

# ATTACHMENT 3



Department of  
Civil Service

## Formal Offer Letter

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

NYS Department of Civil Service  
Agency Building 1, 17<sup>th</sup> Floor  
Empire State Plaza  
Albany, New York 12239

**RE: RFP entitled "CLINICAL LABORATORY SERVICES"**

**Firm Offer to the State of New York**

**[INSERT OFFEROR NAME]** ("Offeror") hereby submits this firm and binding offer ("Proposal") to the State of New York in response to New York State Department of Civil Service Request for Proposals entitled "Clinical Laboratory Services" (RFP). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in the RFP.

**[INSERT OFFEROR NAME]** accepts the terms and conditions as set forth in RFP; as well as the terms and conditions set forth in RFP Appendices A through C, and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in the RFP, including providing all Project Services detailed in Section 3 of the RFP.

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 RFP. 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.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of **[INSERT OFFEROR NAME]** and possesses the legal authority and capacity to act on behalf of **[INSERT OFFEROR NAME]** to execute a contract with the State of New York.

Except as otherwise set forth in an attached document (if any), the undersigned affirms that s/he is unaware of the existence of, or potential for conflict of interest on the part of the Offeror due to prior, current, or proposed contracts, engagements, or affiliations.

The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the Department's procedures regarding permissible contacts as required thereby.

The Offeror certifies that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate.

Legal Business Name of Offeror: \_\_\_\_\_

ATTACHMENT 3



Department of  
Civil Service

**Formal Offer Letter**

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

Address Street City State Zip: \_\_\_\_\_

NYS Vendor Identification Number: \_\_\_\_\_

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

**Offeror's Project Manager's contact information**

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**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): \_\_\_\_\_

(remainder of this page intentionally left blank)

ATTACHMENT 3



Department of Civil Service

Formal Offer Letter

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

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 \_he maintains an office at 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 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: \_\_\_\_\_