporting documentation - c009999-pricing-omh-emr-rfp.xlsx
Sealed Envelope #2: (One Original and One Copy)	
<input type="checkbox"/>	4. Attachment E: Non-Collusive Bidding Certification
<input type="checkbox"/>	5. Attachment F: MacBride Fair Employment Principle
<input type="checkbox"/>	6. Attachment G: New York State Consultant Disclosure Form A
<input type="checkbox"/>	7. Attachment H: New York State Department of Taxation and Finance Contractor Certification Form (ST-220-CA)
<input type="checkbox"/>	8. Attachment I: Vendor Responsibility Questionnaire Certification
<input type="checkbox"/>	9. Attachment J1: Offeror's Affirmation of, Understanding of, Agreement to, and Compliance with OMH Procurement Lobbying Guidelines
<input type="checkbox"/>	10. Attachment J2: OMH Offeror Disclosure of Prior Non-Responsibility Determinations
<input type="checkbox"/>	11. Attachment K: Employment Opportunity Policy Statement
<input type="checkbox"/>	12. MWBE Requirements: <input type="checkbox"/> Attachment L: MWBE Contractor Utilization Plan <input type="checkbox"/> Attachment M: MWBE Request for Waiver
<input type="checkbox"/>	13. Attachment T: Anti-Discrimination, Prohibition of Participation in an International Boycott
<input type="checkbox"/>	14. New York State Disability Benefits Insurance Requirements <input type="checkbox"/> Form CE-200, or <input type="checkbox"/> C-105.2 or <input type="checkbox"/> U-26.3, or <input type="checkbox"/> SI-12 or <input type="checkbox"/> GSI-105.2 Submitted to show compliance with New York State Disability Benefits Insurance requirements
<input type="checkbox"/>	15. New York State Worker Compensation & Disability Benefits <input type="checkbox"/> Form CE-200 or <input type="checkbox"/> DB-120.1 or <input type="checkbox"/> DB-155 Submitted to show proof of coverage of New York State Worker Compensation & Disability Benefits
<input type="checkbox"/>	16. Payment Plan: Optional template available as: c009999-payment-plan-omh-emr-rfp.xlsx

Reminder: Bidders must submit one (1) original and one (1) copy, and two electronic copies of the Financial Proposal Only on two USB flash drives (one copy on each drive).