NEW YORK STATE OF OPPORTUNITY. | NYSERDA

ATTACHMENT A
RFP 3143 PROPOSAL CHECKLIST (MANDATORY)

Proposal Title		Due Date	
Primary Contact (Prime Contractor)		Title	
Company		Phone	Fax
		e-mail	
☐ By checking this box I certify that the TIN number submitted is **not** a social security number. If your tax id number is your social security number please leave information blank and contact NYSERDA.		**Federal Tax Identification Number**:	
Address	City	State or Province	Zip
Secondary Contact		Title	
Company		Phone	Fax
		e-mail	
Address	City	State or Province	Zip

THE PRIME CONTRACTOR MUST SIGN THIS FORM BELOW and ANSWER THE FOLLOWING QUESTIONS:

Do you accept all Terms & Conditions in the Sample Agreement? (If no, explain on separate page) **(NYSERDA may or may not accept any of the listed exceptions; NYSERDA reserves the right to limit any negotiations to exceptions specifically identified herein.)**	___Yes	___No
Do you wish to have any information submitted in your proposal package treated as proprietary or confidential trade secret information? If yes, you must identify and label on each applicable page "confidential" or "proprietary" (For additional information regarding this, please refer to the section entitled "Proprietary Information" in the solicitation document).	___Yes	___No
Have you been indicted/convicted for a felony within the past 5 years? (if yes, explain on separate pg)	___Yes	___No
Are you a Minority or Women-Owned Business Enterprise?	___Yes	___No
Does your proposal contain Minority or Women-Owned Business enterprises as subcontractors?	___Yes	___No
Are you submitting the required number of copies? (See proposal instructions.)	___Yes	___No
Is other public funding pending/awarded on this and/or very similar topic (prior and/or competing proposals)? (if yes, explain on separate page)	___Yes	___No

ON WHAT PAGE IN YOUR PROPOSAL CAN THESE ITEMS BE FOUND?

Provide list of items consistent with Proposal Requirements section of solicitation:	Indictment/Conviction of Felony _____ (if applicable) NYSERDA Contracts Awarded _____ (if applicable) Prior and/or Competing Proposals _____ (if applicable) Exceptions to Terms & Conditions _____ (if applicable) Completed and Signed Contract Pricing Proposal Form(s) _____. Disclosure of Prior Findings of Non-responsibility Form _____.

AUTHORIZED SIGNATURE & CERTIFICATION

I certify that the above information, and all information submitted in connection with State Finance Law §139-j and §139-k, is complete, true, and accurate, that I have read and reviewed the Standard Terms and Conditions set forth in the attached Sample Agreement and that I accept all terms unless otherwise noted herein, and that the proposal requirements noted have been completed and are enclosed. I affirm that I understand and will comply with NYSERDA's procedures under §139-j(3) and §139-j(6)(b) of the State Finance Law. I understand that this proposal may be disqualified if the solicitation requirements are not met. I, the undersigned, am authorized to commit my organization to this proposal.

Signature	Name
Title	Organization
Phone	

NOTE: This completed form **MUST** be signed and attached to the front of all copies of your proposal.