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Attachment 1
Bidder Information

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YOU ARE INVITED TO SUBMIT YOUR QUALIFICATIONS TO PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK FOR RFP SU-061515. OFFERORS MUST SUBMIT THE FOLLOWING:

1. Attachment 2- Encouraging Use of New York State Businesses in Contract Performance form
2. Proposal
3. MWBE Form 107 – MWBE Utilization Plan (http://www.suny.edu/sunypp/lookup.cfm?lookup_id=618)

IF YOU ARE NOT SUBMITTING A PROPOSAL, PURCHASE COLLEGE REQUESTS THE FOLLOWING:
1. Respond "No Bid will be submitted" and state your reason(s).
2. Return only this page to the Issuing Office address on Page 2.

OFFERORS PLEASE RESPOND TO THE FOLLOWING INQUIRIES AND/OR CERTIFICATIONS:

1. Does your firm agree that all presentations and materials will be free from racial, religious, or sexual bias?
YES: _____ NO: _____

2. Are you a New York State (NYS) resident business? YES: _____ NO: _____

3. Total number of people employed by firm: _____

4. Total number of people employed by firm in NYS: _____

5. Is your firm a NYS Minority-owned Business? YES: _____ NO: _____
NYS Certified? YES: _____ NO: _____

6. Is your firm a NYS Women-owned Business? YES: _____ NO: _____
NYS Certified? YES: _____ NO: _____

7. Please indicate if you or any officer of your organization, or any party owning or controlling more than 10 percent of your stock if you are a corporation, or any member if you are a firm or association, is an officer or employee of the State of New York or of a public benefit corporation of the State of New York.
YES: _____ NO: _____

8. In accordance with State Finance Law §§ 139-j and 139-k, please certify that all information provided to Purchase College with respect to State Finance Law §§ 139-j and 139-k is complete, true and accurate.

9. Will New York State (NYS) businesses be used in the performance of this contract? YES: _____ NO: _____

FIRM'S NAME: _____

ADDRESS: _____

EMPLOYER'S FEDERAL ID NUMBER: _____

Telephone Number: (___) _____ Fax Number: (___) _____

E-mail Address: _____

_____

BIDDER'S NAME / TITLE:

_____

BIDDER'S SIGNATURE / DATE: