

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS
PAID PREVENTION INTERNSHIP OPPORTUNITY ROUND 2 (PPIO)**

EXPECTED TIMETABLE FOR KEY EVENTS:

	DATE	TIME
RFA Release Date	8/18/2023	
Deadline for Submission of Applicant's Inquiries	9/1/2023	5:00 PM EST
Anticipated Release of Inquiries & Answers by OASAS	9/8/2023	
Application Submission Due Date and Time	9/23/2023	5:00 PM EST
Anticipated Notification of Award	10/16/2023	

ALL INQUIRIES TO:

COVIDFunds@oasas.ny.gov

Bureau of Contracts & Procurements
NYS Office of Addiction Services and Supports
Subject: **OASAS Project No. SUPP1020**

EMAIL SUBMISSION OF APPLICATIONS TO:

COVIDFundsApplications@oasas.ny.gov
NYS Office of Addiction Services and Supports
Subject Line: OASAS Project No. SUPP1020, "Provider Name"

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
 REQUEST FOR APPLICATIONS
 (RFA) #SUPP1020 – PAID PREVENTION INTERNSHIP OPPORTUNITY
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A. INTRODUCTION AND BACKGROUND:

1. PURPOSE OF REQUEST FOR APPLICATIONS

The New York State Office of Addiction Services and Supports (OASAS) Division of Prevention and Problem Gambling Services (DPPGS) is offering the opportunity for funded OASAS Prevention Providers to apply to receive one-time funding in the amount of \$30,000 to support the recruitment and establishment of a Paid Internship position for up to twelve months. OASAS intends to award at least thirty internships.

This funding is made available through federal funding relating to the COVID-19 pandemic, the American Rescue Plan Act (ARPA) and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act.

The Paid Prevention Internship Opportunity (PPIO) is designed to support and build the Prevention Workforce by bringing in talented, skilled, knowledgeable, and diverse staff to the field. The goal of this program is to attract both college-level students and/or workforce-ready individuals who, through this initiative, will gain entry-level experience and learn about substance use disorder prevention science, content, and practices. This initiative will also provide needed staff support to the Prevention field.

The PPIO is designed as a comprehensive and robust experience that affords the intern the education and training that could help lead to a Certified Prevention Professional (CPP) or Certified Prevention Specialist (CPS) credential. At minimum, and upon completion of the full year internship, the intern could earn 60 hours of Prevention-specific education and training to add toward earning a CPP or CPS credential.

Objective 1: Foster collaboration between substance use/misuse Prevention provider community and Colleges, Universities, and/or Work-Readiness/Employment programs

To create an opportunity for Prevention providers to partner with local colleges/universities, Education Opportunity Program (EOP), Education Opportunity Centers (EOC) (<http://www.ucawd.suny.edu>), or employment programs with the goal of recruiting a culturally diverse pool of students and work-ready individuals for paid internship experience for 12 months (or 1-2 semesters).

Deliverable 1:

Provider will establish a Prevention Internship Job Description that identifies relevant work assignments, projects, learning opportunities, shadowing, and related tasks in which the intern will engage. Provider will use this job description to broker and establish the internship position with a college/university or employment program. Provider will establish a working relationship via Memorandum of Understanding (MOU) with one College/University or Employment Program to recruit the Intern.

Objective 2: Build substance use/misuse Prevention Workforce and Recruit for Diversity

A key component of this funding opportunity is the expectation that substance use and misuse prevention providers demonstrate a priority towards recruiting for diversity by recruiting students and work-ready individuals through College/University/Employment Program partnerships including, but not limited to: State University of New York Education Opportunity Programs (EOP), or Education Opportunity Centers (EOC), Refugee Resettlement, LGBTQ Centers, and other diverse organizations. Providers will build their workforce capacity to recruit and train prevention professionals as well as provide an entry level pathway to the [CPP or CPS credential](#). The intern will have the opportunity to engage in Prevention trainings coordinated by both OASAS and the provider.

