

**THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT**

**REQUEST FOR PROPOSALS
FOR
CITY OF NEW YORK
DRUG DISCOUNT CARD
CIN: 11HM000700R0X00**

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AUTHORIZED DEPARTMENT CONTACT PERSON

Proposers are advised that the Authorized New York City Department of Health and Mental Hygiene (“Department”) Contact person for all matters concerning this Request for Proposals (“RFP”) is:

Name:	Eric Zimiles
Title:	Executive Director of Finance and Contracts
Mailing Address:	Division of Health Care Access and Improvement Bureau of Administrative Services 225 Broadway, 17th Floor New York, New York 10007 Telephone #: (212) 442-6506 Fax #: (212) 619-5091 E-mail Address: ezimiles@health.nyc.gov

SECTION I – TIMETABLE

A. Release Date of This RFP: **December 17, 2009**

B. Questions

Substantive questions regarding this RFP must be issued in writing to the Authorized Department Contact Person, whose address is indicated on the cover of this RFP. The Department cannot guarantee timely response to substantive questions received after **February 4, 2010**.

B. Pre-Proposal Conference:

- **Date:** **January 6, 2010**
- **Time:** **10:00 A.M.**
- **Location:** **161 William Street, 6th Floor
New York, New York 10038**

Attendance by proposers is optional, but strongly recommended by the Department.

C. Proposal Due Date, Time, and Location

- **Date:** **February 18, 2010**
- **Time:** **2:00 P.M.**
- **Location:** **Proposals shall be submitted to the attention of:
Eric Zimiles, Executive Director of Finance and Contracts,
Division of Health Care Access and Improvement,
225 Broadway, 17th Floor,
New York, New York 10007**

E-mailed or faxed proposals will not be accepted by the Department.

The Department will consider requests made to the Authorized Department Contact Person to extend the Proposal Due Date and Time prescribed above. However, unless the Department issues a written

addendum to this RFP, which extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.



If you have a hearing impairment, please call the following toll-free number and leave a message on the Telecommunication Device for the Deaf (TDD). The TDD number is (212) 504-4115.



If you have a physical disability and cannot deliver your proposal to 225 Broadway, 17th Floor, Room 8, New York, New York 10007, please contact the Project Manager(s) at least 48 hours prior to the deadline and alternate arrangements can be made.

SECTION II – SUMMARY OF THE REQUEST FOR PROPOSALS

A. Purpose of the RFP

The Department is seeking to reduce the cost of drugs for New York City residents by sponsoring a “City of New York” drug discount card (“discount card”). As such, the Department is seeking an appropriately qualified concessionaire to serve as a Pharmacy Benefit Manager (“PBM”). The selected PBM will, at its sole cost and expense, implement, administer and operate a Pharmacy Discount Card Program which will be open to all eight million New York City residents (“Program”). The PBM must offer residents a Program that provides significant discounts on the purchase of prescription drugs (brand name and generic) and some over-the-counter drugs at most retail pharmacy outlets throughout New York City’s five boroughs (“Participating Pharmacies”), and provide the Department with information about Program users and usage.

The concession resulting from this solicitation will be in the form of services provided to the City by the PBM. The Department will grant to the PBM the right to (1) market the discount card and (2) use the New York City seal (the “Licensed Property”) on the face of the discount card, on materials displayed in pharmacies, on a web site, and for purposes of marketing the Program as approved in writing by the City. The Program resulting from this RFP selection process will be the official New York City Pharmacy Discount Card Program.

Proposals may be submitted by a single entity, a lead/prime organization working with one or more subconcessionaires or sublicensees, or a consortium of collaborative partner organizations. Proposals from multiple organizations should specifically indicate which organization is the prime and that all others are subconcessionaires or sublicensees, as applicable. In the case of a consortium, there must be a single chief executive who is authorized to make decisions without the prior approval of the other collaborative partners. Therefore, if the proposer is a consortium, the proposal should specifically identify the controlling partner, chief authority, or single individual who will have the authority to make decisions for the consortium. Greater consideration will be given to proposers that demonstrate successful experience in operating a pharmacy discount card program for a large enrollee population.

B. Concession Term

The Department is seeking a PBM for one (1) three-year term, commencing upon the Department's issuance of a notice to proceed, with one (1) three-year option to renew, exercisable at the Department's sole discretion. No longer term will be considered. This concession will be operated pursuant to a License issued by the Department; no other leasehold or other proprietary right is offered.

C. Anticipated Payment Structure

No funds will be provided by New York City for the Program provided by the PBM. It is anticipated that compensation to the PBM will take the form of prescription, administrative and dispensing fees collected by the participating pharmacies. If other compensation is available, the proposer is asked to specify each form, source and amount in its proposal.

D. Level of Services

The Department expects the Program to be made available to the approximately eight million NYC residents (approximately three million households). Based on estimates of the number of New Yorkers who have drug insurance coverage, and data on annual prescriptions per covered individual in other drug programs, up to four million NYC residents would be likely to use the Program, with potentially up to 12 million prescriptions, to be handled by the selected PBM, per year.

SECTION III – SCOPE OF SERVICES

A. Department's Goals

The Department's goals are to reduce the cost of prescription drugs and some over-the-counter drugs to New York City residents.

B. Scope of Services

The concessionaire must comply with Local Law 19 of 2005, "Prescription Drug Discount Card Act" (see *Appendix A*)

Timetable

The initial Citywide distribution of the discount card will begin no later than three (3) months from the issuance of the notice to proceed. Therefore, all of the following Program components shall be in place prior to that time: (1) agreements with pharmacies in all five NYC boroughs, (2) production schedule for the discount card, (3) a marketing, outreach and distribution plan for the discount card; and (4) systems infrastructure to support customer service, web site access, and reporting requirements.

