

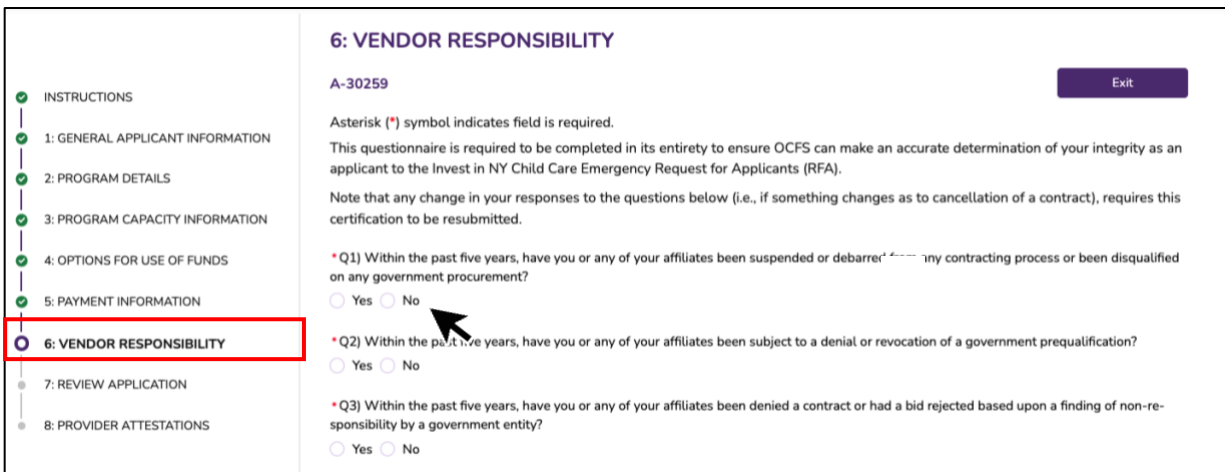
# Step 6: Vendor Responsibility

This user guide shows how to complete *Step 6: Vendor Responsibility* in the child care deserts grant application. Step 6 is a questionnaire required to be completed in its entirety to ensure OCFS can make an accurate determination of your integrity as an applicant to the *Invest in NY Child Care Emergency Request for Applicants (RFA)*.

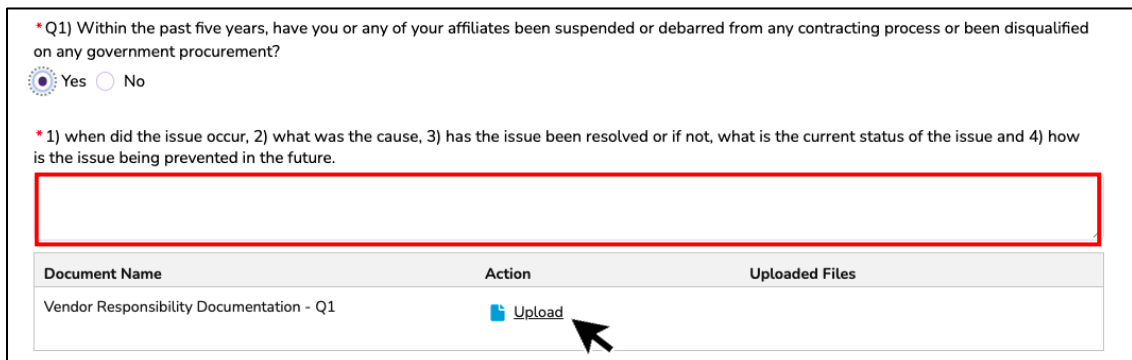
- [Complete Yes or No Questions](#)
- [Review Definition of Terms](#)
- [Mandatory Certification](#)
- [Open and Operating Selection](#)

## Complete Yes or No questions

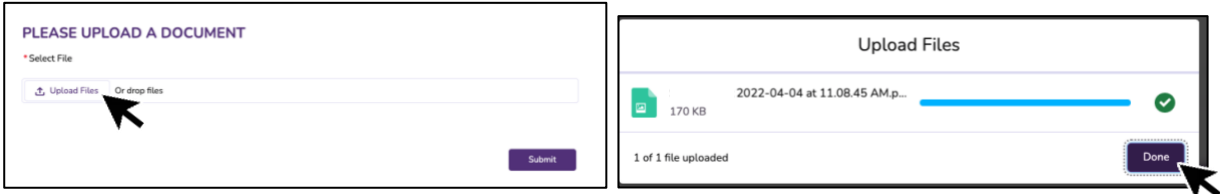
1. **Read each of the questions and Select Yes or No** to each of the thirteen questions on the questionnaire.



- If **Yes** is selected for any of these questions, additional information and possibly documentation is required to continue. **Type in responses** to each of the four follow up questions into the provided text box. To add documentation through file attachments, **click on the Upload** button.



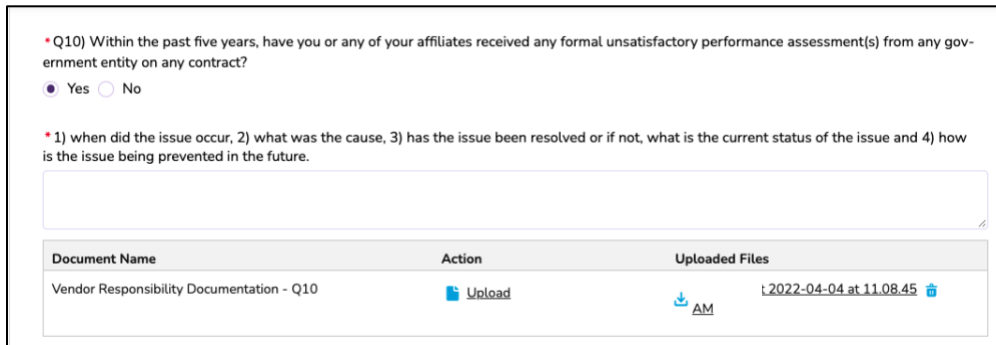
- To upload a document, **click on the Upload Files** button or drag/drop files into the pop-up window. Once the green checkmark appears **click the Done** button.



