

Offeror's Acknowledgment of Understanding of Post-Employment Provisions

CONTRACTOR'S ACKNOWLEDGEMENT OF UNDERSTANDING OF POST-EMPLOYMENT PROVISIONS

The Authorized Signatory of the Contractor acknowledges that he/she has the authority to sign on behalf of the Contractor, has read and understands the provisions applicable to post-employment restrictions affecting former State officers and employees, and agrees to abide by the Provisions of the Public Officer's Law during the term of the Agreement.

CONTRACTOR'S DISCLOSURE OF ANY EXISTING AND/OR CONTEMPLATED CONFLICT OF INTEREST

Have you any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholders of 5% or more, parent, subsidiary, or affiliated firm, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers of the Contractor or former officers and employees of the Agencies and their Affiliates, in connection with your rendering services enumerated in this Agreement.

☐ Yes

☐ No

If your answer to the above is "Yes", please attach a written explanation, include a statement with your Agreement documents describing how your Staffing Firm would eliminate or prevent the Conflict of Interest. Indicate what procedures will be followed to detect, notify OTDA of, and resolve any such conflicts.

By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Conflicts of Interest.

CONTRACTOR'S DISCLOSURE OF FORMER STATE EMPLOYEES

Do you employ and/or use any subcontractors who are former employees of OTDA that will be assigned to perform services under this Agreement.

☐ Yes

☐ No

If your answer to the above is "Yes", please attach a written statement identifying any/all employees and/or subcontractors who are former employees of OTDA that will be assigned to perform services under this Agreement, include a description of their work duties, and the dates of their employment.

By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Former State Employees.

CONTRACTOR'S DISCLOSURE OF ANY INVESTIGATION OR DISCIPLINARY ACTION BY THE NEW YORK STATE COMMISSION ON PUBLIC INTEGRITY OR ITS PREDECESSOR STATE ENTITIES (COLLECTIVELY, "COMMISSION")

Have you or any of your members, shareholders of 5% or more, parents, affiliates, or subsidiaries, have been the subject of any investigation or disciplinary action by the New York State Commission on Public Integrity or its predecessor State entities (collectively, "Commission").

☐ Yes

☐ No

If your answer to the above is "Yes", please attach a written explanation; include a statement with your Proposal providing a brief description indicating how any matter before the Commission was resolved, or whether it remains unresolved.

By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to investigations or disciplinary actions by the Commission.

CONTRACTOR'S AGREEMENT TO NOTIFY OTDA OF POTENTIAL FUTURE CONFLICTS

By signature below, the Authorized Signatory of the Contractor, certifies that he/she will notify OTDA of any/all new potential conflicts of interest and any/all new contractor staff that are prior OTDA employees during the term of the contract, prior to hiring of said individual, and will complete and submit an updated version of this form to OTDA at the time of becoming aware of any such new potential conflicts of interest, and of any/all new contractor or subcontractor staff that are prior OTDA employees.

THE SIGNATURE BELOW INDICATES CERTIFICATION/ACKNOWLEDGEMENT/UNDERSTANDING OF EACH OF THE ABOVE

Authorized Signatory

Date

Printed or Typed Name

Title

Contract Number