



**APPENDIX B - REQUIRED FORMS**

OCM reserves the right to disqualify any proposals that do not contain the **mandatory items** specified for this application 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 OCM	Required Documents	Type of Submission	Include with Submission (To Be Checked by Applicant)
<input checked="" type="checkbox"/>	<b>Attachment 1</b> Contractor Information Sheet	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 2</b> Non-Collusive Bidding Certification	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 3</b> Vendor Responsibility Questionnaire Certification	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 4</b> 139-I - Sexual Harassment Prevention Policy Certification	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 5</b> Executive Order 177 Anti-Discrimination Certification	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 6</b> Certification Under Executive Order No. 16	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 7</b> Equal Employment Opportunity Staffing Plan	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 8</b> MWBE Utilization Plan	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 9</b> Application for Waiver of MWBE Participation Goals	Provide completed and signed copy.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Attachment 10</b> Gender-Based Violence and the Workplace Certification	Provide completed and signed copy.	<input type="checkbox"/>



ATTACHMENT 1 - CONTRACTOR INFORMATION SHEET

AGENCY OR ORGANIZATION NAME	
AUTHORIZED SIGNATURE	
PRINTED NAME	
TITLE	
DATE	
ADDRESS	
PHONE #	
EMAIL ADDRESS	
NYS VENDOR ID	
FEDERAL ID (FEIN) #	
CHARITIES REGISTRATION #	
IF THE APPLICANT USES, OR HAS USED IN THE PAST TEN YEARS, ANY OTHER BUSINESS NAME, FEIN, OR DBA PLEASE PROVIDE: _____ _____	

Number of Years in Business: \_\_\_ Number of Years of Experience Providing Solicited Service: \_\_\_

PLEASE CHECK THE APPROPRIATE BOX:

- 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 \_\_\_\_\_



**ATTACHMENT 2 - NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY SECTION 139-D OF THE STATE FINANCE LAW (PAGE 1 OF 3)**

SECTION 139-D, Statement of Non-Collusion in bids to the State:

**BY SUBMISSION OF THIS BID, APPLICANT AND EACH PERSON SIGNING ON BEHALF OF 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/HER 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], [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 of partnership.

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY SECTION 139-D OF THE STATE  
FINANCE LAW (PAGE 2 OF 3)**

**IF APPLICANT IS A PARTNERSHIP, COMPLETE THE FOLLOWING:**

NAMES OF PARTNERS/PRINCIPALS

LEGAL RESIDENCE

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**IF APPLICANT IS A CORPORATION, COMPLETE THE FOLLOWING:**

NAME: LEGAL RESIDENCE

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

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**IF APPLICANT IS A LIMITED LIABILITY COMPANY (LLC), COMPLETE THE FOLLOWING:**

NAMES OF MEMBERS

LEGAL RESIDENCE

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**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY SECTION 139-D OF THE STATE FINANCE LAW (PAGE 3 OF 3)**

**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: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Address: \_\_\_\_\_  
Street

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

### ATTACHMENT 3 - 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 OCM 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.

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 provide the required *Vendor Responsibility Questionnaire* may result in the bid being rejected for not meeting the minimum mandatory requirement.

#### 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 website at the following link: [https://www.osc.ny.gov/vendors/forms/ac3237s\\_fe.pdf](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 Web site using the following link: <http://www.osc.ny.gov/state-vendors>.



**ATTACHMENT 4 - SEXUAL HARASSMENT PREVENTION POLICY CERTIFICATION**

State Finance Law §139-I 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-I.

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

Legal Entity Name: \_\_\_\_\_

By (signature): \_\_\_\_\_

Name (print/type): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## ATTACHMENT 5 - 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 6 - 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.

