



**Subject:** RFP# 2024-010 OPIOID SETTLEMENT FUNDED COMMUNITY GRANTS

**Proposer:** Gem Drug Corporation, DBA Lincoln Pharmacy

300 Morton Ave.

Albany, NY 12209

**Phone:** 518-465-2253

**Contact Person:** Zarina Jalal

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## PROPOSAL SECTION II

### Describe the Problem

Lack of access to addiction treatment and support services is a well-documented problem in Albany County. The Opioid Settlement Fund Advisory Board (OSFAB) lists treatment as a service priority. Albany County Regional Abatement fund prioritizes addressing service disparities.

Recognizing that access to substance abuse treatment was vital to New Yorkers, last year Governor Hochul signed into law *A.6779-A/S.6337-A* allowing pharmacists the authority to administer long-acting injections (LAIs) for the treatment of substance use disorder (SUD) and mental health. Currently, the New York State Department of Education (NYSED), which oversees the practice of Pharmacy, is drafting regulations for this law. Once the regulations are finalized, New York pharmacists can administer these injections in the pharmacy. Since pharmacies are open longer hours than most clinics, access to substance use treatment becomes easier for those in recovery.

Although expanded access to SUD injections seems imminent, there are several foreseeable barriers. Firstly, pharmacists are not currently recognized as medical providers in New York State, and the administration of injections is often considered a medical service. Until pharmacy administration of these medications becomes widespread, like vaccine administration, New York pharmacists will be forced to pass the cost of this service on to patients. Patients in turn often balk at the cost since the administration of the injection would be something that would be covered as a part of their office visit. So, while this new state law is promising, it will not expand access to substance-use medication unless pharmacists can be paid for the service without additional cost to the patient. As early as 2017, the American Pharmacists Association had identified the lack of ability for a pharmacy to bill the patient's insurance for the administration of these injections as a barrier.

Lincoln Pharmacy has been a provider for clinics in Albany County seeking to administer LAIs for mental health; currently, we have over 50 patients a month who receive their LAIs through our pharmacy at their medical provider's office. Our experience has taught us that a barrier to patients receiving LAIs has often been providers being unable to bear the cost burden. Some LAIs can cost upwards of \$10,000 a dose. Medical practices administering these injections must purchase them in anticipation of the upcoming dose, then bill the patient's insurance, get an approved claim, and wait for

the disbursement of funds. When the patient receives an injection from a medical provider there is an element of uncertainty of payment that, along with the cash flow burden of a robust practice are often reasons why prescribers do not start patients on an LAI, even when it is the best treatment option for the patient. In pharmacies, claim submission and acceptance occur in real-time, so pharmacy providers will know for certain if they will be paid for an injection before they administer it.

### **PROPOSAL SECTION III:**

#### **Describe the Approach**

In alignment with the Opioid Settlement Fund Advisory Board (OSFAB) recommendation, Lincoln Pharmacy seeks to expand *Treatment* and increase *Public Awareness*, we also will address the Albany County Regional Abatement Priorities of *Addressing Geographic Disparities, Addressing Service Disparities, and Implementing innovative Practices and Services*. We propose establishing a long-acting injection (LAI) practice within our existing pharmacy. The targeted patient population for this program will be those further along in their recovery, stable on oral therapies, or maintained on SUD LAIs. By creating a treatment environment for maintenance patients to transition to, existing providers can increase the capacity of new patients seeking substance use disorder treatment.

Based on Lincoln Pharmacy's previous experience in administering vaccines and Regen-COV, the COVID-19 subcutaneous treatment, we estimate the pharmacist will need to spend 20 minutes per patient preparing the injections for administration, screening the patient, administering the dose, and documenting the dose. or this grant, we will cap the number of pharmacist hours for this program at 10 hours per week, which allows a weekly capacity of 30 patients, or 120 patients a month. In addition to the pharmacist's time, our support staff will also communicate with the providers' offices and insurance companies to guarantee coverage and availability of such injections. Also, the pharmacy staff will coordinate with the patient to schedule appointments, provide reminders of upcoming appointments, and engage with the patient post-injection to ensure they have achieved adequate symptom control.

Six to eight months before project completion, Lincoln Pharmacy will develop a guide with best practices for establishing a Pharmacy-Based Long-Acting Injection Practice. This guide will be shared with the Albany County Department of Mental Health and can be made available for other Albany

County pharmacies upon request without charge; pharmacies outside of Albany County will have to pay a nominal fee to access the guide. We will also engage with local, state and national stakeholders to discuss and present relevant details of a community pharmacy-based LAI administration clinic, and community pharmacist involvement in SUD treatment.

