

# New York State Department of Agriculture and Markets

RFP #0153: TASTE NY MANAGEMENT SERVICES

## SUBMISSION DOCUMENTS

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# New York State Department of Agriculture and Markets

## RFP #0153: TASTE NY MANAGEMENT SERVICES

### SUBMISSION DOCUMENTS CHECKLIST

To be completed by Bidder	BID RESPONSE ITEM	FOR AGR USE ONLY Minimum Qualifications
<input type="checkbox"/>	<b>The following forms and documentation shall be submitted at the time of bid submission. The Department reserves the right to request any missing information from the items marked with an asterisk (*) below. Bidder will have three (3) business days to provide any missing information requested by the Department for those items marked with an asterisk (*).</b>	
<input type="checkbox"/>	Attachment 1 – Bid Form	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 2 – Mandatory Requirements Certification Form	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 3 - Non-Collusive Bidding Certification	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 4 – MacBride Nondiscrimination Certification	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 5 - Procurement Lobby Law Forms	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 6 – Vendor Responsibility	<input type="checkbox"/>
<input type="checkbox"/> <i>RETURN IF SFS VENDOR ID IS REQUESTED</i>	*Attachment 7- Substitute W-9 Form to obtain SFS ID	<i>Not a requirement</i>
<input type="checkbox"/>	Attachment 8 – Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
<input type="checkbox"/>	Technical Proposal - Only documents that are submitted at the time of bid submission, or in response to the Department’s request for written clarification, will be considered. (RFP Section 3.5 A – C, Technical Proposal)	<input type="checkbox"/>
<input type="checkbox"/>	*The proposer must be authorized to do business in New York State. Bidders are strongly encouraged to submit a copy of their current filing status with the New York State Department of State (DOS). The Department reserves the right to confirm bidder’s filing status with DOS in the event Bidder fails to provide proof of their filing status.  (RFP Section 3.3, Min. Qualification)	<input type="checkbox"/>
	<b>The following forms are not required until notification of selection is made, however bidders are strongly encouraged to submit the following forms with the bid response.</b>	
Website:	<i>Sales and Compensating Use Tax Documentation ST-220 CA: <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf</a> ST-220 TD: <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf</a></i>	<input type="checkbox"/>
<input type="checkbox"/>	ST-220 CA, Sales and Compensating Use Tax Certification	<input type="checkbox"/>
Website:	<i>Worker’s Compensation Documentation <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a></i>	

<input type="checkbox"/>	<b>Form C-105.2</b> – Certificate of Workers’ Compensation Insurance issued by private insurance carriers, or <b>Form U-26.3</b> issued by the State Insurance Fund; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form SI-12</b> – Certificate of Workers’ Compensation Self-Insurance; or <b>Form GSI-105.2</b> Certificate of Participation in Workers’ Compensation Group Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker’s compensation and/or Disability Benefits Insurance is not required OR	<input type="checkbox"/>
Website:	<i>Disability Benefits Coverage</i> <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a>	
<input type="checkbox"/>	<b>Form DB-120.1</b> - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form DB-155</b> - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> – Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage.	<input type="checkbox"/>

New York State Department of Agriculture and Markets

RFP #0153: TASTE NY MANAGEMENT SERVICES

**ATTACHMENT 1 - BID FORM**

**NOTE:** A three (3) year contract with the option of two one-year renewals will be awarded. A fully completed and properly executed Bid Form must be submitted for this RFP. The Bid Form must not be altered in any way. All blanks must be filled in and a fixed fee must be offered.

Please state the fixed annual fee: \$\_\_\_\_\_ (30 points)

The financial portion represents a total of 30 points of the overall score and will be awarded pursuant to the formula below. This calculation will be computed by the Department's Division of Fiscal Management independently of the technical scoring by evaluation committee.

The bidder whose Cost Proposal is determined to result in the lowest overall cost will be awarded 30 points.

The remaining bids will be awarded points based on a calculation below that computes the relative difference between each bid and the lowest bid received.

Cost Score Calculation:  $\text{Points} = (\text{lowest bid divided by the bid being evaluated}) \times 30$ .

The Department reserves the right to request best and final offers. In the event the Department exercises this right, all eligible and qualified bidders will be asked to provide a best and final offer. Fiscal Management will recalculate the cost proposal score.

\_\_\_\_\_  
Company (Legal Business Name)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

The fee agreed upon in the contract may be increased up to the same percentage as the change in the U.S. city average, Consumer Price Index (All Items) for All Urban Consumers (CPI-U), not to exceed 3 %, during the 12 calendar months ending September 30<sup>th</sup> of the previous contract year, as reported by the U.S. Department of Labor Bureau of Labor Statistics in the CPI Detailed Report. It shall be the responsibility of the Contractor to annually request a payment change based upon the CPI, not to exceed 3%, which may be granted at the sole discretion of the Department. Requests for changes must be submitted in writing 90 days prior to September 30<sup>th</sup> each year. Only one price adjustment per year will be granted at the sole discretion of the Department. The Department reserves the right to request a price decrease should the relevant index referenced herein decrease.

COMPLETE AND RETURN WITH BID RESPONSE

**ATTACHMENT 2 – MANDATORY REQUIREMENTS CERTIFICATION**

***Mandatory Contractor Requirements:***

By signing this form, the undersigned bidder certifies that, if selected, the bidder will meet the following requirements:

1. The selected Contractor must certify that no other obligation or engagement, contractual or otherwise, will conflict with or in any way impact its ability to provide services required under this RFP.
  
2. The selected Contractor must certify that it will indemnify and hold harmless the State of New York, AGM, its officers and employees from all claims, demands, damages, expenses, liability or obligation for damages, loss or injury to, or of, any person or property arising out of the acts of selected Contractor, its agents, servants, employees and those acting for or on its behalf. Such indemnity shall not be limited by reasons of any insurance coverage provided.
  
3. The selected Contractor must certify that it will obtain and maintain the following policies from an insurance company authorized to do business in the State of New York:

Commercial General Liability Insurance with a limit of not less than \$1,000,000 each occurrence. Such insurance shall be written on the ISO occurrence form CG 00 01, or a substitute form providing equivalent coverages, with no modification to the contractual liability coverage provided therein. Coverages shall include liability arising from premises operations, independent contractors, products-completed operations, broad form property damage, personal & advertising injury, cross liability coverage, liability assumed in a contract (including the tort liability of another assumed in a contract) and explosion, collapse & underground coverage. If such insurance contains an aggregate limit, it shall apply separately on a per location or per project basis.

4. The selected Contractor agrees to comply with “Appendix A, Standard Clauses for New York State Contracts,” a copy of which is attached to this RFP as Exhibit 2.

**Bid Responses that do not include the signed Mandatory Requirements Certification Form or fail to comply with all of the Mandatory Contract Requirements will be disqualified and removed from further consideration.**

**Bidder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Company Address** \_\_\_\_\_

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**Non-Collusive Bidding Certification Required by  
State Finance Law §139-D**

**ATTACHMENT 3**

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY  
SECTION 139-D OF THE STATE FINANCE LAW**

**BY SUBMISSION OF THIS BID, ANY 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/HER KNOWLEDGE AND BELIEF:**

[1] The prices in this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes 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.

**A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER(S) SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE.**

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**Non-Collusive Bidding Certification Required by  
State Finance Law §139-D**

Signature \_\_\_\_\_

Name (Typed) \_\_\_\_\_

Company Position \_\_\_\_\_

Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

Signature \_\_\_\_\_

Name (Typed) \_\_\_\_\_

Company Position \_\_\_\_\_

Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**MacBride Nondiscrimination Certification**

**ATTACHMENT 4**  
**COMPLETE AND RETURN WITH BID RESPONSE**

**"NONDISCRIMINATION 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, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:

\_\_\_\_\_ Yes                      \_\_\_\_\_ 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 compliance with such principles.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Company Name:
Printed Name and Title of Authorized Representative:
Signature:
Date:
Proposal:
Commodity:



**Summary of Department and Authority Policy regarding State Finance Law Sections §139-j and §139-k.**

Pursuant to State Finance Law Sections §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the Department of Agriculture and Markets, ("Department") and a vendor/contractor during the procurement process. A vendor/contractor is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the contract by the Department, and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law Section §139-j(3)(a). Designated staff is identified in this solicitation. Department employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the vendor/contractor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two such findings within a four year period, the vendor/contractor is debarred from obtaining governmental procurement contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

**The Department reserves the right to terminate** a contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the Department may exercise its termination right by providing written notification to the Offerer in accordance with the written notification terms of the contract.