Deliverable 2:

- a. Using the Internship Job Description, providers must develop a workplan that provides a foundational entry level prevention experience. Interns working with our prevention providers will gain knowledge, training, experience, and work hours that can be applied towards a Certified Prevention Professional or Certified Prevention Specialist Credential (CPP/CPS). This work includes, but is not limited to learning and exposure to Evidence Based Programs (EBPs), community engagement, participation in Environmental Change Strategy efforts, attendance at community meetings on behalf of the agency, helping to establish relationships in the community, collaboration with community coalitions, parent meetings and workshops, leading/co-leading workshops, shadowing other prevention professionals, data collection and reporting, etc.
- b. All Interns will be required to take the five-hour Pre-Substance Abuse Prevention Skills Training (Pre-SAPST) online course to become acclimated to Prevention work and will participate in the 31-hour (4-day) SAPST and other trainings coordinated by the provider agency and OASAS. The intern will participate in all provider-specific orientation/onboarding training requirements.
- c. Provider will describe their efforts to recruit for diversity to meet the need of the populations and communities they serve.
- d. Each Prevention agency applicant must identify a Qualified Prevention Professional to provide direct programming and administrative supervision of the intern. A stipend has been made available for the identified intern supervisor to encourage and incentivize the additional duties of the role. Please reference the 2022 Prevention Guidelines for Qualified Prevention Professional https://oasas.ny.gov/system/files/documents/2023/03/2022_prevention_guideines.pdf

- e. Provider will establish hours and payment arrangement with intern based on the pay structure below. Executed Contract/Terms of Agreement/Letter of Hire that includes supervisor, schedule, and payment arrangement must also be established.

Formal Substance Use/Misuse Prevention Training Component

Prevention specific learning, education, and training is a key component of PPIO. All Interns will be required to take the five-hour Pre-SAPST online course to become acclimated to Prevention work and will participate in the 31-hour (four-day) SAPST and other trainings coordinated by OASAS and the provider. Provider agency will coordinate with OASAS to develop a training calendar to achieve completion of 60 hours of Prevention-specific education and training by the end of the Internship year. Provider agencies will include PPIO Interns in all Prevention work-related and evidence-based trainings the agency coordinates.

REQUIRED TRAININGS OF PPIO:

- 5hrs** Pre-SAPST
- 31hrs** SAPST
- 7hrs** Ethics
- 10hrs** Cultural Competency
- 7hrs** TEEN INTERVENE

Total hours = **60 hrs** of training

2. FUNDING AVAILABLE

Funding under this application must be used towards the delivery of the one-year Paid Prevention Internship Program.

Prevention Counseling, Screening Brief Intervention and Referral to Treatment (SBIRT), Problem Gambling training and work cannot be supported with these funds, however it is important that an Intern understand that these services are a part of the continuum of prevention services.

Provider must apply directly to OASAS for up to **\$30,000** for the Paid Internship Position.

*Intern max pay can be up to (but not to exceed) \$20 an hour

For example:

One Intern: 16 hours per week/\$20 per hour = \$320 per week = \$1,280 a month = **\$15,360** for one year (12 months)

9% Fringe - **\$1,385**

Equipment - **\$5,000** (program laptop and carrying case, etc.)

OTPS – **\$3,000** (conferences, paid trainings, intern travel, program supplies, etc.)

Intern supervisor stipend = **\$2,500**

Agency Administration costs(10%) = **\$2,725** (Cost related to background checks and fingerprinting)

Please note that agency administration is limited to no more than 10% of operating expenses as defined in Section 15 of the CFR manual.

Funding will support one internship position per awarded agency. Position can be split between two interns.

OTPS should include training cost, conferences, CPP/CPS credential application fees, etc. for the Internship position.

A maximum stipend of \$2,500 to support the supervisor who is assigned to the intern is included. The full stipend can be paid as a monetary bonus to the supervisor, or a portion of the stipend can be reserved by the agency to cover training, conferences, and/or CPP/CPS credential renewal fees of the supervisor.

