

Community Mental Health Loan Repayment Program

(CMHLRP) Round 5: OMH & OCFS



Office of Mental Health | Office of Children and Family Services

MARCH 10, 2025

Background & Program Overview

Background

- The U.S. has been forecasting a mental health provider shortage for several years due to rising rates of mental illness and substance use disorder, as well as the decreasing rates of psychiatrists and other professionals.
- A high priority for workforce capacity is in the child and youth behavioral health workforce, due to the youth mental health crisis.
- This Round of CMHLRP is a collaboration between OMH and OCFS.
- Licensed mental health clinicians are crucial in providing access to mental health services in New York State.

Overview

\$4M
ANNUAL

CMHLRP is awarding State Aid grants to eligible community mental health programs for loan repayment as a tool for recruitment and/or retention

OMH

These funds will support a minimum of 200 OMH awards:

- 100 unrestricted by OMH Region
- 50 for Diversity, Equity & Inclusion
- 50 for OMH Priority Mental Health Settings

OCFS

These funds will support a minimum of 200 OCFS awards:

- 180 unrestricted by OCFS Region
- 20 for Diversity, Equity & Inclusion

Eligible Applicant Agencies: OMH

Programs specific to Children and/or Adolescents:

- Children and Youth Assertive Community Treatment (ACT)
- Children's Crisis Residence
- Children's Day Treatment
- Children's Mental Health Rehabilitation Services (CMHRS)
- Children and Family Treatment and Support Services (CFTSS) programs:
 - Crisis Intervention (CI) [Mobile Crisis]
 - Community Psychiatric Support and Treatment (CPST)
 - Other Licensed Practitioner (OLP)
- Adolescent Community Residence for Eating Disorder Integrated Treatment Program (CREDIT)
- Residential Treatment Facility – Children & Youth
- Community Residence, Children & Youth
- Home Based Crisis Intervention (HBCI)
- Critical Time Transition Program (CTTP)

Eligible Applicant Agencies: OMH continued

Programs that serve Children and/or Adolescents and can attest that the eligible licensed professional serves at least 50% children and/or adolescent referrals/referrals for beds licensed to children and/or adolescents:

- Comprehensive Psychiatric Emergency Program (CPEP)
- Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
- Partial Hospitalization (PH)
- Certified Community Behavioral Health Clinic (CCBHC)
- Crisis Stabilization Center (Intensive and Supportive)
- Article 28 hospital inpatient psychiatric units
- Article 31 freestanding inpatient hospital programs

Eligible Applicant Agencies: OCFS

Providers of **community programs licensed by OCFS that provide mental health services to children and/or adolescents** in one of the below categories may apply on behalf of eligible professionals. Eligible programs **must** require practitioners to provide direct care mental health services within the scope of their license.

- Voluntary Foster Care Agencies (VFCAs)
 - Article 29Is
 - Non-Article 29Is
 - Limited Secure Programs (LSPs) approved under Close to Home
- Runaway and Homeless Youth programs (RHYs)

Eligible Licensed Professionals

Licensed/designated/funded programs will be able to apply on behalf of eligible professionals for the **full award amount**, (over the course of the three-year employee service obligation, up to the balance of total student loan debt, not to exceed \$30,000) who meet **all** the following criteria:

- A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card)
- Still has student loan expenses that can be repaid
- Not participating simultaneously in both the CMHLRP and any other loan repayment/forgiveness programs
- Not in breach of a health professional service obligation to federal, state, or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments

Eligible Licensed Professionals continued

- In good standing with the New York State Education Department
- Licensed to practice in New York State by the time the service obligation begins
- Working or planning to work within eligible OMH or OCFS providing direct care mental health services to children and/or youth as a:
 - Licensed Master Social Worker (LMSW)
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Mental Health Counselor (LMHC)
 - Licensed Marriage Family Therapist (LMFT)
 - Licensed Creative Arts Therapist (LCAT)
 - Licensed Psychoanalyst
 - Licensed Psychologist

Application Submission and Review Process

- Applications will be accepted until funds are exhausted through 4/30/25
- Submit applications electronically to OMH.CMHLRP@omh.ny.gov
- Initial award approvals will be within available capacity through 4/30/25
- If all awards have not been made, OMH/OCFS will advise on the process going forward
- Applications to OMH will be reviewed by OMH; applications to OCFS will be reviewed by OCFS, and awards will be made on a first-come, first-served basis
- Applicants will be notified in writing whether application has been approved, waitlisted, or rejected

