

## **Professional Services Agreement**

This Professional Services Agreement (this "Agreement") is made effective as of \_\_\_\_\_ (the "Effective Date"), by and between \_\_\_\_\_ ("Provider"), with offices at \_\_\_\_\_ and Research Foundation for Mental Hygiene, Inc., a not-for-profit corporation with offices at Riverview Center, 150 Broadway, Suite 301, Menands, NY 12204 ("RFMH").

Whereas the RFMH received a Ticket Program Agreement (TPA) SSA-EN-RFA-20-0001 from the Social Security Administration ("SSA") entitled "Employment Networks for the Ticket to Work and Self Sufficiency Program" ("Ticket to Work" or the "Program") and is administering the Program on behalf of the New York State Department of Labor (DOL) and the New York State Office of Mental Health ("OMH"); and

Whereas the Provider has agreed to participate in the New York Employment Services System ("NYESS") and has agreed to be bound by the terms and conditions articulated in the *Interagency Agreement for the Creation of an Integrated Employment Support Computer System between the New York State Department of Labor and the New York State Office of Mental Health* (the "Interagency Agreement"); and

Whereas the Provider has executed a Confidentiality and Non-Disclosure Agreement ("CNDA") with OMH;<sup>1</sup> and

Whereas DOL and OMH have formed a DOL/OMH Joint Management Committee which will collaboratively establish policy, guidelines, training and systems for this program;

NOW, THEREFORE, the parties agree as follows:

### **1. Services.**

- a. Provider will provide employment network support services to SSA beneficiaries ("Beneficiaries"):
  - i. subject to the terms and conditions and as more fully described in:
    1. the application to SSA dated October 26, 2020, as approved by the SSA (the "Approved Application"),
    2. the Interagency Agreement as agreed to by Provider, and
    3. the CNDA, and

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<sup>1</sup> All the referenced documents can be found on the NYESS website at <https://nyess.ny.gov/provider-contracts.html>

- ii.. in accordance with such other policies and procedures as are established by the DOL/OMH Joint Management Committee and made available to Provider on the NYESS website [www.nyess.ny.gov](http://www.nyess.ny.gov).

The Approved Application, Interagency Agreement, CNDA and Policies and Procedures are incorporated herein by reference.

- b. Provider shall perform such services with care, skill and diligence, in accordance with generally accepted industry standards, practices and principles and in accordance with all applicable laws and regulations.

2. Compensation.

- a. Payments to providers will be made only after funds are received by RFMH from SSA.
- b, RFMH shall pay Provider based on the payment schedule and method established by the DOL/OMH Joint Management Committee and published on the NYESS website.
- c. Payments to Providers shall be considered final, unless RFMH in its sole discretion believes a recalculation is warranted.

3. Use of Funds. Provider agrees that payments will be used solely to enhance employment services and supports for Beneficiaries.

4. Independent Contractor. Provider agrees that it is an independent contractor when performing the services under this Agreement and that the relationship between RFMH and Provider shall not constitute a partnership, joint venture or agency.

5. Subcontracts and Assignments. Provider shall not enter into any subcontracts for the performance of the obligations contained herein or assign this Agreement, or any rights or obligations hereunder, unless it has received the prior written approval of RFMH and the DOL/OMH Joint Management Committee.

6. Safeguards for Services.

- a. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional nondiscrimination provisions, the Provider will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status.

- b. Services performed pursuant to this Agreement are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
  - c. Funds provided pursuant to this Agreement shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
7. Term. This Agreement shall commence on the Effective Date and terminate on each December 31. The Agreement shall be automatically renewed for consecutive one year terms unless RFMH provides thirty (30) days prior written notice to the Provider of its intention not to renew. This Agreement will expire on October 25, 2030, if not terminated earlier.
- a. Either Party reserves the right to terminate this Agreement upon thirty (30) days prior written notice.
  - b. The RFMH reserves the right to terminate this Agreement immediately in the event that SSA terminates funding or in the event that RFMH, OMH or the NYSDOL/OMH Joint Management Committee has determined that Provider has violated the terms of this Agreement, the NYESS terms or the CNDA with OMH.
  - c. This Agreement shall automatically terminate if the Provider's authorization to access the NYESS system is withdrawn by OMH.
  - d. If the Agreement is terminated, RFMH shall pay Provider for services rendered up until the effective termination date.
8. Liability to Third Parties. Provider shall indemnify and hold harmless RFMH, OMH, DOL and the State of New York, their directors, officers, agents, subcontractors and employees against any actions, suits, proceedings, liabilities and damages to the extent that they arise from or are related to the performance or failure to perform of Provider's directors, officers, agents, subcontractors or employees pursuant to this Agreement.
9. Insurance Requirements. Provider shall not commence work under this Agreement unless it has the following insurance in place and shall provide proof of insurance coverage on an annual basis to the RFMH:
- a. Workers' Compensation and Employers' Liability Insurance as required by New York State law.
  - b. Disability insurance for all employees of Provider engaged in performing work under this Agreement, as required by New York State laws.