Program Requirements

1. The PBM will provide for the discounted purchase of prescription drugs (brand name and generic) and designated over-the-counter drugs at pharmacies, through mail order and over the internet.
2. The PBM will make available an extensive formulary including, but not limited to, the most commonly prescribed drugs for each disease/chronic condition and drug category specified in (*Attachment C, Table #1*) of the RFP.
3. The PBM will make the Program available to all New York City residents, regardless of age, income, immigrant status, or health insurance status and without a fee for the Program or a registration process.
4. The PBM will issue the discount card bearing the New York City seal combined with design to be approved by the Department in writing.
5. The PBM will distribute the discount card to as many New York City residents as possible and ensure a wide distribution to all communities and immigrant populations in the five (5) boroughs.
6. The PBM will make the discount card available, at minimum, in two (2) languages (English and Spanish). There must be instructions on the discount card for consumers to access other languages by telephone, as well as access for TTY users.

7. The PBM will develop Program acceptance agreements with at least 75% of the licensed retail pharmacies, including independent and chain pharmacies, in each of the five New York City boroughs.
8. The PBM will ensure that the Program will enable users to purchase brand name and generic prescription drugs and designated over-the-counter items, at a reduced price from any participating pharmacy.
9. The Program will not be permitted to be used in conjunction with any other type of prescription drug discount card or insurance for the same transaction.
10. Discounts shall, at a minimum, apply to the following designated over-the-counter items: nicotine replacement therapy supplies, automated blood pressure monitors, and diabetic supplies.
11. The PBM will assure that Program users will pay the lower of either the negotiated drug price or the usual and customary price charged by the pharmacy, thereby guaranteeing “Best Price to Customer.”
12. Any rebates received by the PBM from drug manufacturers for the types of prescription drugs or over-the-counter items that may be purchased with the discount card shall be disclosed to the Department, and the PBM will provide disclosures of all rebate agreements and discount arrangements as they occur. If any such rebates are received by the PBM, the PBM shall demonstrate to the satisfaction of the Department how it will comply with §17-1003(c) in Local Law 19 of 2005 (*Appendix A*), which requires that the PBM ensure that a portion of any rebate payment received from drug manufacturers is distributed to discount card users and participating pharmacies.
13. The PBM will cooperate with the Department in other activities that may provide Program users with additional discounts on certain drugs should the Department engage in such activities.
14. The PBM will develop an initial and ongoing marketing campaign to promote the introduction and use of the Program. Promotional activities shall include community outreach to all New York City neighborhoods including immigrant and non-English speaking populations. The PBM will submit to the Department for review and final written approval its plan for marketing and promoting the Program, and each piece of promotional material, in all forms of media, including but not limited to print, television, radio and signage. All marketing activities will be at the sole expense of the PBM.
15. The PBM will provide and staff a seven (7) day per week Customer Assistance toll-free Helpline to assist Program users and pharmacies with the Program. PBM will have bi-lingual Spanish/English staff and other language translation capabilities as necessary. The PBM will also have the capability to serve the hearing impaired.
16. The PBM will establish a formal dispute and complaint process to be managed by the PBM’s Customer Assistance toll-free Helpline.

17. To the extent permitted by law, the PBM will, upon request of the Department, provide to the Department, in a format approved in writing by the Department, non-patient specific Program user data including, but not limited to, demographic information, medication dispensed for diabetes, hypertension, hypercholesterolemia /hyperlipidemia, asthma, and other designated conditions. Such information obtained from Program users shall not, without prior written authorization from the Program user, be disclosed by the PBM to any other third party.
18. The PBM will provide the Department with reports on a quarterly basis pursuant to a schedule and format determined in writing by the Department (“reporting period”). Such reports shall include, but not be limited to:
 - a. The number of Program Users who used the Program at least once during the reporting period;
 - b. The total cost savings to all Program users generated by the Program;
 - c. The average cost savings to a Program user per prescription, delineated by brand name and generic drugs;
 - d. Number and type of complaints by Program users, providers, pharmacies and others; and
 - e. Number of hits on the website for the Program. (See Item #20 below).
19. At the onset, and annually, or more frequently as determined in writing by the Department, the PBM will provide the additional following reports:
 - a. The drugs for which any rebates are received as described in paragraph 12. of this Section III. B.;
 - b. Within the major drug categories, any drugs that are not discounted under the Program and an explanation as to why such drugs are not discounted;
 - c. The source and method for calculating cost savings under the Program including the base prices from which the discounts are derived;
 - d. The number of pharmacies participating in the Program;
 - e. To the extent available, any costs incurred by pharmacies to participate in the Program; and
 - f. A summary list of all prescribed drugs in rank order, used by Program users in the preceding twelve-month period.
20. The PBM will host, develop and maintain a website specifically for the Program, to allow Program users to download discount cards and other materials, access drug education information, compare drug prices, locate the nearest participating pharmacy in the network, and link to the Department’s website and other sites, to be determined in writing by the Department, to obtain health education information. The final design and content of the website requires the written approval of the Department. The website shall contain, but not be limited to, the following information:
 - a. A list of participating pharmacies, with appropriate search engine, to locate pharmacies by zip code;
 - b. An up-to-date list of prices of the most commonly dispensed drugs, and discount price comparisons of the top ten (10) commonly dispensed medications, for diabetes, hypertension, hypercholesterolemia/hyperlipidemia, asthma, and other conditions, as determined by the Department;
 - c. Links to drug reference sites for drug interaction/contraindication information;

