

**ATTACHMENT 2**  
SUBMISSION CHECKLIST

**Solicitation of Interest (SOI) # 1136**  
**Socialization Skills Services for Children who are Legally Blind**

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

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

|                                 |  |  |
|---------------------------------|--|--|
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The applicant agrees to provide the services requested in the Scope of Work section of the SOI announcement document.  |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The Applicant has three (3) years' experience providing socialization services or similar services to youth with disabilities and/or youth who are legally blind in New York AND has key staff members who possess the qualifications to deliver the services described in the Scope of Work section.  |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The Applicant is registered in New York State as a Not-For-Profit.   |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | <p>The Applicant is proposing to provide socialization skills programs for children who are legally blind in one or more of the following programs and has explained in the Letter of Interest how each service, activity, or instructional area will actively engage the child (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Life Skills - development of communications and social aptitude, appropriate dress and personal hygiene, food preparation, currency recognition and financial aptitude, and use of public transportation.</li> <li><input type="checkbox"/> Career Exploration - investigation of vocational options and interests, how to write a resume, learning about job interviews, and career discussions.</li> <li><input type="checkbox"/> Technology Training - exploration of individual adaptive technology needs, keyboard skills, and Internet usage.</li> <li><input type="checkbox"/> Social Events - development of motor skills through dance and music, mapping skills exercises, field trips that build orientation and mobility training, etc.</li> </ul> |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The Applicant agrees to provide a Per-Student Report at the completion of the socialization skills program and has attached a sample template, if available.   |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The Applicant has provided a cost per child to attend the proposed socialization program(s) and has expressed the minimum and maximum number of referrals your organization will accept yearly in the LOI.   |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The Applicant has provided a brief description of the on-site overnight supervision in the LOI (Residential/overnight programs only). Indicate "N/A" if this is not applicable.  |
| N/A <input type="checkbox"/>    |  |  |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The Applicant has provided the project site address where the services/activities will take place and described plan for orientation of the child to the program site in the LOI.  |
| Yes<br><input type="checkbox"/> | <b>No*</b><br><input type="checkbox"/> | The applicant is eligible to do business with New York State.  |

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|---------------------------------|--|---|
| Yes<br><input type="checkbox"/> | <b>No*</b><br><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-I; 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<br><input type="checkbox"/> | <b>No*</b><br><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<br><input type="checkbox"/> | <b>No*</b><br><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<br><input type="checkbox"/> | <b>No*</b><br><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.  |

**\* 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**
- If available: any current service pamphlet or brochure related to this project.
- If available: sample template of a Per-Student Report to be performed at the completion of the socialization skills program.
- If applicable: resumes that demonstrate key staff members possess the necessary experience and qualifications to deliver these services.
- If applicable: copies of the required license, certification, or other relevant supporting documentation to demonstrate compliance with the requirement(s) of the state in which the applicant’s program resides.

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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:

\_\_\_\_\_