

NYS Vision Plan
Proposal Submission Requirement Checklist

Please indicate by checkmark that your proposal meets each of the following submission requirements:

- ___ **1. TIMELY SUBMISSION:** Proposal submitted to assure receipt by DCS no later than 12:00 p.m. ET on the Proposal Due Date as indicated in RFP Section II.A.B.
- ___ **2. REQUISITE PROPOSAL TRANSMITTAL LETTER:** The Transmittal letter must meet the requirements stated in RFP Section II.A.G.1.A and B and be Included in the front of the Offeror's Technical Proposal.
- ___ a. The transmittal letter must include responses to each of the items outlined in Section II Part A. G.1. (a through m).
- ___ **3. FORMATTING REQUIREMENTS:** The Technical Proposal and Cost Proposal must each comply with the formatting requirements stated in RFP Section II.A.G.2 and II.A.H a through f.
- ___ a. Proposals must be prepared in Microsoft Word and Microsoft Excel
- ___ b. Fifteen (15) Copies--(One copy of the Technical Proposal and One copy of the Cost Proposal should be an original document and marked "ORIGINAL," contain an original signature and include a separate CD-ROM for both the Technical Proposal and Cost Proposal)
- ___ c. Each Technical & Cost Proposal must be separately bound and externally labeled with the Program and Offeror's name(s). No cost information (\$ quotes) can be referenced in the technical proposal.
- ___ d. Table of Contents
- ___ e. Index Tabs
- ___ f. Pagination
- ___ g. Updates/Corrections
- ___ h. Required Content – The Technical Proposal and Cost Proposal each must substantially comply with the program requirements set forth in Section III and IV of this RFP.
- ___ **4. FOIL PROTECTION OF TRADE SECRET INFORMATION:** Offerors may submit Exhibit I.C Redaction Chart in accordance with Section II.A.I of the RFP.
- ___ **5. COMPLIANCE WITH APPLICABLE RULES, LAWS, REGULATIONS AND EXECUTIVE ORDERS:** Include these certifications and Attestations in the Technical Proposal after the transmittal letter with the exception of Exhibit I.M which **must** be submitted with the requisite Prospective Offeror Registration Form (Exhibit I.K)
- ___ a. Statements and Formal Certifications required to comply with Section II.B.A, II.B.B, & II.B.D
- ___ b. EEO Obligations – Offeror Certification of Compliance (Exhibit I.I)
- ___ c. Workforce Utilization Report (Exhibit I.H)
- ___ d. Procurement Disclosure – Offeror Disclosure of Contacts (Exhibit I.D)
- ___ d. Offeror Disclosure of Prior Non-Responsibility Determinations (Exhibit I.E)
- ___ e. MacBride Fair Employment Principles and Non-Collusive Bidding Certification (Exhibit I.F)

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- ___ f. New York State DCS Vendor Responsibility Questionnaire (Exhibit I.J)
 - ___ g. Contractor Certification Regarding Tax Law 5-a, Sales and Compensating Use Taxes (Exhibit I.G).
 - ___ h. Network Access Prerequisite Worksheet (Exhibit I.L)
 - ___ i. Offeror's Affirmation of Understanding and Agreement Pursuant to State Finance Law §139-j and §139-k (Exhibit I.M)
 - ___ j. Offeror's Certification of Compliance Pursuant to State Finance Law §139-k (Exhibit I.N)
 - ___ k. Policy on Restrictions on Contacts During the Procurement Process (Exhibit I.O)
- ___ **6. REQUIRED CONTENT OF THE TECHNICAL PROPOSAL**. The Technical Proposal must include: the requisite transmittal letter; exhibits; responses to questions and requests for information contained in Section II of the RFP; and, comply with the content requirements stated in Section III of the RFP.
- ___ a. Certification of satisfaction of Preliminary Mandatory Requirements/Questionnaire (Section III.A.1-10)
 - ___ b. Responses to questions regarding the general qualifications of Insurer. (Section IIIB.1.A & Section IIIB.1.B)
 - ___ c. Executive Summary in accordance with Section III.C.1.a - d of the RFP
 - ___ d. Narrative Responses to all questions in RFP Section III
- ___ **7. REQUIRED SUPPLEMENTAL OFFEROR BACKGROUND INFORMATION**. Include this information after the required content of the Technical Proposal.
- ___ a. Reference List
 - ___ b. GAAP and other financial statements
 - ___ c. Statement identifying subcontractors
- ___ **8. REQUIRED CONTENT OF THE COST PROPOSAL**. The Cost Proposal must meet each of the content requirements stated in Section IV of the RFP and include all required submission exhibits.

BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual.

