

In order to encourage the utilization of New York State businesses in the course of doing business the following form has been created. Please include this form in all solicitations, to be submitted by all bidders/proposers. Upon receipt please send all completed forms to:

Jacob Weaver

Bureau Contract Management

40 North Pearl St. 10A

Albany, NY, 12243

Jacob.weaver@otda.ny.gov

518-474-0149



Name:		
Taxpayer ID/EIN#:		Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:		
Award Amount:		

Name:		
Taxpayer ID/EIN#:		Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:		
Award Amount:		

Name:		
Taxpayer ID/EIN#:		Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:		
Award Amount:		

Name:		
Taxpayer ID/EIN#:		Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:		
Award Amount:		

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

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

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

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

Company (Typed): \_\_\_\_\_

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