

ATTACHMENT 2
SUBMISSION CHECKLIST

Discretionary Opportunity (DISC) # 1135
Statewide Dental Services Manager

Applicant: _____

Please indicate whether the following statements described in the solicitation 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 solicitation 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 with OCFS staff.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant provided three professional references for services similar to those listed in the Scope of Work section of the announcement document, one of which must be for services provided within the last 12 months and agrees satisfactory reference checks are required. Please note: if using OCFS staff as a professional reference, they should only constitute one of the three required references.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant provided a copy of their professional license that documents their ability to perform the dental services included in the Scope of Work section of the solicitation document, i.e., dental hygienist or similar valid license.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant has at least four years of experience similar to the duties described in the Scope of Work and Eligibility Criteria sections of the announcement document and provided a resume that details how they meet the required work experience.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant agrees to obtain clearance from the New York State OCFS State Central Registry (SCR) and the New York State Staff Exclusion List (SEL) maintained by the Justice Center for the Protection of People with Special Needs.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant agrees to a Criminal Background Check (CBC), which includes State and federal Criminal History Record Checks, and understands the selected contract awardee will be fingerprinted in order to obtain a record of their criminal history information. The applicant agrees the CBC cost will be at the expense of the selected contract awardee, and clearance will be required prior to providing services.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	The applicant is eligible to do business with New York State.

Continued page 2.

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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?
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?

*** 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 (use this template or your own format)
- Copy of a professional license that documents the ability to perform the dental services included in the Scope of Work section, i.e., dental hygienist or similar valid license.
- Resume demonstrating that the offeror meets all experience qualifications and requirements listed in Scope of Work and Eligibility Criteria sections.

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, if applicable: _____

Address: _____

Email: _____

Phone: _____

Date: _____