Name: _____

Title: _____

Relationship to Project: _____

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

**NYS VISION PLAN
REDACTION CHART**

Exhibit I.C
Page 1 of 2

(Name of Company)

Proposal Dated _____

in Response to _____

RFP Dated _____

Requested Redaction Page(s) and Page Sections	Description	Offeror Rationale for Proposed Redaction
COST PROPOSAL		
TECHNICAL PROPOSAL		

NYS VISION PLAN
REDACTION CHART

Please provide specific justification for each item for which you seek protection from FOIL disclosure. An appropriate justification may include any one or more of the following considerations by which to demonstrate reasonably whether the item for which you seek protection may be excepted from disclosure:

- a) the confidential nature of the specific item, including a description of the nature and extent of the injury to the Offeror's competitive position, such as unfair economic or competitive damage, which would be incurred were the information/record to be disclosed;
- b) whether the specific information/record is treated as confidential by the Offeror, including whether it ever has been made available to any person or entity;
- c) whether any patent, copyright, or similar legal protection exists for the specific item of information;
- d) whether the public disclosure of the information/record is otherwise restricted by law, and the specific source and content of such restriction;
- e) the date upon which the information/record no longer will need to be kept confidential, if applicable;
- f) whether the item of information is known by anyone outside the Offeror's business or organization;
- g) the extent to which the information is known by Offeror's employees and others involved in the Offeror's business;
- h) the value of the specific information/record to the Offeror and to its competitors;
- i) the amount of effort or money expended by the Offeror in developing the information/record; and
- j) the ease or difficulty with which the information could be properly acquired or duplicated (not merely copied) for use by others;



OFFERORS are required to demonstrate compliance with New York State Executive Order No. 127, “Providing for Additional State Procurement Disclosure” by completing this form at the time the Offeror’s Proposal is submitted to the Department, and to provide such additional information throughout the procurement until the date of the final contract award, as necessary to ensure compliance with the Executive Order. Failure to complete and submit this form may result in a determination of non-responsiveness and disqualification of the Offeror’s proposal. This information will be maintained in the Procurement Record and will be available for inspection as a public record.

CONTRACTORS are required to use this form to update this information throughout the term of any contract awarded to the Contractor by the Department. This information will be maintained in the record for the contract(s) for which the Contractor provides services and will be available for inspection as a public record.

Date of Submission: _____

Name of Offeror/Contractor: _____

Address: _____

Name and Title of Person Submitting this Form: _____

Please specify whether this is an initial filing in accordance with Section II, paragraph 1 of Executive Order No. 127 or an updated filing in accordance with Section II, paragraph 2 of Executive Order No. 127. (Please check):

Initial filing

Updated filing

The following person or organization was retained, employed, or designated by or on behalf of the Offeror/Contractor to attempt to influence the procurement process:

Name: _____

Address: _____

Telephone Number: _____

Place of Principal Employment: _____

Occupation: _____

Does the above named person or organization have a financial interest in the procurement? (Please check):

no

yes

PLEASE USE ADDITIONAL SHEETS AS NECESSARY AND ATTACH THEM TO THIS PAGE

PERSONAL PRIVACY PROTECTION NOTIFICATION - The information you provide on this form is requested for the principal purpose ensuring compliance with Executive Order No. 127. Failure to provide the information may interfere with the Department’s ability to administer the procurement to which the request for information relates. The information will be maintained by the Procurement Manager for the subject procurement, Department of Civil Service, The State Campus, Albany, NY 12239. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. For information about the Personal Privacy Protection Law, call (518) 457-9375. For information about this form, call the Procurement Manager.



The Offeror must demonstrate its compliance with New York State Executive Order No. 127 by disclosing to the Department whether any State department, office or division, or any board, commission or bureau thereof, or any public benefit corporation, public authority or commission at least one of whose members has been appointed by the Governor, including the State University of New York and the City University of New York, has made a finding of the Offeror's non-responsibility under Executive Order No. 127 in the five years preceding the date of the Offeror's submission of its proposal to the Department. Failure to complete and submit this form shall result in a determination of non-responsiveness and disqualification of the Offeror's proposal.

Date of Submission: _____

Name of Offeror: _____

Address: _____

Name and Title of Person Submitting this Form: _____

Has any covered agency or authority made a finding of non-responsibility, for any reason, regarding the Offeror in the last five years? (Please check):

no yes

If yes, was the basis for the finding of the Offeror's non-responsibility due to the intentional provision of false or incomplete information required by Executive Order No. 127? (Please check):

no yes

If yes, please provide details regarding the finding of non-responsibility below:

Covered Agency or Authority: _____

Year(s) of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility: _____

Has any covered agency or authority terminated a procurement contract with the Offeror due to the intentional provision of false or incomplete information required by Executive Order No. 127? (Please check):

no yes

PERSONAL PRIVACY PROTECTION NOTIFICATION - The information you provide on this form is requested for the principal purpose ensuring compliance with Executive Order No. 127. Failure to provide the information may interfere with the Department's ability to administer the procurement to which the request for information relates. The information will be maintained by the Procurement Manager for the subject procurement, Department of Civil Service, The State Campus, Albany, NY 12239. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. For information about the Personal Privacy Protection Law, call (518) 457-9375. For information about this form, call the Procurement Manager of the subject procurement.

BIDDER IS REQUIRED TO SIGN BOTH SECTIONS ON THIS PAGE

NYS Vision Plan

Exhibit 1.F
page 1 of 1

**NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND
MACBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with Chapter 807 of the Laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the bidder, either (answer "yes" or "no" to one or both of the following, as applicable):

(1) Have business operations in Northern Ireland.

Yes _____ or No _____

If yes:

(2) Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.

Yes _____ or No _____

(Contractor's Signature)

(Name of Business)

NON-COLLUSIVE BIDDING CERTIFICATION

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 to the best of his 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 been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(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.

