



**Department of
Civil Service**

Formal Offer Letter

IFB entitled:
"Application Management System"

[TO BE COMPLETED ON OFFEROR'S LETTERHEAD]

Employee Benefit Card Procurement Manager
NYS Department of Civil Service
Empire State Plaza, Swan Street Building, Core 1
Albany, NY 12239

Date:

RE: IFB entitled: "Application Management System"
Firm Offer to the State of New York

[INSERT OFFEROR NAME] hereby submits this firm and binding offer ("Proposal") to the State of New York in response to New York State Department of Civil Service IFB entitled "Application Management System" (IFB). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced IFB and in the manner set forth in the IFB.

[INSERT OFFEROR NAME] accepts the terms and conditions as set forth in IFB; as well as the terms and conditions set forth in IFB Appendices A through E and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in the IFB as set forth in the IFB for the Project Services as bid.

[INSERT OFFEROR NAME] agrees to execute a standardized contractual agreement and accepts as non-negotiable the terms and conditions set forth in Appendix A.

[INSERT OFFEROR NAME] further agrees, if selected, to comply with the provisions of 1) the Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) Sections 57 and 220 of the New York State Workers' Compensation Law.

This formal offer will remain firm and non-revocable for a minimum period of 180 days from the Proposal Due Date and Time as set forth in the IFB. In the event that a contract is not approved by the NYS Comptroller within the 180 day period, this offer shall remain firm and binding beyond such until a contract is approved by the NYS Comptroller, unless **[INSERT OFFEROR NAME]** serves the New York State Department of Civil Service "Department" with written notice of its Proposal withdrawal.

Legal Business Name of Company Bidding: _____

D/B/A - Doing Business As (if applicable): _____

Address Street City State Zip: _____

NYS Vendor Identification Number (see NYS vendor file registration clause): _____

Federal Tax Identification Number (do not use social security number): _____

If applicable, place an "x" next to each that apply:

NYS Small Business: _____

Vendor Responsibility Questionnaire Filed Online: Yes _____ No _____

Minority-owned Business Enterprise (MBE): _____

Woman-owned Business Enterprise (WBE): _____

Service-Disabled Veteran-Owned Business (SDVOB): _____

ATTACHMENT 2



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The undersigned affirms and swears as to the truth and veracity of all documents included in the bid submission.

Signature: _____ **Title:** _____

PRINT SIGNATORY'S NAME: _____ **Date:** _____

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT
STATE OF }

Sworn Statement:

COUNTY OF }

On the _____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that they maintain an office at
Town of _____
County of _____, State of _____; and further that:

____ **(If an individual):** they executed the foregoing instrument in his/her name and on his/her own behalf.

____ **(If a corporation):** they are the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, they are authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, they executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

____ **(If a partnership):** they are the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, they are authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, they executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

____ **(If a limited liability company):** they are a duly authorized member of _____, LLC, the limited liability company described in said instrument; that, they are authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, they executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public: _____ **Date:** _____