- d. Links to the Department's site and other medical advice/ health education sites;
 - e. Links to the NYS Department of Health website and to the U.S. Department of Health and Human Services/Centers for Medicare and Medicaid Services web site for price checking and drug and health information;
 - f. Capability of receiving inquiries, complaints and information requests; and answers to Frequently Asked Questions ("FAQ").
21. The Department anticipates that the City will have copyright ownership of a) all copyrightable elements of the website, b) promotional material, c) all forms of media developed for the program, and d) the design of the discount card. The PBM will be expected to indemnify the City against any claim that the documents, data, website elements, design and other materials produced pursuant to the concession infringe upon the copyright, patent, trademark, or other proprietary right of any third party. Co-branding of promotional materials, the website, and the discount card will be permitted only with the Department's written permission.
22. The PBM and all participating pharmacies in the Program will comply with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated pursuant thereto ("HIPAA"), including the privacy and security regulations, as such laws and regulations apply to the services rendered under this concession.
23. The PBM will maintain for six (6) years after expiration or earlier termination of the concession, copies of all financial and work reports; evaluation surveys and audits, which reflect the services rendered and fiscal accountability of all monies appropriated and spent; and make copies available to the Department upon request. All books, vouchers, records, reports, canceled checks, and any and all similar material, may be subject to periodic inspection, review and audit by the Comptroller of the City, the State of New York, the Federal Government and other persons duly authorized by the City.
24. The PBM will safeguard the confidentiality of information obtained about Program users. It is understood that no commercial use shall be made of the names, addresses, diagnoses, prescriptions or other information concerning Program users except for the purposes of the concession.

SECTION IV – FORMAT AND CONTENT OF THE PROPOSAL

Instructions: Proposer should provide all information required in the format below. The proposal should be typed on both sides of 8 1/2" X 11" paper. The City of New York requests that all proposals be submitted on paper with no less than 30% postconsumer material content, i.e., the minimum recovered fiber content level for reprographic papers recommended by the United States Environmental Protection Agency (for any changes to that standard please consult: <http://www.epa.gov/cpg/products/printing.htm>). Pages should be paginated. The proposal will be evaluated on the basis of its content, not length. Failure to comply with any of these instructions will not make the proposal non-responsive.

No proposals should be submitted in plastic sleeves or spiral binders. Illustrations may be included. All plans are subject to the Department's written approval. Oversized drawings may be submitted, but must be accompanied by 8½" x 11" sectionals or reductions to 8½" x 11". No telegraphic or facsimile proposals will be accepted. The proposal will be evaluated on the basis of its content, not length.

Please submit one (1) original and six (6) copies of your proposal (including six copies of all required attachments).

The following information should be printed on the outside of the envelope:

- Proposer's Name, Address and Title
- Name and telephone number of proposer's contact person
- RFP CIN #11HM000700R0X00
- Proposal Due Date: February 18, 2010 at 2:00 p.m

A. Proposal Submission Requirements

Each proposal submitted must meet the following requirements. Failure to comply will result in the automatic disqualification of a submission from further consideration.

1. All proposals must be submitted in a sealed envelope and received in the Division of Health Care Access and Improvement, 225 Broadway, 17th Floor, Room 8, New York, New York 10007.
2. All proposals must be received by **February 18, 2010 at 2:00 P.M.** Hand delivery to Room 8 before the deadline is recommended to ensure consideration of your proposals. Proposals and modifications received after the time and date listed above will be considered late, will be returned to the proposer unopened and will not be considered for award, except as provided for in Section 1-13(j)(2) of the Concession Rules.
3. Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance Law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the city" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, proposers responding to this solicitation are required to complete the

attached Doing Business Data Form and return it with this proposal and should do so in a separate envelope. (If the responding proposer is a proposed joint venture, the entities that comprise the proposed joint venture must each complete a Data Form.) If the City determines that a proposer has failed to submit a Data Form or has submitted a Data Form that is not complete, the proposer will be notified by the agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a complete Data Form to the agency. Failure to do so will result in a determination that the proposal is non-responsive. Receipt of notification is defined as the day notice is e-mailed or faxed (if the proposer has provided an e-mail address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.

B. Proposal Format

1. Proposal Cover Letter

The Proposal Cover Letter (*Attachment A*) transmits the proposer's Proposal Package to the Department. It should be completed, signed and dated by an authorized representative of the proposer.

2. Program Proposal

The Program Proposal is a clear, concise narrative, which should specifically address the following:

a. Experience

- Describe the proposing entity's structure, general history and annual operating budget.
- Describe and demonstrate the successful experience of the proposer and, if applicable, of each partner/sub-concessionaire, (a) in providing pharmacy benefit management services, and (b) operating a discount drug card program, including the size of the enrollee populations served, the number of prescriptions filled, and whether the proposer/partner/sub-concessionaire provided services, directly or indirectly, to any governmental entities.
- Indicate how many years the proposer/partner/sub-concessionaire has been in operation providing the above services and the entities with which the proposer/partner/sub-concessionaire has or had contracts to provide the above services in the three (3) years prior to submission of the proposal.
- Describe the proposer's business relationship with any parent, affiliate or subsidiary organizations, and whether any such organizations will provide the services described in this RFP.
- Favorable consideration will be given to proposers that demonstrate successful experience in operating a drug discount card program for a large enrollee population.
- Provide the information requested in (*Attachment B*), Experience Tables.

