

Solicitation of Interest #20713

New York State Department of Health  
Office of Primary Care and Health Systems Management  
Center for Health Care Policy and Resource Development  
Division of Workforce Transformation

**Solicitation of Interest**

**Nurses Across New York Loan Repayment Program – State Agencies- Cycle 1 (NANY SA)**

**ADDENDUM #2  
December 19, 2025**

The following are official modifications, which are hereby incorporated into SOI # 20713. Deleted language appears in strikethrough (“xxx”) and added language appears in **red text**. The information contained in this amendment prevails over the original SOI language. Applicants should review all documents in their entirety to ensure all amended language and revised Attachments are incorporated and into their applications.

**II Minimum Qualifications**

8. A nurse who seeks a NANY award to repay educational debt must have an attestation from the health care facility or organization requiring the nurse to provide services **under the jurisdiction of one of the agencies listed below** for at least the entire NANY service obligation period.

For these purposes, a “health care facility or organization” is defined as:

- A correctional facility operated by the New York State Department of Corrections and Community Supervision (DOCCS) pursuant to Corrections Law, Article 6, Chapter 43, section 140;
- A facility certified or operated by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to Mental Hygiene Law (MHL) Article 32;
- A facility certified or operated by the New York State Office of Mental Health (OMH) pursuant to MHL Article 31;
- A facility certified or operated by the New York State Office of Children and Family Services (OCFS) pursuant to:
  - Executive Law Article 19-G (Placement and Detention facilities)
  - Executive Law Article 19-H (Runaway and Homeless Youth Programs)
  - Social Services Law Article 7 (Foster Care Programs); or

- A facility certified or operated by the New York State Office for People With Developmental Disabilities (OPWDD) pursuant to MHL Article 16.

A nurse employed by a health care facility operated by the federal government is not eligible to apply under this Solicitation of Interest.

12. A nurse who received funding from another Nurses Across New York Loan Repayment Program cycle is not eligible to apply under this Solicitation of Interest.

## B. Submission Limits

1. No more than one submission will be accepted from a single nurse. If a nurse makes more than one submission, only the first submission received first will be reviewed.
2. ~~No more than five (5) submissions will be accepted from a health care facility or organization with the same operating certificate number or facility identification number. If more than five (5) submissions are received from nurses of the same health care facility or organization, in aggregate, the sixth award (and any subsequent awards) may be considered only if there are additional funds left over after all other eligible submissions are funded.~~

## C. Award Limits

1. As required by Public Health Law § 2807-AA, one-third of funding awarded under this Solicitation of Interest must be allocated to nurses practicing in and health care facilities or organizations located in New York City (comprised of New York, Bronx, Kings, Queens, and Richmond counties) with the remaining two-thirds to individual nurses practicing in and health care facilities or organizations located in the rest of the state.
2. A nurse may change their worksite/employer during the three-year service obligation. The new worksite/employer must meet the minimum qualifications as outlined in Section II (Minimum Qualifications) of this SOI. The new work site/employer must be certified or operated by and under the jurisdiction of the same New Yorks State agency approved in nurses' original application. Nurses who have any change in employment status, position or location must submit a request in writing, in advance of the change, to the Department at [NANYStateagencies@health.ny.gov](mailto:NANYStateagencies@health.ny.gov). The new worksite/employer and job duties must meet the requirements of the SOI to remain eligible.

~~2. No more than five awards will be made to support a NANY service obligation to be carried out at a health care facility or organization with the same operating certificate number or facility identification number. A sixth (and any subsequent awards) award may be considered only if there are additional funds left over after all other eligible submissions are funded.~~

Solicitation of Interest #20713

**New York State Department of Health  
Office of Primary Care and Health Systems Management  
Center for Health Care Policy and Resource Development  
Division of Workforce Transformation**

**Solicitation of Interest**

**Nurses Across New York Loan Repayment Program – State Agencies- Cycle 1 (NANY SA1)**

**ADDENDUM #1  
November 13, 2025**

The following are official modifications, which are hereby incorporated into SOI # 20713. Deleted language appears in strikethrough (“xxx”) and added language appears in **red text**. The information contained in this amendment prevails over the original SOI language. Applicants should review all documents in their entirety to ensure all amended language and revised Attachments are incorporated and into their applications.

**I. Minimum Qualifications**

Nurses must meet the criteria set forth below to be eligible to apply for the NANY SA1 funding through this Solicitation of Interest. **Nurse practitioners are not eligible for this Solicitation of Interest. and Nurses currently enrolled in the Nurse Corps Loan Repayment Program are not eligible for this Solicitation of Interest.**

**A. Eligibility**

A nurse is eligible for a NANY SA1 award for the period (May 1, 2026 - April 30, 2029) to repay qualified educational debt if the following requirements are met:

1. The nurse must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. By the time the three-year NANY service obligation begins, the nurse must be licensed to practice in New York State as:
  - A registered nurse licensed to practice under section sixty-nine hundred five of the education law; or
  - A licensed practical nurse licensed under section sixty-nine hundred six of the education law.
3. The nurse must be in good standing by the New York State Education Department, meaning that the nurse is not under indictment for, or has not been convicted of any crime, and has not had their license revoked in any state or territory in the United States.

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4. The nurse must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
5. The nurse must not have any judgment liens arising from debt to the federal or any state government.
6. The nurse must not be delinquent in child support payments.
7. The nurse must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year NANY service obligation. The exceptions are the participation in the Public Service Loan Forgiveness Program and individual nurses receiving employer sponsored loan repayment funds.
8. A nurse who seeks a NANY award to repay educational debt must have an attestation from the health care facility or organization requiring the nurse to provide services for at least the entire NANY service obligation period.

