

**ATTACHMENT 2**  
SUBMISSION CHECKLIST

**Request for Qualifications (RFQ) # 1144**  
**Contracted Hearing Officers**

Applicant: \_\_\_\_\_

Please indicate whether the following statements described in the solicitation apply:

Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The applicant agrees to provide the services requested in one or more of the required locations as specified in the <b>Scope of Work</b> section of the RFQ document.
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The applicant agrees to accept the OCFS payment rates in the RFQ document.
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The applicant is admitted to the NYS Bar Association and is a member in good standing. <u>The applicant has provided proof to demonstrate this requirement.</u>
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The applicant has a minimum of at least five years' experience in two or more of the following areas <u>and has demonstrated this requirement by providing a resume:</u> <ul style="list-style-type: none"> <li>• Trials and/or Litigation</li> <li>• Child Welfare Law</li> <li>• Family Court Practice</li> <li>• Administrative Hearings</li> </ul>
Yes <input type="checkbox"/>	<b>No*</b> <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"/>	<b>No*</b> <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"/>	<b>No*</b> <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"/>	<b>No*</b> <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.

**ATTACHMENT 2**  
SUBMISSION CHECKLIST

**\* 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](mailto:RFP@ocfs.ny.gov):**

- Attachment 1 – Letter of Interest
- Attachment 2 – Submission Checklist
- Attachment 3 – References
- Verification of admission to the NYS Bar Association
- Resume

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: \_\_\_\_\_

FEIN/TIN: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate additional contact email(s) below (recommended):

\_\_\_\_\_