In addition:

- Attach a listing of at least five (5) relevant references, including the name of the reference entity, a brief statement describing the relationship between the proposer and the reference entity, and the name, title and telephone number of a contact person at the reference entity.
- Attach for each key staff position a resume and/or description of the qualifications that

will be required.

b. Organizational Capability

Demonstrate the proposer's organizational (i.e., programmatic, managerial and financial) capability to perform the work described in Section III of the RFP. Specifically address the following:

Administrative Structure.

- Demonstrate that the proposer has the organizational capability and management structure to successfully operate the Program in NYC. State whether or not any major changes to the proposer's current organizational or management structure would be needed to operate in New York City. If so, explain and describe each such change.

Program Components

- For each program component cited below, state whether or not the proposer currently has the capability to effectively provide that component. If so, demonstrate the proposer's current capability. If not, describe in detail how the proposer intends to establish or expand its current capability to effectively provide that component (e.g., establishing or expanding staffing, systems, and/or technical support, and/or implementing other administrative changes).

1. Pharmacy Network

Agreements with licensed retail pharmacies, including independent and chain pharmacies, within each of the five boroughs of the City of New York and mail order and internet pharmacies licensed to do business in New York. Attach maps indicating the locations of the proposer's existing pharmacy network and proposed expansion in each borough.

2. Processing Prescriptions

Computer systems to electronically process transactions for approximately 12 million prescriptions per year, including over-the counter (OTC) drugs. The proposer should describe the systems in place, as well as the procedures for processing (OTC) drugs by pharmacies.

3. Customer Services Operations to support approximately 12 million prescriptions per year.

- a. Assist Program users, medical providers, and participating Pharmacies.
- b. Provide language access services (translation and interpretation) to assist limited-English speaking New York City residents.
- c. Respond to general inquiries about the program, provide information, disclose Program's formulary, and make referrals to the nearest participating pharmacies.

- d. Provide a system to record, track, investigate, and resolve disputes and complaints by Program users and providers.
4. Legal / Regulatory Compliance
 - a. Ensure compliance with all federal, state and local laws governing confidentiality including HIPAA.
 - b. Ensure that all participating pharmacies are licensed pursuant to New York State laws and regulations.
 - c. Comply with all statutes and regulations governing e-prescribing.
 - d. Agree to comply with any judicial or administrative orders, stipulations, governmental agency orders, laws and regulations governing drug prices.
5. Information Technology
 - a. Website to allow Program users to download and print discount cards and other materials, access drug education information, compare drug prices, locate the nearest participating pharmacies, and link to the Department's website and other sites to be determined by the Department to obtain drug and health education information.
 - b. Timely produce and format detailed management reports (of the level of complexity required by the Department).
6. Reporting
 - a. Describe how Program users will be identified and how usage of the Program will be tracked.

Subconcessionaires/Sublicensees

- State whether or not the proposer intends to have one or more subconcessionaires and/or sublicensees provide any services (e.g., marketing, discount card development, and/or distribution, etc.) to implement the Program.

In addition:

- Attach a chart showing where, or an explanation of how, the proposed services will fit into the proposer's organization.

Fiscal Soundness

- Attach a copy of the proposer's two most recent audit reports or certified financial statements, or a statement as to why no report or statement is available.

c. Proposed Program Approach

Describe in detail how the proposer will provide the work described in Section III – Scope of Services of this RFP and demonstrate that the proposer's proposed approach will fulfill the Department's goals and objectives. Specifically address the following:

Implementation Plan and Project Schedule

- Include a brief introduction describing the proposer's overall approach to the proposed Program and demonstrating an understanding of the needs that the Program is intended to address.

Pharmacy Recruitment and Enrollment

- Describe, in detail, and demonstrate the effectiveness of the proposer's approach for recruiting and enrolling at least 75% of licensed, retail pharmacies, including independent and chain pharmacies, within each of the five boroughs of the City of New York.

Program Promotion, Production, Marketing & Distribution

- Describe and demonstrate the effectiveness of the proposer's strategy to promote the Program to residents in all New York City neighborhoods, including immigrant and non-English speaking populations.
- Describe and demonstrate the effectiveness of the proposer's methods for producing and widely distributing the discount card in New York City to as many New York City residents as possible. Specify the proposer's implementation schedule for distributing the discount card throughout New York City's five (5) boroughs.
- Describe procedures for replacement of lost discount cards.
- Describe the proposer's plan for marketing and advertising the Program. Specify marketing and advertising budget.

Filling Prescriptions by Internet and Mail Order

- Describe and demonstrate the effectiveness of the proposed internet and mail order process.
 - Indicate how Program users will be required to submit prescriptions (mail order, internet, etc.).
 - Indicate whether the proposer will accept mail order requests directly from Program users and/or from participating pharmacies.
 - Indicate fees to Program users, including shipping/handling. Describe methods for timely dispensing and billing, including how such fees would be collected.

Data Collection

- Describe and demonstrate the effectiveness of the proposer's plan to meet the Department's data collection and reporting requirements, and comply with federal, State and local confidentiality requirements.
- Describe and demonstrate the effectiveness of the proposer's plan to collect and disclose information, while maintaining compliance with HIPAA.

Drug Prices

- Complete (*Attachment C, Table #1*).
Favorable consideration will be given to proposers offering the lowest drug prices.

Discounts

- Indicate the reference source(s) used for determining pricing of brand name and generic prescription drugs listed in (*Attachment C, Table #1*), and how the discount is derived.
- Indicate the reference source(s) used for determining the pricing of the following designated over-the-counter items: nicotine replacement therapy supplies, automated blood pressure monitors, and diabetic supplies, and indicate how the discount is derived.
- Describe and demonstrate the proposer's procedures for assuring that Program users pay the lower of either the PBM's **discounted** price or the usual and customary price of the pharmacy, thereby providing the "Best Price To Customer" guarantee on any prescription drugs and designated over-the-counter medicine available through the Program.

