ATTACHMENT 1
Bidder’s Disclosure of Prior Non-Responsibility Determinations

SOLICITATION TITLE: Medication Assisted Treatment Program
SOLICITATION # 2022-01

Bidder Name: ________________________________________________________________

Bidder Address: ______________________________________________________________

Bidder Vendor ID #: __________________________________________________________

Bidder Federal ID#: __________________________________________________________

A. Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this Request for Proposal includes and imposes certain restrictions on communications between the Department of Corrections and Community Supervision (DOCCS) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the Procurement Contract by the DOCCS and, if applicable, Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j (3) (a). Designated staff, as of the date hereof, is/are identified on the first page of this Request for Proposal. DOCCS employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4-year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at:

http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please mark):

☐ No ☐ Yes

If yes, please answer the next questions:

a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please mark):

☐ No ☐ Yes

b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please mark):

☐ No ☐ Yes
c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _________________________________

Date of Finding of Non-responsibility: _________________________________

Basis of Finding of Non-Responsibility:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please mark):

a. If yes, please provide details below.

Governmental Entity: _________________________________

Date of Termination or Withholding of Contract: _________________________________

Basis of Termination or Withholding:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

B. Offerer/Bidder certifies that all information provided to the Department of Corrections and Community Supervision with respect to State Finance Law §139-k is complete, true and accurate.

(Officer Signature) ___________________________ (Date) ___________________________

(Officer Title) ___________________________ (Telephone) ___________________________