Award Notifications

- Applications will be selected for award if:
 - Complete
 - Meet minimum threshold for an award
 - Funding remains available by region/set aside
- Funds will be provided directly to the community programs who will:
 - Enter into loan repayment agreement with employee(s)
 - Distribute payments as obligated by each agreement
- Awardees will be notified by email within a reasonable time

Allocation of Funding

- Criteria will be utilized to ensure fair allocation amongst eligible programs
- Allocations are based on a composite of information including:
 - Existing licensed capacity and staffing
 - Number of locations
 - Anticipated staffing needs
- Allocation of funding by OMH/OCFS region and set asides
- \$50K total annual award maximum applied by provider (e.g., 5 full awards)

Allocation of Funding: OMH

		Funding	Awards
Unrestricted by OMH Region	Central NY	\$100,000	10
	Hudson River	\$150,000	15
	Long Island	\$100,000	10
	New York City	\$500,000	50
	Western	\$150,000	15
	Subtotal	\$1,000,000	100
Set Asides	Diversity, Equity & Inclusion	\$500,000	50
	Priority Mental Health Settings	\$500,000	50
	Subtotal	\$1,000,000	100
NY Statewide	TOTAL	\$2,000,000	200

Allocation of Funding: OCFS

		Funding	Awards
Unrestricted by OCFS Region	Region 1 – Buffalo	\$180,000	18
	Region 2 – Rochester	\$180,000	18
	Region 3 – Syracuse	\$180,000	18
	Region 4 – Albany/St. Regis Mohawk	\$180,000	18
	Region 5 – Westchester	\$360,000	36
	Region 6 – New York City	\$720,000	72
	Subtotal	\$1,800,000	180
Set Asides	Diversity, Equity & Inclusion	\$200,000	20
	Subtotal	\$200,000	20
NY Statewide	TOTAL	\$2,000,000	200

Disbursement of Funding

- Payments from OMH/OCFS to the awarded program will be made in yearly increments as follows:
 - Payment 1 (Year 1): 1/3 of total qualified debt not to exceed \$10,000
 - Payment 2 (Year 2): 1/3 of total qualified debt not to exceed \$10,000
 - Payment 3 (Year 3): 1/3 of total qualified debt not to exceed \$10,000
- Awarded programs will disperse funds to the participating employee(s) per the terms of their Employer-Employee Agreement(s)

Payment Timeline

- Payment 1 from OMH/OCFS to the awarded program will be made upon approval of the award and:
 - Execution of the contract between OMH/OCFS and the program
 - Employer Verification of Eligibility Attestations (in application)
 - Employer Attestation of Employer-Employee Agreement
- Payment 2 from OMH/OCFS to the awarded program will be made 12 months after the award start date
- Payment 3 will be made 12 months after payment 2

Issuing Agency and Contact

- Questions regarding this opportunity? OMH.CMHLRP@omh.ny.gov
- Posted to the OMH public website:
 - Round 5 Program Overview
 - Round 5 Application & Instructions
 - Round 5 FAQs
 - **Example** Employer-Employee Agreement
 - Questions & Answers
 - Updates

Issuing Officer

Carol Swiderski

Contract Management Specialist 3

New York State Office of Mental Health

Contracts and Claims

44 Holland Avenue, 7th Floor

Albany, NY 12229

carol.swiderski@omh.ny.gov

Application Walkthrough

General Instructions

- The employer, applying on behalf of the employee, must:
 - Evaluate whether they and their employee meet the criteria
 - Complete the application in full
 - Maintain contemporaneous records
 - If awarded, verify continued eligibility and complete attestations in Years 2 & 3

Application Instructions

All applicants **must first** choose OMH or OCFS

Required Sections:

- Section A – Employer Information (some fields OMH/OCFS specific)
- Section B – Employer Verification of Employment
- Section C – Employer Verification of Employee Qualifying Loan
- Section D – Employer Verification of Employee Eligibility
- Attachment A – Sexual Harassment Prevention Certificate

Must be completed in full and signed by *employer*.