For these purposes, a “health care facility or organization” is defined as:

- A correctional facility operated by the New York State Department of Corrections and Community Supervision (DOCCS) pursuant to Corrections Law, Article 6, Chapter 43, section 140;
- A facility certified or operated by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to Mental Hygiene Law (MHL) Article 32;
- A facility certified or operated by the New York State Office of Mental Health (OMH) pursuant to MHL Article 31;
- A facility certified or operated by the New York State Office of Children and Family Services (OCFS) pursuant to:
  - Executive Law Article 19-G (Placement and Detention facilities)
  - Executive Law Article 19-H (Runaway and Homeless Youth Programs)
  - Social Services Law Article 7 (Foster Care Programs); or
- A facility certified or operated by the New York State Office for People With Developmental Disabilities (OPWDD) pursuant to MHL Article 16.

A nurse employed by a health care facility operated by the federal government is not eligible to apply under this Solicitation of Interest.

9. The services that the nurse will provide under the service obligation must constitute full-time provision of direct patient care. The calculation for full-time employment is based on working a minimum of ~~150~~ **144** hours providing direct care per month for 12 months of the year. Tasks related to the provision of direct patient care are included in the ~~150-~~**144** hour minimum. These tasks include clinical documentation/charting, communication with

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the patient family members or guardians, communication with physicians about care, medication orders, and/or lab results, and coordinating the patient's care with interdisciplinary teams. Tasks that cannot be included in the ~~150~~-144 hour minimum are scheduling, supervision of other nursing or administrative staff, meetings and tasks related to the management of the health care facility, unit, etc., and any non-clinical related job tasks.

10. Each nurse will indicate they meet the full-time employment requirement in both the Nurse Information and Checklist document and the Employment Attestation. Each nurse is **REQUIRED** to complete, in full, and submit, as instructed, Attachment #1 (Nurse Information and Checklist) and Attachment #2 (Employment Attestation).
11. The original start date of the nurse's employment with the health care facility or organization must be no later than the start date of the NANY SA1 service obligation date May 1, 2026.

A nurse that applied for previous NANY cycles but did not receive an award, may send a new submission for consideration in NANY SA1 if the nurse meets all requirements for this funding opportunity.

**Employment Attestation (Instructions and Template)**

**Solicitation of Interest #20713**

Nurses Across New York Loan Repayment Program – State Agencies Cycle 1

**Instructions:**

To ensure all the Nurses Across New York (NANY) Loan Repayment Program provisions are addressed, nurses must provide an **Employment Attestation** as part of the submission.

The completed Employment Attestation must be submitted in a PDF format with the **Nurse Information and Checklist document (Attachment #1)** and other required supporting documentation per the instructions in the Solicitation of Interest Section IV. How to Apply.

**The Employment Attestation must:**

- Include the language supplied in the template found on Page #2 of this attachment.
- Include all the required components outlined in the template.
- Be submitted on the employer's letterhead.
- Be dually signed by both the nurse and an employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.

**If a nurse is working for multiple employers:**

- A separate Employment Attestation must be submitted from each organization.
- One hundred percent (100%) of the nurse's time must be accounted for at all employers combined.

Employment Attestation (Template)  
Solicitation of Interest #20713

**MUST BE ON EMPLOYER'S LETTERHEAD**

\_\_\_\_\_  
...(date)

It is mutually understood that \_\_\_\_\_ intends to fulfill a  
.....(Nurse's.Name)

Nurses Across New York (NANY) service obligation with:

\_\_\_\_\_  
(Name.of.Employer)

\_\_\_\_\_  
(Employer.Address)

\_\_\_\_\_  
(Employer.City?State?Zip)

during the period May 1, 2026 through April 30, 2029 for \_\_\_\_\_% of their time.  
(Percentage)

*(PLEASE NOTE: If the nurse is working at more than one employer, a separate Employment Attestation must be submitted from each organization. One hundred percent of the nurse's time must be accounted for at all organizations combined.)*

The nurse will work as a \_\_\_\_\_ for a minimum of ~~150~~ **144** hours of service per month for  
(RN.or.LPN)

12 months of the year providing direct clinical patient care.

The original start date of the nurse with this employer is/was \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Nurse Signature)

\_\_\_\_\_  
(\*Authorized Work Site Representative Signature and Title)

\*Employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.

**New York State Department of Health  
Office of Primary Care and Health Systems Management  
Center for Health Care Policy and Resource Development  
Division of Workforce Transformation**

Title: Solicitation of Interest #20713/SFS#NANYSA1 – Nurses Across New York Loan Repayment Program – State Agencies- Cycle 1 (NANY SA1)

Agency: Health, New York State Department of Health/Center for Health Care Policy and Resource Development/Division of Workforce Transformation

Contract Number: TBD

Contract Term: May 1, 2026 – April 30, 2029

Date of Issue: 11/7/2025

Questions Due: 11/25/2025

Questions & Answers Published (on or about): 12/16/2025

Due Date/Time: 1/14/2026 by 4pm

County(ies): Statewide

Location: Statewide

Classification: Medical & Health Care

Opportunity Type: Grant or notice of funds availability

**I. Introduction**

The New York State Nurses Across New York (NANY) Loan Repayment Program (LRP) is designed to place registered professional nurses and licensed practical nurses in underserved communities, in a variety of health care delivery settings to care for New York’s diverse population thereby increasing access to comprehensive, quality care consistent with the Department of Health’s mission to eliminate health disparities and promote health equity in the state. The NANY Loan Repayment Program makes funds available to help recruit and retain registered nurses and licensed practical nurses and to encourage them to serve in medically underserved areas and to care for medically underserved populations within New York State. Funding to repay qualified educational debt is provided in exchange for a nurse’s commitment to work in an underserved area for a three-year period.