Provider will submit an annualized budget to project cost of PPIO award.

Providers must follow the Administrative and Fiscal Guidelines for [OASAS-Funded Providers](#).

3. ELIGIBLE APPLICANTS

Existing OASAS-funded Prevention providers including Prevention Resource Centers are eligible to apply for this funding opportunity.

B. INQUIRIES AND CLARIFICATIONS:

Any inquiries or requests for clarification about this RFA must be received in writing by 5:00PM EST on **September 1, 2023** and must be submitted by email to COVIDFunds@oasas.ny.gov with a subject line "**Requests for Applications - OASAS Project No. SUPP1020**". Answers will be posted to the OASAS Procurement web page on or around **September 8, 2023**.

In the event it becomes necessary to clarify any portion of this RFA, a clarification will be posted to the OASAS website.

C. SUBMISSION OF APPLICATIONS:

Applications should be emailed to COVIDFundsApplications@oasas.ny.gov by 5:00 P.M. EST on September 23, 2023. The subject of the email should read: **SUPP1020**, "Provider Name".

Complete applications must be received by NYS OASAS by 5:00 P.M. EST . **5:00 P.M. EST on September 23, 2023**.

APPLICATION FORMAT AND CONTENT

The submission must include the following:

1. Proposal Cover Letter

A cover letter will transmit the application to OASAS. It should be completed, signed, and dated by an authorized representative of the Bidder. The letter should include the Bidder's designated contact name, phone number, and e-mail address.

2. Attachment B - Contract Budget and Funding Summary

3. Attachment C- Program Narrative

4. Attachment D- Attestation of Compliance

*The application should be typed, double-spaced, 12 pt. font. The entire application shall not exceed 12 pages including budget and attestation pages. With that said, govern project narrative accordingly. There is no word limit for the application.

D. REVIEW CRITERIA:

Funding will be awarded based on determination that an applicant is eligible for an award; and has the highest score among applicants according to the Program Narrative.

Scoring will be as follows:

1. Attachment C: Program Narrative
 - a. Recruitment and Onboarding – 30 points
 - b. Diversity in Selection Process – 30 points
 - c. Training Capacity – 15 points
 - d. Tasks and Duties – 20 points
 - e. Attestation of Compliance (Attachment D) – 5 points

E. ADMINISTRATIVE INFORMATION:

1. **OASAS RESERVED RIGHTS**

OASAS reserves the right to:

- Reject any or all applications received in response to this Requests for Funding.
- Not make an award to any applicant who is not in good standing.
- Withdraw the RFA at any time, at OASAS's sole discretion.

- Make an award under this RFA in whole or in part.
- Make awards based on geographical or regional consideration to serve the best interests of the State.
- Negotiate with the successful applicant within the scope of the RFA in the best interests of the State.
- Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA.
- Seek clarifications and revisions of applications.
- Use application information obtained through site visits, management interviews and the State's investigation of an applicant's or its proposed subcontractor's qualifications, experience, ability, or financial standing, and any material or information submitted by the applicant in response to the OASAS's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Amend the RFA to correct errors of oversight, or to supply additional information as it becomes available.
- Direct applicants to submit application modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants.
- Waive any requirement that is not material.
- Conduct contract negotiations with the next successful applicant, should the OASAS be unsuccessful in negotiating with the selected applicant.
- Utilize any and all ideas submitted in the applications received.
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's application and/or to determine an applicant's compliance with the requirements of the solicitation.
- Accept applications after the due date for submissions, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submissions.

