

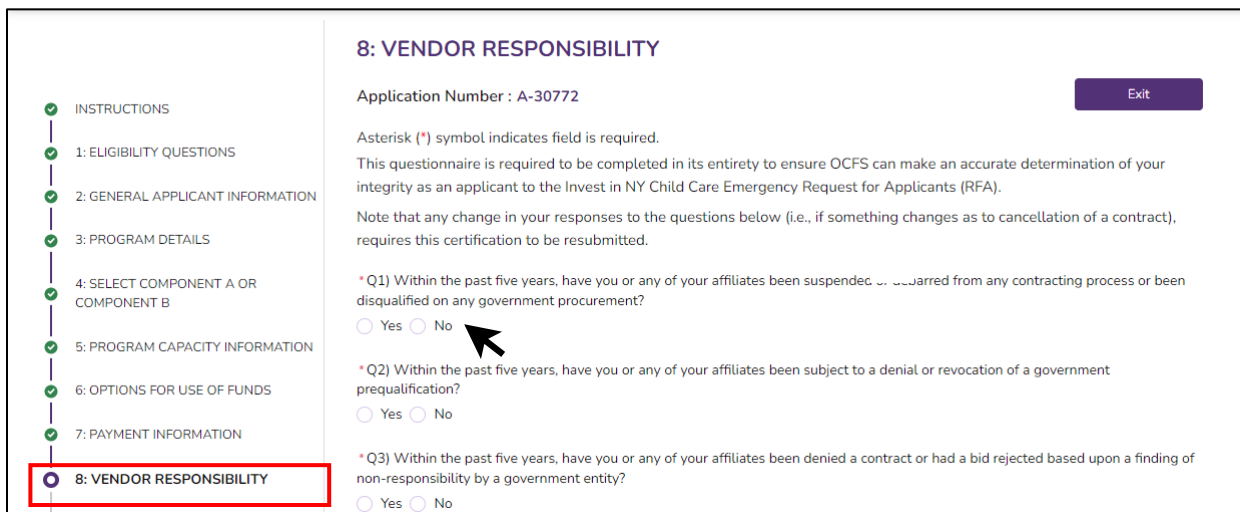
# Step 8: Vendor Responsibility

This user guide shows how to complete *Step 8: Vendor Responsibility* in the *Child Care Deserts Grant for Existing Providers* application. Step 8 is a questionnaire required to be completed in its entirety to ensure OCFS can make an accurate determination of your integrity as an applicant to the *Invest in NY Child Care Emergency Request for Applicants (RFA)*.

- [Complete Yes or No Questions](#)
- [Review Definition of Terms](#)
- [Mandatory Certification](#)

## Complete Yes or No questions

1. **Read each of the questions and Select Yes or No** to each of the thirteen questions on the questionnaire.



**8: VENDOR RESPONSIBILITY**

Application Number : A-30772 Exit

Asterisk (\*) symbol indicates field is required.

This questionnaire is required to be completed in its entirety to ensure OCFS can make an accurate determination of your integrity as an applicant to the Invest in NY Child Care Emergency Request for Applicants (RFA).

Note that any change in your responses to the questions below (i.e., if something changes as to cancellation of a contract), requires this certification to be resubmitted.

\* Q1) Within the past five years, have you or any of your affiliates been suspended or barred from any contracting process or been disqualified on any government procurement?  
 Yes  No

\* Q2) Within the past five years, have you or any of your affiliates been subject to a denial or revocation of a government prequalification?  
 Yes  No

\* Q3) Within the past five years, have you or any of your affiliates been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?  
 Yes  No

- If **Yes** is selected for any of these questions, additional information and possibly documentation is required to continue. **Type in responses** to each of the four follow up questions into the provided text box. To add documentation through file attachments, **click on the Upload** button.

\* Q1) Within the past five years, have you or any of your affiliates been suspended or debarred from any contracting process or been disqualified on any government procurement?  
 Yes  No

\* 1) when did the issue occur, 2) what was the cause, 3) has the issue been resolved or if not, what is the current status of the issue and 4) how is the issue being prevented in the future.

Document Name	Action	Uploaded Files
Vendor Responsibility Documentation - Q1	Upload	

- To upload a document, **click on the Upload Files** button or drag/drop files into the pop-up window. Once the green checkmark appears **click the Done** button.