This Solicitation of Interest has been developed for registered nurses and licensed practical nurses who provide direct clinical care to populations who have been traditionally disenfranchised and underserved who receive their health care through five New York State agencies. The agencies are the Department of Corrections and Community Supervision (DOCCS), the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH), the Office of Children and Family Services (OCFS), and the Office for People With Developmental Disabilities (OPWDD). While the Nurses Across New York Loan Repayment Program is not new, this is the first funding opportunity issued by the New York State Department of Health for the NANY Loan Repayment Program that specifically addresses the challenges of recruitment and retention experienced by these agencies.

In 2022, Governor Hochul announced a multi-year investment in healthcare to rebuild and grow the healthcare workforce and strengthen the healthcare system. The need to rebuild and grow the healthcare workforce with programs designed to improve the career pipeline, expand access to healthcare training and education, recruit care workers to underserved areas, and strengthen home care was a direct result of both the preexisting workforce shortages in the health care delivery system and the result of the COVID-19 pandemic where significant numbers of health care workers left the field. One of the initiatives developed as a result of this investment is the Nurses Across New York Loan Repayment Program, which encourages and supports registered professional nurses and licensed practical nurses to practice in underserved communities and care for traditionally disenfranchised and underserved populations.

Pursuant to Public Health Law § 2807-AA, NANY funds can be awarded to registered professional nurses licensed to practice under section sixty-nine hundred five of the education law and licensed practical nurses licensed under section sixty-nine hundred six of the education law who agree to work in underserved areas and serve underserved populations in New York State, and agree to work in such areas for a period of three consecutive years. Funds may be allocated regionally with one third of the funds distributed to New York City (comprised of New York, Bronx, Kings, Queens, and Richmond counties) and two thirds to the rest of the state.

This Solicitation of Interest submission process will be referenced herein as Nurses Across New York Loan Repayment Program – State Agencies- Cycle 1 (NANY SA1). Awards will provide up to: (1) \$25,000 for a registered nurse or (2) \$10,000 for a licensed practical nurse who agrees to practice in an underserved area and to provide clinical services to underserved populations for the three-year Nurses Across New York service obligation period. The Nurses Across New York service obligation period is defined as the total service (full time provision of direct patient care) that an individual agrees to serve upon accepting a Nurses Across New York Loan Repayment grant contract.

The NANY SA1 service obligation period begins on May 1, 2026 and ends on April 30, 2029 for the provision of direct clinical patient care in a qualified setting. A maximum of \$12.5 million is currently available under this Solicitation of Interest. Up to \$2.5 million will be available for each state agency identified in this SOI. Any unused funding will be used to fund additional awards for successful submissions where funding has been exhausted.

Nurses shall be eligible for a loan repayment award to be determined by the Commissioner of Health over a three-year period distributed as follows: thirty percent of total award for the first year; thirty percent of total award for the second year; and forty percent of the total award for the third year (or any unpaid balance of the total award not to exceed the maximum award amount).

## **II. Minimum Qualifications**

Nurses must meet the criteria set forth below to be eligible to apply for the NANY SA1 funding through this Solicitation of Interest. **Nurse practitioners and nurses currently enrolled in the Nurse Corps Loan Repayment Program are not eligible for this Solicitation of Interest.**

### **A. Eligibility**

A nurse is eligible for a NANY SA1 award for the period (May 1, 2026 - April 30, 2029) to repay qualified educational debt if the following requirements are met:

1. The nurse must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. By the time the three-year NANY service obligation begins, the nurse must be licensed to practice

in New York State as:

- A registered nurse licensed to practice under section sixty-nine hundred five of the education law; or
  - A licensed practical nurse licensed under section sixty-nine hundred six of the education law.
3. The nurse must be in good standing by the New York State Education Department, meaning that the nurse is not under indictment for, or has not been convicted of any crime, and has not had their license revoked in any state or territory in the United States.
  4. The nurse must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
  5. The nurse must not have any judgment liens arising from debt to the federal or any state government.
  6. The nurse must not be delinquent in child support payments.
  7. The nurse must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year NANY service obligation. The exceptions are the participation in the Public Service Loan Forgiveness Program and individual nurses receiving employer sponsored loan repayment funds.
  8. A nurse who seeks a NANY award to repay educational debt must have an attestation from the health care facility or organization requiring the nurse to provide services for at least the entire NANY service obligation period.

For these purposes, a “health care facility or organization” is defined as:

- A correctional facility operated by the New York State Department of Corrections and Community Supervision (DOCCS) pursuant to Corrections Law, Article 6, Chapter 43, section 140;
- A facility certified or operated by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to Mental Hygiene Law (MHL) Article 32;
- A facility certified or operated by the New York State Office of Mental Health (OMH) pursuant to MHL Article 31;
- A facility certified or operated by the New York State Office of Children and Family Services (OCFS) pursuant to:
  - Executive Law Article 19-G (Placement and Detention facilities)
  - Executive Law Article 19-H (Runaway and Homeless Youth Programs)
  - Social Services Law Article 7 (Foster Care Programs); or
- A facility certified or operated by the New York State Office for People With Developmental Disabilities (OPWDD) pursuant to MHL Article 16.

A nurse employed by a health care facility operated by the federal government is not eligible to apply under this Solicitation of Interest.