(Contractor's Signature)

(Name of Business)



Contractor Certification
(Pursuant to Section 5-a of the Tax Law)

ST-220
(9/05)

For more information, see Publication 222, Question and Answers Concerning Tax Law Section 5-a.

Contractor name Contractor's principal place of business City State ZIP code
Mailing address (if different than above)
Contractor's federal employer identification number (EIN) Contractor's sales tax ID number (if different from contractor's EIN)
Contractor's telephone number Covered agency
Estimated contract value over the full term of contract (but not including renewals)
\$

I, _____, hereby affirm, under penalty of perjury, that I am _____
(name) (title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and that to the best of my knowledge:

Part I. Contract not covered by section 5-a of the Tax Law (Mark an X in the box if this statement is applicable. If you mark this box, you do not have to complete Parts II through V.)

[] The requirements of section 5-a of the Tax Law do not apply to this contract (provide a separate explanation and attach to this form).

(If you did not mark the box next to the statement in Part I, mark an X next to the applicable statement in Parts II through IV and, if applicable, Part V.)

Part II. Contractor registration status

[] The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available, and is registered for New York State and local sales and compensating use tax purposes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor is listed on Schedule A of this certification.

[] As of the date of this certification, the contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available.

Part III. Affiliate registration status

[] As of the date of this certification, the contractor does not have any affiliates.

[] The contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available, and each affiliate exceeding the \$300,000 cumulative sales threshold during such periods is registered for New York State and local sales and compensating use tax purposes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such periods on Schedule A of this certification.

[] The contractor has one or more affiliates and, as of the date of this certification, each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available.

Part IV. Subcontractor registration status

- As of the date of this certification, the contractor does not have any subcontractors.
- The contractor has one or more subcontractors, and each subcontractor has informed the contractor of whether or not, as of the date of this certification, it has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available. Each subcontractor informing the contractor that it has made sales in excess of the \$300,000 cumulative sales threshold during such periods has further informed the contractor that it is registered for New York State and local sales and compensating use tax purposes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such periods on Schedule A of this certification.
- The contractor has one or more subcontractors, and each subcontractor has informed the contractor that, as of the date of this certification, it has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available.

Part V. Subcontractor affiliate registration status

- The contractor has one or more subcontractors, and each subcontractor has informed the contractor that, as of the date of this certification, it does not have any affiliates.
- The contractor has one or more subcontractors, and each subcontractor has informed the contractor of whether or not, as of the date of this certification, it has any affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available. Each subcontractor informing the contractor that it has one or more affiliates having made sales in excess of the \$300,000 cumulative sales threshold during such periods has further informed the contractor that each such affiliate is registered for New York State and local sales and compensating use tax purposes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor affiliate exceeding the \$300,000 cumulative sales threshold during such periods on Schedule A of this certification.
- The contractor has one or more subcontractors, and each subcontractor has informed the contractor that, as of the date of this certification, it has no affiliate having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which this certification is made and for which information is available.

Sworn to this _____ day of _____, 20 _____

(signature)

(title)

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
:
COUNTY OF SS.:

On the day of in the year 20 , before me personally appeared

known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at

Town of

County of

State of and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

(If an individual): he executed the foregoing instrument in his/her name and on his/her own behalf.

(If a corporation): he is the of the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): he is the of the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

(If a limited liability company): he is a duly authorized member of the LLC, the limited liability company described in said instrument; that he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public

Registration No.

Schedule A – Listing of persons exceeding \$300,000 cumulative sales threshold.

A Relationship to Contractor	B Name	C Address	D Federal EIN	E Sales Tax ID Number	F Proof of Registration

Column A – Enter **C** in column A if the contractor; do not complete columns C, D, and E. Enter **A** if an affiliate of the contractor; **S** if a subcontractor; or **SA** if an affiliate of a subcontractor, and complete columns B through F.

Column B – Name - If person is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State. If person is a partnership or sole proprietor, enter the name of the partnership and each partner’s given name, or the given name(s) of the owner(s), as applicable. If person has a different DBA (doing business as) name, enter that name as well.

Column C – Address - Enter the street address of person’s principal place of business. Do not enter a PO box.

Column D – ID number - Enter the federal employer identification number (EIN) assigned to the person or person’s business, as applicable. If the person is an individual, enter the social security number of that person.

Column E – Sales tax ID number - Enter only if different from federal EIN in column D.

Column F – Enter **CA** if a paper copy of the certificate of authority is attached; or **RC** if person is registered with the Tax Department (DTF) and has confirmed this status with DTF. **Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

General Information - Instructions

Section 5-a of the Tax Law requires contractors awarded contracts valued at more than \$15,000 by state agencies, public authorities or public benefit corporations to certify that they, their affiliates, their subcontractors, and the affiliates of their subcontractors are registered to collect New York State and local sales and compensating use taxes. Contractors, affiliates, subcontractors and subcontractor affiliates must be registered if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four quarterly periods ending on the last day of February, May, August, and November which immediately precede the quarterly period in which certification of registration is made and for which information is available. Certification of registration must be made before the contract can be approved by the Office of the State Comptroller, or other responsible party if OSC is not required to approve the contract. In addition, certification of registration must be made at specified intervals during the contract term.

For more detailed information regarding section 5-a of the Tax Law, see Publication 222, *Questions and Answers Concerning Tax Law Section 5-a*.

