

**NYS Department of Corrections and Community Supervision
RFP 2024-21 Smartphone Technology and Smartphone Devices**

Attachment 1 – Bid Signature Page

The bid must be fully and properly executed by an authorized person. By signing, you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this REQUEST FOR PROPOSALS, Appendix A (*Standard Clauses For New York State Contracts*), Appendix B (*General Specifications*), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, bidder affirms that it understands and agrees to comply with DOCCS procedures relative to permissible contacts as required by State Finance Law §139-j(3) and §139-j(6)(b). Bidders are requested to retain Appendix A and Appendix B for future reference.

Procurement Lobbying information may be accessed at: <https://ogs.ny.gov/acpl/>

Legal Business Name of Company Bidding:		NYS Vendor Identification Number: (See NYS vendor file registration clause)	
DBA – Doing Business As (if applicable):		Federal Tax Identification Number: (Do Not Use Social Security Number)	
Street	City	State	Zip
County			
If applicable, place an “x” in the appropriate box(es) (<i>check all that apply</i>)			
<input type="checkbox"/> NYS Small Business # Employees _____	<input type="checkbox"/> NYS Certified Minority-owned Business Enterprise (MBE)	<input type="checkbox"/> NYS Certified Women-owned Business Enterprise (WBE)	<input type="checkbox"/> NYS Certified Service-Disabled Veteran Owned Business (SDVOB)
Vendor Responsibility Questionnaire Filed Online: _____ Yes _____ No			
If yes, has Bidder certified or recertified the Vendor Responsibility Questionnaire no more than six (6) months prior to the bid opening date? _____ Yes _____ No			
Do you understand and is your firm capable of meeting the insurance requirements to enter into a contract with New York State? _____ Yes _____ No			
Does your bid proposal meet all the requirements of this solicitation? _____ Yes _____ No			
If you are not bidding, place an “x” in the box and return this page only.			
<input type="checkbox"/> WE ARE NOT BIDDING AT THIS TIME BECAUSE: _____ _____			
Phone:		Toll Free Phone:	
Email Address:		Company Web Site:	
Bidder’s Signature:		Printed or Typed Name:	
Date:		Title:	

RETURN THIS PAGE AS PART OF THE BID