9. The services that the nurse will provide under the service obligation must constitute full-time provision of direct patient care. The calculation for full-time employment is based on working a minimum of 150 hours providing direct care per month for 12 months of the year. Tasks related to the provision of direct patient care are included in the 150-hour minimum. These tasks include clinical documentation/charting, communication with the patient family members or guardians, communication with physicians about care, medication orders, and/or lab results, and coordinating the patient's care with interdisciplinary teams. Tasks that cannot be included in the 150-hour minimum are scheduling, supervision of other nursing or administrative staff, meetings and tasks related to the management of the health care facility, unit, etc., and any non-clinical related job tasks.
10. Each nurse will indicate they meet the full-time employment requirement in both the Nurse Information and Checklist document and the Employment Attestation. Each nurse is **REQUIRED** to complete, in full, and submit, as instructed, Attachment #1 (Nurse Information and Checklist) and Attachment #2 (Employment Attestation).
11. The original start date of the nurse's employment with the health care facility or organization must be no later than the start date of the NANY SA1 service obligation date May 1, 2026.

A nurse that applied for previous NANY cycles but did not receive an award, may send a new submission for consideration in NANY SA1 if the nurse meets all requirements for this funding opportunity.

### III. Project Narrative

Funding for this project is contingent on the availability of state funds and the number of eligible nurses that respond to this Solicitation of Interest. Available funding to support this initiative will be limited to the amount(s) appropriated in the enacted state Fiscal Year budgets for this purpose. **This advertisement is not a guarantee or promise of funding.**

Department of Health staff will review responses to this solicitation in the order in which they are received. Eligible awardees will be selected on a first-come first-served basis if their response meets the requirements of this Solicitation of Interest. When funding has been depleted to a level such that a nurse's total requested funding amount cannot be met, the eligible awardee will be offered a reduced award amount. If the eligible awardee accepts that amount, no further awards will be made. If the eligible awardee declines that amount, the next eligible awardee will be offered an award until funds are completely exhausted.

#### A. Use of Funds

Nurses Across New York Loan Repayment funds may be awarded to a nurse to pay qualified educational debt. Accordingly, funding awarded under this Solicitation of Interest may only be used as follows:

1. Repaying qualified educational debt: For purposes of this Solicitation of Interest, "qualified educational debt" means any outstanding amounts remaining on student loans that were used by the nurse to pay tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. Submissions in response to this SOI must include educational loan statements dated no more than 60 days prior to the date of submission. **These statements must be uploaded with the NANY Nurse Information and Checklist (Attachment #1).** Such statements will be forwarded to the New York State Higher

Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. The nurse must give consent for the HESC to disclose any loan information to the New York State Department of Health. **The nurse ultimately receiving award funds must complete the Consent to Disclosure found in the Nurse Information and Checklist (Attachment #1) to give consent for HESC to disclose any loan information to the Department.** The NANY grant contract shall NOT be made in excess of the outstanding amount of educational debt as verified by HESC and the Nurses Across New York Program. The nurse will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.

**Please note:** Awardees are not permitted to hold their NANY grant contract payments in private accounts for an extended period of time. All contract disbursements must be applied to the pre-approved outstanding educational debt by the earlier of (a) the first date following grant disbursement upon which an installment payment is owed by the Awardee on the pre-approved educational debt, or (b) sixty (60) days after the date of the grant disbursement, whichever comes first. In any event, Awardees must provide the New York State Department of Health with proof of the submission of the full amount of the grant disbursement to the pre-approved educational payment no later than sixty (60) days prior to the next scheduled grant disbursement. If you are not able or willing to apply these funds, you may be required to return all prior disbursements of grant funds not applied to the repayment of eligible student loan debt to the State. The New York State Department of Health will not be able to disburse any future funds until educational loan repayment statements verifying that prior funds have been applied are received.

#### **B. Submission Limits**

1. No more than one submission will be accepted from a single nurse. If a nurse makes more than one submission, only the first submission received first will be reviewed.
2. No more than five (5) submissions will be accepted from a health care facility or organization with the same operating certificate number or facility identification number. If more than five (5) submissions are received from nurses of the same health care facility or organization, in aggregate, the sixth award (and any subsequent awards) may be considered only if there are additional funds left over after all other eligible submissions are funded.

#### **C. Award Limits**

1. As required by Public Health Law § 2807-AA, one-third of funding awarded under this Solicitation of Interest must be allocated to nurses practicing in and health care facilities or organizations located in New York City (comprised of New York, Bronx, Kings, Queens, and Richmond counties) with the remaining two-thirds to individual nurses practicing in and health care facilities or organizations located in the rest of the state.
2. No more than five awards will be made to support a NANY service obligation to be carried out at a health care facility or organization with the same operating certificate number or facility identification number. A sixth (and any subsequent awards) award may be considered only if there are additional funds left over after all other eligible submissions are funded.

#### **IV. How to Apply**

Written questions will be accepted until 4:00 p.m. on November 25, 2025. All questions should be submitted electronically to the email address: [NANYStateAgencies@health.ny.gov](mailto:NANYStateAgencies@health.ny.gov) and with the subject line "Nurses Across New York SA Cycle 1 Question." All questions, answers, and requests for clarification, exception or change will be published by the Department at [SFS Public Portal](#)

[Homepage](#) and the Contract Reporter under the tab “Documents” for this announcement as well as the New York State Department of Health website at the following address: <https://www.health.ny.gov/funding/soi/>. Responses to all questions received by November 25, 2025, will be posted on or about December 16, 2025.

It is the Nurse’s responsibility to ensure that all documents included in the submission have been properly prepared and submitted. It is recommended that completed submissions are sent as soon as practicable and up to five (5) days prior to the deadline to avoid technical issues.

