



**Department of
Civil Service**

Formal Offer Letter

"Health Maintenance Organizations
Specifications for the NYSHIP"

[TO BE COMPLETED ON OFFEROR'S LETTERHEAD]

HMO Specifications Procurement Manager
NYS Department of Civil Service
Attn: Office of Financial Administration,
Empire State Plaza, Swan Street Building – Core 1
Albany, New York 12239

Date:

RE: "Health Maintenance Organizations Specifications for the NYSHIP"
Firm Offer to the State of New York

[INSERT OFFEROR NAME] hereby submits this firm and binding offer to the State of New York in response to the Department's specifications request, entitled "Health Maintenance Organizations Specifications for the New York State Health Insurance Program". The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced specifications and in the manner set forth in the specifications.

[INSERT OFFEROR NAME] accepts the terms and conditions as set forth in these Specifications, *Standard Clauses for New York State Contracts* (Appendix A), *Standard Clauses for All Department Contracts* (Appendix B), *Information Security Requirements* (Appendix C), *Insurance Requirements* (Appendix D), and *Glossary of Defined Terms* (Attachment 13).

[INSERT OFFEROR NAME] agrees to execute a Contractual Agreement with the Department composed substantially of the terms and conditions set forth, in these Specifications, and accepts as non-negotiable the terms and conditions set forth in *Standard Clauses for New York State Contracts* (Appendix A), *Standard Clauses for All Department Contracts* (Appendix B), *Information Security Requirements* (Appendix C), *Insurance Requirements* (Appendix D), and *Glossary of Defined Terms* (Attachment 13), except as modified by the Department and Offeror's negotiations in response to the *Non-Material Deviations Template* (Attachment 8).

[INSERT OFFEROR NAME] further agrees, if selected as a result of these specifications, to comply with the provisions of 1) the Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) Sections 57 and 220 of the New York State Workers' Compensation Law.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the specifications. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **[INSERT OFFEROR NAME]** serves the New York State Department of Civil Service "Department" with written notice of its Proposal withdrawal.

Legal Business Name of Company Bidding: _____

D/B/A - Doing Business As (if applicable): _____

Address Street City State Zip: _____

NYS Vendor Identification Number (see NYS vendor file registration clause): _____

Federal Tax Identification Number (do not use social security number): _____



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[INSERT OFFEROR NAME]'s complete offer is set forth as follows:

Administrative and Technical Proposals:

Hard Copies (5 Total): One (1) ORIGINAL hard copy and four (4) additional hard copies which include separate versions of the Administrative and Technical Proposals.

Electronic USB Device (1 Total): One (1) electronic USB device which contains an electronic copy of the Administrative and Technical Proposals.

Complete Electronic Master Proposal:

Electronic USB Device (1 Total): A master electronic submission containing all of the ORIGINAL hard copy Proposals (Administrative & Technical) must be provided on a master electronic USB device.

(Remainder of this page intentionally left blank)

ATTACHMENT 3



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The undersigned affirms and swears as to the truth and veracity of all documents included in the bid submission.

Signature: _____ **Title:** _____

PRINT SIGNATORY'S NAME: _____ **Date:** _____

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT
STATE OF }

COUNTY OF }

Sworn Statement:

On the _____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he maintains an office at
Town of _____
County of _____, State of _____; and further that:

____ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.

____ (If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

____ (If a partnership): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

____ (If a limited liability company): _he is a duly authorized member of _____, LLC, the limited liability company described in said instrument; that, _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public: _____ **Date:** _____