

RFP # C000522-PR - Network Cabling Services Periodic Recruitment

[TO BE COMPLETED ON OFFEROR'S LETTERHEAD]

Date

Elizabeth Gocs
Contract Management Specialist
NYS Office of Information Technology Services
Empire State Plaza
Swan Street Building, Core 4
Albany, NY 12223

RE: RFP C000522-PR – Network Cabling Services Period Recruitment

Dear Elizabeth Gocs:

Firm Offer to the State of New York and Conflict of Interest Disclosure

[INSERT OFFEROR NAME] hereby submits this firm and binding offer to the State of New York in response to New York State Request for Proposals (RFP) # C000522-PR – Network Cabling Services Periodic Recruitment by the New York State Office of Information Technology for network cabling services. The Proposal hereby submitted meets or exceeds all terms, conditions and requirements set forth in the above-referenced RFP. This formal offer will remain firm and non-revocable for a minimum period of 180 days from the date proposals are due to be received by the State, or until a Contract is approved by the NYS Comptroller and executed by the State.

[INSERT OFFEROR NAME]'s complete offer is set forth in three (3) separately bound volumes as follows:

Technical Proposal:

Total of one (1) original hard copy, with one (1) electronic copy of the original on one (1) USB Flash Drive saved as searchable Microsoft Word, Excel and/or Adobe Acrobat formats, and in Windows file format.

Financial Proposal:

Total of one (1) original hard copy, with one (1) electronic copy of the original on one (1) USB Flash Drive saved as searchable Microsoft Word, Excel and/or Adobe Acrobat formats, and in Windows file format.

Administrative Proposal:

Total of one (1) original hard copy, with one (1) electronic copy of the original on one (1) USB Flash Drive saved as searchable Microsoft Word, Excel and/or Adobe Acrobat formats, and in Windows file format.

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[INSERT OFFEROR NAME] hereby affirms that the solution proposed by the Offeror in the Bid meets or exceeds the service level requirements set forth in the above-referenced RFP, including referenced attachments.

[INSERT OFFEROR NAME] hereby affirms that, at the time of bid submission, Offeror knows of no factors existing at time of bid submission or which are anticipated to arise during the procurement or Contract term, which would constitute a potential conflict of interest in successfully meeting the contractual obligations set forth in the above-referenced RFP and the Bid hereby submitted, including but not limited to:

1. No potential for conflict of interest on the part of the Offeror or any Subcontractor due to prior, current, or proposed contracts, engagements, or affiliations; and
2. No potential conflicts in the sequence or timing of the proposed award under this procurement relative to the timeframe for service delivery, or personnel or financial resource commitments of Offeror or proposed subcontractors to other projects.

To comply with the Vendor Responsibility Requirements outlined in Appendix C – ITS Standard Clauses of the above-referenced RFP C000522-PR – Network Cabling Services Periodic Recruitment hereby affirms that (enter an “X” in the appropriate box):

- An on-line Vendor Responsibility Questionnaire has been updated or created within the last six months, at the Office of the State Comptroller’s website:

<https://portal.osc.state.ny.us/wps/portal>

- A hard copy Vendor Responsibility Questionnaire is included with this proposal and is dated within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental agencies, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

By signing, the undersigned individual affirms and represents that he has the legal authority and capacity to sign and make this offer on behalf of, and has signed using that authority to legally bind **[INSERT OFFEROR NAME]** to the offer, and possesses the legal capacity to act on behalf of Offeror to execute a Contract with the State of New York. The aforementioned legal authority and capacity of the undersigned individual is affirmed by the enclosed Resolution of the Corporate Board of Directors of **[INSERT OFFEROR NAME]**.

Signature

[INSERT PRINTED NAME OF SIGNATORY]
[INSERT TITLE]
[INSERT OFFEROR/COMPANY NAME]

Corporate Seal

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CORPORATE ACKNOWLEDGMENT

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| STATE OF | } |
| | :ss.: |
| COUNTY OF | } |
| On the _____ day of _____ in the year 20 __, before me personally came: _____, to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in _____; that he/she/they is (are) _____ (the President or other officer or director or attorney in fact duly appointed) of _____, the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation. | |
| Signature and Office of Person Taking Acknowledgment | |

PARTNERSHIP ACKNOWLEDGMENT

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| STATE OF | } |
| | :ss.: |
| COUNTY OF | } |
| On the _____ day of _____ in the year 20 __, before me personally came: _____ to me known, who, being by me duly sworn, did depose and say that he reside(s) in _____; that he is _____ (the General/Managing Partner or other officer or attorney in fact duly appointed) of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership. | |
| Signature and Office of Person Taking Acknowledgment | |

INDIVIDUAL ACKNOWLEDGEMENT

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| STATE OF | } |
| | :ss.: |
| COUNTY OF | } |
| On the ____ day of _____ in the year 20 __, before me personally appeared: _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at _____, Town of _____, County of _____, State of _____; and that he executed the foregoing instrument in his/her name and on his/her own behalf. | |
| Notary Public | |