**Submission**

To submit a completed Nurse Information and Checklist document (Attachment #1), an Employment Attestation (Attachment #2), and any required supporting documentation for this SOI, the **NURSE** will submit all in **ONE** email with the Subject Line: SOI# 20713- NANYSA1 to [NANYStateAgencies@health.ny.gov](mailto:NANYStateAgencies@health.ny.gov) no later than 4:00 pm ET on the 1/14/2026.

A complete submission consists of the following three elements as follows:

Title	Attachment	Document Format	Signature Required	Required Document
Nurse Information and Checklist	#1	.pdf	YES	YES
Employment Attestation	#2	.pdf	YES	YES
Gender-Based Violence and the Workplace Certification	#3	.pdf	YES	If applicable
Supporting Documentation	Loan Statements	.pdf	NO	YES
Supporting Documentation	Documentation of a Name Change	.pdf	NO	If applicable

**Please note:**

- If two emails are sent with information, only the first email and its attachments will be reviewed.
- Late submissions **will not** be accepted.

**Required Attachments**

The following Attachments are documents that **MUST** be completed and submitted in **ONE** email as part of the NANY SA1 process for this SOI. Each required attachment must be completed in order for the submission to be reviewed.

1. Attachment #1: **Nurse Information and Checklist** (Required)
2. Attachment #2: **Employment Attestation** (Required) - This document must be on the employer’s letterhead, include all the required components outlined on this template and be dually signed by both the nurse and authorized Work Site Representative.

**Required Supporting Document(s)**

The document(s) listed below must be included with the NANY submission for this Solicitation of Interest.

- Loan Statement(s) – Document(s) must include the name of creditor, name of nurse, current balance and a date within 60 days of submission.
- Name Change Verification (if applicable) – Documentation of a name change must be submitted if the nurse's name on the Nurse Information and Checklist (Attachment #1) and Employment Attestation (Attachment #2) is different than what is stated on the loan statements. Examples of acceptable documentation include marriage licenses and judgements from the court.

## **Review & Award Process**

Submissions meeting the guidelines and containing all required documents will be reviewed and evaluated by the New York State Department of Health. Submissions will be evaluated on a Pass/Fail basis.

Department of Health staff will review submissions in the order in which they are received.

The New York State Department of Health will notify the nurse by e-mail if the submission process is complete or incomplete. If the submission process is complete, no further action by the nurse is needed. If the submission process is incomplete, the New York State Department of Health will provide the nurse a list of outstanding items.

The nurse will have one opportunity via email to supply the missing information within seven (7) calendar days of being notified by the New York State Department of Health. The Nurse must provide a correct and legible email address in the Nurse Information and Checklist document (Attachment #1) and **be sure to check junk and/or spam email folders in addition to the inbox for any correspondence**. All missing information must be emailed to: [NANYStateAgencies@health.ny.gov](mailto:NANYStateAgencies@health.ny.gov) by the given deadline date and time stated.

The submission will not be processed further if the nurse fails to respond to the missing information request within this period. Therefore, it is advantageous to send a complete submission and to respond to the New York State Department of Health's email regarding any omissions as soon as possible. The **due date** will be clearly stated in the communication from the New York State Department of Health advising that the submission is incomplete. No additional information will be accepted after this due date.

### **A complete submission process does not guarantee that the Nurse will be awarded funding.**

The pool of complete and eligible submissions will be awarded in order of the date and time of receipt of initial submission according to the funding allocations established in the paragraph below until available funding is exhausted for that region or provider category. When funding has been depleted to a level such that the nurse's total requested funding amount cannot be met, the nurse will be offered a reduced award amount. If the nurse accepts that amount, no further awards will be made. If the nurse declines that amount, the next eligible nurse will be offered an award until funds are completely exhausted. The New York State Department of Health reserves the right to allocate funding in ways to best serve the interests of the state.

### **Gender-Based Violence and the Workplace Certification**

New York State Finance Law [§139-M](#) requires Applicants on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the minimum requirements outlined on Attachment 3. Applicants should review, sign, date and include as part of their submission Attachment 3.

## **Freedom of Information Law**

All Applications may be disclosed or used by the Department to the extent permitted by law. The Department may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If the Department agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

The New York State Department of Health, acting at the discretion of the Commissioner of Health, reserves the right to postpone, change, or waive the service obligation and/or payment amounts in individual circumstances where there is a compelling need or hardship due to circumstances beyond the control of the Contractor which causes or is likely to cause the Contractor to default in the performance/completion of their service obligation under their Contract.

**The New York State Department of Health anticipates that awards will be announced in the early 2026. Awardees will have a NANY contract start date of May 1, 2026.**

Contact Information: Erin Fay  
New York State Department of Health  
Division of Workforce Transformation  
Empire State Plaza, Corning Tower Room 1695  
[NANYStateAgencies@health.ny.gov](mailto:NANYStateAgencies@health.ny.gov)

**Nurses Across New York Loan Repayment Program  
State Agencies Cycle 1**

**Solicitation of Interest # #20713/SFS#NANYSA1**

**Attachment #1 - Nurse Information and Checklist**

**PLEASE PRINT CLEARLY**

**NURSE NAME:** \_\_\_\_\_

Check one:     **Licensed Practical Nurse (LPN)**                       **Registered Professional Nurse (RN)**

If **RN** is checked above, please indicate:

**Associate Degree in Nursing**

**Bachelor of Science in Nursing**

**Choose the New York State agency that licenses and/or operates the facility the nurse is employed by.**

**Check ONE:**

Department of Corrections and Community Supervision (DOCCS)

Office of Addiction Services and Supports (OASAS)

Office of Mental Health (OMH)

Office of Children and Family Services (OCFS)

Office for People With Developmental Disabilities (OPWDD)

**Section A. Individual Nurse Minimum Eligibility Requirements**

**Instructions:** The Nurse who is completing the NANY service obligation is eligible to participate in this program only if the Nurse can answer “Yes” to questions (1-6) pertaining to the nurse.

