

Appendix E Standard Response Forms	INCLUDED
<b>M/WBE Participation Requirements:</b>	
Form OTDA-4934- Proposer's EEO Staffing Plan	<input type="checkbox"/>
Form OTDA-4937- Proposer's M/WBE Utilization Plan	<input type="checkbox"/>
Form OTDA-4968 – M/WBE Subcontract Quarterly Compliance Report (For Informational Purposes Only)	<input type="checkbox"/>
Form OTDA-4969- M/WBE Waiver Request Form (If applicable)	<input type="checkbox"/>
Form OTDA-4971 M/WBE EEO Workforce Employment Utilization Report	<input type="checkbox"/>
The Proposer's EEO Policy Statement, as described in Clause 12 of Appendix A – Standard Clauses for NYS (ref OTDA 4970)	<input type="checkbox"/>
Form 4976- M/WBE Certification of Good Faith Efforts	<input type="checkbox"/>
<b>SDVOB Participation:</b>	
Form OTDA-4200 In Contract Performance	<input type="checkbox"/>
<b>Vendors Standard Response Forms:</b>	
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"/>
Security, Nondisclosure, Confidentiality and Press Release Agreement	<input type="checkbox"/>
Supplier Identification Form	<input type="checkbox"/>
Procurement Lobbying Act SFL139-j and k	<input type="checkbox"/>
<b>Sales and Compensating Use Tax Certification</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</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</b>	
<ul style="list-style-type: none"> <li>Form DB-120.1 – Certificate of Disability Benefits Insurance; or</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Form DB-155 – Certificate of Disability Benefits 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"/>