

**Mental Health and Substance Abuse Program for
The Empire Plan, Excelsior Plan, and Student Employee Health Plan, #2014MH-1**

CONFIDENTIAL AGREEMENT AND CERTIFICATE OF NON-DISCLOSURE

This Exhibit MUST be filled out by all Offerors and Key Subcontractors and Affiliates

THIS AGREEMENT is between the New York State Department of Civil Service (DCS) its successors and assigns, acting on behalf of the State of New York, and having its principal place of business at: DCS; Empire State Plaza, Albany, New York, 12239, and

_____ (Respondent), its successors and assigns, having its principal place of business at: _____.

_____ being duly sworn, deposes and says that he/she is _____
(Print or type full name) (Title or Capacity)

of _____, the firm that executed this instrument and that he/she is authorized by said firm to execute
(Name of firm)

this instrument, and further, in consideration of release of detailed claims data and enrollee demographic data by DCS, the firm hereby agrees that any information pertaining to the Program and its documentation, including the information contained on the detailed claims and enrollee demographic data as referenced in the Request for Proposals entitled, Mental Health and Substance Abuse Program for The Empire Plan, Excelsior Plan, and Student Employee Health Plan, which has been or may be supplied to or obtained by the firm, its officers, agents and employees, based upon the representations made above in relation to the procurement of a Contractor to administer the Programs under New York State Civil Service Law, Article XI, is confidential and may not be used for any purpose other than the formulation of a good faith offer for said procurement, and that any other use, release or dissemination to any party, of any such confidential information, without the prior written consent of DCS, shall constitute a breach of this Confidentiality Agreement and Statement of Non-Disclosure and may result in disqualification of the firm from said procurement, or the imposition of other sanctions as determined by the DCS or as required by the State of New York or by law.

The firm further acknowledges that receipt to the detailed claims and enrollee demographic data is subject to the following warranty disclaimer by the DCS: all detailed claims data supplied for the Mental Health and Substance Abuse Program for The Empire Plan, Excelsior Plan, and Student Employee Health Plan, Request for Proposal contain information provided by the current insurer/administrator which has not been audited by the DCS and is provided on an "as is" basis. For purposes of the data, any interested Offeror's or Offerors' use of the data, or the results of any interested Offeror's or Offerors' use of the data, the DCS and State of New York make no warranties, guarantees or representations of any kind expressed or implied, or arising by custom or trade usage, as to any matter whatsoever, without limitation, and specifically make no implied warranty of fitness for any particular purpose or use, including but not limited to adequacy, accuracy, completeness or conformity to any representation, description, sample or model.

Please complete to receive detailed claims and enrollee demographic data

Designated Contact Information		Alternate Contact Information	
Contact Name:		Contact Name:	
Address:		Address:	
Phone Number:		Phone Number:	
Fax:		Fax:	
E-Mail:		E-Mail:	

Complete Exhibit I.Z and submit it to the MHSA Program Procurement Manager specified in Section II.A.2.b. of this RFP. The completed Exhibit I.Z may be emailed at: MHSA2014RFP@cs.state.ny.us, faxed at: 518-402-2835 and/or mailed (see address provided in RFP, Section II.A.2.b.)

VENDOR

Name/Address of Corporate Headquarters

IN WITNESS WHEREOF, Vendor has caused this Agreement to be signed as of the date set forth below.

VENDOR'S AUTHORIZED LEGAL REPRESENTATIVE

Name/Title/Address (If Different from Above)

*Signature of Authorized Legal Representative as the act and deed and on behalf of Vendor is Required.**

* _____ Date: _____

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **[INSERT OFFEROR NAME]** and possesses the legal authority and capacity to act on behalf of **[INSERT OFFEROR NAME]** to execute a contract with the State of New York.

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

Date: _____

[INSERT OFFEROR NAME]

By: _____

(Signature)

(Name)

(Title)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____ }
: **SS.:**
COUNTY OF _____ }

On the ____ day of _____ in the year 2014, 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 resides at:

_____, Town of _____,

County of _____, State of _____; and further that:

[Check One]

(____ **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 the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public