1) Is the nurse a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

**YES**     **NO**

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**Attachment #1 - Nurse Information and Checklist**

- 2) Will the nurse be a registered nurse licensed to practice under section sixty-nine hundred five of the education law or a licensed practical nurse licensed under section sixty-nine hundred six of the education law in New York State by the time the three-year Nurses Across New York service obligation which begins on 5/1/2026?

**YES**     **NO**

- 3) Is the nurse in good standing with the New York State Education Department, meaning that the nurse is not under indictment for, or has not been convicted of any crime, and has not had their license revoked in any state or territory in the United States?

**YES**     **NO**

- 4) Does the original start date of nurse's employment with the facility/organization begin no later than May 1, 2026, the start date of the service obligation?

**YES**     **NO**

- 5) Will the nurse provide full-time direct clinical patient care practice as defined in Section II A of this SOI?

**YES**     **NO**

- 6) Is the health care facility/organization where the nurse will be employed licensed and/or operated by a New York State agency as defined in Section II A of this Solicitation of Interest?

**YES**     **NO**

**If the Nurse cannot answer "YES" to questions (1-6) listed above, STOP! This submission cannot be processed.**

**Nurses Across New York Loan Repayment Program  
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**Attachment #1 - Nurse Information and Checklist**

**Instructions:** The Nurse who is completing the Nurses Across New York service obligation is eligible to participate in this program only if the Nurse can answer “NO” to next questions (7-10) pertaining to the nurse in the section below.

7) Is the nurse in breach of a health professional service obligation to the federal government, any state government, or a local government?

YES     NO

8) Does the nurse have any judgement liens arising from debt owed to the federal or any state government.

YES     NO

9) Is the nurse delinquent in child support payments?

YES     NO

10) With the exception of the Public Service Loan Forgiveness Program and employer sponsored loan repayment funds, is the nurse fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year NANY service obligation of 5/1/26-4/3/29?

YES     NO

**If the Nurse cannot answer “NO” to questions (7-10) listed above, STOP! This submission cannot be processed.**

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**Section B. Nurse Information**

**Instructions:** Complete questions #14-23. Print all information clearly.

- 11) Nurse Name: \_\_\_\_\_
- 12) Nurse Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- 13) Preferred Phone #: \_\_\_\_\_
- 14) Alternate Phone #: \_\_\_\_\_
- 15) Personal Email Address: \_\_\_\_\_
- 16) Work Email Address: \_\_\_\_\_

**Nurse Licensure Status:**

- 17) Is the nurse currently licensed to practice as a nurse in New York State?  
 YES     NO
- 18) If no, will the nurse be licensed by 5/1/2026?     YES     NO
- 19) Original Date of Licensure (mm/dd/yyyy): \_\_\_\_\_
- 20) NYS License Number: \_\_\_\_\_

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**Section C. Facility Information**

**Instructions:** The Nurse must list all facilities/organizations where work hours are/will be performed. One hundred percent (100%) of the nurses' time must be accounted for at all sites. ***The questions in this section refer to the primary facility(ies) where the nurse will be practicing when fulfilling their NANY service obligation.***

21) How many different facilities will the nurse be practicing in while fulfilling their NANY service obligation (**circle one**)?

ONE          TWO          THREE          Other: \_\_\_\_\_

**Primary Facility:**

22) Primary Facility Name: \_\_\_\_\_

23) Primary Facility Address: \_\_\_\_\_  
\_\_\_\_\_

24) County of Primary Facility: \_\_\_\_\_

25) Primary Facility Region (**circle one**):      NYC                  Rest of State

26) Primary Facility New York State DOH Operating Certificate Number or Facility Identification Number.  
(***This number can be obtained from your employer's Administrative Office.***)

\_\_\_\_\_

27) Identify Primary Facility by Type (**check ONE only**):

**DOCCS:** A correctional facility operated by the New York State Department of Corrections and Community Supervision pursuant to Corrections Law, Article 6, Chapter 43, section 140;

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- OASAS:** A facility certified or operated by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to MHL Article 32;
- OMH:** A facility certified or operated by the New York State Office of Mental Health (OMH) pursuant to Mental Hygiene Law (MHL) Article 31;
- OCFS:** A facility certified or operated by the New York State Office of Children and Family Services (OCFS) pursuant to:
  - Executive Law Article 19-G (Placement and Detention facilities)
  - Executive Law Article 19-H (Runaway and Homeless Youth Programs)
  - Social Services Law Article 7 (Foster Care Programs); or
- OPWDD:** A facility certified or operated by the New York State Office for People With Developmental Disabilities (OPWDD) pursuant to MHL Article 16.

**Secondary Facility (if applicable):**

28) Secondary Facility Name: \_\_\_\_\_

29) Secondary Facility Address: \_\_\_\_\_  
\_\_\_\_\_

30) County of Secondary Facility: \_\_\_\_\_

31) Secondary Facility Region (**circle one**):      NYC                  Rest of State

32) Secondary Facility New York State DOH Operating Certificate Number or Facility Identification Number. (***This number can be obtained from your employer's Administrative Office.***)  
\_\_\_\_\_

33) Identify Secondary Facility by Type (**check ONE only**):

- DOCCS:** A correctional facility operated by the New York State Department of Corrections and Community Supervision pursuant to Corrections Law, Article 6, Chapter 43, section 140;

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- OCFS:** A facility certified or operated by the New York State Office of Children and Family Services (OCFS) pursuant to:
  - Executive Law Article 19-G (Placement and Detention facilities)
  - Executive Law Article 19-H (Runaway and Homeless Youth Programs)
  - Social Services Law Article 7 (Foster Care Programs); or

**OPWDD:** A facility certified or operated by the New York State Office for People With Developmental Disabilities (OPWDD) pursuant to MHL Article 16.

