



TIMELINE

This section lists the key events associated with this RFP. Changes, when required, will be indicated here. Bid meeting



INSURANCE REQUIREMENTS

The vendor agrees to obtain and maintain General Liability Insurance, including Comprehensive Form, Business Operations, Products/Completed Operations, Blanket Broad Form Contractual, Independent Contractors, and Broad Form for anti-15ds,

Statutory Compliance

The successful respondent will be required to agree with the following:

The vendor will covenant and agree to comply in all respects with all Federal, State, and County laws which pertain hereto, including but not limited to Worker's Compensation and Employers' Liability Insurance, hours of employment, wages, non-discrimination, and human rights.

The vendor and subcontractor(s) shall abide by the regulations of [41 CFR 60-741.5\(a\)](#) and [41 CFR 60-300.5\(a\)](#). This regulation prohibits discrimination against qualified protected veterans and

Violation

ATTACHMENT 2: CONFLICT OF INTEREST STATEMENT

The vendor offering to provide services according to this solicitation as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this solicitation does not and will not create a conflict of interest with nor position the vendor to breach any other





ATTACHMENT4: COSTPROPOSALTRANSMITTAL SHEET

NAME OF VENDOR: (Legal name as it would appear on a contract)

MAILING ADDRESS: (Street address P.O. Box, City, State, ZIP Code)

FEDERAL EMPLOYEE IDENTIFICATION NUMBER:

IF NYS CERTIFIED:

MINORITY BUSINESS ENTERPRISE (MBE) WOMAN BUSINESS ENTERPRISE (WBE)

PERSON AUTHORIZED TO ACT AS THE CONTACT FOR THIS FIRM IN MATTERS REGARDING THIS PROPOSAL:

PRINTED NAME: (First Name, Last Name) TITLE:

TELEPHONE NUMBER: FAX NUMBER: E MAIL ADDRESS:

PERSON AUTHORIZED TO OBLIGATE THIS FIRM IN MATTERS REGARDING THIS PROPOSAL OR THE RESULTING CONTRACT:

PRINTED NAME: (First Name, Last Name) TITLE:

TELEPHONE NUMBER: FAX NUMBER: E MAIL ADDRESS:

IF CORPORATION NAME AND TITLE OF PERSON AUTHORIZED BY THE BOARD OF DIRECTORS TO SIGN THIS PROPOSAL ON BEHALF OF THE BOARD:

PRINTED NAME: (First Name, Last Name) TITLE:

SIGNATURE OF VENDOR OR AUTHORIZED DATE

By signing this form, the above vendor or authorized representative attests that the proposal price submitted will remain valid for a minimum of 90 days. 09R5BQ.0.0003@Tj.TT4.1.Tfda.TT4.1.Tf