



# Department of Health

## Invitation for Bids

IFB # C042413

### Alternate Format Services and Mailings

AMENDMENT #2

January 5, 2025

The following are official modifications, which are hereby incorporated into Invitation for Bids (IFB) #C042413: Alternate Format Services and Mailings. The information contained in the Amendment prevails over the original IFB language. For all amendments below, deleted language appears in strikethrough and underlined (“~~xxx~~”) and added language appears in **red text**. Bidders should review all documents in their entirety to ensure all amended language is incorporated into proposals.

### 1.0 CALENDAR OF EVENTS

IFB C042413 – ALTERNATE FORMAT SERVICES AND MAILINGS	
<u>EVENT</u>	<u>DATE</u>
Issuance of Invitation for Bids	November 17, 2025
Deadline for Submission of Written Questions	Questions Due by December 1, 2025 at <b>4:00 p.m. ET</b>
Responses to Written Questions Posted by DOH	Responses to be Posted <b>On or About <del>December 22, 2025</del> January 5, 2026</b>
Deadline for Submission of Bids	Bids Due on <b>Or Before <del>January 5, 2026 at 4:00 p.m. ET</del> January 19, 2026 at 4:00 p.m. ET</b>
<u>Anticipated</u> Contract Start Date	<b><del>May 1, 2026</del> November 1, 2026</b>

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### 3.1 Other Minimum Requirements to Bid

- Bidders must submit a Braille Certification provided by the National Blindness Professional Certification Board as proof of utilization of certified braille transcribers **OR a Braille Transcription Certification from the National Library of Congress Services in connection with the National Federation of the Blind (NFB) or equivalent**; and
- Bidders must submit a completed and signed Attachment G named Disaster Recovery Attestation.

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#### 4.1.2 Static Documents

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Shipments are expected to be delivered to one (1) of the two (2) addresses below (at the direction of the Department)

MAXIMUS

CSG

Attn: Aaron Guthrie or Philip Aluke

Dept. Shipping/Receiving

15404 Long Vista Drive

Austin, Texas 78728

Acceptable Delivery Hours:

Monday-Friday (excluding holidays) 9am-6pm EST

MAXIMUS

CSG

Attn: Jennifer Abbott

2121 Providence Dr.

Fort Worth, Texas 76106

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#### 6.1.4 Other Minimum Bid Requirements

Submit a Braille Certification from the National Blindness Professional Certification Board as proof of utilization of certified braille transcribers **OR a Braille Transcription Certification from the National Library of Congress Services in connection with the National Federation of the Blind (NFB) or equivalent**; and Submit a completed and signed Attachment G - Disaster Recovery Attestation.

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## 9.0 Attachments

The following attachments are included in this IFB and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>

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The following attachments are attached and included in this IFB:

- A. Bid Package Checklist
- B. Bid Form
- C. Attestation to Minimum Qualifications
- D. List of Dynamic Notices and Static Documents
- E. Historical Volume
- F. Interpreter Services Cover Sheet
- G. Disaster Recovery Attestation
- H. Anticipated Annual Volumes
- I. Sample Dynamic Notices

### ATTACHMENT A

#### BID PACKAGE CHECKLIST

Please reference [Section 7.0](#) for the appropriate format and quantities for proposal submission.

IFB # C042413 – Alternate Format Services and Mailings		
FOR THE MANDATORY BID REQUIREMENTS		
IFB §	REQUIREMENTS	INCLUDED
§ 6.1.1	Documentation of Bidder’s Eligibility – Attachment C	<input type="checkbox"/>
§ 6.1.2	Bid Form (Attachment B)	<input type="checkbox"/>
§ 6.1.3	Bidder’s Certified Statements (Attachment 7)	<input type="checkbox"/>
§ 6.1.4	Disaster Recovery Attestation (Attachment G) & Braille Certification from the National Blindness Professional Certification Board <b>OR a Braille Transcription Certification from the National Library of Congress Services in connection with the National Federation of the Blind (NFB) or equivalent</b>	<input type="checkbox"/>
OTHER BID DOCUMENTS		
§ 6.2.1	Disclosure of Prior Non-Responsibility Determinations (Attachment 1)	<input type="checkbox"/>
§ 6.2.2	Vendor Responsibility Attestation (Attachment 3)	<input type="checkbox"/>
§ 6.2.3	Vendor Assurance of No Conflict of Interest or Detrimental Effect (Attachment 4)	<input type="checkbox"/>
§ 6.2.4	EO 177 Prohibiting Contracts with Entities that Support Discrimination (Attachment 11)	<input type="checkbox"/>
§ 6.2.5	EO 16 Prohibiting Contracts with Entities Conducting Business in Russia (Attachment 12)	<input type="checkbox"/>

§ 6.2.6	<b>Attachment 5 - M/WBE Participation Requirements:</b>	<input type="checkbox"/>
	<b>Attachment 5 - Form 1</b>	<input type="checkbox"/>
	<b>Attachment 5 - Form 2 (If Applicable)</b>	<input type="checkbox"/>
	<b>Attachment 5 - Form 4</b>	<input type="checkbox"/>
	<b>Attachment 5 - Form 5</b>	<input type="checkbox"/>
§ 6.2.7	<b>Encouraging Use of New York Businesses (Attachment 6)</b>	<input type="checkbox"/>
§ 6.2.8	<b>State Finance Law Consultant Disclosure</b>	<input type="checkbox"/>
§ 6.2.9	<b>Sales and Compensating Use Tax Certification</b>	<input type="checkbox"/>
§ 6.2.10	<b>FOIL</b>	<input type="checkbox"/>
§ 6.2.11	<b>Attachment 9 – References</b>	<input type="checkbox"/>
§ 6.2.12	<b>Gender-Based Violence and the Workplace Certification (Attachment 14)</b>	<input type="checkbox"/>

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