Meaning of terms used in section 5-a of the Tax Law

Contractor means a person awarded a contract.

Person includes an individual, partnership, limited liability company, society, association, joint-stock company, corporation, estate, receiver, trustee, assignee, referee and any other person acting in a fiduciary or representative capacity, whether appointed by a court or otherwise, and any combination of the foregoing.

Contract means an agreement between a contractor and a covered agency for the sale of commodities or services having a value in excess of \$15,000.

Covered agency means New York State, any department, board, bureau, commission, division, office, council or agency of New York State, and a public authority or public benefit corporation.

Sale means any transfer of title or possession or both, exchange or barter, rental, lease or license to use or consume. For computer software, the term *sale* also includes the right to reproduce the software.

Commodities include **either** commodities as defined for New York procurement law purposes, or tangible personal property as defined for New York State and local sales and compensating use tax law purposes. For procurement law purposes, the term *commodities* means (other than with respect to contracts for State printing) material goods, supplies, products, construction items, or other standard articles of commerce other than technology which are the subject of any purchase or other exchange. For New York State and local sales and compensating use tax law purposes, the term *tangible personal property* means corporeal personal property of any nature having a material existence and perceptible to the human senses. Tangible personal property includes without limitation: 1) raw materials, such as wood, metal, rubber and minerals; (2) manufactured items, such as gasoline, oil, diesel motor fuel and kero-jet fuel, chemicals, jewelry, furniture, machinery and equipment, parts, tools, supplies, computers, clothing, motor vehicles, boats, yachts,

appliances, lighting fixtures, building materials; (3) pre-written, off-the-shelf software; (4) artistic items, such as sketches, paintings, photographs, moving picture films, and recordings; (5) animals, trees, shrubs, plants, and seeds; (6) bottled water, soda, beer; (7) candy and confections; (8) cigarettes and tobacco products; (9) cosmetics and toiletries; (10) coins and other numismatic items, when purchased for purposes other than for use as a medium of exchange; (11) postage stamps, when purchased for purposes other than mailing; and (12) precious metals in the form of bullion, ingots, wafers and other forms. Tangible personal property does **not** include real property or intangible personal property.

Services include **either** services as defined for New York procurement law purposes, or taxable services as defined for New York State and local sales and compensating use tax law purposes. For procurement law purposes, the term *services* means (other than with respect to contracts for State printing) the performance of a task or tasks and may include a material good or a quantity of material goods, and which is the subject of a purchase or other exchange. For procurement law purposes, technology is a service. The term *services* for procurement law purposes does **not** apply to contracts for architectural, engineering or surveying services, or to contracts with not-for-profit organizations approved in accordance with Article 11-B of the State Finance Law. For New York State and local sales and compensating use tax law purposes, the term *taxable services* includes: 1) providing information by printed, mimeographed or multigraphed matter or by duplicating written or printed matter in any other manner, including the services of collecting, compiling, or analyzing information of any kind or nature and furnishing reports thereof to other persons; 2) processing, assembling, fabricating, printing, or imprinting tangible personal property furnished by a customer who did not purchase the tangible personal property for resale; 3) installing tangible personal property, or maintaining, servicing, or repairing tangible personal property that is not held for sale by the purchaser of the service; 4) storing tangible personal property that is not being held for sale, and the rental of safe deposit boxes or similar space; 5) maintaining, servicing or repairing real property, whether inside or outside buildings; 6) providing parking, garaging or storing for motor vehicles; 7) interior decorating and designing services; 8) protective and detective services; and 9) furnishing entertainment or information services by means of telephony or telegraphy.

Affiliate means a person which, through stock ownership or any other means, directly, indirectly or constructively controls another person, is controlled by another person, or is, along with another person, under the control of a common parent.

Subcontractor means a person providing commodities or performing services for a contractor or another subcontractor in fulfillment of a contract

Emergency means an urgent and unexpected requirement where health and public safety or the conservation of public resources is at risk.

Identification information

Contractor name: Enter the exact legal name of the person who is contracting to provide commodities or services to a covered agency.

Exhibit I.G

by the entity to tax-exempt purchasers.

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Contractor's principal place of business: Enter a street address, not a PO box number.

Mailing address: Enter the address where the contractor receives mail, if different than the principal place of business.

Covered agency: Enter the name of the covered agency.

Covered agency use only

Contract number or description: If the contract has been assigned a number by the covered agency, enter that number. If a number has not been assigned, provide a brief description of the nature of the contract.

Estimated contract value: Enter the estimated contract value for the full term of the contract, but excluding any renewal terms.

Certification statement

If the contractor is a corporation, the certification must be completed by the president, vice president, treasurer, assistant treasurer, chief accounting officer, or other officer authorized by the corporation. If the contractor is a partnership, the statement must be completed by a partner or person authorized by the partnership. If the contractor is a limited liability company, the statement must be completed by a member of the LLC and be authorized by the LLC.

The person signing this certification must also complete the *Individual, Corporation, Partnership, or LLC Acknowledgement* (see page 3) and have it notarized.

Part I – Contract not covered by section 5-a of the Tax Law

If the contract is not covered by section 5-a of the Tax Law, mark an **X** in the box and attach a separate explanation as to why the contract is not covered. You do not have to complete Parts II through V. You must sign and have the certification acknowledged.

