NEW YORK STATE | Office for People With Developmental Disabilities

ADMINISTRATIVE APPLICATION ATTACHMENTS 1 – 10

RFA OPD-2025-49

Regional Disability Health Clinics Program

Complete and sign (as applicable) each form in this package as your Administrative Application submission and upload to SFS. Please upload this package of attachments as 1 PDF attachment for your Administrative Application. Bidders should include their operating certificate in this attachment.

These forms can be completed and signed electronically. Boxes will expand in Word to allow necessary space for responses.

This Word document MUST be converted to non-fillable PDF prior to submitting/uploading to SFS.

PLEASE NOTE: ***This requirement is due to SFS capabilities. If documents are submitted in file types other than PDF, those files cannot be retrieved, and the application will be considered incomplete. The PDF document cannot exceed 20MB.***

ATTACHMENT 1

Document Submission Checklist and Attestations

OPWDD reserves the right to disqualify any application that does not contain the **mandatory items** specified for this Solicitation and the resulting Contract. Applicants should use the following checklist as a guide when submitting applications and include all required documents *(mark the box to indicate inclusion of the document)*.

To Be Included with Submission when Checked by OPWDD	Required Documents	Type of Submission	Included with Submission (To Be Checked by Applicant)
ADMINISTRATIVE APPLICATION			
☒	**Attachment 1** Document Submission Checklist and Attestation	Provide completed and signed copy.	☐
☒	**Attachment 2** Contractor Information Sheet	Provide completed copy.	☐
☒	**Attachment 3** Encouraging the Use of New York Subcontractors and Suppliers	Provide completed and signed copy.	☐
☒	**Attachment 3A** New York State Business Usage Form	Provide completed copy.	☐
☒	**Attachment 4** Non-Collusive Bidding Certification	Provide completed and signed copy.	☐
☒	**Attachment 5** Vendor Responsibility Questionnaire Certification	Provide completed copy.	☐
☒	**Attachment 6** Vendor Assurance of No Conflict of Interest or Detrimental Effect	Provide completed and signed copy.	☐
☒	**Attachment 7** Equal Employment Opportunity Staffing Plan	Provide completed and signed copy.	☐
☒	**Attachment 8** Sexual Harassment Prevention Policy Certification	Provide completed and signed copy.	☐
☒	**Attachment 9** Executive Order 177 Anti-Discrimination Certification	Provide completed and signed copy.	☐
☒	**Attachment 10** Certification Under Executive Order No. 16	Provide completed and signed copy.	☐

To Be Included with Submission when Checked by OPWDD	Required Documents	Type of Submission	Included with Submission (To Be Checked by Applicant)
TECHNICAL APPLICATION			
☒	**Attachment 11** Organizational Experience and Statement of Need	Provide responses to the requirements as outlined in the solicitation, as applicable.	☐
☒	**Attachment 12** Scope of Work and Work Plan	Provide completed copy, as applicable.	☐
BUDGET APPLICATION			
☒	**Attachment 13** Budget Application	Provide completed copy.	☐

APPLICANT MINIMUM QUALIFICATIONS

RFA sections are referenced for the purpose of guiding Applicants and are not intended to be exclusive of other non-referenced parts.

*Applicants must check "Yes" to indicate their understanding of, agreement with, and/or completion of each requirement. Applicants must include an explanation for "No" responses in the last row of the following attestations.