**Offerer Disclosure of Prior Non-Responsibility Determinations**

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle): No Yes

If yes, please answer questions 1a-1c:

**1a.** Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle): No Yes

**1b.** Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle): No Yes

**1c.** If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-Responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility:

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(Add additional pages as necessary)

2. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):                      No                      Yes

If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

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(Add additional pages as necessary)

**Offerer certifies** that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate.

**Offerer affirms** that it understands and agrees to comply with the following policy & procedures of the Department relative to permissible Contacts as required by State Finance Law §139-j and §139-k.

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

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

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

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

**RFP #0153: TASTE NY MANAGEMENT SERVICES**

**Attachment 6**

**VENDOR RESPONSIBILITY**

<b>Vendor Name:</b>	
<b>Vendor SFS ID#</b>	(Note: If you do not have an SFS # complete and submit the Substitute W-9 Form)

<b>Bidder Information—Please Complete This Section</b>		
Please complete the following. Responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the <b>Department</b> relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).		
<b><u>Legal Name of Company Bidding</u></b>	<b><u>Address:</u></b>	
<b><u>Employer's Federal Tax ID Number</u></b>		
<b>Check <u>one</u> of the following:</b>		
<input type="checkbox"/> I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six months.		
<input type="checkbox"/> I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.		
<input type="checkbox"/> My entity is exempt based on the OSC listing.		
<input type="checkbox"/> My proposal is less than \$100,000, therefore I am attaching a completed Contractor Information Checklist.		
<input type="checkbox"/> Other, explanation:		
<b>Bidder's Signature</b>	<i>Date</i>	<i>E-mail</i>
	<i>Phone</i>	<i>Fax</i>
<b>Print Name as Signed and Title</b>		

The Department reserves the right to request any additional information deemed necessary to properly review bids.

COMPLETE AND RETURN WITH BID RESPONSE

ATTACHMENT 6 – VENDOR RESPONSIBILITY

**New York State  
Department of Agriculture & Markets  
Division of Fiscal Management  
10B Airline Drive  
Albany, NY 12235**

**CONTRACTOR INFORMATION CHECKLIST**

**CONTRACT NO.** \_\_\_\_\_

Organization's Official Name			
d/b/a			
Address		City	
Contact Person	Title	State	Zip Code
Contact Person's Telephone	Contact Person's EMail Address	NYS Vendor ID Number	
Contact Person's Fax	Organization's Federal ID, Individual's Social Security Number or Municipal Code (1)(2)*		

**SELECT ONLY ONE OF THE FOLLOWING**

- |  |  |
|--|--|
| <input type="checkbox"/> Governmental or Quasi-governmental Agency | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> New York Business Corporation             | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Out of State Business Corporation         | <input type="checkbox"/> Individual                |
| <input type="checkbox"/> Not-for-profit Organization (4)*          |  |

**COMPLETE ONLY THOSE BLOCKS BELOW WHICH ARE APPLICABLE**

1. Date of Incorporation	2. County	3. State of Incorporation
4. Authorized to do business in New York State <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Charities Bureau Registration or Identification Number (3)*	
6. If a not-for-profit organization, are you registered and up to date in filing annual reports with the Charities Bureau pursuant to NYEPTL §8-1.4 and New York Executive Law Article 7-A? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer number 7.		7. Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer number 8.
8. Reason for Exemption (from exemption determination letter)		
9. <b>FOR GRANTS ONLY</b> - Are you registered in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All vendors must register) If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All not for profits must pre-qualify). For further information on registration and pre-qualification, go to: <a href="http://www.grantsreform.ny.gov">www.grantsreform.ny.gov</a>		
10. Please give Organization M/WBE percentage goal _____% See MWBE website: <a href="http://www.esd.ny.gov/MWBE.html">http://www.esd.ny.gov/MWBE.html</a> for further information		

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*SEE Attached for Explanation of Footnotes**

IF BID IS LESS THAN \$100,000, COMPLETE AND RETURN WITH BID RESPONSE

1. Disclosure of your federal social security or federal identification number by you is mandatory pursuant to New York State Tax Law Section 5(2). The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.
2. If you are a county, city, town or village government, or a school district, community college, BOCES or VEEB, you must provide your 12-digit municipality code in the space provided.
3. Not-for-profit organizations must either:
  - a) insert their Charities Bureau Registration Number in Section 5 of the Contractor Information Checklist,
  - or
  - b) insert their Charities Bureau Identification Number in Section 5 of the Contractor Information Checklist and the category of exemption in Section 8 of the Contractor Information Checklist. The Charities Bureau Identification Number and category of exemption is listed on the exemption determination letter provided by the Charities Bureau to organizations that qualify for an exemption.