Rebates

- State whether or not the proposer, and if applicable, any proposed partner/subconcessionaire, will receive any rebates from drug manufacturers for the types of prescription drugs or over-the-counter items that may be purchased with the discount card. If so, disclose each rebate agreement and discount arrangements as they occur, and describe how the proposer intends to comply with §17-1003(c) of Local Law 19 of 2005, which requires that the PBM ensure that a portion of any rebate payment received from drug manufacturers is distributed to discount card users and participating pharmacies.

Fees

- Disclose all administrative and pharmacy dispensing fees associated with dispensing of prescriptions on (*Attachment C, Table #2*), Listing of Fees, and describe how these fees will be collected and shared. Favorable consideration will be given to proposers offering the lowest fees.

In addition:

- Attach an implementation plan and project schedule for completing the work outlined in the Scope of Services (Section III).
- Attach a list of pharmacies in New York City with which proposer has agreements

Formulary

- Attach the proposer's formulary, by category of drugs (brand name and generics).

The Department's assumptions regarding concessionaire approach represent what the Department believes to be most likely to achieve its goals and objectives. However, proposers are encouraged to propose an approach that they believe will be most likely to achieve the Department's goals and objectives. Proposers may also propose more than one approach. However, if an alternative approach affects other areas of the proposal such as experience or organizational capability, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in Section IV of the RFP.

3. Doing Business Data Form

The Doing Business Data Form attached hereto as (*Attachment E*) should be completed by the proposer and submitted with each proposal submission.

4. Certificate of Compliance with Local Law 19 of 2005

The Certification of Compliance with Local Law 19 of 2005 attached hereto as (*Attachment F*) should be completed by the proposer and submitted with each proposal submission.

B. Proposal Package Contents Checklist and Submission Information

Proposer should utilize this section as a checklist to assure completeness prior to submitting their proposal to the Department.

1. A sealed inner envelope labeled “Program Proposal”, containing one (1) original set and six (6) duplicate sets of documents listed below in the following order:

Program Proposal

- ☐ Narrative
 - ☐ Proposal Cover Letter (Attachment A)
 - ☐ Attachment B, Experience Table
 - ☐ References for the Proposer
 - ☐ Resumes and / or Description of Qualifications for Key Staff Positions
 - ☐ Borough maps of proposer’s existing pharmacy network and proposed expansion.
 - ☐ Organizational Chart
 - ☐ Two most recent certified audit reports
 - ☐ Implementation plan and project schedule for completing the work outlined in the Scope of Services (Section III).
 - ☐ List of pharmacies in New York City with which proposer has agreements, including names and addresses of pharmacies.
 - ☐ Attach a list of entities with which the proposer/partner/sub-concessionaire has or had contracts (a) to provide pharmacy benefit management services, and (b) to operate a discount drug card program, in the three (3) years prior to the submission of the proposal, including the size of the enrollee populations served, the number of prescriptions filled, and whether the proposer/partner/sub-concessionaire provided services, directly or indirectly, to any governmental entities.
 - ☐ Formulary, by category of drugs (brand name and generics).
 - ☐ Attachment C, Table #1
 - ☐ Attachment C, Table #2
 - ☐ Attachment D, Acknowledgement of Addenda Form
 - ☐ Attachment F, Certification of Compliance with Local Law 2005
2. A third sealed inner envelope labeled "Doing Business Data Form" containing an original, completed Doing Business Data Form (See Attachment E)
 3. A sealed outer envelope, enclosing the two sealed inner envelopes. The sealed outer envelope should have two labels containing:

Return Address

- ☐ Proposer’s name, address, and title; name and telephone number of proposer’s contact person; and RFP CIN Number #11HM000700R0X00, title of RFP “Drug Discount Card”, Due Date February 18, 2010 at 2:00 P.M.

Submission Address

- ☐ The Name, Title and Address of the Authorized Department Contact Person.

SECTION V – PROPOSAL EVALUATION AND CONCESSION AWARD PROCEDURES

Proposals will be evaluated by a selection committee consisting of Department employees, in accordance with procedures established by the Franchise and Concession Review Committee, based on the criteria listed below. The concession will be awarded to the proposer whose submission the selection committee judges best overall based on these criteria.

A. Evaluation Criteria

In evaluating proposals, the Department will use the following criteria:

- Demonstrated quantity and quality of successful relevant experience (30%); see Section IV(B)(2)(a) above
- Demonstrated level of organizational capability (30%); see Section IV(B)(2)(b) above
- Quality of proposed Program approach (40%); see Section IV(B)(2)(c) above

B. Evaluation Procedures

The Department will only consider proposals that meet satisfactory levels of the above criteria. The Department is not required to accept the proposal that includes the lowest drug prices and fees to be paid by Program users. The Department's acceptance of a proposal does not imply that every element of that proposal has been accepted.

The Department cannot consider any proposal that does not comply with the Submission Requirements section of this RFP. Proposals that do not meet these requirements will not be evaluated.

If applicable, employees of the Department will visit facilities operated by proposers.

SECTION VI - OTHER GENERAL RFP REQUIREMENTS AND CONDITIONS

The Department reserves the right to postpone or cancel this RFP or reject all proposals, if in its judgment it deems it to be in the best interest of the City of New York to do so.

Proposers are advised that the Department has the option of selecting the proposer without conducting discussions or negotiations. Therefore, proposers should submit their best proposals initially, since discussions or negotiations may not take place.

