

**Request for Qualifications (RFQ) #1057
Low Vision Examination and Low Vision Prescription Services**

Date: _____

Director of Contracts
Office of Children & Family Services
52 Washington Street
Room 202S – Procurement Unit
Rensselaer, NY 12144
RFP@ocfs.ny.gov

To whom it may concern:

On behalf of my organization, I hereby inform you of our eligibility and interest in the above referenced RFQ and hereby submit this LOI to the Office of Children and Family Services in response.

I am one of the following: (check one)

Individual or Organization

I certify that I meet one of the following requirements: (check one)

Licensed Ophthalmologist (you must attach your license), or

Licensed Optometrist who is certified as a low vision specialist by the New York Optometric Association (NYSOA) <http://www.nysoa.org/index.php>. (you must attach your license and proof of certification)

I agree to both of the following statements: (check both)

I agree to accept NYSCB Low Vision Examination Rates and Low Vision Device Rates as specified in the Low Vision Guidelines and Payment Terms section of the RFQ announcement, and

I confirm that I have attached the required copy of my license and low vision specialist certification (as applicable)

Attachment 1 – Letter of Interest

I hereby certify the information contained in our Letter of Interest is correct and in compliance with all applicable State and Federal laws, rules and regulations, and that I am the authorized representative to submit this Letter of Interest.

Sincerely,

Print Name: _____

Signature: _____

Title: _____

Email: _____

Phone: _____

Address: _____

Organization: _____

FEIN/TIN: _____

Date: _____

Please indicate the name and email address of an additional contact person below:
