

ATTACHMENT 2
SUBMISSION CHECKLIST

Discretionary Opportunity (DISC) # 1132
Barber School at Goshen Secure Center

Applicant: _____

Please indicate whether the following statements apply to your organization:

Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant agrees to provide the services requested in the Scope of Work section of the DISC announcement document.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant is one of the following types of organizations: <ul style="list-style-type: none"> • NYS-certified Minority- and Women-owned Business Enterprise (MWBE) • NYS-certified Service-Disabled Veteran-Owned Business (SDVOB) • NYS Small Business Enterprises (SBE)
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant agrees to provide an interview and/or demonstration, if requested by OCFS.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant provided two references and agrees satisfactory reference checks are required.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant's instructor has a NYS barbering license.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant provided a resume that details how they meet all required work experience listed in the Scope of Work section of the DISC announcement document.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant agrees to obtain clearance from the New York State OCFS State Central Registry (SCR). (The request for clearance must be submitted as soon as it is feasible to do so, and approval must be obtained prior to providing services.)
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant is eligible to do business with New York State.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	The applicant certifies under penalty of perjury that, by submission of this proposal, each proposer and each person signing on behalf of any proposer, and in the case of a joint proposal each party thereto as to its own organization, has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees, and that such policy does, at a minimum, meet the requirements of section two hundred one-g of the labor law? Please note that a proposal will not be considered for award nor will any award be made to a proposer who is not able to make this certification in compliance with State Finance Law section 139-l; provided, however, that if the proposer cannot make the foregoing certification, such proposer shall so state and shall furnish with the proposal a signed statement which sets forth in detail the reasons therein.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant certifies under penalty of perjury that they are not a Russian entity or Russia supporting entity as those terms are defined in Executive Order No. 14 dated February 27, 2022?

ATTACHMENT 2

SUBMISSION CHECKLIST

Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant certifies under penalty of perjury that your organization is not conducting business operations in Russia, as those terms are defined in Executive Order No. 16 dated March 17, 2022?
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant certifies that no organization staff members that would provide these services are currently or have ever been a NYS agency employee OR the applicant has disclosed this information. If applicable, the applicant has included with their submission a signed statement with the NYS employee name(s) and the NYS agency(ies) they work for or previously worked for.

*** A response of “no” to any question marked with an asterisk will disqualify the applicant.**

Submit the following completed documents prior to the deadline via email to RFP@ocfs.ny.gov:

- Attachment 1 – Letter of Interest
- Attachment 2 – Submission Checklist
- Attachment 3 – Affirmation of Business Status
- Attachment 4 – References
- Copy of instructor’s NYS Barbering License
- Resume(s) demonstrating offeror meets all experience qualifications listed in **Scope of Work** section of this announcement.

By signing below, I attest that I have express authority to sign these statements on behalf of the applicant and am authorized by law to bind the applicant contractually.

Print Name: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Email: _____ Phone: _____

FEIN/TIN: _____ Date: _____

SFS Vendor ID (if applicable): _____

Please indicate the name and email address of an additional contact person below:
