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|  | Checklist Item | | | Page # |
|  | Administrative Proposal | | |  |
|  |  | * Correct Number of Administrative Proposals submitted (1 original hard copy) and 2 electronic copies (2 flash drives) | |  |
|  |  |  | * Attachment 1 - Proposal Checklist, completed and signed |  |
|  |  |  | * Attachment 3 – Non-Collusive Bidding Certification |  |
|  |  |  | * Attachment 5 - NYS Required Certification |  |
|  |  |  | * Attachment 6 - Consultant Confidentiality and Non-Disclosure Agreement |  |
|  |  |  | * Attachment 7, Completed, Signed, and Notarized Firm Offer Letter and Conflict of Interest Disclosure |  |
|  |  |  | * Attachment 8, Completed Lobbying Forms All-in-One * Completed and signed Offeror’s Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j (3) and §139-j (6) (b)   Completed and signed Offeror Disclosure of Prior Non-Responsibility Determinations |  |
|  |  |  | * Attachment 9, EEO 100 – Equal Employment Opportunity Staffing Plan, completed and signed |  |
|  |  |  | * Attachment 10, Completed and signed MWBE 100 - MWBE Utilization Plan |  |
|  |  |  | * Attachment 11, Completed Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement- Form # 4 |  |
|  |  |  | * ~~Attachment 12, Completed and signed New York State Consultant Services Contractor's Planned Employment, Form A~~ |  |
|  |  |  | * Attachment 14, Encouraging Use of NYS Businesses in Contract Performance |  |
|  |  |  | * Attachment 15, Contractor Certification to Covered Agency, ST-220-CA, completed, signed, and notarized |  |
|  |  |  | * Attachment 16, Bidder Information Form |  |
|  |  |  | * ~~Attachment 17, Workers’ Compensation Requirements under WCL § 57: Completed Workers Compensation Coverage Form:~~ * ~~C-105.2 (Certificate of NYS Workers' Compensation Insurance Coverage): Contact your insurance carrier or licensed NYS insurance agent for this form OR~~ * ~~U-26.3 (NY State Insurance Fund Certificate of Workers' Compensation Coverage) Available from the NYS Insurance Fund OR~~ * ~~SI-12 (Affidavit Certifying That Compensation Has Been Secured): Board-approved self-insurers must obtain this form from Board's Self-Insurance Office OR~~ * ~~GSI-105.2 (Certificate of Participation in Workers' Compensation Group Board-Approved Self-Insurance): Employers must obtain this form from their group self-insurance administrator; OR~~   ~~WC/DB CE-200, Certificate of Attestation of Exemption from New York State Workers Compensation and/or Disability Benefits Coverage. Request through the Workers’ Compensation Board website.~~ |  |
|  |  |  | * ~~Attachment 17, Disability Benefits Requirements under WCL § 220(8): Completed Disability Benefits Coverage Form:~~ * ~~DB-120.1 (Certificate of Insurance Coverage Under The NYS Disability Benefits Law): Contact your insurance carrier or licensed NYS insurance agent for this form OR~~ * ~~DB-155 (Compliance With Disability Benefits Law): Board-approved self-insured employers must obtain this form from Board's Self-Insurance Office OR~~   ~~WC/DB CE-200, Certificate of Attestation of Exemption from New York State Workers Compensation and/or Disability Benefits Coverage: Request through the Workers’ Compensation Board website.~~ |  |
|  |  |  | * ~~Attachment 20 – Technical Proposal Form~~ |  |
|  |  |  |  |  |
|  |  |  | * Attachment 23 – Vendor Responsibility Questionnaire |  |
|  |  |  | * Attachment 26 – Vendor Assurance of No Conflict of Interest |  |
|  |  |  | * Attachment 27 – Reserved |  |
|  |  |  | * Attachment 28 – Use of SDVOB Certification |  |
|  |  |  | * Attachment 29 – Affirmative Statements |  |
|  |  |  | * Attachment 30 – Foil and Litigation Disclosure |  |
|  | Financial Proposal | | |  |  |
|  |  | * Number of Financial Proposals submitted (1 original hard copy) and 2 electronic copies (2 flash drives) | |  |
|  |  | * ~~Attachment 7, Completed, Signed, and Notarized Firm Offer Letter and Conflict of Interest Disclosure~~ | |  |
|  |  | * Attachment 22, Financial Proposal Workbook | |  |
|  | Technical Proposal | | |  |  |
|  | *  | * Number of Technical Proposals submitted (1 Original hard copy) and 2 electronic copies (2 flash drives) | |  |
|  |  | * Each Technical Proposal should include: | |  |
|  | *  | * Table of Contents | |  |
|  | *  | * ~~Attachment 1, Completed and Signed Proposal Checklist~~ | |  |
|  | *  | * ~~Attachment 7, Firm Offer Letter and Conflict of Interest Disclosure~~ | |  |
|  | *  |  | |  |
|  | *  | * Attachment 20 – Technical Proposal Form | |  |
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| I certify, with my signature below, that all required and requested information listed above is completed and included in this bid submission. | |
| Authorized Signature: | Date: |
| Print Name and Title: | |
| Company represented: | |