Grant funding will be used to offset the cost of pharmacy overhead in administering these injections, such as pharmacist and pharmacy staff time, as well as for program implementation expenses, including the purchase of upgraded refrigerators to meet the storage specifications of one SUD LAI (Sublocade), an Automated External Defibrillator, training and certification for pharmacists, and providing CPR and bloodborne pathogens training for staff. Upon confirmation of the grant award Lincoln Pharmacy will work to establish a strong pharmacy-based program for administering long-acting injections in five phases, *Framework, Implementation, Rollout, Optimization and Community Development*.

In the *framework stage*, Lincoln Pharmacy will:

1. Inform local providers of the changes to state law that allow for pharmacist administration of LAIs for SUD and mental health, and the availability of the service at Lincoln Pharmacy.
2. Establish a streamlined procedure for referrals, scheduling, patient screening, documentation, and reporting of injections.
3. Establish a protocol for patients who present for injections outside the prescribed dosing window
4. Establish a protocol for emergent situations that are identified during patient encounters.
5. Launch a Social Media Campaign about the availability of this new service

In the *implementation* phase Lincoln Pharmacy staff will:

1. Train Lincoln Pharmacy staff on CPR and Bloodborne Pathogens. Certify Pharmacists for Long-Acting Injectable Administration

2. Procure equipment such as locking refrigerators, and an Automated External Defibrillator (AED).
3. Begin to accept referrals to our injection administration practice. The pharmacy is enrolled in and able to receive referrals through the Unite US platform. For providers not enrolled in the platform, during the provider outreach phase we will provide practices with a paper referral form that can be faxed or securely submitted via our website.
4. Accept Prescriptions for SUD LAIs, providers will send electronic prescriptions to Lincoln Pharmacy for the injection they would like the patient to receive.
5. Order required medication
6. Schedule patient appointments

In the *Rollout* Phase Lincoln Pharmacy will:

1. Bill patient's insurance for the medication
2. Begin to administer the LAIs to patients, schedule follow up doses
3. Report administered doses, and relevant, patient specific details to prescribers
4. Solicit feedback from providers, patients and community members for program improvement
5. Adapt and improve the program so it better suits the community

In the *Optimization* phase of this program, Lincoln Pharmacy will:

1. Bill and administer LAIs at a greater frequency
2. Continue to report administered doses to the prescribers
3. Make changes as necessary to improve the program

In the *Community Development phase* of this program, Lincoln Pharmacy will:

1. Develop an implementation manual with best practices for pharmacies administering LAIs

2. Engage with local, state and national stakeholders regarding the development of pharmacy-based LAI administration clinics, and community pharmacist involvement in the treatment of SUD.

#### **PROPOSAL SECTION IV:**

##### **Experience and Expertise**

Lincoln Pharmacy is in the city of Albany and has been a provider of pharmacy services in Albany County since 1935. Lincoln Pharmacy advocates and supports the safe use of opiates in pain management. Organizationally, the pharmacy's standard operating procedure for dispensing opiates is more stringent than state regulations. Our pharmacy requires the dispensing pharmacist to check the State's Prescription Monitoring Program before filling a prescription for an opiate. We are also aligned with the OSFAB's priority of *Harm Reduction*. Our pharmacy location dispenses Narcan under the statewide standing order, we also have takeback receptacles for unused medication (including controlled substances) and used sharps. Lincoln Pharmacy has extensive experience working with individuals with substance use disorders; we currently serve over 30 patients monthly who take oral SUD medications.

This program will be led by Lincoln Pharmacy's Supervising Pharmacist, Dr. Zarina Jalal, PharmD. Dr. Jalal is a 2006 graduate of the Albany College of Pharmacy and Health Sciences and a lifelong Albany County Resident. With over a decade of pharmacy experience under her belt, Dr. Jalal has been in her current role since 2017. In her tenure at Lincoln Pharmacy, Dr. Jalal has championed numerous innovative pharmacy services including medication synchronization and compliance packaging, immunization administration, CLIA-waived testing, and COVID-19 treatment administration. In addition to her role at Lincoln Pharmacy, Dr. Jalal is a passionate advocate for the expansion of Pharmacy practice, she is an active member of the Pharmacist's Society of the State of New York (PSSNY). She also serves on the Board of Managers of the Community Pharmacy Enhanced Services Network of NY (CPESN-NY LLC/IPA). In her role with CPESN-NY LLC/IPA, Dr. Jalal has developed implementation guides for other Pharmacy-Based practice expansion initiatives such as CLIA-Waived Testing and Immunization.

