

# ATTACHMENT 1

## CERTIFIED STATEMENTS AND SUBMISSION CHECKLIST

### Solicitation of Interest (SOI) # 1158 Job Placement and Diagnostic Vocational Evaluation Services

Applicant: \_\_\_\_\_ FEIN/TIN: \_\_\_\_\_

My organization would like to provide the following type(s) of services:  
(Check all that apply. Applicants must choose one or more of the options below.)

- Job Placement Services
- Diagnostic Vocational Evaluation Services

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

Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization is eligible to do business with New York State.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization has reviewed the SOI 1158 Scope of Work section and the NYSCB <a href="#">Job Placement Services</a> and/or <a href="#">Diagnostic Vocational Evaluation Guidelines</a> < <a href="http://ocfs.ny.gov/main/cb/provider_info.asp">http://ocfs.ny.gov/main/cb/provider_info.asp</a> > and agrees to provide the services outlined within.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization has a minimum of 1-year experience providing the services for which the organization is proposing ( <i>Job Placement Services and/or Diagnostic Vocational Evaluation Services</i> ). NOTE: The 1-year experience does not need to be specific to providing Job Placement Services and/or Diagnostic Vocational Evaluation Services to individuals who are blind. Providing such services to the general population for a minimum of 1-year would qualify. This is documented in <b>Attachment 2 – Letter of Interest</b> .
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization has indicated within <b>Attachment 3 – Listing of NYS Counties and NYC Boroughs</b> the locations where the organization proposes to provide services.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	<u>Job Placement Services</u> : My organization agrees that staff members providing services will possess the qualifications for the particular service as defined within the <a href="#">Job Placement Services Guidelines</a> < <a href="http://ocfs.ny.gov/main/cb/provider_info.asp">http://ocfs.ny.gov/main/cb/provider_info.asp</a> > and have described how we will satisfy these staffing requirements in our <b>Attachment 2 - Letter of Interest</b> .
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	<u>Diagnostic Vocational Evaluation Services</u> : My organization agrees that staff members providing services will possess the qualifications for the particular service as defined within the <a href="#">Diagnostic Vocational Evaluation Guidelines</a> < <a href="http://ocfs.ny.gov/main/cb/provider_info.asp">http://ocfs.ny.gov/main/cb/provider_info.asp</a> > and have described how we will satisfy these staffing requirements in our <b>Attachment 2 - Letter of Interest</b> .

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Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization agrees that in the event the organization experiences any change in staff members providing services during the term of the contract or non-contract provider authorization agreement, the organization will submit curriculum vitae for all staff providing services to NYSCB and will obtain prior approval from NYSCB for any staff assignments.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization agrees to safeguard the confidentiality of all information relating to all individuals who participate in programs and shall maintain the confidentiality of all such information in conformity with the provisions of applicable State and Federal laws and regulations.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization agrees to accept all legally blind individuals referred from NYSCB.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		My organization agrees to accept the fixed fee schedule (see Funding Details section of SOI) for services provided under the contract or non-contract provider authorization agreement and further acknowledges NYSCB does not guarantee any referrals and/or revenues for any contract or non-contract provider authorization agreement, pursuant to this SOI.
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-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.

**\* A response of “no” to any question marked with an asterisk will disqualify the applicant.**

**Please see important instructions and signature attestation on the following page.**

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Submit the following completed documents prior to the deadline via email to [funding@ocfs.ny.gov](mailto:funding@ocfs.ny.gov):

- Attachment 1** – Submission Checklist (**REQUIRED**)
- Attachment 2** – Letter of Interest (**REQUIRED**)
- Attachment 3** – Listing of NYS Counties and NYC Boroughs (**REQUIRED**)
- Attachment 4** – Job Placement and Diagnostic Vocational Evaluation Services Non-Contract Provider Authorization Agreement (optional and only for organizations requesting to be designated as a non-contract provider. See SOI section entitled “Funding Details” for more information.)
- [OCFS-2647, EO 177 Certification](#)
- [OCFS-4821, CMS User Authorization](#)
- Current Service Pamphlet or Brochure** (*optional*)
- Current Organization Chart** that depicts the entire organization structure and indicates where the organization head or the Chief Administrative Officer and the Contract Developers, Contract Signatories and Claim Signatories appear in relation to the Board of Directors and the organization as a whole. (*optional*)

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: \_\_\_\_\_

Date: \_\_\_\_\_