

Appendix E Standard Response Forms	INCLUDED
<b>APPENDIX Z M/WBE Participation Requirements:</b>	
The Offeror's EEO Policy Statement, as described in Clause 12 of Appendix A – Standard Clauses for NYS Contracts (ref OTDA-4970)	<input type="checkbox"/>
Form OTDA-4934- Offeror's EEO Staffing Plan	<input type="checkbox"/>
Form OTDA-4937 – Offeror's M/WBE Utilization Plan	<input type="checkbox"/>
Form OTDA- 4938 – Subcontractors and Suppliers Letter of Intent to Participate	<input type="checkbox"/>
Form OTDA-4960 – MWBE Contract Bid Solicitation Letter (for Contractor's use-Informational Purposes Only)	
Form OTDA-4968- MWBE Subcontractor's Quarterly Compliance Report (For Informational Purposes Only)	
Form OTDA – 4969 MWBE Wavier Request Form (If Applicable)	<input type="checkbox"/>
Form OTDA-4971 MWBE EEO Workforce Employment Utilization Report	<input type="checkbox"/>
Form OTDA-4976 MWBE Certification of Good Faith Efforts	<input type="checkbox"/>
<b>APPENDIX Y SDVOB Participation:</b>	
Form OTDA-4200 In Contract Performance	<input type="checkbox"/>
<b>ADDITIONAL REQUIRED FORMS</b>	
Iran Divestment Certification	<input type="checkbox"/>
MacBride Fair Employment Principle	<input type="checkbox"/>
Non-Collusive Bidding	<input type="checkbox"/>
Offeror's ID Form	<input type="checkbox"/>
Vendor Responsibility Questionnaire, certified within six months of the Proposal due date ( <u>unless filed and certified online</u> )	<input type="checkbox"/>
If Vendor Responsibility Questionnaire was completed and certified online, check here and do not attach a paper copy.	<input type="checkbox"/>
Offeror Disclosure of Non-Responsibility Determinations	<input type="checkbox"/>
Certification of Drug-Free Workplace Requirements	<input type="checkbox"/>
Procurement Lobbying Act Offeror's Certification of Affirmation of Understanding and Agreement pursuant to SFL §139-j and k	<input type="checkbox"/>
Security, Nondisclosure, Confidentiality and Press Release Agreement	<input type="checkbox"/>
<b>Sales and Compensating Use Tax Certification <sup>1</sup></b>	
<ul style="list-style-type: none"> <li>ST-220 CA, Sales and Compensating Use Tax Certification</li> </ul>	<input type="checkbox"/>
<b>Workers' Compensation Documentation<sup>2</sup></b>	
<ul style="list-style-type: none"> <li>Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carrier (or Form U-26.3 issued by the State Insurance Fund); or</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Form SI-12 – Certificate of Workers' Compensation Self-Insurance (or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance); or</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Form CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.</li> </ul>	<input type="checkbox"/>
<b>Disability Documentation<sup>3</sup></b>	
<ul style="list-style-type: none"> <li>Form DB-120.1 – Certificate of Disability Benefits Insurance; or</li> </ul>	<input type="checkbox"/>

<sup>1</sup> The selected Offeror must file a properly completed Form ST-220-CA (with OTDA as the Contracting Agency within 48 hours of notification of selection for award) and Form ST-220-TD (with the DTF).

<sup>2</sup> The successful Offeror must submit the Workers' Compensation documentation within 48 hours of notification of selection for award.

<sup>3</sup> The successful Offeror must submit the Disability documentation within 48 hours of notification of selection for award.

<ul style="list-style-type: none"><li>• <b>Form DB-155 – Certificate of Disability Benefits Self-Insurance; or</b></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• <b>Form CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.</b></li></ul>	<input type="checkbox"/>