

Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

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; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		
Entity's Legal Form:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date and throughout the term of the Contract, Offeror represents and warrants that it: <input type="checkbox"/> is <input type="checkbox"/> is not Authorized to conduct business in New York State. If not authorized to conduct business in New York State at time of Proposal Due Date, the Offeror represents and warrants that it: <input type="checkbox"/> has <input type="checkbox"/> has not Filed an application for authority to do business in New York State with the New York State Secretary of State.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> does <input type="checkbox"/> does not understand and agrees to comply with all specific duties and responsibilities set forth in Section IV of this RFP
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> has <input type="checkbox"/> has not completed, obtained or performed all registrations, filings, approvals, authorizations, consents and examinations required by any governmental authority for the provision of the delivery of Program Services and agree that it will, during the term of the Contract, comply with any requirements imposed upon it by law.

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4.	Section III.B.4	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> agrees and acknowledges <input type="checkbox"/> does not agree and acknowledge i. all claims, enrollment, and other data (i.e., materials) provided by the Department or the Department's agents and/or contractors is being provided to the Offeror ("Contractor") solely for the purpose of allowing the Contractor to fulfill its duties and responsibilities under the Contract; ii. said materials are and remain the sole property of NYS; and iii. that it will not share, sell, release, or make the data available to third parties in any manner without the written consent of the Department, except as directed by a court of competent jurisdiction, or as necessary to comply with applicable New York State or federal law.
5.	Section III.B.5	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> does <input type="checkbox"/> does not possess adequate staffing resources, financial resources and organizational capacity to perform the type, magnitude and quality of work specified in the RFP.
6.	Section III.B.6	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> has <input type="checkbox"/> has not filed and been approved to issue a stand-alone Paid Family Leave policy with the New York State Department of Finance as provided under Title 11 NYCRR Parts 363.4(c) and 363.6 (b)(1), no later than the proposal due date for this RFP.
7.	Section III.B.7	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> has <input type="checkbox"/> has not has an Insurer Financing Strength Rating from A.M. Best Company of "A" or better at the time of Proposal submission.

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Date: _____

Signature

[INSERT OFFEROR NAME]
[INSERT TITLE]
[INSERT COMPANY NAME]

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____ }

: **SS.:**

COUNTY OF _____ }

On the ____ day of _____ in the year 2018, 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 resides at
_____, Town of _____,
County of _____, State of _____; and further that:

[Check One]

(___ **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 the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public