In addition to Dr. Jalal, Lincoln Pharmacy has a team of 2 NYS-licensed immunizing pharmacists, 3 pharmacy technicians, 2 delivery drivers, and 2 clerks to support this program's efforts. At times, this program will also have student pharmacists from the Albany College Pharmacy and Health Sciences participating in patient care activities, as allowed by State Education Law.

#### **PROPOSAL SECTION V:**

##### **Budget**

*See Appendix A*

#### **PROPOSAL SECTION VI:**

##### **Reporting**

##### **Specific:**

This proposal aligns with the OSFAB recommendations of:

1. *Treatment*
2. *Public Awareness*

Regarding the Albany County Regional Abatement fund priorities this proposal seeks to:

1. *Address Geographic Service Deserts*
2. *Address Service Disparities*
3. *Implement an Innovative Service*

##### **Measurable:**

The success of this project will measure by the following:

1. Increased Dispensing of SUD LAIs
2. Increased Administration of SUD LAIs
3. Increased Administration of LAIs for mental health
4. Number of Referrals to the Pharmacy-Based Injection Practice
5. Population-level data of the patients receiving the LAI through Lincoln Pharmacy
6. Continuous quality feedback solicited by program stakeholders
7. Tracking engagement on Social Media posts



**Achievable:**

Although this proposal seeks to add a new service in a completely new practice setting, Lincoln Pharmacy is the most well-positioned in Albany County to take on this challenge. Our pharmacy has long been known to bring innovative pharmacy services to Albany County. In the 90's Lincoln Pharmacy worked closely with the staff at the Department of Mental Health's Adult Clinic to provide Clozapine to patients, the earliest model involved bringing the medication to the clinic where the patients would be able to receive it at their appointment. During the COVID-19 pandemic, Lincoln Pharmacy developed an instore COVID-19 testing setup to allow for walk in COVID-19 testing, a setup was duplicated in pharmacies across New York State. Location-wise as well, Lincoln Pharmacy is in a prominent location that is easily accessible by car and located on a bus line. Lincoln Pharmacy has two private offices where patients can receive the injections and then be observed post-dose, as necessary. Our pharmacy is in a census tract that has a high social vulnerability index, and increasing access to services in such neighborhoods is a high priority.

**Relevant:**

The lack of access to and availability of Substance Use treatment programs has been a hot topic in Albany County in recent years. There are many people in need of treatment options, but communities are often starkly opposed to having treatment centers located in their neighborhoods. This has been a topic of commenters at the Albany County Legislature public forums where community members spoke out on Local Law F for 2023. A proposal like this can be viewed as an alternative to communities having a full-scale SUD treatment facility. The pharmacy setting can allow patients, particularly those further along in their recovery, to transition away from heavy reliance on a SUD treatment facility but still receive treatment from an experienced healthcare provider in the community.

**Timebound:**

Once funding is awarded, Lincoln Pharmacy will need approximately 6 weeks (about 1 and a half months) to complete the *Framework stage*. *Implementation* will also take approximately 6 weeks.

*Rollout phase* can begin as soon as 3 months after grant funding; the budget is drafted to account for program growth, using less pharmacist time during the rollout phase. It is budgeted to allow for 4 hours of pharmacist administration per week; with the expectation that in the early weeks, the pharmacist will use less time, and gradually build up to the program capacity of 10 hours per week by the end of the rollout phase. The *optimization phase* will continue for 2 years after the conclusion of the *rollout phase*. In this phase, we can service up to 120 patients per month. The *community development phase* will begin in year 3, approximately 6-8 months before program completion and overlap with the end of the optimization phase.

