

RFP# 2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants

Proposal title: **Virtual Reality for Non-Opioid Pain Management**

Proposer: Alan S. Boulos, MD
47 New Scotland Ave
Albany, NY 12208
518-262-9038
researchadmin@amc.edu

Contact person: Bill Hammer
Assistant Director
Office of Research Affairs

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants
RFP Number: 2025-084

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
06-10-2025	RFP- 2025-084
06-10-2025 - 06-13-25	All Addendum

(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;

(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")
7. Communication concerning this Proposal shall be addressed to:

William D. Hammer, Asst. Dir., ORA

Albany Medical College, MC-1 (express R-102)

47 New Scotland Ave, Albany, NY 12208

Phone: (518)262-9038

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

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants
RFP Number: 2025-084

COMPANY: Albany Medical College

ADDRESS: 47 New Scotlan Ave.

CITY, STATE, ZIP: Albany, NY 12208

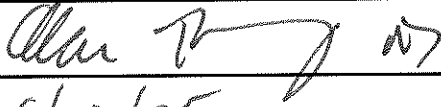
TEL. NO.: (518) 262-9038

FAX NO.: (518) 262-5890

FEDERAL TAX ID NO.: 14-1338310

REPRESENTATIVE: Alan Boulos, M.D.

E-MAIL: researchadmin@amc.edu

SIGNATURE AND TITLE: 

DATE: 6/12/25

Title: Virtual Reality for Non-Opioid Pain Management in the Emergency Department

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Agency / Organization:

Albany Medical College and Albany Medical Center comprise a major academic medical center located in Albany, New York. With a history of over 130 years of service, Albany Medical Center's Emergency Department (ED) handles more than 80,000 visits annually. Within the Department of Emergency Medicine, the Division of Toxicology and Addiction Medicine provides comprehensive inpatient and outpatient care for individuals with opioid use disorder (OUD).

Statement of Proposer qualifications:

Dr. Michael Waxman, the principal proposer on this grant application, is an emergency physician, addiction medicine physician, and preventive medicine physician at Albany Medical Center. Dr. Waxman's office is located at 47 New Scotland Ave. in Albany. Dr. Waxman completed a Preventive Medicine Residency at the University of Albany School of Public Health, which included a 3-month rotation at the Albany County Department of Health practices addiction medicine providing medication for opioid use disorder for those in recovery. Dr. Waxman is the principal investigator for the above-mentioned Albany County Grant for the Pain Management Coach and for a federally funded SAMHSA grant for Alternatives to Opioids for Emergency Department Patients with Painful Conditions. _

Michael Waxman, MD, MPH
Department of Emergency Medicine
Albany Medical College
47 New Scotland Ave
Albany, NY 12208
401.429.3045
waxmanm@amc.edu

Project Coordinator: Martha Kowalik has 35 years' experience in ED nursing and nursing leadership and is the co-project director on the AMC Alternative Opioids in the ED SAMHSA award. Ms. Kowalik has implemented dozens of initiatives in the AMC ED and has supervised many ED personnel.

Pain Management Coach: Rose Godfrey is a Credentialed Alcoholism and Substance Abuse Counselor with extensive experience working as an addiction counselor. Since joining the Albany Medical ED in September 2024, she has provided over 1000 patients with alternatives to opioid interventions.

Expertise:

The Albany Medical Health System has made addressing the opioid epidemic a strategic priority, implementing a range of primary, secondary, and tertiary prevention initiatives. In October 2023, the system received a three-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand its "Alternatives to Opioids" program to reduce opioid prescribing in

emergency settings through provider and patient education, alternative pharmacologic treatments, and non-pharmacological therapies (NPT).

Complimenting the SAMHSA grant, we received an Albany County Opioid Settlement Fund Grant to establish the Pain Management Coach program; that delivers Non-Pharmacological Therapies to Emergency Department patients with painful conditions. This Pain Management Coach program has been running successfully for nine months and has provided alternatives to opioids pain management thus far to over 1,000 persons with painful conditions.

Description of the problem:

The opioid epidemic in the United States has persisted for over two decades and continues to profoundly affect communities nationwide. Its origins can be traced to the aggressive marketing of opioids by pharmaceutical companies in the 1990s and 2000s. We now understand that even medically appropriate exposure to opioids carries a risk for developing opioid use disorder (OUD), contributing to the scale of the current crisis.(1) The recent opioid settlement funds stem directly from this chain of events, acknowledging the harm caused by these practices.

Among public health strategies, **primary prevention**—which aims to prevent disease before it occurs—is often the most impactful and cost-effective approach.(2) Lessons from other major health challenges, such as hypertension and HIV, have demonstrated that early interventions yield the greatest long-term benefits and cost savings. In the context of the opioid epidemic, primary prevention focuses on reducing initial exposure to opioids. This may include initiatives such as provider education, safer prescribing practices, and the use of non-opioid and non-pharmacological therapies for pain management.

Description of approach:

We propose to enhance the Albany Medical Center Emergency Department's Alternatives to Opioids and Pain Management Coach programs by integrating a virtual reality (VR)-based adjunct for pain management in patients experiencing acute pain. VR-based therapy is now a well-established non-pharmacological therapy (NPT) for treating painful conditions, with specific evidence supporting its use in the ED setting.(3-6)

Leveraging activities from the SAMHSA grant, our team has previously developed an NPT platform that includes a tablet-based delivery of music therapy and mindfulness applications. Current NPT options at Albany Medical Center include music therapy, the UCLA mindfulness app, art therapy, transcutaneous electrical nerve stimulation, and canine-assisted interventions. (Since September 2024, we have implemented these interventions in over 1,000 ED patients, with preliminary data indicating a 10.7% relative reduction in reported pain levels.)

