NEW YORK STATE DEPARTMENT OF HEALTH
Pediatric and Adult Vaccine Purchase
Attachment B – Application Form

1. APPLICANT INFORMATION

Applicant Organization/Agency Name: _____

Main Address: _____

City: _____ State: _____ ZIP code: _____

Name and Title of Contact Persons:

Primary Contact: _____

Telephone: (____) _____ E-Mail: _____

Secondary Contact: _____

Telephone: (____) _____ E-Mail: _____

2. ELIGIBILITY CRITERIA

YES | NO Able to provide one or more vaccine(s) listed on CDC Vaccine Price List at a price(s) not to exceed the current CDC cost per dose at time of order. **(https://www.cdc.gov/vaccines-for-children/php/awardees/current-cdc-vaccine-price-list.html)**

YES | NO Capable of providing the annual quantities of pediatric and adult vaccines, by brand, as identified in Attachment E: Estimated Order Volume by Vaccine Brand.

YES | NO Able to deliver to the McKesson warehouse at:
170 Clermont Rd.
Shepherdsville, KY 40165

YES | NO Able to deliver within fifteen (15) calendar days from the date of order.

YES | NO Able to provide vaccines with a minimum expiration date of twelve (12) months from the date received by New York State at the McKesson warehouse, with the exception of seasonal influenza and COVID-19 vaccines.

YES | NO Able to include the following items on the enclosed packing slip with each delivery:

a. NDC
b. Lot number
c. Batch number
d. Expiration date
e. Number of doses ordered
f. Name of purchaser (New York State)
g. VTrckS PO number submitted with the purchase order
h. Shipment date.

3. STATEMENT OF PROPOSED RATES

□ The Attachment C – Bid Form is complete and included with the submission.

4. APPLICANT ATTESTATION

All information contained herein is true and accurate.

Contract/Legal Designee: _____ Date: _____