2. VENDOR RESPONSIBILITY

State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the

VendRep System online at http://www.osc.state.ny.us/vendrep/info_vrsystem.htm.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at itservicedesk@osc.ny.gov.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

3. PREQUALIFICATION REQUIREMENTS FOR NOT-FOR-PROFIT BIDDERS

Pursuant to the NYS Division of the Budget Bulletin H-1032 Revised, dated July 16, 2014, NYS has instituted key reform initiatives to the grant contract process, which require that **not-for-profits must register in the NYS Grants Gateway and complete a Vendor Prequalification process.**

Applicants must be pre-qualified in the NYS Grants Gateway when submitting their application. In addition, any award is contingent on the Applicant(s) being pre-qualified at the time of contract execution. (See: <http://grantsgateway.ny.gov/>)

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor User Manual in the Grants Reform Website details the requirements and can be found at <https://grantsmanagement.ny.gov/grantee-documents>.

1. Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway. If you have previously registered and do not know your Username, please email grantsreform@its.ny.gov. If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2. Complete your Prequalification Application.

- Log in to the Grants Gateway. **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@its.ny.gov.

3. Submit Your Prequalification Application

- After completing your Prequalification Application, click the ***Submit Document Vault Link*** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes, you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Failure to prequalify and maintain your prequalification status will serve as a bar to grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact COVIDFunds@oasas.ny.gov.

4. COMPLIANCE REQUIREMENTS

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.

5. REPORTING REQUIREMENTS

1. Successful Applicants will be required to submit monthly reports (Internship Workplan) to an OASAS Project Coordinator to track progress on program goals (see Attestation of Compliance). Provider will submit an annualized budget to project cost of PPIO award.

2. PPIO will be monitored by an OASAS Project Coordinator for success, effectiveness, and adherence to the Internship Workplan.

3. Each applicant Prevention agency must identify a Qualified Prevention Professional (QPP) to not only provide direct supervision of the intern and facilitate their onboarding process; but the QPP must also provide monthly reports detailing the progress and accomplishments of the Internship Workplan to the OASAS Project Coordinator. A supervisor stipend is made available to cover duties of this project.

4. OASAS may add additional reporting based on SAMHSA and OASAS needs for information.

F. PAYMENT PROCESS

1. Advance Payment and Recoupment Language:

- a. The State agency will make one advance payment to the Contractor, in the amount of twenty-five percent (25%), for each program of the budget as set forth in the most recently approved applicable Attachment B form (Budget) within thirty (30) days of State Agency approval of the initial contract or any amendment thereafter.
- b. Recoupment of any advance payment shall be recovered by crediting subsequent reimbursement claims until the advance is fully recovered within the contract period.
- c. If upon completion or termination of this Master Contract, all advance payments have not been fully liquidated, the balance of such payments shall be paid by the Contractor to the State upon demand.

2. Interim and/or Final Claims for Reimbursement:

Claims for reimbursement may not be submitted more often than monthly for allowable costs. All invoices shall be submitted using the form identified by the State Agency and submitted to COVIDFundsVOUCHERS@oasas.ny.gov.

Attachment B - Contract and Funding Summary

INSTRUCTIONS – PAID PREVENTION INTERNSHIP OPPORTUNITY SUPP1020

1	Initiative	Enter the name of the initiative for this budget submission.
2	Printed Legal Name of Entity	Print the incorporated or legal name of the agency submitting the request. Do not enter the common name or acronym.
3	SFS Supplier ID	Enter the unique 10-digit number that identifies the agency/vendor in the Statewide Financial System (SFS).
4	OASAS Provider Number	Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the Agency Code number used when submitting Consolidated Fiscal Report documents.
5-7	Address	Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.
8-11	Contact Person	Enter the printed name and title, telephone number (including area code), and email of the person who can answer questions concerning the information provided on the Budget form.
12-17	Requested Budget	<p>Applicants should refer to the Consolidated Fiscal Reporting Manual for a more detailed general description of the following expense items which should be entered in Columns A-Primary Prevention and B-All Other Services (see table below):</p> <ul style="list-style-type: none"> 12) Personal Services; 13) Fringe Benefits; 14) Other Than Person Services/Non-Personal Services; 15) Equipment; 16) Property/Space; and 17) Agency Administration. <p>Enter a zero (0) in those categories for which no costs are anticipated. Some categories are not allowable for some initiatives in which case the entry will be blacked out on the budget form. Agency administration costs may not exceed 10% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs.</p> <p>All requested amounts should be rounded to the nearest dollar.</p>
18-19	Agency Official	Enter the printed name and title of the agency representative authorized to submit this application on the agency's behalf, signed and dated.
20-21	Signature and Date	The agency representative must sign and date the funding request.