A contract would not be covered by section 5-a of the Tax Law if: 1) the covered agency began the procurement before January 1, 2005; 2) the procuring entity is not a *covered agency* within the meaning of section 5-a; 3) the contract does not have a value in excess of \$15,000; 4) the contract is not for commodities or services as such terms are defined for purposes of section 5-a; or 5) the contract is sole source, and is necessary to address an emergency, ensure the provision of essential services or ensure the public health, safety and welfare.

Parts II through V

If the contract is covered under section 5-a of the Tax law, you must mark an **X** in one box in Part II through Part IV and, if applicable, Part V. You must also sign and have the certification acknowledged, and complete Schedule A, if required.

For purposes of calculating if the contractor, contractor affiliate, subcontractor or subcontractor affiliate must be reported, the \$300,000 cumulative sales threshold includes all sales made

Schedule A

List the contractor, or an affiliate, subcontractor or subcontractor affiliate in Schedule A only if such person exceeded the more than \$300,000 cumulative sales threshold during the specified periods. In addition, for each person listed in the Schedule A, proof of registration with the Tax Department for New York State and local sales and compensating use tax purposes is required. Proof of registration may be provided by furnishing a copy of the person's *Certificate of Authority* (a document issued by the Tax Department authorizing a person to collect and pay over New York State and local sales and compensating use taxes), or, if the *Certificate of Authority* is not available, registration may be verified by calling the Tax Department's Business Tax Information Center at 1 800 9721233.

Column A – Relationship to the contractor

The contractor should enter a **C** in column A. It is not necessary for the contractor to complete columns B through E since this information has been provided on page 1.

If the person listed in column B is an affiliate of the contractor, enter an **A**; if a subcontractor, enter an **S**; if an affiliate of a subcontractor, enter **SA**.

Column B – Name

Enter the exact legal name as registered with the New York Department of State of each corporation or limited liability company. If the person is a partnership or sole proprietor, enter each partner's or the owner's given name. If the person uses a different name or DBA (doing business as), enter that name as well.

Column C – Address

Enter the street address of the person's principal place of business. Do not enter a PO box.

Column D – ID number

If the person listed in column B is an individual, enter the social security number of that person. Otherwise enter the employer identification number (EIN) assigned to the person.

Column E – Sales tax ID number

Enter the sales tax identification number, if different from the federal employer identification number.

Column F – Proof of registration

Enter **CA** and attach a copy of the *Certificate of Authority* for the person.

If the *Certificate of Authority* is not available, and if the person is registered with the Department of Taxation and Finance and has verified this status with the DTF, enter **RC**.

Return a signed and acknowledged original Form ST-220, and a copy, to the procuring covered agency.

Exhibit I.H

NYS Vision Plan
WORK FORCE EMPLOYMENT UTILIZATION REPORT
SERVICE and/or CONSULTANT FIRMS

Agency: _____ /Code _____ Reporting period: _____
 Check One: Quarterly Semi-Annual Report

Contractor/Firm Name: _____ Address: _____
 City _____ State _____ Zip _____

Type of Report: Contract Specific WorkForce Total Work Force Check if NOT-For- Profit:

Federal ID/Payee ID No. _____ Contract No. _____ Location of Work _____
 County _____ Zip _____

Check One: Prime Contractor Subcontractor Product/Service Provided: _____

Contract Amount: \$ _____ Contract Start Date: _____ Percent of Job Completed _____

Federal Occupational Category	Number of Employees										Total Percent Minority Employees	Total Percent Female Employees
	Total Number of Employees		Black (Not of Hispanic origin)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Officials/Admin.												
Professionals												
Technicians												
Sales Worker												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
TOTALS												

Company Official's Name: _____ Title: _____

Company Official's Signature: _____ Date: _____

Telephone Number () _____

NYS VISION PLAN
Equal Employment Opportunity (EEO) Obligations –
Offeror Certification of Compliance

The Offeror must demonstrate its compliance with the Equal Employment Opportunity Act (EEO) by affirming to the Department that the Offeror’s EEO Policy Statement contains, at a minimum, language consistent with the provisions of numbered paragraphs 1, 2, 3, and 4. Failure to comply with this provision will result in rejection of the Offeror’s proposal.

1. The Offeror shall not discriminate against any employee or applicant for employment because of race, creed, color, national origin, gender, age, disability, or marital status; shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination; and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on the Agreement.
2. The Offeror shall state in all solicitations or advertisements for employees that, in the performance of the Agreement, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, gender, age, disability, or marital status.
3. The Offeror shall not do business with any employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other Agreement or understanding, that discriminates on the basis of race, creed, color, national origin, gender, age, disability, or marital status.
4. At the request of the DCS, the Offeror agrees to require any employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other Agreement or understanding to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, gender, age, disability, or marital status and that such union or representative will affirmatively cooperate in the implementation of the Offeror’s obligation under the agreement.

The undersigned states that the affirmative statements contained in this certification are true, accurate and complete.

