Attachment C – Cellulosic Ethanol Pilot Facility PROPOSAL CHECKLIST (MANDATORY)				
Proposal Title		Due Date		
Primary Contact (Prime Contractor)		Title	Title	
Company		Phone	Fax	
Address	City	State or Province	Zip	
Secondary Contact		Title	Title	
Company		Phone	Fax	
Address	City	State or Province	Zip	
The prime contractor must sign this form below.				
THE PRIME CONTRACTOR MUST ANSWER THE FOLLOWING QUESTIONS:				
Have you been indicted/convicted for a felony within the past 5 years? (if yes, explain on separate pg) Yes No				
Are you a Minority or Women-Owned Business Enterprise? Yes No				
Does your proposal contain Minority or Women-Owned Business enterprises as subcontractors?Yes No				
Is other public funding pending/awarded on this and/or very-similar topic (prior and/or competing proposals)? Yes No (if yes, explain on separate page)				
Have you retained, employed, or designated any person or organization to attempt to influence the procurement process with respect to this solicitation? If so, have you filed Contractor's Designated Contact(s) form for each such person or organization so retained, employed or designated? Not Applicable Yes No				
ON WHAT PAGE IN YOUR PROPOSAL CAN THESE ITEMS BE FOUND?				
		0) Schedule		
1.0) Cover Letter/Abstract 2.0) Project Description		0) Budget/Funding		
3.0) Financial Requirements and Capabilities 4.0) Commercialization Plan 5.0) New York Benefits 6.0) Proposal Qualifications 7.0) Statement of Work	ar	heck to indicate that these attached included: tachment A - Standard Clauses for tachment B - New York State Department B - Contractor Certification Form	r All State Contracts artment of Taxation and	
AUTHORIZED SIGNATURE				
I certify that the above information is accurate, and that the proposal requirements noted have been completed and are enclosed. I affirm that I understand and will comply with §139-j(3) of the State Finance Law. I understand that this proposal may be disqualified if the solicitation requirements are not met. I the undersigned am authorized to commit my organization to Part I and Part II of this proposal.				
Signature Name		ame		
Title	0	Organization		
Phone	D	Date		
NOTE: This completed form MUST be signed and attached to the front of all copies of your proposal.				