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
ATTACHMENT B - CONTRACT BUDGET AND FUNDING SUMMARY

1) **Initiative:** Paid Prevention Internship Opportunity – Round 2

2) Printed Legal Name of Entity:	
3) SFS Supplier ID:	4) OASAS Provider Number:
5) Street Address/P.O. Box:	
6) City/Town/Village:	7) Postal Zip Code:
8) Printed Name of Contact Person:	9) Printed Title of Contact:
10) Contact Telephone #:	11) Contact E-Mail:

REQUESTED BUDGET (rounded to the nearest dollar)	Amount
12) Personal Services	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
15) Equipment	
16) Property/Space	
17) Agency Administration (if applicable)	
TOTAL GROSS EXPENSE BUDGET	
Total Funds Requested	
18) Printed Name of Agency Official:	19) Printed Title:
20) Signature:	21) Date:

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Paid Prevention Internship Opportunity (PPIO)

ATTACHMENT C - PROGRAM NARRATIVE

Successful applications must include a narrative containing:

1. Describe the proposed plan to recruit and onboard the paid internship position. Does your agency have the staffing bandwidth to assign the required internship supervisor? Identify who will provide this supervision, their qualifications to do so, and how the supervisor will work with the intern.
2. How will your organization ensure that diverse applicants are reached? This may include (but not limited to) outreach to BIPOC, LGBTQ, or Refugee Resettlements programs, SUNY EOP and EOC, minority-supporting organizations and/or associations (i.e., National Urban League, National Association of Social Workers). Describe the importance of diversity in recruitment for this internship position.
3. Describe your organization's menu of training opportunities and access to additional training resources outside of your agency. Include a proposed training calendar.
- 4a. Describe the tasks and duties that your organization proposes to assign to the paid intern under supervision. This work should include, but is not limited to: training to the Strategic Prevention Framework (SPF), Evidenced Based Programs (EBP's), community engagement, participation in Environmental Change Strategy (ECS), community capacity building, collaboration with community coalitions, attending parent meetings and workshops, co-leading workshops, shadowing other prevention professionals, data collection and reporting, etc.
- 4b. Describe how your organization will assess and reinforce the learning from these tasks/duties on the intern's professional development.
5. Attestation of Compliance (Attachment D) with monthly project progress reporting to OASAS Project Coordinator and attendance at all required Internship meetings and calls with OASAS.

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Paid Prevention Internship Opportunity (PPIO)

ATTACHMENT D – PROVIDER ATTESTATION

I, _____, attest that I will attend all scheduled meetings, trainings, and conference calls required by this project. I will also adhere to monthly report submissions as directed by the OASAS Project Coordinator to ensure that project goals are achieved, and funds are spent accordingly (as budgeted).

Provider Representative Signature

Title

Date

Attachment D

Certification Under Executive Order No. 16 Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia

Executive Order No. 16 provides that “all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia.” The complete text of Executive Order No. 16 can be found [here](#).

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

As defined in Executive Order No. 16, an “entity conducting business operations in Russia” means an institution or company, wherever located, conducting any commercial activity in Russia or transacting business with the Russian Government or with commercial entities headquartered in Russia or with their principal place of business in Russia in the form of contracting, sales, purchasing, investment, or any business partnership.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

- 1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.
- 1.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion.)
- 1.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services within Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)
- 2. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalties of perjury that they are knowledgeable about the Vendor’s business and operations and that the answer provided herein is true to the best of their knowledge and belief.

Vendor Name: _____ (legal entity)

By: _____ (signature)

Name: _____ Title: _____

Date: _____

Provider Number: _____