ATTACHMENT 5 – Bidder's Certified Statements

IFB – Naloxone	OASAS Project No. 25019
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 IFB.	
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.)	
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.	
The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the IFB if selected for award.	
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.	
Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this IFB including any exhibits and attachments.	
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.	

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The Bidder certifies that its company has no litigation or disciplinary actions pending.
A. The Bidder is (check as applicable):
⌗ A New York State Certified Minority-Owned Business Enterprise (MBE)
⌗ A New York State Certified Woman-Owned Business Enterprise (WBE)
⌗ A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified – M/WBE)
⌗ 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