PLEASE UPLOAD A DOCUMENT

\* Select File

Upload Files Or drop files

[Submit](#)

Upload Files

170 KB :2022-04-04 at 11.08.45 AM.p... ✓

1 of 1 file uploaded

[Done](#)

- Once the upload is complete, **click on the Submit** button.

PLEASE UPLOAD A DOCUMENT

\* Select File

Upload Files Or drop files

ot 2022-04-04 at 11.08.45 AM.png

[Submit](#)

- The attached document will appear in the *Uploaded Files* area with an option to download or delete the file from this question response.

\* Q10) Within the past five years, have you or any of your affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?  
 Yes  No

\* 1) when did the issue occur, 2) what was the cause, 3) has the issue been resolved or if not, what is the current status of the issue and 4) how is the issue being prevented in the future.

Document Name	Action	Uploaded Files
Vendor Responsibility Documentation - Q10	Upload	<a href="#">2022-04-04 at 11.08.45</a>

## Review Definition of Terms

1. To review definitions used on this page, select the **click here to view the Definition of Terms** button.

\* Q13) During the past three years, have you failed to file documentation requested by any New York State agency, public authority or other quasi-state entity, with the Attorney General of the State of New York, or with any other local, State or federal entity that has made a formal request for information? If yes, indicate the years you failed to file the requested information and the current status of the matter.

Yes  No

[Click Here to view the Definition of Terms](#)

2. Scroll down in the pop-up window to review the definition of terms and **click on the Close “X”** to return to Step 6.

**Definition of Terms:**

**Affiliate:** Not an employee.

**For-Profit:** SEE ASSOCIATED ENTITY

**Not-For-Profit:** Any business entity (not-for-profit or for-profit) which is entitled to exercise the membership rights of participation in the election of board members, participation and service on the committees of the not-for-profit and approval of changes to a business entity's governing documents, and any company or other legal entity which controls or is controlled by the not-for-profit business entity.

**Construction**

a. Any business entity in which the submitting Business Entity holds 5% or greater ownership interest; and/or

b. Any business entity or organized group of principal owners or officers holding 5% or greater ownership interest of the submitting business entity; and/or

c. Any business entity which is owned

i. 5% or more by the same entity or group described in (b) or

ii. by an individual holding 5% or greater ownership in the submitting business entity and/or

d. Any business entity in which the submitting Business Entity directs or has a right to direct such entity's daily operations, regardless of percentage of ownership interest.

## Mandatory Certification


1. Read through each of the certification statements.

**MANDATORY CERTIFICATION**

By signing my name below, I certify:

- I am authorized on behalf of the applicant and its governing body to submit this information.
- All of the information contained herein and all statements, data and supporting documents which have been made or furnished, are true and correct and complete to the best of my knowledge and belief.
- I recognize that this questionnaire is submitted for the express purpose of assisting New York State in making responsibility determinations regarding an award of contracts or grants or approval of a subcontract.
- I acknowledge that New York State will rely on such information disclosed by me.
- I acknowledge that New York State may, in its discretion, by means which it may so choose, verify the truth and accuracy of all statements made herein.
- I understand that if any change occurs in the information I have provided, that I will promptly notify the State via my licensor/regulator or borough office of such changes and that failure to notify the State of such changes will constitute cause of disapproval of any application or revocation of any agreement made with the State.
- I understand that any false statement or misrepresentation will constitute cause for disapproval of any application or revocation of any agreement made with the State upon which such information was relied.
- I further acknowledge that my submission of this document, knowing that it contains a false statement or false information, constitutes a crime under New York State law, and that I may be prosecuted and subject to a fine and/or a term of imprisonment if so convicted of such a crime.

2. **Complete all of the required fields** including the *Signature of Authorized Official*, *Printed Name of Authorized Official* and *Address*.

* Enter your DBA name or another name your entity is known by.	* Signature of Authorized Official
<input type="text"/>	<input type="text"/>
* Printed Name of Authorized Official	Date
<input type="text"/>	04-04-2022 
* Address	* City
<input type="text"/>	<input type="text"/>
* State	* Zip Code
<input type="text"/>	<input type="text"/>

3. **Click on the Save and Next** button to continue.

<input type="button" value="Previous"/>	<input type="button" value="Save And Next"/>
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