Application Instructions continued

Voluntary Sections:

- Section E – Employee Verification of Diversity, Equity, and Inclusion Eligibility
- Section F – Employer Verification of Priority Mental Health Assignments Eligibility (OMH)
- Attachment B – Diversity, Equity, and Inclusion Survey

Section E & Attachment B should be completed by the *employee*.

Section A Part 1 & 1A: OMH Applicants

Section A - Applicant Information

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#).

For Section A, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

Section A Part 1: Select OMH or OCFS - Required

To which funding/designating/licensing State Office are you applying?

Office of Mental Health (OMH)	▼
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Please note, the above selection is required. The following items will be readable based on your selection above.

If you indicated **OMH** above, complete the following **Section A Part 1A** on page 11.

If you indicated **OCFS** above, skip to **Section A Part 1B** on page 12.

All applicants must complete **Section A Part 2** on page 13.

Section A Part 1A

Employer Information: OMH licensed/designated/funded Programs

Note: The following fields will be fillable for OMH applicants only after choosing to apply to OMH on page 10.

Please note, the five-digit code in both dropdowns below is the OMH Agency Code and should match in most circumstances. If you cannot find your agency/program name in the dropdown list, or the codes do not match, please provide additional information at the bottom of Section A.

Agency Name:	Please Select from Dropdown
Program Name:	Please Select from Dropdown

Program Address:	
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*** NOTE:** OMH licensed/designate/funded programs that also serve adults **MUST** complete the following attestation.

Employer Verification of Employee Service to Children and/or Adolescents

As employer I declare, affirm, and certify that I, the undersigned, attest that the employee listed below will serve at least 50% children and/or adolescents referrals (in hospital settings for beds licensed to children and/or adolescents) for the award service period. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Section A Part 1 & 1B: OCFS Applicants

Section A - Applicant Information

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#).

For Section A, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

Section A Part 1: Select OMH or OCFS - Required

To which funding/designating/licensing State Office are you applying?

Please note, the above selection is required. The following items will be readable based on your selection above.

If you indicated **OMH** above, complete the following **Section A Part 1A** on page 11.

If you indicated **OCFS** above, skip to **Section A Part 1B** on page 12.

All applicants must complete **Section A Part 2** on page 13.

Section A Part 1B

Employer Information: OCFS licensed/designated/funded Programs

Note: The following fields will be fillable for OCFS applicants only after choosing to apply to OCFS on page 10.

Agency Name:	Please Select from Dropdown
Program Category:	Please Select from Dropdown
Program Name:	

Program Address:	
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Section A Part 2

(Optional) Additional Information

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Section A Part 2

Primary Agency Contact

Please indicate the person at your agency who will provide and handle information related to the grant. You may optionally list additional contacts in the space provided.

Contact Name:	
Contact Phone #:	
Contact Email:	

(Optional) Additional Contacts:

Contact Name(s):	
Contact Phone #(s):	
Contact Email(s):	

Employee Information

If you are submitting multiple applications **at the same time**, please provide a priority order for this employee's individual application. If you are submitting multiple applications at the same time, they will not be processed until a priority order is provided.

of (total number of applications being submitted simultaneously).

Employee Name:	
Employee Position:	Please Select From Dropdown
Employee 6 Digit License #:	
Employee Total Loan Debt:	
Employee Award Request:	
CMHLRP Eligibility Start Date:	

Please Note: The CMHLRP Eligibility Start Date should reflect the earliest date the employee will be fully eligible for CMHLRP. This date should be no earlier than 5/1/25 and no later than 7/31/25 for Round 5.

How long has the employee worked at this agency?

Less than 1 year: 1-to-5 years: Greater than 5 years:

Section B

Section B - Employer Verification of Employment

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically [OMH CMHLRP](#). Please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Is the employee listed above currently employed at the licensed/designated/funded program listed above?

Yes: No:

If not and this is for a recruitment, please provide the anticipated employee start date below.

NOTE: If the employee listed on this application is not currently employed and an anticipated award start date is not provided, the application may be rejected. Please provide additional details on why an anticipated award start date cannot be provided.

- Will the employee listed above provide direct care mental health services (for at least 45 weeks during the year) during the award service period for you, the employer, at the licensed/designated/funded program listed above?

Yes: No:

- Please provide the hours that the employee will be working below.

