

**ATTACHMENT 5**

**OFFEROR'S CERTIFIED STATEMENTS**

(To be completed and included in the Proposal documents)

<b>Northeast Coalition of States (NCS) Electronic Benefits Transfer Request for Proposal 2020</b>	
<b>1. Information with regard to the Offeror</b>	
<b>A. Provide the Offeror's name, address, telephone number, and fax number.</b>	
Name:	
Address:	
City, State, ZIP Code:	
Telephone Number (including area code):	
Fax Number (including area code):	
<b>B. Provide the name, address, telephone number, and email address of the Offeror's Primary Contact with OTDA with regard to this proposal.</b>	
Name:	
Address:	
City, State, ZIP Code:	
Telephone Number (including area code):	
Email Address:	
<b>C. Provide the name, address, telephone number, and email address of the person authorized to bind the Offeror contractually, if different from (B).</b>	
Name:	
Address:	
City, State, ZIP Code:	
Telephone Number (including area code):	

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Email Address:

**2. Requirements to Propose**

**A. The Offeror has (or will have) insurance coverage for the purposes of, and at the levels required, for the procurement**  Yes  No\*

**3. Offeror's Acknowledgement of Proposal Requirements:**  
 [Please note: alteration of any language contained in this section may render your proposal non-responsive.]

**A. The proposal, including the Technical, Administrative, and Cost Proposals, constitutes a firm and irrevocable offer for a period of 365 days from the date of submission to OTDA.**  Yes  No\*

**B. By submission of a proposal, the Offeror agrees not to make any claims for or have a right to any damages because of any misrepresentations or misunderstanding of the specifications or because of any lack of information.**  Yes  No\*

**C. The Offeror Attests that its performance of services outlined in this solicitation does not and will not create a conflict of interest with, or position the Offeror to breach any other Agreement currently in force with the State of New York.**  Yes  No\*

**D. The Offeror certifies that all information disclosed to the OTDA is complete, true, and accurate with regard to Conflicts of Interest.**  Yes  No\*

**E. The Offeror certifies that all information disclosed to OTDA is complete, true, and accurate with regard to investigations or disciplinary actions by the NYS Commission of Public Integrity or its predecessor(s) (collectively, "Commission").**  Yes  No\*

**F. The Offeror certifies that all information disclosed to OTDA is complete, true, and accurate with regard to employment of Former State Employees.**  Yes  No\*

**G. The Offeror certifies that staff provided to perform Services possesses the necessary integrity and professional capacity to meet OTDA's reasonable expectations. Subsequent to the commencement of Services, whenever the successful Offeror becomes aware, or reasonably should have become aware, that any staff member(s) providing Services to OTDA no longer possesses the necessary integrity or professional capacity, the Offeror agrees to immediately discontinue the use of such staff and notify OTDA.**  Yes  No\*

**H. The Offeror certifies that all information provided in connection with its proposal is true and accurate.**  Yes  No\*

**I. The Offeror has read, understands, and accepts all provisions of Appendix A – Standard Clauses for NYS Contracts. Appendix A contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between OTDA and the selected Offeror. By submitting a response to the RFP, the Offeror agrees to comply with all the provisions of Appendix A.**  Yes  No\*

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**J. The Offeror agrees that OTDA shall have the right to approve or disapprove, after appropriate review and/or interview(s), any and all subcontractor(s) of the Offeror prior to their performance of services under the Agreement.**

Yes  No\*

**K. The Offeror agrees that it shall be fully responsible for performance of work by its staff and by its subcontractor's staff. OTDA reserves the right to request removal of any Offeror staff or subcontractor's staff if, in OTDA's discretion, such staff is not performing in accordance with the Agreement.**

Yes  No\*

**\* A "No" Response in Sections 2 or 3 of this attachment may result in disqualification.**

**4. Information Required:**

**A. The Offeror is (check as applicable):**

- A New York State Certified Minority-Owned Business Enterprise
- A New York State Certified Woman-Owned Business Enterprise
- A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)
- A New York State Certified Service-Disabled Veteran-Owned Business Enterprise
- None of the above

**B. Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See Section 2 Notification of Draft Appendix N Standard Terms and Conditions.**

**Name:**

**Title:**

**Address:**

**City, State, ZIP Code:**

**Telephone Number (including area code):**

**Email Address:**

**C. Offeror's Taxpayer Identification Number:**

**D. Offeror's NYS Vendor Identification Number as discussed in Section 15.2.2 and New York State Appendix E, if enrolled:**

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**By my signature on this Attachment 4, I certify that I am authorized to bind the Offeror contractually.**

\_\_\_\_\_  
**Typed or Printed Name of Authorized Representative of the Offeror**

\_\_\_\_\_  
**Title/Position of Authorized Representative of the Offeror**

\_\_\_\_\_  
**Signature of Authorized Representative of the Offeror**

\_\_\_\_\_  
**Date**

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) SS.:

On this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_, before me  
personally came

\_\_\_\_\_,  
to me known and known to me to be the person  
described in and who executed the foregoing  
instrument and (s)he acknowledged to me that  
(s)he executed the same.

\_\_\_\_\_  
Notary Public