Name of Offeror Date of Submission

Name & Title of Officer Submitting this form (Please Print)

Authorized Signature

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Exhibit I.J

FEIN #

1. VENDOR IS: <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FILED:		5. WEBSITE ADDRESS (if applicable)	
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</i> , if different from above		10. TELEPHONE NUMBER	11. FAX NUMBER
12. PRIMARY PLACE OF BUSINESS IN NEW YORK STATE IS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, please provide landlord's name, address, and telephone number below:		13. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Title Telephone Number Fax Number e-mail	
14. VENDOR'S BUSINESS ENTITY IS (please check appropriate box and provide additional information):			
a) <input type="checkbox"/> Business Corporation	Date of Incorporation	State of Incorporation*	
b) <input type="checkbox"/> Sole Proprietor	Date Established		
c) <input type="checkbox"/> General Partnership	Date Established		
d) <input type="checkbox"/> Not-for-Profit Corporation	Date of Incorporation	State of Incorporation* Charities Registration Number	
e) <input type="checkbox"/> Limited Liability Company (LLC)	Date Established		
f) <input type="checkbox"/> Limited Liability Partnership	Date Established		
g) <input type="checkbox"/> Other – Specify:	Date Established	Jurisdiction Filed (if applicable)	
* If not incorporated in New York State, please provide a copy of authorization to do business in New York.			
15. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)			
16. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER:			
17. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS AND THE THREE OFFICERS WHO DIRECT THE DAILY OPERATIONS OF THE VENDOR (Attach additional pages if necessary):			
a) NAME (print)	TITLE	b) NAME (print)	TITLE
c) NAME (print)	TITLE	d) NAME (print)	TITLE

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Exhibit I.J

FEIN #

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 CONTRACTING AGENCY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.

18. Is the vendor certified in New York State as a (check please): Yes No
 Minority Business Enterprise (MBE)
 Women’s Business Enterprise (WBE)
 Disadvantaged Business Enterprise (DBE)?
Please provide a copy of any of the above certifications that apply.

19. Does the vendor use, or has it used in the past ten (10) years, any other Business Name, FEIN, or D/B/A other than those listed in items 2-4 above? Yes No
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.

20. Are there any individuals now serving in a managerial or consulting capacity to the vendor, including principal owners and officers, who now serve or in the past three (3) years have served as:

a) An elected or appointed public official or officer? Yes No
List each individual’s name, business title, the name of the organization and position elected or appointed to, and dates of service.

b) A full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency? Yes No
List each individual’s name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.

c) If yes to item #20b, did this individual perform services related to the solicitation, negotiation, operation and/or administration of public contracts for the contracting agency? Yes No
List each individual’s name, business title or consulting capacity and the New York State agency name, and consulting/advisory position with applicable service dates. List each contract name and assigned NYS number.

d) An officer of any political party organization in New York State, whether paid or unpaid? Yes No
List each individual’s name, business title or consulting capacity and the official political party position held with applicable service dates.

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Exhibit I.J

FEIN #

<p>21. Within the past five (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), affiliate¹ 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 a New York State 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 denied, 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><input type="checkbox"/> Yes <input type="checkbox"/> No</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><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of:</p> <p>1. federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law;</p> <p>2. state or federal environmental laws;</p> <p>3. unemployment insurance or workers’ compensation coverage or claim requirements;</p> <p>4. Employee Retirement Income Security Act (ERISA);</p> <p>5. federal, state or local human rights laws;</p> <p>6. civil rights laws;</p> <p>7. federal or state security laws;</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Exhibit I.J
FEIN #

<p>8. federal Immigration and Naturalization Services (INS) and Alienage laws; 9. state or federal anti-trust laws; or 10. charity or consumer laws? <i>For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the vendor.</i></p>	
<p>22. In the past three (3) years, has the vendor or its affiliates¹ had any claims, judgments, injunctions, liens, fines or penalties secured by any governmental agency? <i>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."</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>23. Has the vendor (for profit and not-for profit corporations) or its affiliates¹, in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances? <i>Indicate if this is applicable to the submitting vendor or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the vendor and the name of the auditing agency.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24. Is the vendor exempt from income taxes under the Internal Revenue Code? <i>Indicate the reason for the exemption and provide a copy of any supporting information.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>25. 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>26. Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates¹ 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 of the date of filing? <i>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.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Exhibit I.J

FEIN #

27. Is the vendor currently insolvent, or does vendor currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it? <i>Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the vendor been a contractor or subcontractor on any contract with any New York State agency in the past five (5) years? <i>List the agency name, address, and contract effective dates. Also provide state contract identification number, if known.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. In the past five (5) years, has the vendor or any affiliates ¹ : a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded; b) received an overall unsatisfactory performance assessment from any government agency on any contract; or c) had any liens or claims over \$25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days? <i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
30. Has any Governmental Entity made a finding of non-responsibility regarding the Offeror/Bidder in the previous four years? If yes, please answer the next questions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a State Governmental Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE

Exhibit I.J

FEIN #

c) Please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility: _____

(add additional pages as necessary)

31. Has any State Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the Offeror/Bidder due to the intentional provision of false or incomplete information? Yes No

If yes, please provide details below

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

(add additional pages as necessary)

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
VENDOR RESPONSIBILITY QUESTIONNAIRE**

Exhibit I.J

FEIN #

State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies/political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies/political subdivisions 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 §210.40 or a misdemeanor under Penal Law §210.35 or §210.45, and may be punishable by a fine and/or imprisonment of up to five years under 18 USC §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 New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- is under duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.
- all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: _____

By: _____
(Signature)

Name: _____

Title: _____

Address: _____

Date: _____

Sworn to before me this _____ day of _____, _____.

