

AFFIRMATION OF BUSINESS STATUS

TO: NYS Office of Children & Family Services
52 Washington Street Rensselaer, NY 12144
Attention: _____
Bureau/Div: _____

FROM (Subject Business Enterprise):

As a principal officer / designated representative of the subject business enterprise, I am affirming that _____ domiciled in New York State and located at _____,

is a:

- New York State business enterprise classified as Corporation; Limited Liability Corporation (LLC); Professional Corporation (PC); Professional Limited Liability Corporation (PLLC); Partnership; Limited Liability Partnership (LLP); Sole Proprietorship (DBA)
- Small business enterprise determined from the company profile and size in fiscal-year _____ including _____ in annual revenue, and _____ employees; which are consistent with the definition of a small business enterprise derived for multiple programs administered by NYS Department of Economic Development and, supported by Chapter 15 of the State Economic Development Law – Article 4-B Division for Small Business..
- New York State Minority/Women Business Enterprise (M/WBE) qualified under Article 15-A of the Executive Law for Minority Business Enterprise; and certified by NYS Empire State Development (ESD). Certification No. _____
- Service-Disabled Veteran-Owned Business Entity (SDVOB) currently certified by ESD — Small Business Division. Certification Reference No. _____

This affirmation is provided by the undersigned as an accurate representation of the legal status of the subject business enterprise, for the purpose of providing services or selling commodities to NYS – OCFS subject to NYS Finance Law 163(6), Discretionary Buying Threshold.

AFFIRMATION PROVIDED BY:

Signature: _____

Name & Title: _____

Company Name: _____