To determine if your organization is subject to the registration and reporting requirements of the Estates, Powers and Trusts Law (EPTL) Section 8-1.4 and/or the New York Executive Law Article 7-A, or to obtain an exemption determination letter, please contact the Charities Bureau at:

NYS Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271  
email: [charities.bureau@oag.state.ny.us](mailto:charities.bureau@oag.state.ny.us)  
phone: (212) 416-8401

The statutes governing registration with the Attorney General’s Charities Bureau, forms and instructions for registration and annual financial reporting, categories of exemptions and other information of interest to not-for-profit organizations may be found at: [www.oag.state.ny.us/charities/charities.html](http://www.oag.state.ny.us/charities/charities.html).

Your failure to provide any of the requested information may result in your contract not being processed.

4. **FOR GRANTS ONLY** - Please go to [www.grantsreform.gov](http://www.grantsreform.gov) for registration and pre-qualification into the NYS Grants Gateway.



## Instructions for Completing Substitute Form W-9

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New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.<sup>1</sup> We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

### ***Part I: Vendor Information***

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

### ***Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type***

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

### ***Part III: Address***

1. **Physical Address:** Enter the location of where your business is physically located.
2. **Remittance Address:** Enter the address where payments should be mailed.

### ***Part IV: Certification and Exemption from Backup Withholding***

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information.

The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

### ***Part V: Contact Information***

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

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<sup>1</sup> According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

# ENVELOPE 1 CHECKLIST

## Minimum Qualifications and Forms and Assurances

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

- \_\_\_ Original plus four (4) paper copies of the Minimum Qualifications in a separate envelope labeled "RFP #153 Minimum Qualifications and Forms and Assurances - Do Not Open" and must include all required documentation to demonstrate that the Proposer meets the Minimum Qualifications set forth in Section 3.3 of this RFP including:
  - \_\_\_ **Proof of Current Filing Status with New York State Department of State (DOS)**
  
- \_\_\_ All Forms and Assurances located in the Submission Documents packet (which follows the Exhibits), original plus one (1) copy, including original signatures, where necessary.
  - \_\_\_ **Cover Sheet and Submission Documents Checklist**
  - \_\_\_ **Attachment 2 - Mandatory Contract Requirements Certification Form (Original Signatures)**
  - \_\_\_ **Attachment 3 - Non-Collusive Bidding Certification (Original Signatures and Notarized)**
  - \_\_\_ **Attachment 4 - MacBride Nondiscrimination Certification Form (Original Signatures)**
  - \_\_\_ **Attachment 5 - Procurement Lobbying Law Forms (Original Signatures)**
  - \_\_\_ **Attachment 6 - Vendor Responsibility Forms (Original Signatures)**
  - \_\_\_ **Attachment 7 - Substitute Form W-9, if SFS Vendor ID needed (Original Signatures)**
  - \_\_\_ **Attachment 8 – Vendor Assurance of No Conflict of Interest or Detrimental Effect (Original Signatures)**



# ENVELOPE 2 CHECKLIST

## Technical Proposal

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

\_\_\_ Original plus four (4) paper copies and an electronic copy (in MS Word format) on a CD or flash drive of the completed Technical Proposal should be mailed in a separate envelope labeled "RFP #153 Technical Proposal - Do Not Open" and should include:

\_\_\_\_\_ **Technical Proposal addressing the criteria set forth in Section 3.5 A - C of this RFP.**

# ENVELOPE 3 CHECKLIST

## Bid Form/Cost Proposal

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

— Original plus four (4) paper copies of the completed Bid Form/Cost Proposal should be mailed in a separate envelope labeled "RFP #153 Bid Form/Cost Proposal - Do Not Open" and must include the following outlined below:

— **Attachment 1 - Bid Form (Original Signatures)**