Notary Public

NYS VISION PLAN

Prospective Offeror Registration Form

Primary Contact Information	Alternate Contact Information
Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone Number:	Phone Number:
Fax:	Fax:
E-Mail:	E-Mail:
Preferred Communication Method: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail	Preferred Communication Method: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail

To register, complete the exhibit above and submit it via the link [Submit a question or comment](#) or by mail to:

Carol Wittman
Procurement Manager
New York State Department of Civil Service
Employee Benefits Division
W. Averell Harriman State Office Building Campus
Building 1A, Room 121
Albany, New York 12239

**New York State Vision Plan
Network Access Prerequisite Worksheet**

Exhibit I.L

State Column (1)	Location Column (2)	# of NYS Vision Plan Enrollees With Access Column (3)	# of NYS Vision Plan Enrollees Without Access Column (4)	Total Vision Plan Enrollees Column (5)	% With Access Column (6)
NYS	Urban	0	0	26,539	0.0%
	Suburban	0	0	23,471	0.0%
	Rural	0	0	50,485	0.0%
	Total NYS	0	0	100,495	0.0%
Out-Of-State	Urban	0	0	1,135	0.0%
	Suburban	0	0	497	0.0%
	Rural	0	0	701	0.0%
	Total Out-of-State	0	0	2,333	0.0%
	Total	0	0	102,828	0.0%

A. Enter the number of NYS Vision Plan enrollees who meet the minimum access requirements from your GeoAccess Accessibility Summaries (column 3)

B. Enter the number of Empire Plan enrollees who do not meet the minimum access requirements from your GeoAccess Accessibility Summaries. (column 4)

C. Column (5) equals Column (3) plus Column (4).

D. Column (6) equals Column (3) divided by Column (5).

E. The average NYS access % in column (6) must equal, at a minimum, 70% in order to meet the Network Access Prerequisite required to submit a proposal.



State of New York
 Department of Civil Service
 The State Campus
 Albany, NY 12239

ADMINISTRATION DIVISION
Offeror's Affirmation of Understanding and Agreement
Pursuant to State Finance Law §139-j(3) and §139-j(6)
Exhibit I.M

Instructions:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement's "Restricted Period" (from the issuance of the solicitation document until the date of the contract's final approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions ("permissible contacts"). DCS employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror's responsibility that addresses the Offeror's compliance with the statutes' requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding. Further information about these requirements can be found at: <http://www.ogs.state.ny.us/aboutOGS/regulations/defaultAdvisoryCouncil.html>.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k.

Offeror Affirmation and Agreement

The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the DCS' procedures regarding permissible contacts as required thereby.

Name of Offeror: _____

By: _____
 (Signature)

Name: _____

Title: _____

Address: _____

Date: _____



State of New York
 Department of Civil Service
 The State Campus
 Albany, NY 12239

ADMINISTRATION DIVISION
Offeror's Certification of Compliance
Pursuant to State Finance Law §139-k(5)

Exhibit I.N

Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the DCS with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the DCS, the Offeror/Bidder must provide the following certification that the information it has and will provide to the DCS pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: _____

By: _____
 (Signature)

Name: _____

Title: _____

Address: _____

Date: _____

Policy on Restrictions on Contacts During the Procurement Process
Procurement Lobby, Ch. 1, L. 2005
State Finance Laws (SFL) sections 139-j and 139-k

I. Definitions. For the purpose of this policy, the following definitions apply:

“Contacts” means any oral, written, or electronic communication with DCS or any other State governmental entity under circumstances where a reasonable person would infer that the communication was intended to influence the procurement. However, any communications received by DCS from members of the State legislature or legislative staff, when acting in their official capacity, shall not be considered to be a “contact” and shall not be recorded by DCS staff pursuant to this policy.

“Contract” means any contract or other agreement to purchase a service or commodity that involves an estimated annualized expenditure in excess of \$15,000. Grants, contracts entered into under SFL Article 11-B, and intergovernmental agreements shall not be deemed “contracts” for the purpose of this policy,

“Offeror” means any individual or entity, or any employee, agent, consultant, or person acting on behalf of such individual or entity, who contacts DCS or any other State governmental entity about a governmental procurement during that procurement’s restricted period. “Offeror” includes prospective offerors prior to the due date for the submission of offers/bids in response to the solicitation document.

“Procurement” means:

- a) the preparation or terms of the specifications, solicitation documents, or evaluation criteria for a contract;
- b) the solicitation for a contract;
- c) the evaluation of a contract;
- d) the award, approval, denial, or disapproval of a contract;
- e) the approval or denial of an assignment, amendment (other than amendments that were authorized and payable under the terms of the contract as it was awarded or approved by the State Comptroller), renewal or extension of a contract, or any other material change in the contract resulting in a financial benefit to the Offeror/Contractor.

“Restricted period” means the period of time commencing with the earliest written notice or advertisement of a Request for Proposal or Invitation for Bids, or the issuance of a solicitation document requesting bids or proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with DCS, and ending with the final contract award by DCS and, where applicable, approval by the State Comptroller.