Vendor Name (Legal Entity): \_\_\_\_\_  
 By (signature): \_\_\_\_\_  
 Name (print/type): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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



**General instructions:** All Offerors and each subcontractor identified in the application must complete an EEO Staffing Plan (04-10) and submit it as part of the application 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 Contract 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 - MWBE UTILIZATION PLAN

Initial Plan  Revised Plan RFA#: \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprises (MWBE) under the contract. By submission of this Plan, the Applicant commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

<b>APPLICANT INFORMATION</b>		<b>MWBE Goals In Contract</b>	
Applicant Name:	NYS Vendor ID:		MBE %
Applicant Address (Street, City, State and Zip Code):			WBE %
Applicant Telephone Number:		Contract Work Location/Region:	

Contract Description/Title:

<b>APPLICANT INFORMATION</b>			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

**IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE RFA APPLICANT MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)**

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified, please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		

Detailed Description of work to be provided by subcontractor/supplier:

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ \_\_\_\_\_ or %

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified, please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		

Detailed Description of work to be provided by subcontractor/supplier:

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ \_\_\_\_\_ or %

Submit Completed Plan To:  
NYS Office of Cannabis Management  
PO Box 2071  
Albany, NY 12220  
Email: procurement@ocm.ny.gov



# ADDITIONAL SHEET

<b>Applicant Name:</b>	<b>RFA#</b> _____
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<b>MWBE Subcontractor/Supplier Name:</b>	<b>MWBE Certification:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <b>(If firm is dual certified please select one only)</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____%			
<b>MWBE Subcontractor/Supplier Name:</b>	<b>MWBE Certification:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <b>(If firm is dual certified please select one only)</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____%			
<b>MWBE Subcontractor/Supplier Name:</b>	<b>MWBE Certification:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <b>(If firm is dual certified please select one only)</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____%			
<b>MWBE Subcontractor/Supplier Name:</b>	<b>MWBE Certification:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <b>(If firm is dual certified please select one only)</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____%			



## Requirements and Document Submission Instructions

Article 15-A of the New York State Executive Law and 5 NYCRR 140-145 require State Agencies to increase participation by Minority and Women-Owned Business Enterprises (MWBEs) on State contracts. All solicitations are reviewed and have goals established for them for both MBE and WBE utilization. The goals are expressed as a percentage of the anticipated payments made under the contract. A state agency shall not grant any automatic waivers of goal requirements on a State contract. A State agency may grant a partial or total waiver of goal requirements upon submission and approval of a waiver application documenting a contractor's good faith efforts. Governor's Office Executive Chamber approval is also a requirement of a State Agency waiver approval. Failure to make good faith efforts may result in a State contract being awarded to another applicant, or, if the contract is already in progress, may result in financial penalties.

When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.
4. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified MWBEs.
6. Provide copies of responses made by certified MWBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified MWBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note: Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by OCM, to determine MWBE compliance.

**ATTACHMENT 10  
GENDER-BASED VIOLENCE AND THE WORKPLACE CERTIFICATION**

New York State Finance Law §139-M requires bidders on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the following minimum requirements:

- **Share Information:** Employers must provide information regarding gender-based violence where employees can see and access it, including displaying the NYS Domestic and Sexual Violence Hotline information and a gender-based violence and the workplace poster.
- **Refer Employee-Survivors to Services:** The policy must require that the employer refer employees who disclose current or past victim status to the NYS Domestic and Sexual Violence Hotline and/or a local service provider. For bidders outside of New York State, referrals should be made to a local provider or statewide hotline. While referrals are required to be provided by the employer, it is not required for the employee to access services.
- **Prohibit Retaliation:** The policy must clearly state that discrimination or retaliation against employees who identify as victims or survivors of gender-based violence is prohibited.
- **Comply with Laws:** Ensure your policy follows State law. For employers based in New York State, this means that the policy must follow the SAFE Leave Act, New York State Human Rights Law, and any other relevant laws and regulations.
- **Offer Implementation Support:** OPDV is able to assist employers in developing and implementing this policy. Employers must provide information to supervisors and human resources, where available, about this technical assistance from OPDV. OPDV can be contacted at [workplace@opdv.ny.gov](mailto:workplace@opdv.ny.gov).

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing gender-based violence and the workplace and has provided such policy to all of its employees, directors and board members. Such policy shall, at a minimum, meet the requirements of subdivision 11 of section five hundred seventy-five of the executive law. Organization’s signature below certifies its compliance with State Finance Law §139-M.

Legal Entity Name: \_\_\_\_\_

By (signature): \_\_\_\_\_

Name (print/type): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be signed by an authorized executive or legal representative. If the organization cannot make the above certification, they must provide an attached statement with their bid detailing the reasons therefor.