



**Application for Contract – Amendment/Renewal/Single or Sole Source/Purchase Orders**

Contract Procurement Number:

**Vendor Responsibility Questionnaire Requirement, check the appropriate box:**

Certified, within the last 6 months, and filed the Vendor Responsibility Questionnaire online via the New York State VendRep System.

**OR**

Included a properly executed paper copy of the Vendor Responsibility Questionnaire with the Contract.

**OR**

Not Applicable (check this box for procurements less than \$50,000)

**Procurement Lobbying Law Provision of State Finance Law Sections 139-j and 139-k 139-k (5):**

**Contractor Disclosure of Contacts Form  
Procurement Lobbying Law – Form 1**

This form shall be completed and submitted with your bid, proposal, or offer. Failure to complete and submit this form shall result in a determination of non-responsiveness and disqualification of the bid, proposal, or offer. If at the time of submission of this form, the specific name of a person authorized to attempt to influence a decision on your behalf is unknown, you agree to provide the specific person's information when it is available. You also agree to update this information during the negotiation or evaluation process of this procurement, and throughout the term of any contract awarded to your company pursuant to this bid, proposal, or offer.

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**Section 1:**

Is this an initial filing in accordance with the Procurement Lobbying Law or an updated filing in accordance with the Procurement Lobbying Law? (Please check):  Initial filing  Updated filing

If at the time of this filing no person or organization was retained, employed or designated by or on behalf of the bidder to attempt to influence the procurement process, check here:

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**Section 2: This section must only be completed if your firm or business has retained, employed, or designated by or on behalf of the prospective bidder/contractor to appear before or contact the Governmental Entity to attempt to influence the procurement:**

Name and Address:

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Telephone Number:

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Place of Primary Employment:

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Occupation:

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Does the above named person or organization have a financial interest in the procurement?  
 Yes  No

**Procurement Lobbying Law Provision of State Finance Law Sections 139-j and 139-k  
139-k (5):**

**Prospective Bidder/Contractor Disclosure of Prior Non-Responsibility Determinations**

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

Name and Title of Person Submitting this Form:

Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous five years?  No  Yes

If yes to above, please answer the following questions:

Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139?  
 No  Yes

Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Government Entity?  
 No  Yes

**If yes to above, please provide details regarding the finding of non-responsibility below:**

Government Entity:

Date of Finding of Non-Responsibility:

Basis of Finding of Non-Responsibility: (Add additional pages if necessary.)

**Procurement Lobbying Law Provision of State Finance Law Sections 139-j and 139-k 139-k (5):**

Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information?  No  Yes

**If yes to above, please provide details below:**

Governmental Entity:

Date of Termination or Withholding of Contract:

Basis of Termination or Withholding: (Add additional pages as necessary)

Prospective bidder/contractor affirms that it understands and agrees to comply with the procedures of the Governor's Office of Employee Relations relative to permissible contacts during the restricted period as required by State Finance Law Sections 139-j (3) and 139-j (6) (b). I also certify that all information provided to the Governor's Office of Employee Relations with respect to State Finance Law Section 139-k is complete, true, and accurate.

**GOER/Labor-Management Committees Designated Contact(s) During Restricted Period are:**

Your signature below attests to your agreement with all of the above provisions.

**By:**

**(signature required)**

**Date:**

**Name/Title:**

**Contractor Name:**

Please complete the section below when entering into a new contract agreement or when amending a contract and the firm's authorized signature has changed:

***I (We), the undersigned, attest that I am (we are) authorized to bind the bidder to the provisions of the attached proposal.***

Name/Title of Individual or Firm's Officer Authorized to Sign Contract:

Name/Title of Project Director (If different from above.):