II. For each procurement, DCS shall designate a person or person(s) who may be contacted by Offerors regarding the procurement. Each Offeror who contacts the DCS or any other State governmental entity during a procurement’s restricted period is permitted to contact only the person(s) designated by the DCS for that purpose. Such contacts must comply with the

requirements established by SFL sections 139-j and 139-k, and with the requirements set forth by DCS in the solicitation document.

III. As a threshold requirement to participating in a procurement, DCS shall require each Offeror to provide written confirmation of its understanding of and agreement to comply with the DCS' policy and procedures regarding permissible contacts during the procurement's restricted period. This may be done by use of a registration period at the beginning of the procurement, or some other procedure by which written confirmation is received by DCS early in the procurement process.

IV. Upon any contact during the procurement's restricted period, DCS staff shall obtain the name, address, telephone number, place of principal employment, and occupation of the person or organization making the contact, and also shall inquire whether the person or organization making the contact was the Offeror or was retained, employed, or designated by or on behalf of the Offeror to appear before or contact the DCS about the procurement. All recorded contacts shall be recorded on the appropriate form(s) and included in the procurement record.

V. DCS staff shall ensure that all solicitation documents require Offerors to disclose findings of nonresponsibility made within the previous four years by any State governmental entity where such prior finding of non-responsibility was due to:

- a) a violation of the procurement lobbying requirements established at SFL section 139-j;
- b) the intentional provision of false or incomplete information to a government entity

VI. The failure of an Offeror to timely disclose accurate or complete information to the DCS regarding the above shall be considered by DCS in its determination of the Offeror's responsibility. No procurement contract shall be awarded to any such Offeror, its subsidiaries, and any related or successor entity with substantially similar function, management, board of directors, officers and shareholders unless the DCS finds that the award of the contract to that entity is necessary to protect public property or public health or safety, and that the entity is the only source capable of supplying the required article of procurement within the necessary timeframe, provided however, that the DCS shall include in the procurement record a statement describing the basis for such finding.

VII. A contract award subject to SFL sections 139-j and 139-k shall contain a certification by the successful Offeror that all information provided to the DCS with respect to the procurement lobbying requirements established by those sections is complete, true and accurate.

VIII. Each contract shall contain a provision authorizing the DCS to terminate such contract in the event such certification is found to be intentionally false or intentionally incomplete. The DCS shall include in the procurement record a statement describing the basis for such termination.

IX. Any employee of DCS who becomes aware that an Offeror has made an impermissible contact(s) during the procurement shall immediately notify the DCS Ethics Officer and the DCS Director of Internal Audit. If an Offeror violates these requirements with regard to permissible contacts at a governmental entity other than the DCS, the employee of that entity who becomes

aware of the violation shall notify that entity's Ethics Officer, Inspector General, if any, or other official of that entity responsible for reviewing or investigating such matters, who shall in turn notify the DCS Ethics Officer and the DCS Director of Internal Audit.

X. DCS Review of Alleged Violations and the Imposition of Sanctions

- a) If the DCS Ethics Officer and/or the DCS Director of Internal Audit receive notification of an allegation that an Offeror has made an impermissible contact during the procurement's restricted period as described above, the DCS Director of Internal Audit shall immediately investigate such allegation. If the position of Director of Internal Audit is vacant, the Ethics Officer shall conduct the investigation, or the Commissioner may appoint a designee to investigate the allegation. In no event shall the person conducting the investigation be someone who has participated in the preparation of the solicitation document, the evaluation of Proposals, or the selection decision.
- b) If the investigation indicates that sufficient cause exists to believe that the allegation is true, the DCS shall give the Offeror reasonable notice that an investigation is ongoing and an opportunity to be heard in response to the allegation. At the DCS' discretion, such opportunity to be heard may be provided by giving the Offeror the opportunity to meet with the DCS staff conducting the investigation or by the Offeror's submission of a written statement, or both. The Offeror may, but need not, be represented by counsel during the investigation. Any and all issues concerning the manner in which the investigation process is conducted shall be determined solely by the DCS staff conducting the investigation.
- c) If it is found that an Offeror has knowingly and willfully made an impermissible contact in violation of these requirements, then the DCS staff making such findings shall report to the President of the Civil Service Commission related instances, if any, of any DCS employee's violation of Public Officers Law sections 73(5) and 74.

XI. Sanctions

- a) A finding that an Offeror has knowingly and willfully made an impermissible contact shall result in a determination of non-responsibility for such Offeror. Concomitantly, such Offeror and its subsidiaries, and any related or successor entity with substantially similar function, management, board of directors, officers and shareholders, shall not be awarded the procurement contract, unless the DCS finds that the award of the procurement contract to that entity is necessary to protect public property or public health or safety, and that the entity is the only source capable of supplying the required article of procurement within the necessary timeframe. If such is the case, the DCS shall include in the procurement record a statement describing the basis for such a finding.
- b) Any subsequent determination of an Offeror's non-responsibility due to violation of these requirements within four years of a prior determination of non-

responsibility due to a violation of these requirements shall result in the Offeror being rendered ineligible to submit a proposal on or be awarded any procurement contract for a period of four years from the date of the second non-responsibility determination.

XII. DCS staff shall ensure that the model language set forth below is included in all solicitation documents issued by DCS, subject to final review by the Office of Counsel.