- c. General and Professional Liability Insurance with a combined personal injury, bodily injury (including death) and property damage limit of at least \$1,000,000 for each occurrence and \$2,000,000 in the aggregate.
10. Code of Conduct. Providers shall prohibit its directors, officers, agents, subcontractors and employees from using their positions or engaging in any activity in a manner that gives rise to an actual conflict of interest (personal or organizational) or the appearance of such a conflict.
11. Audit.
- a. Provider shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this Agreement (the "Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years after. Provider agrees to cooperate fully with any audit RFMH, OMH, DOL/OMH Joint Management Committee, SSA or any agent of theirs may conduct and to provide access during normal business hours to any and all information and personnel necessary to perform its audit or investigation.
  - b. RFMH or its designee shall have the right to audit and review the Provider's performance and operations as related to this Agreement and/or to retain the services of qualified independent auditors or investigators to perform such audit and review on its behalf. If the review indicates that the Provider has violated or is in non-compliance with any of the terms of the Agreement, or has abused or misused the funds paid to the Provider, the Provider agrees to reimburse RFMH any costs associated with the review.
  - c. If the review indicates that the Provider is in non-compliance with any of the terms of the Agreement, or has abused or misused the funds paid to the Provider, the rights of RFMH shall include, but not be limited to:
    - i. recovery of any funds expended in violation of the Agreement;
    - ii. suspension of payments;
    - iii. termination of the Agreement; and/or
    - iv. employment of another entity to fulfill the requirements of the Agreement.
12. Confidentiality. Provider understands that the information obtained or collected during the conduct of this Agreement may be sensitive in nature. Information relating to individuals who may receive services pursuant to this Agreement shall be maintained and used only for the purposes intended under this Agreement and in conformity with applicable provisions of laws and regulations, including the Confidentiality and Non-Disclosure Agreement between Provider and OMH.

13. Reporting.

- a. Provider shall prepare and submit all reports and documents as may be required under this Agreement to OMH, DOL/OMH Joint Management Committee or other entity designated by RFMH. These reports shall be in such substance, form, and frequency as required by RFMH and as necessary to meet State and Federal requirements. OMH shall notify the Provider as to the substance, form, and frequency of any and all reports and documents required to be submitted.
- b. OMH may require that the Provider submit a final report or other documentation summarizing the conduct of the program and indicating the total number of Beneficiaries participating in each of the components for the entire term of the Agreement.

14. Governing Law. This Agreement and the rights and obligations of the Parties hereunder shall be governed by the laws of the State of New York, without regard to any choice of law principle that would dictate the application of the law of another jurisdiction.

15. Notices. All notices permitted or required hereunder shall be in writing and shall be transmitted by mail, express mail, facsimile transmission or email to the individual noted below.

If to Provider:

As indicated in the supplier form in Exhibit A.

If to RFMH:

Managing Director  
Research Foundation for Mental Hygiene, Inc.  
150 Broadway, Suite 301  
Menands, NY 12204  
(518) 474-5661 fax

16. Validity of Terms and Conditions. If any term, provision or condition of this AGREEMENT or its application to any person or circumstance shall, to any extent, be held invalid or unenforceable, the remainder of this AGREEMENT, or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and every other term, provision, and condition of this AGREEMENT shall be valid and be enforced to the fullest extent permitted by law.

17. Entire Agreement. This Agreement, including Exhibit A hereto, set forth and constitute the entire agreement and understanding between the parties with respect to the subject matter hereof and all prior agreements, understandings, promises and representations, whether written or oral.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

Research Foundation for Mental Hygiene, Inc.      Provider

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

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

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

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

# Request for Taxpayer Identification Number and Certification SUBSTITUTE IRS FORM W-9 & VENDOR FILE SET-UP

**\*\* Please complete ALL sections \*\***

**Ticket to Work**  
Agreement Start Date \_\_\_\_\_

## 1. NAME (As shown on your tax return).

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
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## 2. ADDRESS

Address A – Physical address of Company Headquarters

Is this a US Post Office deliverable address? ☐ Yes ☐ No

Address B – Remittance Address (if different from Address A)

Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code

## 3. CONTACT INFORMATION

Primary Contact Name		Secondary Contact Name	
Title	Fax Number	Title	Fax Number
Phone Number		Phone Number	
Email Address		Email Address	

## 4. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). For proprietorship, provide SSN or EIN, not both.

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN)	<input type="checkbox"/> LLC How does LLC report to IRS? <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN/EIN  DUNS  
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## 5. ELECTRONIC PAYMENT – If your organization would like to receive payments electronically through ACH please complete the information below. By completing this section you authorize payments from RFMH to be deposited to the financial institution and account designated.

<b>Name &amp; Address of Financial Institution:</b> (Branch Location)  <b>Priority:</b> <b>Bank Routing Number:</b> (Contact your Financial Institution for this information) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Account Type:</b> (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings  <b>Account Number:</b> (Please <b>VERIFY</b> with your Financial Institution!) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**TO RECEIVE PAYMENT, YOU MUST ATTACH A LETTER FROM YOUR BANK VERIFYING YOUR ACCOUNT INFORMATION.**

## 6. CERTIFICATION AND SIGNATURE

By signing this contract, under penalties of perjury, I certify that: 1. The number shown on this form is the correct taxpayer identification number; and 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a US citizen or other U.S. person (as defined by IRS Form W-9 rev October 2007). You **must** cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you have questions regarding this form, contact RFMH Accounts Payable at 518.474.5661 for assistance.