

Offeror Attestations Form - RFP entitled: "New York State Health Insurance Program Banking Services"

A representative of the Offeror who is legally authorized to bind the Offeror must complete and sign the Offeror Attestations Form and provide all requested information.

Name of Business Entity Submitting Bid:				
Entity's Legal Form:		Corporation Partnership Sole Proprietorship Other		
No.	RFP Ref.	RFP Requirement:		
1.	Section 1.4(1)	At time of Proposal Due Date, Offeror represents and warrants that it: possesses does not possess the legal capacity to enter into a contract with the Department.		
2.	Section 1.4(2)	 At time of Proposal Due Date, the Offeror represents and warrants that it: possesses the authorization to conduct business in New York State. does not possess the authorization to conduct business in New York State. does not possess the authorization to conduct business in New York State. does not possess the authorization to conduct business in New York State. does not possess the authorization to conduct business in New York State. does not possess the authorization to conduct business in New York State. does not possess the authorization to conduct business in New York State. 		
3.	Section 1.4(3)	At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest has completed, obtained or performed all registrations, filings, approvals, authorizations, consents and examinations required by any governmental authority for the provision of the delivery of Project Services (as detailed in Section 3 of this RFP) and agrees that it will, during the term of the Contract, comply with any requirements imposed upon it by law or regulation		

NEW YORK STATE OF OPPORTUNITY. Civil Service		Department of Civil Service	Offeror Attestations Form - RFP entitled: "New York State Health Insurance Program Banking Services"	
4.	Section 1.4(4)	 At time of Proposal Due Date, Offeror represents and warrants that it: attests acknowledges and agrees subject to the non-material deviation listed in Attachment 8 does not attest is a commercial bank or trust company chartered under Article III of New York Banking Law, or a national bank. The Offeror must possess and the Contractor must maintain throughout the term of the Agreement the authority to accept Deposits held in the name of the State of New York. At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest is a member of the National Automated Clearing House Association (NACHA). At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest is a both an Originating Depository Financial Institution (RDFI) – able to both initiate and receive Automated Clearing House (ACH) entries. 		
5.	Section 1.4(5)			
6.	Section 1.4(6)			
7.	Section 1.4(7)	it: attests does not attest agrees to pledge companies with th statistical rating of depository accour deemed appropria		
8.	Section 1.4(8)	 At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest has a current long-term rating of C+ or better from at least two out of three rating agencies (S&P, Moody's and Fitch). 		

STATE OF OPPORTUNITY. Department of Civil Service		epartment of ivil Service	Offeror Attestations Form - RFP entitled: "New York State Health Insurance Program Banking Services"		
9.	Section 1.4(9)	At time of Proposal Due Date, Offeror represents and warrants that it: attests acknowledges and agrees subject to the non-material deviation listed in Attachment 8 does not attest will have on file with the Office of the State Comptroller (OSC), and maintain throughout the term of the Agreement, a State of New York Undertaking for Bank Deposits and Assignment of Securities (Attachment 6). At time of Contract execution, Offeror represents and warrants that it: attests acknowledges and agrees subject to the non-material deviation listed in Attachment 8 does not attest maintains a processing site(s) which must be located in the continental United States (CONUS). All data and confident information must be processed, stored, and accessed exclusive within the CONUS.			
10.	Section 1.4(10)				
11.	Section 1.4(11)	At time of Proposal it: attests does not attest possesses adequa organizational cap of work specified i capable of perform rendered by the C past one (1) year. Subcontractor or a warrant that the S organization capa	Due Date, Offeror represents and warrants that ate staffing resources, financial resources and bacity to perform the type, magnitude and quality in the RFP and it has maintained an organization ning that portion of Project Services to be Offeror in continuous operation for at least the If the Contractor is proposing the use of a Affiliate, the Offeror must also represent and ubcontractor or Affiliate has maintained an ble of performing that portion of Project Services the Subcontractor or Affiliate.		
12.	Section 3.1	At time of Proposal it: attests acknowledges and listed in Attachme does not attest will comply with al	Due Date, Offeror represents and warrants that d agrees subject to the non-material deviation		

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13.	Section 3.2	 At time of Proposal Due Date, Offeror represents and warrants that it: attests acknowledges and agrees subject to the non-material deviation listed in Attachment 8 does not attest will comply with all specific duties and responsibilities set forth in Section 3.2 of this RFP, entitled "Reporting". At time of Proposal Due Date, Offeror represents and warrants that it: attests acknowledges and agrees subject to the non-material deviation listed in Attachment 8 does not attest will comply and agrees subject to the non-material deviation listed in Attachment 8 does not attest will comply with all specific duties and responsibilities set forth in Section 3.3 of this RFP, entitled "Transition and Termination of Contract". 		
14.	Section 3.3			



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Sworn Statement:

CERTIFICATION:

The Offeror: (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; and (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete

Signature:	
Titlo	

PRINT SIGNATORY'S NAME: _____ Date: _____

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

COUNTY OF }

On the	_ day of		in the year 20	, before me		
personally appea	red			, known to		
me to be the pers	me to be the person who executed the foregoing instrument, who, being duly sworn by					
me did depose ar	nd say that _he mair	ntains an office a	ıt			
Town						
of						

County of ______, State of _____; and further that:

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

____ (If a corporation): _he is the

____ of

______, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he 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): _he is the

_____ of _____, the partnership described in said



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instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he 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): _he is a duly authorized member of

______, LLC, the limited liability company described in said instrument; that, _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he 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: _____