(hours)/40

(clinical hours)/32

NOTE: If the employee listed on this application will not work a full-time or part-time schedule providing clinical services (for at least 45 weeks during the year) during the anticipated award obligation period and the hours worked are not provided, the application may be rejected. For more information regarding prorated awards, see "Prorated Awards" in the CMHLRP Round 5 Program Overview. Please provide additional details on why the hours worked cannot be provided.

Employer Verification of Employment Attestation

As employer I declare, affirm, and certify that I, the undersigned, attest that the employee listed above will be employed for the award service period and that they will be working the schedule indicated above providing clinical services for at least 45 weeks during the year at the licensed program specified above. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Section C

Section C - Employer Verification of Employee Qualifying Loan

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#). Please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Does the employee listed above have qualifying student loans, defined as: "any student loan that was used to pay graduate or undergraduate tuition or related educational expenses, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the federal Higher Education Act"?

Yes: No:

- Is the employee in student loan forbearance or deferment?

Yes: No:

Please Note: You, the employer, will be required to keep a copy of the awardee's loan documentation used to verify the qualifying loan amount. The employee will be responsible for providing this documentation to the employer. OMH or OCFS may from time to time request such documentation to confirm and verify the qualifying loans and amounts. You the employer will be required to furnish such documentation to OMH or OCFS upon request.

** NOTE: If the employee above does not have qualifying student loans or is unable to provide documentation supporting stated qualifying student loans to the employer, they will not be eligible for the CMHLRP Round 5.*

Employer Verification of Employee Qualifying Loan Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the qualifying loan documentation provided by the employee listed above and attest that to the best of my knowledge the above is true and correct. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Section D

Section D - Employer Verification of Employee Eligibility

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#). Please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Please review the following employee eligibility criteria and initial where the employee listed above meets the eligibility requirements. The employee will be responsible for providing any requested documentation to the employer needed to verify eligibility.

- A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card)
- Still has student loan expenses that can be repaid
- Not participating (i.e. tracking time, fulfilling a service obligation, or receiving funding) in both the CMHLRP and any other loan repayment/forgiveness programs simultaneously, including but not limited to: NYS Licensed Social Worker Loan Forgiveness Program (LSWLF), Public Service Loan Forgiveness (PSLF), or New York City's Behavioral Health Loan Repayment Program (BH4NYC)
- Not in breach of a health professional service obligation to federal, state, or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments
- In good standing with the [New York State Education Department](#)
- Licensed to practice in New York State by the time the service obligation begins
- Working or planning to work full or part time clinical capacity as a LMSW/LCSW/LMHC/LMFT/LCAT/licensed psychoanalyst/licensed psychologist within eligible OMH or OCFS licensed/designated/funded community programs, providing [direct care mental health services](#) to children and/or adolescents in New York State

- Does the employee listed above meet **all** the eligibility requirements as outlined above?

Yes: No:

** NOTE: If the employee above does not have meet all the eligibility requirements of this award or is unable to provide requested documentation supporting eligibility, they will not be eligible for the CMHLRP Round 5.*

Employer Verification of Employee Eligibility Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as the employee's eligibility and attest that to the best of my knowledge the above is true and correct. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Section E & Attachment B

Section E - Employee Verification of Diversity, Equity, and Inclusion Eligibility

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#). Please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

This section is **voluntary** and should be completed by the **employee**.

- Do you, the employee, meet the additional eligibility requirements as outlined in the application instructions on page 5 under the Set Aside for Diversity, Equity, and Inclusion eligibility and wish to apply for the Set Aside for Diversity, Equity, and Inclusion?

Yes: No:

If so, please also complete the Diversity, Equity, and Inclusion Eligibility survey (Attachment B) on page 22.

** NOTE: If the employee above does not meet the additional eligibility requirements of this award or does not complete the Diversity, Equity, and Inclusion Eligibility Survey, they will not be eligible for the CMHLRP Round 5 set aside for diversity, equity, and inclusion. Additional documentation may be requested for the language requirement.*

Employee Verification of Employee Diversity, Equity, and Inclusion Eligibility Attestation

As employee I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as my eligibility and attest that to the best of my knowledge the above is true and correct.

