

ATTACHMENT 3 SUBMISSION CHECKLIST

Invitation For Bids (IFB) # 1085 Qualified Individual Services

This submission checklist is optional and is not required to be included in your proposal. Please see IFB **Section 2.2 Packaging of IFB Response, Required Contents of Bid Proposal** for additional information.

Complete	Requirement
<input type="checkbox"/>	OCFS-0910 Request for Bid Form <u>AND</u> Attachment <ul style="list-style-type: none"> The attachment has a table to indicate region(s) and proposed hourly rate(s).
<input type="checkbox"/>	Attachment 1 – Bidder’s Certified Statements <ul style="list-style-type: none"> Pay close attention to the responses in Section Two: Minimum Qualifications and Section Three: Bidder’s Acknowledgement of Bid Requirements.
<input type="checkbox"/>	Provide three (3) professional references, one of which must have been received within the past 12 months <ul style="list-style-type: none"> Use of Attachment 2 – References Template is <u>optional</u>. You may use your own format if desired.
<input type="checkbox"/>	OCFS-4822 Offerer Certification Form
<input type="checkbox"/>	OCFS-4715 Data Sharing Confidentiality Non-Disclosure Agreement
<input type="checkbox"/>	OCFS-4716 Contractor Employee and Volunteer Background Certification <ul style="list-style-type: none"> This form must be notarized. Please retain the hardcopy for contract development with the selected awardees.
<input type="checkbox"/>	OCFS-2647 EO 177 Certification
<input type="checkbox"/>	A curriculum vitae or resume that demonstrates that the applicant worked for, or was under contract with, a juvenile justice/child welfare program in their professional capacity as a licensed clinician for a minimum of two (2) years within the last fifteen (15) years. For organizations proposing multiple clinicians to provide IFB services, a curriculum vitae or resume must be provided for each individual who is proposed to provide services.
<input type="checkbox"/>	Copy of candidate’s clinician license or if an organization with multiple service providers, copies of licenses for all clinicians the bidder is proposing to provide the services required under this IFB.
<input type="checkbox"/>	If the offeror is not an individual clinician, offeror must provide proof of malpractice insurance.
<input type="checkbox"/>	Vendor Responsibility Questionnaire (online certification is acceptable)

Upon satisfactory completion, these required documents must be submitted to the Procurement Unit electronically via email to RFP@ocfs.ny.gov and received by the **Bid Due Date & Time** indicated in IFB **Section 1.3 Calendar of Events** in accordance with the instructions in IFB **Section 2.1 Instructions for Bid Submission**.