# ATTACHMENT A – Revision 1

# BIDDER’S CERTIFIED STATEMENTS

**(To be completed and included in the Administrative Proposal documents)**

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| **RFP#17168 – State Surveillance Activities for Diagnostic and Treatment Centers** |
| **1. Information with regard to the Bidder** |
| 1. **Provide the Bidder’s name, address, telephone number, and fax number.**
 |
| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Fax Number (including area code):** Click here to enter text. |
| 1. **Provide the name, address, telephone number, and email address of the Bidder’s Primary Contact with DOH with regard to this proposal.**
 |
| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| **2. By submitting the bid the Bidder acknowledges and agrees to all of the following:** **[Please note: alteration of any language contained in this section may render your proposal non-responsive.]** |
| **~~Bidder certifies that either there is no conflict of interest or that there are business relationships and /or ownership interests for the organization for the above named organization that may represent a conflict of interest for the organization as a bidder and attached to this form is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.~~** |
| **The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.**  |
| **Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.** |
| **Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.**  |
| **The bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of the Department, if a Certificate of Good Standing is not available, and if selected, the vendor will register to do business in NYS.** |
| **The bidder (prime contractor) certifies that it is not a licensed provider of health care services, a health care facility accrediting body or organization or trade association whose primary business includes representing any Article 28 licensed provider.** (The Prime Contractor will be responsible for ensuring that subcontractors are not a licensed provider of health care services, a health care facility accrediting body or organization or trade association whose primary business includes representing any Article 28 licensed provider prior to the start of work). |
| 1. **The Bidder 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)****None of the above** |
| 1. **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 \_\_ of the DOH Agreement (Attachment E), NOTICES.**
 |
| **Name:** Click here to enter text. |
| **Title:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| 1. **Bidder’s Taxpayer Identification Number:**
 |
| Click here to enter text. |
| 1. **Bidder’s NYS Vendor Identification Number as discussed in Section 6.1.C, if enrolled:**
 |
| Click here to enter text. |
| **By my signature on this Attachment A, I certify to the statements made above in Section 2 and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate.** |
| **Typed or Printed Name of Authorized Representative of the Bidder** |
| **Title/Position of Authorized Representative of the Bidder** |
| **Signature of Authorized Representative of the Bidder** |
| **Date** |
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