Proposers are also advised that the concession award is subject to applicable provisions of Federal, State, and local laws and executive orders requiring affirmative action and equal employment opportunity.

Proposers have the right to appeal a determination of non-responsiveness and/or non-responsibility and have the right to protest a solicitation and award as specified in Chapter 1 of Title 12 of the Rules of the City of New York.

All RFP submission materials become the property of the City of New York and the Department. Proposal submission material will generally be made available for inspection and copying by interested parties upon written request, except when exempted from disclosure under the New York State Freedom of Information Law.

The Department is subject to the New York State Freedom of Information Law, which governs the process for the public disclosure of certain records maintained by the Department. (*See Public Officers Law, Sections 87 and 89.*) Individuals or firms that submit proposals to the Department may request that the Department except all or part of such a proposal from public disclosure, on the grounds that the proposal contains trade secrets, proprietary information, or that the information, if disclosed, would cause substantial injury to the competitive position of the individual or firm submitting the information. Such exception may extend to information contained in the request itself, if public disclosure would defeat the purpose for which the exception is sought. The request for such an exception must be in writing and state, in detail, the specific reasons for the requested exception. It must also specify the proposal or portions thereof for which the exception is requested.

If the Department grants the request for exception from disclosure, the Department shall keep such proposal or portions thereof in secure facilities.

The Department shall not be liable for any costs incurred by proposers in the preparation of proposals or for any work performed in connection therein.

Proposers should be aware that this concession will be developed and operated pursuant to a License issued by the Department.

A proposer may submit a modified proposal to replace all or any portion of a proposal submitted up until the proposal submission deadline. The Department will only consider the latest version of the proposal. Late proposals and late modifications will not be considered for evaluation, except as provided for in Section 1-13(j)(2)(i) of the Concession Rules. Proposers may withdraw their proposals from consideration at any time before the proposal submission deadline by submitting written notice to the Department. A proposer may not withdraw its proposal before the expiration of forty-five (45) calendar days after the date of the opening of proposals; thereafter a proposer may only withdraw its proposal by submitting written notice to the

Department in advance of an actual grant of a concession.

Technical addenda issued by the Department will be the only authorized method for communicating clarifying information to all potential proposers. Proposers should contact the agency before submitting a proposal to verify that they have received any addenda issued. Proposers shall acknowledge the receipt of any addenda in their proposal submissions.

Proposers should be aware that, upon The Department's request, they shall be required to submit original copies of VENDEX Vendor and Principal Questionnaires to the Mayor's Office of Contract Services. In addition, any person or entity with at least a 10% ownership interest in the submitting vendor (including a parent company), is responsible for completing VENDEX Questionnaires. In such event, the concession award will be subject to completion of the VENDEX questionnaires and review of that information by the Department of Investigation.

The New York City Comptroller is charged with the audit of concession agreements in New York City. Any person or entity that believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller's Office of Contract Administration, 1 Centre Street, Room 835, New York, New York 10007. This office may be reached at (212) 669-2323.

(Commissioner)/ (ACCO)

Date

**Message from the New York City Vendor Enrollment Center
Get on mailing lists for New York City contract opportunities!
Submit a NYC-FMS Vendor Application – Call 212-857-1680**

APPENDIX A
LOCAL LAW 19 of 2005

NEW YORK CITY CHARTER, CODE, AMENDMENTS & RULES

NEW YORK CITY ADMINISTRATIVE CODE

TITLE 17. HEALTH

CHAPTER 10(2). PRESCRIPTION DRUG DISCOUNT CARD ACT

Currency through Local Laws 21 of 2008 and Chapters 1 - 400 of the
Laws of the State of New York for 2008.

§ 17-1001. Short title.

This chapter shall be known and may be cited as the "**Prescription** Drug Discount Card Act."

HISTORICAL NOTE

Section added L.L. **19/2005** § 2, eff. July 5, **2005**. [See Chapter 10

footnote]

NYC Code § 17-1001

NEW YORK CITY CHARTER, CODE, AMENDMENTS & RULES

NEW YORK CITY ADMINISTRATIVE CODE

TITLE 17. HEALTH

CHAPTER 10(2). PRESCRIPTION DRUG DISCOUNT CARD ACT

Currency through Local Laws 21 of 2008 and Chapters 1 - 400 of the
Laws of the State of New York for 2008.

§ 17-1002. Definitions.

When used in this chapter, the term "rebate" shall mean a refund of a certain portion of the wholesale price of a drug based on a negotiated agreement between a drug manufacturer and any administrator of the **prescription** drug discount card program created pursuant to this chapter.

HISTORICAL NOTE

Section added L.L. **19/2005** § 2, eff. July 5, **2005**. [See Chapter 10

footnote]

NYC Code § 17-1002

NEW YORK CITY CHARTER, CODE, AMENDMENTS & RULES

NEW YORK CITY ADMINISTRATIVE CODE

TITLE 17. HEALTH

CHAPTER 10(2). PRESCRIPTION DRUG DISCOUNT CARD ACT

Currency through Local Laws 21 of 2008 and Chapters 1 - 400 of the
Laws of the State of New York for 2008.

