

ATTACHMENT 2
SUBMISSION CHECKLIST

Solicitation of Interest (SOI) # 1129
CMS Project Assistant

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 SOI announcement document. |
| Yes <input type="checkbox"/> | No* <input type="checkbox"/> | The Applicant is an NYS certified M/WBE, SDVOB and/or SBE as evidenced by completing and providing an Attachment 3 – Affirmation of Business Status. |
| Yes <input type="checkbox"/> | No* <input type="checkbox"/> | The Applicant provided three (3) professional references (either written references or provide contact information), one of which must have been received within the past twelve (12) months. This must be provided using Attachment 4 – References. |
| Yes <input type="checkbox"/> | No* <input type="checkbox"/> | The Applicant provided a detailed resume(s) for the proposed candidate(s). It should demonstrate the candidate meets these criteria: <ul style="list-style-type: none"> • Bachelor’s degree in an IT/Business related field or six (6) years’ experience in an IT/Business related position and documented experience with computer systems and administrative functions. • Extensive Microsoft Excel and Adobe PDF related experience • Analytical skills • Experience trouble shooting computer systems • Interpersonal and communication skills • Experience and/or an understanding of New York State contracting process with an understanding of SFS preferred. |
| 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? |

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| 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
- Detailed Resume (should demonstrate the criteria requested in the table above)

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:
