

| Application for Competitively Bid Contract | |
|---|--|
| Grant Amount Requested: \$ | 1. Project Title |
| 2. Lead Organization Name & Address | 3. County(ies) to be Served |
| | <ul style="list-style-type: none"> • • • • |
| 4. Telephone & Fax Number | 5. Federal Payee ID #: |
| 6. Charities Registration # or Exemption Category Code: | 7. Incorporated in (year) under (State) law. |
| 8. If New York State Certified (check classification) | |
| Minority Business Enterprise <input type="checkbox"/> Woman Business Enterprise <input type="checkbox"/> | |
| Type of Ownership Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> | If Corporation, please describe type: _____ (e.g., Nonprofit, For-Profit, Educational, Business, etc.) |
| No. of Employees | |

A. *Non-Sectarian use of Funds:* Are any of your purposes sectarian (for the advancement of any religion)?

NO YES

(If yes, please state if funds to be received from New York State will be used for a purely secular purpose.)

B. *Compliance with Attorney General's Charities Bureau:* Have you filed with the Attorney General's Charities Bureaus all required periodic or annual written reports on a timely basis?

NO YES

C. *Contracts with New York State Entities:* Have you had any current or prior contracts with any New York State department, agency, board or commission?

NO YES

(If yes, please attach a listing of the name of the agency or other subdivision of New York State which signed the contract, as well as the contract name and number.)

If you have any current or previous contracts with the Department, have you met your M/WBE goals?

NO YES

D. *Litigation/Lawsuits*: Have you ever been involved in any litigation or lawsuit concerning any of the above New York State contracts or any contracts with any subdivision of local government or a private sector firm in New York State?

NO YES

(If yes, please attach a description of the lawsuit and its outcome, if any.)

E. *Previous New York State Employment*: Are you, or any partners or officers currently employed or have been employed by the State of New York?

NO YES

(If yes, attach a listing of all positions held giving title, date(s) and place(s) of employment.)

F. *Compliance with New York State Policy*: I (we), the undersigned, affirm that I am (we are) willing to comply with all the conditions set forth in the Request for Proposals, specifically those set forth in "Appendix A, Standard Clauses for all New York State Contracts," "Appendix C, New York State Department of Labor's General Terms and Conditions," attached and made part hereof and all the statutes and regulations pertaining thereto.

I (We), the undersigned, attest that I am (we are) authorized to bind the bidder to the provisions of the attached proposal and that such provisions will remain valid for at least one-hundred and twenty (120) days from the proposal due date.

NAME AND TITLE OF INDIVIDUAL OR FIRM'S OFFICER AUTHORIZED TO SIGN CONTRACT:

(Please print or type)

(Title)

Date: _____ Signature: _____

NAME and TITLE OF PROJECT DIRECTOR (IF DIFFERENT FROM ABOVE):

(Please print or type)

(Title)

Date: _____ Signature: _____