§ 17-1003. Prescription drug discount card program.

a. The department shall develop a **prescription** drug discount card program which shall be made available to all New York city residents, regardless of age, income, immigration status or health insurance coverage status, for the purpose of providing all New York city residents with a **prescription** drug discount card which may be used to buy **prescription** drugs at reduced prices at participating pharmacies. Such **prescription** drug discount card program shall enable each user of such program to purchase at a reduced price from a pharmacy that participates in the program any **prescription** drug that is eligible for a discount through such program. The **prescription** drug discount card program shall allow users to purchase a drug at the lower of either the drug price available through the **prescription** drug discount card program or the pharmacy's customary and usual price. Any **prescription** drug discount card issued pursuant to this section may not be utilized in conjunction with another type of **prescription** drug discount card for the same transaction.

b. Nothing in this chapter shall be construed to provide any governmental entity other than the department with access to any individually identifiable information regarding users of the **prescription** drug discount card program established pursuant to this section. The department shall keep confidential all information concerning the identity of users of the program and the drugs that such users purchase through the program. The department may use such information solely to conduct epidemiological and health planning studies and to provide general information to users about the drugs such users are taking, the conditions for which such users are taking the drugs and other services of the department or the city of New York related to such conditions.

c. No administrator of the **prescription** drug discount card program shall provide the **prescription** drug discount card developed pursuant to this section to any resident of the city of New York unless such administrator ensures that a portion of any rebate payments received from drug

manufacturers is distributed to users of such program, including pharmacies participating in the program.

d. Any duly licensed pharmacy willing to comply with the terms and conditions of the **prescription** drug discount card program shall be permitted to participate in the program.

HISTORICAL NOTE

Section added L.L. **19/2005** § 2, eff. July 5, **2005**. [See Chapter 10

footnote]

NYC Code § 17-1003

NEW YORK CITY CHARTER, CODE, AMENDMENTS & RULES

NEW YORK CITY ADMINISTRATIVE CODE

TITLE 17. HEALTH

CHAPTER 10(2). PRESCRIPTION DRUG DISCOUNT CARD ACT

Currency through Local Laws 21 of 2008 and Chapters 1 - 400 of the Laws of the State of New York for 2008.

§ 17-1004. Report.

Not later than sixty days after the end of each twelve-month period during which the **prescription** drug discount card program has been in operation, the department shall provide the city council with a report regarding such program. Such report shall provide information regarding the operation of such program during the reporting period, including, but not limited to (i) the number of **prescription** drug discount card holders who used the **prescription** drug discount card at least once, (ii) the total cost savings to all card holders generated by the program, (iii) the average cost savings to a card holder per **prescription**, (iv) the source and method of cost savings under the program, (v) the major drug categories that are not discounted under the program and an explanation as to why such drugs are not listed, (vi) the drugs for which rebates are offered under the program, listed according to major drug category, (vii) the number of pharmacies participating in the program, and (viii) to the extent available, any costs incurred by pharmacies to participate in the program.

HISTORICAL NOTE

Section added L.L. **19/2005** § 2, eff. July 5, **2005**. [See Chapter 10

footnote]

NYC Code § 17-1004

NEW YORK CITY CHARTER, CODE, AMENDMENTS & RULES

NEW YORK CITY ADMINISTRATIVE CODE

TITLE 17. HEALTH

CHAPTER 10(2). PRESCRIPTION DRUG DISCOUNT CARD ACT

Currency through Local Laws 21 of 2008 and Chapters 1 - 400 of the
Laws of the State of New York for 2008.

§ 17-1005. Implementation.

The department may enter into contracts or agreements with third parties to implement the provisions of this chapter, including, but not limited to, developing and/or administering the **prescription** drug discount card program established pursuant to section 17-1003 of this chapter and collecting information required by section 17-1004 of this chapter.

HISTORICAL NOTE

Section added L.L. **19/2005** § 2, eff. July 5, **2005**. [See Chapter 10

footnote]

NYC Code § 17-1005

END OF DOCUMENT

ATTACHMENT A

PROPOSAL COVER LETTER (Page 1 of 2)

**CITY OF NEW YORK
DISCOUNT DRUG CARD**

A. Proposer:

Name and Title	
Address	
Tax Identification #	

B. Proposer's Contact Person:

Name and Title	
Address	
Telephone Number	

C. Licenses and Certifications:

List all licenses and certifications held by your organization and sublicensees, if applicable. (Attach copies)

1.	
2.	
3.	
4.	

☐

Additional List Attached

ATTACHMENT A

PROPOSAL COVER LETTER (Page 2 of 2)
CITY OF NEW YORK
DISCOUNT DRUG CARD

D. Subconcessionaire and Sublicensee Information

List the names of all proposed subconcessionaires and sublicensees, if any.

	Name and Address of Organization	Contact Person	Telephone Number
1.			
2.			
3.			
4.			

☐ Additional List Attached

E. Proposer's Authorized Representative:

Name and Title	
Address	
Telephone Number	
Signature	
Date	

ATTACHMENT B – Experience Tables (Page 1 of 5)

Instructions: Provide the information requested below for the proposer and if applicable, each proposed partner/subconcessionaire. If more than one such entity is proposed, provide additional copies of this form to accommodate them and indicate below that additional forms are attached.

Name of Proposer/Partner/Subconcessionaire: _____

☐ Additional forms attached. Total number of sheets _____

EXPERIENCE AS PBM		Number of years	
		Proposer	Other Entity #1
1a.	Indicate the total number of years experience providing PBM services.		

EXPERIENCE AS PBM		Number	List Entities	
		Proposer		
1b.	Indicate the number of entities with which the proposer has had contracts to provide PBM services in the prior three (3) years. Attach a list of the entities.		1.	
			2.	
			3.	
			4.	

☐ Additional List Attached

ATTACHMENT B – Experience Tables (Page 2 of 5)

EXPERIENCE AS PBM		List Entities		Total number of enrollees served (indicate year)	Total number of prescriptions filled (indicate year)	Whether the PBM services were provided directly or indirectly to any governmental entities
1c.	For each such entity, indicate the total number of: (a) enrollees served in any of the three prior years, (b) prescriptions filled in any of the three prior years and (c) whether the PBM services were provided, directly or indirectly, to any governmental entities.	1.				
		2.				
		3.				
		4.				
		5.				
		6.				

