

**COMPLIANCE WITH EXECUTIVE ORDER 127**

New York State Executive Order Number 127 (EO 127) provides for increased disclosure in the public procurement process through identification of persons or organizations whose function is to influence procurement contracts, public works agreements and real property transactions.

A procurement is any contract, agreement or subsequent amendment involving an annualized expenditure in excess of \$15,000.00, but does not include those contracts that by law must be awarded to the lowest responsible bidder or based on the lowest price.

LMDC is obligated to obtain identifying information on every person or organization retained, employed or designated by or on behalf of the contractor to attempt to influence the procurement process. LMDC is obligated to collect information on whether such person or organization has a financial interest in the procurement. This obligation is on-going, and survives the awarding of the contract.

In addition, EO 127 mandates consideration of whether a contractor has intentionally provided false or incomplete information under such Order within the last five years, and whether a contractor has failed to timely disclose accurate and complete information or otherwise cooperate in the implementation of the Order. LMDC is precluded from awarding a procurement contract to a contractor with a finding of non-responsibility under the Order unless it makes a finding, on the record, that such contract is in the best interests of the State, notwithstanding the prior finding of non-responsibility.

Please complete and submit the attached Contractor Disclosure of Contracts Form and Contractor Disclosure of Prior Non-Responsibility Determinations with your proposal.

Attachments

Contractor Disclosure of Contracts Form

Contractor Disclosure of Prior Non-Responsibility Determinations

## **Contractor Disclosure of Contracts Form**

This form shall be completed and submitted with your bid/proposal or offer in accordance with Executive Order Number 127 (EO 127). 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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RFP / RFQ (title): \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Submitting this Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate below if this is an initial filing in accordance with Section II, paragraph 1 of EO 127 or an updated filing in accordance with Section II, paragraph 2 of EO 127? (Please circle):

Initial filing

Updated filing

The following person or organization was retained, employed or designated by or on behalf of the Contractor to attempt to influence the procurement process:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Place of Principal Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Does the above named person or organization have a financial interest in the procurement? (Please circle)    yes            no

Attach and label additional sheets with detail if necessary.

**RFPQ Attachment 5**

**Contractor Disclosure of Prior Non-Responsibility Determinations**

RFP / RFQ (Title): \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Submitting this Form: (Print / Type) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has any covered agency or authority made a finding of non-responsibility regarding the Contractor in the last five years? (Please circle):

No Yes

If yes, was the basis for the finding of the Contractor's non-responsibility due to the intentional provision of false or incomplete information required by Executive Order Number 127? (Please circle):

No Yes

If yes, please provide details regarding the finding of non-responsibility below.

Covered Agency or Authority: \_\_\_\_\_

Month and Year of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

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Has any covered agency or authority terminated a procurement contract with the Contractor due to the intentional provision of false or incomplete information required by Executive Order Number 127? (Please circle):

No Yes

Attach and label additional sheets with detail if necessary.