**Third Facility (if applicable):**

34) Third Facility Name: \_\_\_\_\_

35) Third Facility Address: \_\_\_\_\_  
\_\_\_\_\_

36) County of Third Facility: \_\_\_\_\_

37) Third Facility Region (**circle one**):    NYC                    Rest of State

38) Third Facility New York State DOH Operating Certificate Number or Facility Identification Number.  
(*This number can be obtained from your employer's Administrative Office.*)

\_\_\_\_\_

39) Identify Third Facility by Type (**check one only**):

- DOCCS:** A correctional facility operated by the New York State Department of Corrections and Community Supervision pursuant to Corrections Law, Article 6, Chapter 43, section 140;

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- OCFS:** A facility certified or operated by the New York State Office of Children and Family Services (OCFS) pursuant to:
  - Executive Law Article 19-G (Placement and Detention facilities)
  - Executive Law Article 19-H (Runaway and Homeless Youth Programs)
  - Social Services Law Article 7 (Foster Care Programs); or
- OPWDD:** A facility certified or operated by the New York State Office for People With Developmental Disabilities (OPWDD) pursuant to MHL Article 16.

40) **Percent of time allocated to each facility (Total must add up to, but not exceed 100%):**

Primary Facility: \_\_\_\_\_%

Secondary Facility: \_\_\_\_\_%

Third Facility: \_\_\_\_\_%

**Section D. Current Loans Status and Qualified Educational Debt**

**Instructions:** The Nurse must complete the chart below using information from current Loan Statements (within **60** days of submission date) for qualified educational debt.

**NOTE:** Parent Plus Loans are not allowable. All educational loans must be in the name of the nurse.

41) Loan Statement Information

Statement Date	Creditor Name	Current Balance
<b>CURRENT TOTAL QUALIFIED EDUCATIONAL DEBT</b>		<b>\$</b>

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**Attachment #1 - Nurse Information and Checklist**

42) Loan Statement Submission

**Instructions:** As instructed in the SOI Section IV. How to Apply, nurses must submit a PDF copy their educational loan statement(s) by email with this Nurse Information and Checklist submission and named accordingly. Please note the following requirements:

- Loan statements with the current outstanding balance must be dated within **60** days of the submission of this submission;
- The nurse's name must be clearly visible on the statement;
- The creditor's name must be clearly visible on the statement;
- The loan statement provided must support the funding amount requested in **Question #43** of this program submission;
- A printout from the Department of Education's National Student Loan Data System will not be accepted.

43) State the total amount for funding you are requesting for this NANY submission.

***\*Not to exceed the maximum of \$10,000 for LPN's or \$25,000 for RN's and documentation in the form of loan statements must be submitted to support the amount requested.***

\$\_\_\_\_\_

***The nurse named in this Nurse Information and Checklist submission document cannot be fulfilling a public or private obligation under any local, state or federal government loan repayment program (except the Public Service Loan Forgiveness Program) which overlaps or coincides with the three-year Nurses Across New York obligation period.***

44) Has the nurse applied for, or are receiving any scholarships, loan repayment/forgiveness, or other funds for the same (or overlapping) service obligation period for which the nurse is applying in this submission?

YES     NO

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45) Is the nurse currently enrolled in or has an application pending for the  
*Public Service Loan Forgiveness Program?*

**YES**     **NO**

46) **If yes**, please provide service obligation dates or the date the application was submitted

Date (mm/dd/yyyy): \_\_\_\_\_

47) Is the nurse named in the Nurse Information and Checklist document currently enrolled in or  
has an application pending for the *Nurse Corps Loan Repayment program?*

**YES**     **NO**

48) **If yes**, please provide service obligation dates or the date the application was submitted

Date (mm/dd/yyyy): \_\_\_\_\_

49) Other scholarships and loan repayment/forgiveness programs the nurse is receiving funds  
from:

Name of Program	Amount	Service Obligation Dates

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**Section E. Consent to Disclosure**

**Instructions:** The Nurse must complete and sign the Consent to Disclosure below and submit with this Nurse Information and Checklist document submission.

**Consent to Disclosure**

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

\_\_\_\_\_  
**Nurse Name (printed)**

\_\_\_\_\_  
**Nurse Signature**

\_\_\_\_\_  
**Date**

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**Attachment #1 - Nurse Information and Checklist**

**Section F. Default Penalty Attestation**

**Instructions:** The Nurse must complete and sign the Default Penalty Attestation below and submit with this Nurse Information and Checklist document.

**Default Penalty Attestation**

**Page 1 of 2**

There are **significant financial consequences** in the event that a nurse fails to complete their three-year service obligation resulting in a default of the contract.

**Uncollectable accounts, or failure to fully repay the amounts stated below, will be referred to the New York State Attorney General's Office for possible legal action.**

These default provisions are defined in the Master Grant Contract as follows:

**State Funding:** In the event of default, the nurse will repay the State of New York according to the following formula:  $A = 3 [\phi] (T - S)/T$ .

- "A" is the amount the State is entitled to recover;
- "[phi]" is the sum of the amounts paid under this contract to or on behalf of the CONTRACTOR and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at a rate equal to that owed on underpayments of New York State personal income tax;
- "T" is the total number of months in the individual's period of obligated service; and
- "S" is the number of months of such period served by them in accordance with the terms of this contract.

If the nurse, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this SOI, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the nurse.