☐ Additional List Attached

ATTACHMENT B – Experience Tables (Page 3 of 5)

EXPERIENCE AS PBM		Number of Pharmacies	Names of Pharmacies		Addresses of Pharmacies
2.	Indicate the total number of pharmacies in NYC with which there is a current agreement. Attach a list of the names and address of these pharmacies.		1.		
			2.		
			3.		
			4.		
			5.		
			6.		

☐ Additional List Attached

ATTACHMENT B – Experience Tables (Page 4 or 5)

EXPERIENCE AS PBM		Number of Pharmacies
3.	Indicate the total number of pharmacies outside of NYC with which there is a current agreement.	

EXPERIENCE WITH DRUG DISCOUNT CARD PROGRAMS		Number	
		Proposer	Other Entity #1
4a.	Indicate the total number of years experience providing one or more drug discount card programs.		

EXPERIENCE WITH DRUG DISCOUNT CARD PROGRAMS		Number	List of Discount Card Programs and the Entities	
		Proposer		
4b.	Indicate the total number of entities with which the proposer has had contracts to provide a drug discount card program in the prior three (3) years. Attach a list of the discount card programs and the entities.		1.	
			2.	
			3.	
			4.	

☐ Additional List Attached

ATTACHMENT B – Experience Tables (Page 5 of 5)

EXPERIENCE WITH DRUG DISCOUNT CARD PROGRAMS		List Entities	Total number of enrollees served (indicate year)	Total number of prescriptions filled (indicate year)	Whether the drug discount card program served directly or indirectly to any governmental entities.
4c.	For each such drug discount card program, indicate the total number of: (a) enrollees served in any of the prior three years. (b) prescriptions filled in any of the prior three years, and (c) whether the drug discount card program served, directly or indirectly, any governmental entities.	1.			
		2.			
		3.			
		4.			
		5.			
		6.			

☐ Additional List Attached

ATTACHMENT C – Pricing Tables (Page 1 of 3)

Table #1 – Drug Pricing

- A. List in descending order of frequency, in the charts below, the five (5) drugs that the proposer supplies that are most often prescribed for each of the following conditions. For each item listed, indicate the reference source(s) used for determining pricing, the price from that source, and the discounted price.

Conditions

1. ASTHMA
2. HYPERCHOLESTEROLEMIA / HYPERLIPIDEMIA
3. DIABETES
4. HYPERTENSION
5. DEPRESSION

ASTHMA

	Prescription Drugs Dispensed	Reference Source(s)	Price	Discounted Price
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$

HYPERCHOLESTEROLEMIA / HYPERLIPIDEMIA

	Prescription Drugs Dispensed	Reference Source(s)	Price	Discounted Price
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$

ATTACHMENT C – Pricing Tables (Page 2 of 3)

DIABETES

	Prescription Drugs Dispensed	Reference Source(s)	Price	Discounted Price
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$

HYPERTENSION

	Prescription Drugs Dispensed	Reference Source(s)	Price	Discounted Price
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$

DEPRESSION

	Prescription Drugs Dispensed	Reference Source(s)	Price	Discounted Price
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$

ATTACHMENT C – Pricing Tables (Page 3 of 3)

Table # 2 – Listing of Fees

Indicate fees charged per prescription dispensed for each category of medication. Put N/A if not applicable.

	Type of Fee	Brand-name	Generic	OTC
1.	Administrative	\$ _____	\$ _____	\$ _____
2.	Dispensing	\$ _____	\$ _____	\$ _____
3.	Mail Order Handling Fees	\$ _____	\$ _____	\$ _____
4	Other - specify:	\$ _____	\$ _____	\$ _____
5.	Other - specify:	\$ _____	\$ _____	\$ _____

ATTACHMENT D – Acknowledgement of Addenda

RFP TITLE: CITY OF NEW YORK, DRUG DISCOUNT CARD
CIN #: 0

DIRECTIONS: COMPLETE PART I, OR II WHICH EVER IS APPLICABLE

PART I: LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP.

ADDENDUM #1, DATED _____, 20____

ADDENDUM #2, DATED _____, 20____

ADDENDUM #3, DATED _____, 20____

ADDENDUM #4, DATED _____, 20____

ADDENDUM #5, DATED _____, 20____

PART II:

_____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PROPOSER (NAME) _____

DATE _____, 20____

PROPOSER (SIGNATURE) _____

ATTACHMENT E – Doing Business Data Form



The City of New York
Mayor's Office of Contract Services
Doing Business Accountability Project

Doing Business Data Form

To be completed by the City Agency prior to distribution	
Agency: DOHMH	Transaction ID: 07TB099800R0X00
Check One: ☒ Proposal ☐ Award	Transaction Type (check one): ☐ Concession ☐ Contract ☐ Economic Development Agreement ☐ Franchise ☐ Grant ☐ Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- ☐ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☐ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type)
☐ Sole Proprietor ☐ Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

05/06/2008

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former COO: _____ on date: _____

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



Printed on paper containing 30% post-consumer material

ATTACHMENT F – Certification of Compliance with Local Law 19 of 2005

By signing below, I certify that if granted a concession

_____ will fully comply with Local Law 19 of 2005
which added **NEW YORK CITY ADMINISTRATIVE CODE, TITLE 17. HEALTH,
CHAPTER 10(2). PRESCRIPTION DRUG DISCOUNT CARD ACT.**

Name

Signature

Title

Date