ATTACHMENT 2
SUBMISSION CHECKLIST

Solicitation of Interest (SOI) # 1133
Daycare Registration Services for Erie and Monroe Counties

Applicant: _____

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

Yes	No*	
Yes ☐	**No*** ☐	The applicant agrees to provide the services and has the ability to meet the program requirements requested in the Scope of Work section of the SOI announcement document.
Yes ☐	No* ☐	The Applicant agrees to provide the required services in one of the two defined counties.
Yes ☐	No* ☐	The Applicant has five (5) or more years of experience with NYS Child Care regulations and delivering registration services, including complaint investigations and enforcement, for both Family Daycare and School-Age Programs.
Yes ☐	No* ☐	The Applicant has the required number of staff (5 FTE for Erie County and 8 FTE for Monroe County) available to perform work in the county proposed to be served.
Yes ☐	No* ☐	The Applicant has the technological ability to support the required electronic database (or similar experience); MATCH, a Web-based information management software to assist local Child Care Resource & Referral Agencies (CCR&Rs) and the Early Care and Learning Council in providing accurate data and statistics for child care.
Yes ☐	No* ☐	The Applicant agrees to participate in all necessary trainings which may occur virtually or in person, and may include a requirement to travel up to 4 times annually to attend mandated trainings by the Office of Children & Family Services.
Yes ☐	No* ☐	The Applicant is headquartered within the region being served or has program operations in that region.
Yes ☐	**No*** ☐	The applicant is eligible to do business with New York State.
Yes ☐	No ☐	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 ☐	**No*** ☐	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 ☐	**No*** ☐	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 ☐	**No*** ☐	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.

* 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

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:

_____