

**ATTACHMENT 2**  
SUBMISSION CHECKLIST

**Solicitation of Interest (SOI) # 1125**  
**Comprehensive Services for the Legally Blind**

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

Please indicate whether the following statements described in the solicitation apply to your organization:

Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The applicant agrees to provide the services requested in the Scope of Work section of the SOI announcement document.
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The Applicant agrees to provide services to all referred individuals.
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The Applicant is registered in New York State as a Not-For-Profit organization.
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The Applicant is willing to perform the tasks outlined in the NYSCB Comprehensive Services manual found at <a href="https://ocfs.ny.gov/programs/nyscb/provider-info.php">https://ocfs.ny.gov/programs/nyscb/provider-info.php</a> .
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	<p>The Applicant has either:</p> <ul style="list-style-type: none"> <li>❖ 5 years' experience, providing directly or through subcontracts, the following services to legally blind individuals <ul style="list-style-type: none"> <li>➤ Low Vision Services</li> <li>➤ Travel/O&amp;M Training</li> <li>➤ Assessment/Evaluation</li> <li>➤ Daily Living Skills/Independent Living Skills Training</li> </ul> </li> </ul> <p><b><u>OR</u></b></p> <ul style="list-style-type: none"> <li>❖ An affiliation with The New York State Preferred Source Program (NYSPSP) for People Who Are Blind.</li> </ul>
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The Applicant has a facility physically located in NYS capable of providing blindness services and has provided a brief description of their facility (size, capacity, equipment, etc.) in the Attachment 1 - Letter of Interest.
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	The Applicant does not hold a Section 14(c) Subminimum Wage Certificate Program.
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?

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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?
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**\* 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

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: \_\_\_\_\_

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

\_\_\_\_\_