Name (Printed):	
Signature:	
Date of Signature:	

Attachment B – Diversity, Equity, and Inclusion Eligibility Survey

Instructions: The Diversity, Equity, and Inclusion Eligibility Survey is voluntary and only needs to be completed if the employee meets the additional requirements of the Diversity, Equity, and Inclusion eligibility and is applying for the Set Aside for Diversity, Equity, and Inclusion. **The survey should be completed by the employee.** The employee is responsible for providing documentation verifying they meet the language eligibility requirement if applicable.

Set Aside for Diversity, Equity, and Inclusion Eligibility

Licensed programs who apply on behalf of LMSWs, LCSWs, LMHCs, LMFTs, LCATs, licensed psychoanalysts, and licensed psychologists that meet the additional requirements outlined on page 5 will qualify for the set aside for diversity, equity, and inclusion.

Eligibility Survey

I, the employee, meet the eligibility requirement(s) indicated below:

Eligible professional from under-represented group(s). If applicable, please indicate the under-represented group(s) requirement met from the following list:

- Hispanic/Latinx
- African American/Black
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Middle Eastern/North African
- Individual with a Disability
- LGBTQ+

Eligible professional who meets the language requirement. If applicable, please the language requirement met from the following options, and indicate the language in the space provided below:

- Received a passing score on a language assessment such as the Language Proficiency Test, the Sign Language Proficiency Interview, or the Bilingual Fluency Assessment for Clinicians
- Graduated from a language-specific degree program

Language(s):

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Section F: Voluntary, Set-Aside for OMH

Section F - Employer Verification of Priority Mental Health Assignments Eligibility

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#). Please provide any additional information, if applicable, as asked to the best of your ability so we can timely review your application then sign and date the required attestation. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

Note: The following fields are **voluntary** and will be fillable for OMH applicants only after choosing to apply to OMH on page 10.

- Does the employee listed above meet the following additional eligibility requirement?

At least 50% of total work hours must be served at a program that primarily delivers services outside a provider-controlled setting, i.e. in the home or community. These programs include:

- Youth Assertive Community Treatment (ACT)
- Children and Family Treatment and Support Services (CFTSS) Other Licensed Practitioner (OLP)
- Children and Family Treatment and Support Services (CFTSS) Community Psychiatric Support and Treatment (CPST)
- Children and Family Treatment and Support Services (CFTSS) Mobile Crisis Intervention (CI)
- Home Based Crisis Intervention (HCBI)
- School Based Mental Health Clinics (SBMHC)

Yes: No:

- Please indicate the program at which the employee meets the above additional eligibility requirement below:

** NOTE: If the employee above does not meet all the additional eligibility requirements of this award or is unable to provide requested documentation supporting eligibility, they will not be eligible for the CMHLRP Round 5 set aside for priority mental health assignments.*

Employer Verification of Employee Priority Mental Health Assignments Eligibility Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as the employee's eligibility and attest that to the best of my knowledge the above is true and correct. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Attachment A

Attachment A – Sexual Harassment Prevention Certificate

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-9 of this application. All applications must be submitted electronically to [OMH CMHLRP](#). Please complete the Sexual Harassment Prevention Certification form completely and submit with the application.

- For the Solicitation # and/or descriptive name of solicitation, please put **CMHLRP Round 5**.
- **Offerer refers to your agency.**
- The form should be signed by the contact at your agency who can attest to the agency's written policy and training addressing sexual harassment prevention in the workplace. We cannot speak to the specific contact at your agency, but we recommend reaching out first to your HR department if you are unsure. The only stated restriction is that the employee your agency is applying on behalf of should not be completing and signing this form.

NOTE: State Finance Law Section 139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFA. Applicants must complete and return the certification with their application or provide a statement detailing why the certification cannot be made.

Sexual Harassment Prevention Certification

Solicitation # and/or descriptive name of solicitation:

State Finance Law §139-I requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees.

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

I hereby affirm that (Offeror's Name) has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law. Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with State Finance Law §139-I.

I understand and agree that: 1) OMH and/or OCFS shall have the right to terminate the contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH and/or OCFS may exercise its termination right by providing written notification.

Date:

Signature of Offeror's Authorized Representative:

Printed Name and Title:

Name of Offeror:

Offeror's Address:

Questions?

OMH.CMHLRP@omh.ny.gov



Office of Mental Health | Office of Children and Family Services