

ATTACHMENT 5 – Bidder’s Certified Statements

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| RFP – Opioid Treatment Access and Dosage Registry | OASAS Project No. 24004 |
| 1. Information with Regard to the Bidder | |
| A. Provide the Bidder’s name, address, telephone number and fax number. | |
| Name: | |
| Address: | |
| City, State & Zip Code: | |
| Telephone Number (Including area code): | |
| Fax Number (Including area code): | |
| B. Provide the name, address, telephone number and email address of the Bidder’s Primary Contact with regard to this RFP. | |
| Name: | |
| Address: | |
| City, State & Zip Code: | |
| Telephone Number (Including area code): | |
| Email Address: | |
| 2. By Submitting a proposal, the Bidder acknowledges and agrees to all of the following: (Please note: alteration of any language contained in this section may render your proposal non-responsive.) | |
| <p>Bidder certifies that either there is no conflict of interest or that there are business relationships and/or ownership interests for the organization for the above named organization that may represent a conflict of interest for the organization as a Bidder and attached to this form is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.</p> | |
| <p>The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.</p> | |
| <p>Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by OASAS.</p> | |
| <p>Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.</p> | |
| <p>The Bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of OASAS, if a Certificate of Good Standing is not available, and if selected, the vendor will register to do business in NYS.</p> | |

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| The Bidder certifies that its company has no litigation or disciplinary actions pending. |
| A. The Bidder is (check as applicable): |
| <input type="checkbox"/> A New York State Certified Minority-Owned Business Enterprise (MBE) |
| <input type="checkbox"/> A New York State Certified Woman-Owned Business Enterprise (WBE) |
| <input type="checkbox"/> A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified – M/WBE) |
| <input type="checkbox"/> None of the above |
| B. Bidder’s Taxpayer Identification Number: |
| ID#: |
| C. Bidder’s NYS Vendor Identification Number |
| Vendor ID#: |
| By my signature on this Attachment, I certify to the statements made above in Section 2 and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate. |
| _____ |
| Typed or Printed Name of Authorized Representative of the Bidder |
| _____ |
| Title/Position of Authorized Representative of the Bidder |
| Signature of Authorized Representative of the Bidder |
| _____ |
| Date |