

**ATTACHMENT 7
 BIDDER'S CERTIFIED STATEMENTS**

To be completed and included in the Administrative Proposal documents.

RFP 20085– Drug and Diabetic Supply Rebate Administration and Management Services
1. Information with regard to the Bidder
A. Provide the Bidder's name, address, telephone number, and fax number.
Name:
Address:
City, State, ZIP Code:
Telephone Number (including area code):
Fax Number (including area code):
B. Provide the name, address, telephone number, and email address of the Bidder's Primary Contact with DOH with regard to this proposal.
Name:
Address:
City, State, ZIP Code:
Telephone Number (including area code):
Email Address:
2. By submitting the a 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.]
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.
By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides or will provide upon award if bidder's current written policy includes an alternative timeline, annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet s or will meet the requirements of section two hundred one-g of the labor law.

A. 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

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 ___ of the DOH Agreement (Attachment E), NOTICES.

Name: _____

Title: _____

Address: _____

City, State, ZIP Code: _____

Telephone Number (including area code): _____

Email Address: _____

C. Bidder's Taxpayer Identification Number:

D. Bidder's NYS Vendor Identification Number as discussed in Section 6.1.F, if enrolled:

3. By my signature on this Attachment 7, 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