**PROPOSAL SECTION VII:  
Mandatory Documentation**

<b>Document</b>	<b>Location</b>
The NonCollusive Bidding Certificate	Appendix B
Acknowledgment by Proposer	Appendix C
Vendor Responsibility Questionnaire	Appendix D
Iranian Energy Divestment Certification	Appendix E

## Appendix A: Budget

Budget Category	Year 1	Year 2	Year 3
<b>Personnel (identify all funded positions and the percentage supported by this funding)</b>			
Pharmacist (.1 FTE for 9 months year 1, .25 in Year 2&3 @\$120,000)	\$ 9,000.00	\$ 30,000.00	\$ 30,000.00
Program Support (.25 FTE for 9 months in year 1, .5 FTE in year 2&3 @ \$40,000)	\$ 7,500.00	\$ 20,000.00	\$ 20,000.00
<b>A) Personnel Subtotal</b>	<b>\$ 16,500.00</b>	<b>\$ 50,000.00</b>	<b>\$ 50,000.00</b>
<b>Fringe Rate</b>			
0.3	\$ 4,950.00	\$ 15,000.00	\$ 15,000.00
<b>B) Personnel + Fringe Subtotal</b>	<b>\$ 21,450.00</b>	<b>\$ 65,000.00</b>	<b>\$ 65,000.00</b>
<b>Supplies and Equipment (please list any equipment over \$1,000)</b>			
Refrigeration Equipment	\$ 6,000.00		
AED	\$ 1,500.00		
<b>C) Supplies Subtotal</b>	<b>\$ 7,500.00</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Expenses (please identify)</b>			
Provider Outreach (50 hours at \$50/hr)	\$ 2,000.00	\$ 500.00	
Social Media Marketing (\$500/mo)	\$ 4,000.00	\$ 6,000.00	\$ 2,000.00
CPR and Blood Borne Pathogens Training	\$ 1,500.00	\$ 600.00	\$ 1,500.00
Pharmacy Implementation Guide			\$4,000
Pharmacist LAI injection Certification	\$900		
Pharmacist DEA Certification, 3 @ \$888	\$2,664		
Travel Expenses for stakeholder engagement			\$ 5,000.00
<b>D) Other Expenses Subtotal</b>	<b>\$ 11,064.00</b>	<b>\$ 7,100.00</b>	<b>\$ 12,500.00</b>
<b>Subtotal Lines B-D</b>	<b>\$ 40,014.00</b>	<b>\$ 72,100.00</b>	<b>\$ 77,500.00</b>
<b>Admin (Admin is limited to no more than 5% of Lines B-D)</b>			
	\$ 2,000.70	\$ 3,605.00	\$ 3,875.00
<b>Total by Year</b>			
	<b>\$ 42,014.70</b>	<b>\$ 75,705.00</b>	<b>\$ 81,375.00</b>
<b>Total Funding Requested</b>			
			<b>\$ 199,094.70</b>

**Appendix B: Non-Collusive Bidding Certificate**

**ATTACHMENT "A"  
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO  
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW**

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

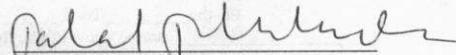
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

  
Signature

PRESIDENT  
Title

GEM DANG CORPORATION  
Company Name

03/06/2024  
Date

Appendix C: Acknowledgement by Proposer

ATTACHMENT "B"  
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

If Corporation:

STATE OF NEW YORK )  
COUNTY OF ALBANY ) SS.:

On this SIXTH day of MARCH, 2024, before me personally appeared JALAL JAINULABIDEEN to me known, who, being by me sworn, did say that he resides at (give address) 4 SHORE LAKE, COHES, NY; that he is the (give title) PRESIDENT of the (name of corporation) CHEM DRUG CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

**DAPHNEY J. KEEVERN**  
Notary Public - State of New York  
No. 01KE6362977  
Qualified in Albany County  
My Commission Exp. 08/14/2025

Daphney J. Keevern  
Notary Public, State of NEW YORK  
Qualified in ALBANY  
Commission Expires 8/14/25

If Partnership:

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of \_\_\_\_\_ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

## Appendix D: Vendor Responsibility Questionnaire Pg 1

### ATTACHMENT "C" ALBANY COUNTY VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME  <b>Gem Drug Corporation</b>		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS #	
4. D/B/A - Doing Business As (if applicable) & COUNTY FIELD:  <b>Lincoln Pharmacy</b>		5. WEBSITE ADDRESS (if applicable)  <b>www.albanylincolnpharmacy.com</b>	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE  <b>300 Morton Ave. Albany, NY, 12209</b>		7. TELEPHONE NUMBER <b>518-465-2253</b>	8. FAX NUMBER <b>518-465-2253</b>
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THE QUESTIONNAIRE Name <b>Zarina Jalal</b> Title <b>Pharmacist</b> Telephone Number <b>518-465-2253</b> Fax Number <b>518-465-2278</b> e-mail <b>@Zarina.pharmd@gmail.com</b>			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME <b>Jalal Jaimulabdeen</b>	TITLE <b>President</b>	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, OR D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Appendix D: Vendor Responsibility Questionnaire Pg 2

