## NEW YORK STATE

## OFFICE OF CHILDREN AND FAMILY SERVICES

## BIDDER’S CERTIFIED STATEMENTS

**(MANDATORY SUBMISSION: to be completed and included in the Bid)**

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| **IFB2018-10 Training Center Lodging** | |
| **SECTION ONE: Information with regard to the Bidder** | |
| 1. **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): (****)** **-** | |
| 1. **Provide the name, address, telephone number, and e-mail address of the Bidder’s Primary Contact with OCFS with regard to this bid.** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** **,** **,** | |
| **Telephone Number (including area code): (****)** **-** | |
| **E-mail Address: (****)** **-** | |
| 1. **Provide the name, address, telephone number, and e-mail address of the person authorized to bind the Bidder contractually, if different from (B).** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** **,** **,** | |
| **Telephone Number (including area code): (****)** **-** | |
| **E-mail Address: (****)** **-** | |
| 1. **In compliance with the Procurement Lobbying law, include the name, address, telephone number, e-mail address, place of principal employment and occupation of any person authorized to represent the Bidder. This requirement applies not only to Bidder’s employees involved in the submission of the bid, but also to every individual or organization employed or designated by the Bidder to attempt to influence the procurement process. If there is none, state that. This information must be updated if, after the Deadline for Submission of Bids, the Bidder retains an individual or organization to attempt to influence the procurement process. Indicate also whether the individual or organization has a financial interest in the procurement.** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** **,** **,** | |
| **Telephone Number (including area code): (****)** **-** | |
| **E-mail Address: (     )      -** | |
| **Place of Principal Employment:** | |
| **Occupation:** | |
| **This individual/organization has a financial interest in the procurement:** | **Yes**  **No** |
| **No such individual/organization is authorized to represent the Bidder:** | **Yes  No** |
| **SECTION TWO: Mandatory Requirements (Section 3.2):** | |
| 1. **Bidder certifies that it meets all of the Mandatory Requirements as set forth in Attachment 1 of this IFB.** | **Yes  No\*** |
| 1. **Bidder agrees to remain in compliance with the mandatory requirements for the entire contract period.** | **Yes  No\*** |
| 1. **The Bidder warrants that, if selected, it will not subcontract its responsibilities under an agreement resulting from this IFB.** | **Yes  No\*** |
| 1. **The Contractor(s) agrees to provide OCFS right of first refusal prior to confirming a booking request from another entity that would result in the number of rooms available to OCFS between Sunday through Thursday night being reduced below 60 rooms, at any given time during the contract term.** | **Yes  No\*** |
| 1. **The Contractor agrees that if its facility does not have the availability of the required amount of double occupancy rooms requested, the Contractor will provide single occupancy rooms at no additional charge. (For example, if OCFS requires 40 double occupancy rooms and the facility has availability of 30 double occupancy rooms the facility will provide an additional 20 single occupancy rooms at the rate of what 10 double occupancy rooms would cost.)** | **Yes  No\*** |
| **SECTION 3: Bidder’s Acknowledgement of Bid Requirements:** | |
| 1. **The bid constitutes a firm and irrevocable offer for a period of 180 days from the date of submission to OCFS.** | **Yes  No\*** |
| 1. **By submission of a bid, the Bidder agrees not to make any claims for or have a right to any damages because of any misrepresentations or misunderstanding of the specifications or because of any lack of information.** | **Yes  No\*** |
| 1. **The Bidder agrees to fully comply the Procurement Lobby Law.** | **Yes  No\*** |
| 1. **The Bidder certifies that all information provided in connection with its bid is true and accurate.** | **Yes  No\*** |
| 1. **The Bidder has read, understands, and accepts all provisions of Appendix A – Standard Clauses for All New York State contracts. Appendix A contains important information related to the contract to be entered into as a result of this IFB and will be incorporated, without change or amendment, into the contract entered into between OCFS and the selected Bidder(s). By submitting a response to the IFB18-10 Training Center Lodging, the Bidder agrees to comply with all the provisions of Appendix A.** | **Yes  No** |
| **\* A Response of “No” in Sections 2 or 3 will result in disqualification.** | |
| 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 e-mail address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement.** | |
| **Name:** | |
| **Title:** | |
| **Address:** | |
| **City, State, ZIP Code:** **,** **,** | |
| **Telephone Number (including area code): (     )      -** | |
| **E-mail Address: (     )      -** | |
| 1. **Bidder’s Taxpayer Identification Number:** | |
|  | |
| 1. **Bidder’s NYS Vendor Identification Number as discussed in Section 7.0, if enrolled:** | |
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