REQUIREMENT	RESPONSE*
1.3.1.1. The Applicant is a: 1.3.1.1.1 Clinic Treatment Facility certified or licensed under Article 16 of the Mental Hygiene Law (MHL), 1.3.1.1.2 Diagnostic and Treatment Center licensed under Article 28 of the Public Health Law (PHL), excluding end-stage renal disease facilities and ambulatory surgery centers, 1.3.1.1.3 Federally Qualified Health Center (FQHC) licensed under Article 28 of the Public Health Law (PHL), 1.3.1.1.4 Rural Health Center (RHC) licensed under Article 28 of the Public Health Law (PHL), **or** 1.3.1.1.5 Hospital extension clinic (off-campus site) licensed under Article 28 of the Public Health Law (PHL). Please indicate which category above applies to this application: _____	☐ **Yes** ☐ **No**
1.3.1.2. The Applicant is a not-for-profit organization.	☐ **Yes** ☐ **No**

1.3.1.3. The Applicant has attached a current, valid copy of a New York State Operating Certificate for the relevant Article 16 or 28 location.	☐ **Yes** ☐ **No**
1.3.1.4. The Applicant is not on the OPWDD Early Alert list (https://opwdd.ny.gov/providers/early-alert).	☐ **Yes** ☐ **No**
1.3.1.4. The Applicant is prequalified through the Statewide Financial System (SFS) by the application due date and time.	☐ **Yes** ☐ **No**
Explain any "No" responses in the space below.	

ATTESTATION:

By signing below, the Applicant hereby attests that they have read, understand, and are willing to comply with the scope and requirements of this Solicitation. The Applicant also affirms that, to the best of their knowledge, the contents of their submitted application are truthful and accurate, meeting all mandatory requirements as presented.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____ Date: _____

Email Address: _____

ATTACHMENT 2

Contractor Information Sheet

APPLICANT NAME: _____

ADDRESS: _____

CONTACT NAME: _____ **TITLE:** _____

EMAIL ADDRESS: _____ **PHONE #:** _____

NYS VENDOR ID: _____ **FEIN:** _____

IF THE APPLICANT USES OR HAS USED IN THE PAST TEN YEARS ANY OTHER BUSINESS NAME, FEIN, OR DBA, PLEASE PROVIDE IN THE BOX BELOW.

Number of Years in Business: _____ **Number of Years of Experience Providing Solicited Service:** _____

PLEASE CHECK THE APPLICABLE BOX(ES):

☐ NYS Minority-Owned Business (MBE) Registration # _____

☐ NYS Women-Owned Business (WBE) Registration # _____

☐ NYS Small Business (SB) Registration # _____

☐ NYS Disadvantaged Business Enterprise (DBE) Registration # _____

☐ NYS Service-Disabled Veteran-Owned Business (SDVOB) Registration # _____

☐ None of the above

Form submitted to show compliance with New York State Workers Compensation Insurance requirements*:

☐ **CE-200** or ☐ **C-105.2** or ☐ **U-26.3** or ☐ **SI-12** or ☐ **GSI-105.2**

Form submitted to show compliance with New York State Disability Benefits Insurance requirements*:

☐ **CE-200** or ☐ **DB-120.1** or ☐ **DB-155**

**Optional to submit forms noted above with application; required upon notification of award*.

If submitting insurance forms, please attach to Administrative Application PDF document.

ATTACHMENT 3

Encouraging the Use of New York Subcontractors and Suppliers

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, Applicants for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Applicants need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, Applicants are reminded that they must continue to utilize small, minority and women-owned business, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects Applicants to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

The Applicant can demonstrate their commitment to the use of New York state businesses by responding to the question below.

Will New York State Businesses be used in the performance of this contract? ☐ YES ☐ NO

If yes, complete **Attachment 3A – New York State Business Usage Form** to provide identifying information about New York State Businesses that will be used in the performance of this contract.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

ATTACHMENT 3A

New York State Business Usage Form

Question	Yes	No
1. Will subcontractors be used in the performance of this contract?	☐	☐
2. Will New York State Businesses be used as subcontractors in the performance of the contract?	☐	☐
3. Will suppliers be used in the performance of the contract?	☐	☐
4. Will New York State Businesses be used as suppliers in the performance of the contract?	☐	☐

If you answered "Yes" to either questions 2 or 4, please provide identifying information below:

Subcontractor or Supplier	Check applicable certification type:	Estimated Contract Amount and Brief Description of Services/Commodity	Company Phone #	Location/Address where Services will be Performed
Name: EIN:	☐ NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $ Description:		
Name: EIN:	☐ NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $ Description:		
Name: EIN:	☐ NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $ Description:		
Name: EIN:	☐ NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $ Description:		
Name: EIN:	☐ NYS-Certified MBE ☐ NYS-Certified WBE ☐ NYS-Certified SDVOB ☐ None of the above	Estimated Amount: $ Description:		

ATTACHMENT 4

Non-Collusive Bidding Certification

Required by Section 139-D of the State Finance Law

(Page 1 of 3)

By submission of this bid, each Applicant and each person signing on behalf of any Applicant certifies, and in the case of joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

1. The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Applicant or with any competitor;

2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Applicant and will not knowingly be disclosed by the Applicant prior to opening, directly or indirectly, to any other Applicant or to any competitor; and

3. No attempt has been made or will be made by the Applicant to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where 1, 2 and 3 above have not been complied with; provided, however, that if in any case the Applicant(s) cannot make the foregoing certification, the Applicant shall so state and shall furnish below a signed statement which sets forth in detail the reasons therefore.

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____, 20____ as the act and deed of said corporation.

If Applicant(s) (are) a partnership, complete the following:

Names of Partners or Principals	**Legal Residence**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If Applicant(s) (are) a corporation, complete the following:

Names	Legal Residence
President	
Secretary	
Treasurer	
President	
Secretary	
Treasurer	

If Applicant(s) (are) an LLC, complete the following:

Names of Members	Legal Residence

Identifying Data – to be completed by all Applicants

Potential Contractor: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

_____ _____
Signature Date

_____
Name (print or type)

_____
Title

Joint or combined bids by companies or firms must be certified on behalf of each participant.

_____ _____
Legal name of person, firm or corporation Legal name of person, firm or corporation

By: _____ By: _____
Signature Signature

_____ _____
Name Name

_____ _____
Title Title

Address: _____ Address: _____
Street Street

_____ _____
City, State, Zip Code City, State, Zip Code

This form must be signed by an authorized executive or legal representative.

ATTACHMENT 5

Vendor Responsibility Questionnaire Certification

Vendors are encouraged to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at https://www.osc.ny.gov/state-vendors/vendrep/vendrep-system or go directly to the VendRep System online at https://onlineservices.osc.state.ny.us. For direct VendRep System user assistance, the Office of the State Comptroller Help Desk may be reached at 866-370-4672 or 518-408-4672 or at https://www.osc.ny.gov/online-services/get-help.Vendors may opt to file a paper questionnaire; the appropriate questionnaire form can be obtained from the VendRep https://www.osc.ny.gov/state-vendors/vendrep/vendor-responsibility-forms, or vendors may contact the authorized contact at OPWDD or the Office of the State Comptroller Help Desk for a copy of the paper form.

Vendors enrolled in the online VendRep System are also reminded to recertify existing questionnaires every six months or whenever changes that affect their business entity occur.

Vendor Responsibility Certification

Please check the appropriate box indicating what mechanism has been utilized to submit the Vendor Responsibility Questionnaire; the Questionnaire is to be submitted/certified prior to the bid due date.

The Applicant is to indicate the format utilized by checking the appropriate box:

☐ **On-Line Certified Format (Preferred)** **or** ☐ **Hard Copy, Paper Format**

Note: If utilizing a hard copy, paper format, that hard copy must be included with the bid quote submission. If utilizing the online format, the *Vendor Responsibility Questionnaire* must be certified by the bid due date. Failure to complete the required *Vendor Responsibility Questionnaire* may result in the bid being rejected for not meeting the minimum mandatory requirement. **PLEASE DO NOT ATTACH OR SUBMIT A COPY OF YOUR ONLINE QUESTIONNAIRE.**

Vendor Registration Requirement

The New York State Vendor Management Unit (VMU) relies on State Business Units to obtain a completed Substitute Form W-9 for any vendor not already registered. Any vendor that wants to do business with New York State must complete a Substitute Form W-9, which may be accessed on the NYS Office of the State Comptroller's Web site at the following link: https://www.osc..ny.gov/vendors/forms/ac3237s_fe.pdf.