However, we would like to expand our NPT options by incorporating immersive VR technology as an additional NPT modality to further reduce opioid exposure and improve pain outcomes in this high-risk population.

Performance Measures:

- Patient Participation Rate
 - Measure: Eligible patients who agree to and complete at least one VR pain management session, with a goal of 100 participants in a one-year period.
- Reduction in Reported Pain and Anxiety Scores
 - Measure: Average percentage reduction in patient-reported pain and anxiety scores (e.g., via Numeric Rating Scale) immediately before and after VR sessions.
- Patient Satisfaction with VR Experience

- Measure: Percentage of patients reporting satisfaction with the VR experience (e.g., rating ≥4 out of 5 on a post-session survey).

Cost Proposal

Expense Breakdown	Quantity	Amount	Rationale
VR headsets (Meta Quest 3)	2	\$1000	For patient use, allowing multiple simultaneous sessions.
VR Pain Relief Software License (annual)	1	\$2000	Subscription to a reputable therapeutic VR platform.
Patient Comfort Items (disposable VR covers, headphones)	1000	\$1000	Enhances patient experience and hygiene.
High-Performance PC (for VR content)	1	\$1500	Needed for running demanding VR applications smoothly – AMC
Additional VR experiences (one-time purchase)	3	\$300	Diverse content for varied patient needs.
Other costs (Computer stand, cable lock, air tags)		\$300	Unforeseen costs, Additional VR experiences (one-time purchase)
Sub-Total		\$6100	
Agency Administration Albany Medical Health System Overhead Rate (5%)		\$65	
Total expenses		\$6165	

References

1. Barnett ML, Olenski AR, Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. *N Engl J Med.* 2017;376(7):663-73.
2. McDonald R, Eide D, Skurtveit S, Clausen T. Pills and the damage done: the opioid epidemic as man-made crisis. *Front Public Health.* 2023;11:1241404.
3. Viderman D, Tapinova K, Dossov M, Seitenov S, Abdildin YG. Virtual reality for pain management: an umbrella review. *Front Med (Lausanne).* 2023;10:1203670.
4. Smith V, Warty RR, Sursas JA, Payne O, Nair A, Krishnan S, et al. The Effectiveness of Virtual Reality in Managing Acute Pain and Anxiety for Medical Inpatients: Systematic Review. *J Med Internet Res.* 2020;22(11):e17980.
5. Sikka N, Shu L, Ritchie B, Amdur RL, Pourmand A. Virtual Reality-Assisted Pain, Anxiety, and Anger Management in the Emergency Department. *Telemed J E Health.* 2019;25(12):1207-15.
6. Birrenbach T, Buhlmann F, Exadaktylos AK, Hautz WE, Muller M, Sauter TC. Virtual Reality for Pain Relief in the Emergency Room (VIPER) - a prospective, interventional feasibility study. *BMC Emerg Med.* 2022;22(1):113.

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.

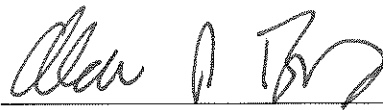
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(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

EVP & Dean

Title

Albany Medical College

Company Name



Date

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 12 day of June, 2025, before me personally appeared Alan Boulos, M.D. to me known, who, being by me sworn, did say that he resides at (give address) 47 New Scotland Ave, Albany, NY 12208; that he is the (give title) EVP & Dean of the (name of corporation) Albany Medical College, 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.

Susan M. Swain
Notary Public, State of NY
Qualified in Albany County
Commission Expires May 4, 2027

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County
Commission Expires May 4, 2027

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 _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Albany Medical College		3. IDENTIFICATION NUMBERS a) FEIN # 1141338310A1 b) DUNS # 190592162 UEI: G6VWMPNK4Y48	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) https://www.amc.edu	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		7. TELEPHONE NUMBER	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i> 47 New Scotland Ave., Albany, NY 12208		10. TELEPHONE NUMBER (518) 262-9038	11. FAX NUMBER (518) 262-5890
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name William D. Hammer Title Asst. Dir, ORA Telephone Number (518) 262-9038 Fax Number (518) 262-5890 e-mail hammerw@amc.edu			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME	TITLE	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 PRICIPAL 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 individuals 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	

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;</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?</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.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 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>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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></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></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 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 OR 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>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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 Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN # 1141338310a1

State of:)
) ss:
County of:)

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 and 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 Type text here Signature of Owner Alan S. Boulos
Address 47 New Scotland Ave Printed Name of Signatory Alan S. Boulos, MD
City, State, Zip Albany, NY 12208 Title EVP & Dean

Sworn before me this 12 day of June, 2025.
Susan M. Swain
Notary Public

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County
Commission Expires May 4, 2027

Alan S. Boulos MD.
Printed Name
Alan S. Boulos
Signature
6/12/25
Date

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.



Signature

EVP & Dean

Title

Albany Medical College

Company Name

Date

6/12/25

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only) Albany Medical College 47 New Scotland Avenue Albany, NY 12208</p> <p>Work Location of Insured <i>(Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 518-262-9038</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 14-1338310</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany (RFP# 2025-084) 112 State Street, Room 100 Albany, NY 12207</p>	<p>3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.)</p> <p>3b. Policy Number of Entity Listed in Box 1a 958489</p> <p>3c. Policy Effective Period <u>01/01/2025</u> to <u>12/31/2025</u></p>

4. Policy provides the following benefits:

A. Both disability and Paid Family Leave benefits.
 B. Disability benefits only.
 C. Paid Family Leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 06/12/2025 By *Fiona Black*
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 1-800-247-6875 Name and Title Fiona Black, Small Market Client Advocate

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.