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>		
	<p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p>		
	<p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>		
	<p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>		
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i> <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i> <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i> <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>		
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Appendix D: Vendor Responsibility Questionnaire Pg 3**

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES:  Yes  No

a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**Appendix D: Vendor Responsibility Questionnaire Pg 4**



ALBANY COUNTY  
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN #

State of: NEW YORK  
County of: ALBANY ) ss:

**CERTIFICATION:**

The undersigned recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information ad belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business GEN DRUG CORPORATION Signature of Owner Jalal Palalubdeen  
Address 300 MORTON AVE Printed Name of Signatory JALAL TAINULABUDEEN  
City, State, Zip ALBANY, NY 12209 Title \_\_\_\_\_

Sworn before me this 6 day of March, 2024  
Notary Public

[Signature]

Daphney Kevern  
Printed Name  
[Signature]  
Signature  
08/14/25  
Date

**DAPHNEY J. KEEVERN**  
Notary Public - State of New York  
No. 01KE6362977  
Qualified in Albany County  
My Commission Exp. 08/14/2025

**Appendix E: Iranian Energy Divestment Certification**

**Attachment "D"  
Certification Pursuant to Section 103-g  
Of the New York State  
General Municipal Law**

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
  2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

Fahad Jannab Khan  
Signature

PRESIDENT  
Title

GEM DRUG CORPORATION  
Company Name

08-06-2024  
Date

Appendix F: County of Albany Proposal Form CP1

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Community Grants  
RFP Number: 2024-010

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent  
Albany County Department of General Services  
Purchasing Division  
112 State Street, Room 1000  
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

(a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
------	--------

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

(b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

**Appendix F: County of Albany Proposal Form CP2**

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

- 4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
- 5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
- 6. The following documents are attached to and made a condition of this Proposal:
  - (a) Non-Collusive Bidding Certificate (Attachment "A")
  - (b) Acknowledgment by Bidder (Attachment "B")
  - (c) Vendor Responsibility Questionnaire (Attachment "C")
  - (d) Iranian Energy Divestment Certification (Attachment "D")
  - (e) Proposer Qualification Questionnaire (Attachment "E")

7. Communication concerning this Proposal shall be addressed to:

Lincoln Pharmacy

300 Morton Ave.

Albany, NY 12209

Phone: 518-465-2253

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.


Appendix F: County of Albany Proposal Form CP3

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Community Grants  
RFP Number: 2024-010

COMPANY: Gem Drug Corporation DBA Lincoln Pharmacy  
ADDRESS: 300 Morton Ave  
CITY, STATE, ZIP: Albany, NY 12209  
TEL. NO.: 518-465-2253  
FAX NO.: 518-465-2278  
FEDERAL TAX ID NO.: 141711518  
REPRESENTATIVE: Zarina Jalal  
E-MAIL: zarina.pharmd@gmail.com  
SIGNATURE AND TITLE:  Pharmacy Manager  
DATE: 03/04/2024

## Appendix G: Letter of Support; Koinonia Primary Care



553 Clinton Ave  
Albany, NY 12206

March 7, 2024

To Whom it May Concern:

Koinonia Primary Care is pleased to offer this letter in support of Lincoln Pharmacy's grant application. Increasing access to medication assisted treatment, and specifically treatment with long-acting injections, is important to the community we serve.

Our community suffers from a high burden of substance abuse, and as a clinic we are committed to providing medication assisted treatment. Our providers have increasingly been prescribing long-acting injectable MAT to decrease the risk of relapse. These medicines have helped many of our patients successfully manage their substance abuse disorder. While these therapies are important patients can find them inconvenient. We're only able to administer them during our clinic hours, making this therapy inconvenient for some patients. If MAT can be administered at the pharmacy this will remove a big barrier to treatment and encourage more patients to use long-acting injections.

In addition, my staff and I have had the pleasure of collaborating with Lincoln Pharmacy for many years. The pharmacists and staff have consistently provided excellent patient care and demonstrated a desire to go above and beyond to serve their patients. I have no doubt that if they are awarded the grant they will implement it in that same spirit and truly benefit our community.

In short, it's my pleasure to be able to offer Koinonia's support to Lincoln Pharmacy's grant application.

Sincerely,

A handwritten signature in black ink that reads "Corrie Paeglow". The signature is written in a cursive, flowing style.

Corrie Paeglow MPH, DrPH  
Executive Director