Submit the completed form with the required bid documentation. For more information about NYS Vendor Management, please access the NYS Office of State Comptroller's website using the following link: http://www.osc..ny.gov/state-vendors.

ATTACHMENT 6

Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Firm offering to provide services pursuant to this Contract, as a contractor, joint venture contractor, subcontractor or consultant, attests that its performance of the services outlined in this Contract does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State.
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State.
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State.
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State.
5. During the negotiation and execution of any contract, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a while including, but not limited to any action or decision to divert resources from one State project to another.
6. In fulfilling obligations under each of its State contracts, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole, including but not limited to any action or decision to divert resources from one State project to another.
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate Section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director, or was intended as a reward for any official action on the part of said employee, member or director.

Firms should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

ATTACHMENT 7

Equal Employment Opportunity Staffing Plan

Solicitation/Program Name:	**Report includes:** ☐ Work force to be utilized on this contract ☐ Total work force
Applicant Name:	**Reporting Entity:** ☐ Contractor ☐ Subcontractor
Applicant Address:	**Subcontractor's Name:**

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	**Work force by Gender**			**Work force by Race/Ethnic Identification**															**Veteran Status**					
		Total Male (M)	Total Female (F)	Total X (X)	White (M) (F) (X)			Black (M) (F) (X)			Hispanic (M) (F) (X)			Asian (M) (F) (X)			Native American (M) (F) (X)			Disabled (M) (F) (X)			Veteran (M) (F) (X)		
Officials/ Administrators																									
Professionals																									
Technicians																									
Sales Workers																									
Office/Clerical																									
Craft Workers																									
Laborers																									
Service Workers																									
Temporary Apprentices																									
Totals																									

PREPARED BY (Signature):	**TELEPHONE NO.:** **EMAIL ADDRESS:**	**DATE:**
NAME AND TITLE OF PREPARER (Print or Type):	**SUBMIT COMPLETED WITH BID OR PROPOSAL**	

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (04-10) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Applicant shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Applicant shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number or RFP number that this report applies to along with the name and address of the Applicant.
2. Check off the appropriate box to indicate if the Applicant completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Applicant's total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC/LATINO** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE AMERICAN/ALASKAN NATIVE** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male, Female, or X

ATTACHMENT 8

Sexual Harassment Prevention Policy Certification

State Finance Law § 139-l requires Applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment prevention training to all its employees and that such policy, at a minimum, meets the requirements of State Labor Law § 201-g.

By submission of this bid, each Applicant and each person signing on behalf of any Applicant certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the Applicant has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all its employees. Such policy shall, at a minimum, meet the requirements of State Labor Law § 201-g.

Please mark the applicable box (select one) below and complete the following sections, as required.

☐ The Applicant certifies its compliance with State Finance Law § 139-l.

☐ The Applicant cannot certify its compliance with State Finance Law § 139-l.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

If the Applicant cannot make the above certification, the Applicant must provide a statement detailing the reasons:

This form must be signed by an authorized executive or legal representative.

ATTACHMENT 9

Executive Order 177 Anti-Discrimination Certification

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment on the basis of age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status, or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations, and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion, or national origin.

In accordance with Executive Order No. 177, the Applicant hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1 Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

ATTACHMENT 10

Certification Under Executive Order No. 16

Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia

Executive Order No. 16 provides that "all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia." The complete text of Executive Order No. 16 can be found at https://ogs.ny.gov/EO-16.

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

☐ 1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.

☐ 2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion)

☐ 2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services in Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)

☐ 3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalty of perjury that they are knowledgeable about the Vendor's business and operations and that the answer provided herein is true to the best of their knowledge and belief.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.