**Nurses Across New York Loan Repayment Program  
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**Attachment #1 - Nurse Information and Checklist**

**Default Penalty Attestation (continued)**

**Page 2 of 2**

**The most important thing to understand about default, is the that the financial penalty is always assessed against the individual that holds the contract. Thus, if the grantee is:**

1. A Nurse: If the nurse left their NANY approved employment prematurely, the nurse is responsible for any/all default penalties.
  - The nurse *may* be able to bring their contract with them to a new employer, provided that employer is qualified site as defined in Section II A of this Solicitation of Interest. However, all modifications are subject to final approval by the New York State Department of Health.

**I certify that I have reviewed this document and understand how default penalties are applied in relation to this SOI.**

**Signature of Nurse:**

---

**Signature**

---

**Date**

---

**Name & Title (printed)**

**Nurses Across New York Loan Repayment Program  
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**Attachment #1 - Nurse Information and Checklist**

**Section G. Tax Issues (Reference Only)**

**Tax Issues**

Funds to support loan repayment under the NANY Program may be currently exempt from federal and state taxes. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment (SLRP) program. This section puts the state loan repayment programs on par with the federal/state SLRP programs in terms of federal taxability. The text is as follows:

SEC. 10908. Exclusion for assistance provided to participants in state student loan repayment programs for certain health professionals.

(a) In general —Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs.—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

(b) Effective date — The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

**PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.**

**Nurses Across New York Loan Repayment Program  
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**Attachment #1 - Nurse Information and Checklist**

**Section H. Attestation**

**Instructions:** The Nurse must complete and sign the Attestation below and submit with this Nurse Information and Checklist document submission.

**Attestation**

**Contact Information of the Person Completing this Nurse Information and Checklist document (required):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on behalf of: \_\_\_\_\_

**(Nurse Name)**

I further certify that the information contained in this report (including all attachments) is accurate, true, and complete in all material respects.

**Signature of Nurse:**

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

**Employment Attestation (Instructions and Template)**

**Solicitation of Interest #20713**

Nurses Across New York Loan Repayment Program – State Agencies Cycle 1

**Instructions:**

To ensure all the Nurses Across New York (NANY) Loan Repayment Program provisions are addressed, nurses must provide an **Employment Attestation** as part of the submission.

The completed Employment Attestation must be submitted in a PDF format with the **Nurse Information and Checklist document (Attachment #1)** and other required supporting documentation per the instructions in the Solicitation of Interest Section IV. How to Apply.

**The Employment Attestation must:**

- Include the language supplied in the template found on Page #2 of this attachment.
- Include all the required components outlined in the template.
- Be submitted on the employer's letterhead.
- Be dually signed by both the nurse and an employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.

**If a nurse is working for multiple employers:**

- A separate Employment Attestation must be submitted from each organization.
- One hundred percent (100%) of the nurse's time must be accounted for at all employers combined.

Employment Attestation (Template)  
Solicitation of Interest #20713

**MUST BE ON EMPLOYER'S LETTERHEAD**

\_\_\_\_\_  
(date)

It is mutually understood that \_\_\_\_\_ intends to fulfill a  
(Nurse's Name)

Nurses Across New York (NANY) service obligation with:

\_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Employer Address)

\_\_\_\_\_  
(Employer City, State, Zip)

during the period May 1, 2026 through April 30, 2029 for \_\_\_\_\_% of their time.  
(Percentage)

*(PLEASE NOTE: If the nurse is working at more than one employer, a separate Employment Attestation must be submitted from each organization. One hundred percent of the nurse's time must be accounted for at all organizations combined.)*

The nurse will work as a \_\_\_\_\_ for a minimum of 150 hours of service per month for  
(RN or LPN)

12 months of the year providing direct clinical patient care.

The original start date of the nurse with this employer is/was \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Nurse Signature)

\_\_\_\_\_  
(\*Authorized Work Site Representative Signature and Title)

\*Employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.



### Gender-Based Violence and the Workplace Certification

New York State Finance Law §139-M requires bidders on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the following minimum requirements:

- **Share Information:** Employers must provide information regarding gender-based violence where employees can see and access it, including displaying the NYS Domestic and Sexual Violence Hotline information and a gender-based violence and the workplace poster.
- **Refer Employee-Survivors to Services:** The policy must require that the employer refer employees who disclose current or past victim status to the NYS Domestic and Sexual Violence Hotline and/or a local service provider. For bidders outside of New York State, referrals should be made to a local provider or statewide hotline. While referrals are required to be provided by the employer, it is not required for the employee to access services.
- **Prohibit Retaliation:** The policy must clearly state that discrimination or retaliation against employees who identify as victims or survivors of gender-based violence is prohibited.
- **Comply with Laws:** Ensure your policy follows State law. For employers based in New York State, this means that the policy must follow the SAFE Leave Act, New York State Human Rights Law, and any other relevant laws and regulations.
- **Offer Implementation Support:** OPDV is able to assist employers in developing and implementing this policy. Employers must provide information to supervisors and human resources, where available, about this technical assistance from OPDV. OPDV can be contacted at [workplace@opdv.ny.gov](mailto:workplace@opdv.ny.gov).

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 organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing gender-based violence and the workplace and has provided such policy to all of its employees, directors and board members. Such policy shall, at a minimum, meet the requirements of subdivision 11 of section five hundred seventy-five of the executive law.

Organization’s signature below certifies its compliance with State Finance Law §139-M.

Organization: \_\_\_\_\_

By (signature): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be signed by an authorized executive or legal representative.**

If the organization cannot make the above certification, they must provide an attached statement with their bid detailing the reasons therefor.