- Once the upload is complete, **click on the Submit** button.

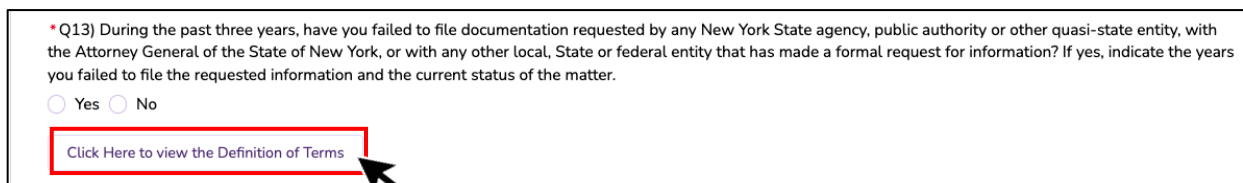


- The attached document will appear in the *Uploaded Files* area with an option to download or delete the file from this question response.

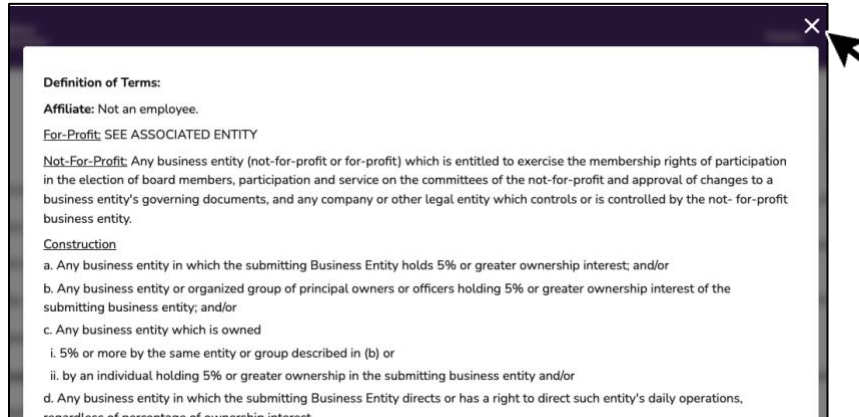


## Review Definition of Terms

- To review definitions used on this page, select the **click here to view the Definition of Terms** button.



2. Scroll down in the pop-up window to review the definition of terms and **click on the Close “X”** to return to Step 6.



## Mandatory Certification

1. Read through each of the certification statements.

**MANDATORY CERTIFICATION**

By signing my name below, I certify:

- I am authorized on behalf of the applicant and its governing body to submit this information.
- All of the information contained herein and all statements, data and supporting documents which have been made or furnished, are true and correct and complete to the best of my knowledge and belief.
- I recognize that this questionnaire is submitted for the express purpose of assisting New York State in making responsibility determinations regarding an award of contracts or grants or approval of a subcontract.
- I acknowledge that New York State will rely on such information disclosed by me.
- I acknowledge that New York State may, in its discretion, by means which it may so choose, verify the truth and accuracy of all statements made herein.
- I understand that if any change occurs in the information I have provided, that I will promptly notify the State via my licensor/regulator or borough office of such changes and that failure to notify the State of such changes will constitute cause of disapproval of any application or revocation of any agreement made with the State.
- I understand that any false statement or misrepresentation will constitute cause for disapproval of any application or revocation of any agreement made with the State upon which such information was relied.
- I further acknowledge that my submission of this document, knowing that it contains a false statement or false information, constitutes a crime under New York State Law, and that I may be prosecuted and subject to a fine and/or a term of imprisonment if so convicted of such a crime.

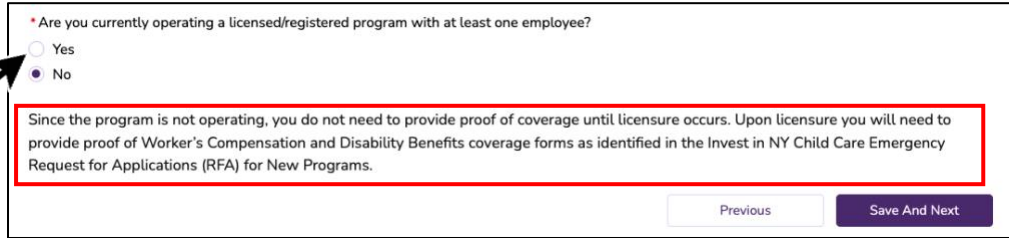
2. Complete all of the required fields.

<p>* Enter your DBA name or another name your entity is known by.</p> <input style="width: 95%;" type="text"/>	<p>* Signature of Authorized Official</p> <input style="width: 95%;" type="text"/>
<p>* Printed Name of Authorized Official</p> <input style="width: 95%;" type="text"/>	<p>Date</p> <input style="width: 95%; background-color: #f0f0f0;" type="text" value="04-04-2022"/>
<p>* Address</p> <input style="width: 95%;" type="text"/>	<p>* City</p> <input style="width: 95%;" type="text"/>
<p>* State</p> <input style="width: 95%;" type="text"/>	<p>* Zip Code</p> <input style="width: 95%;" type="text"/>

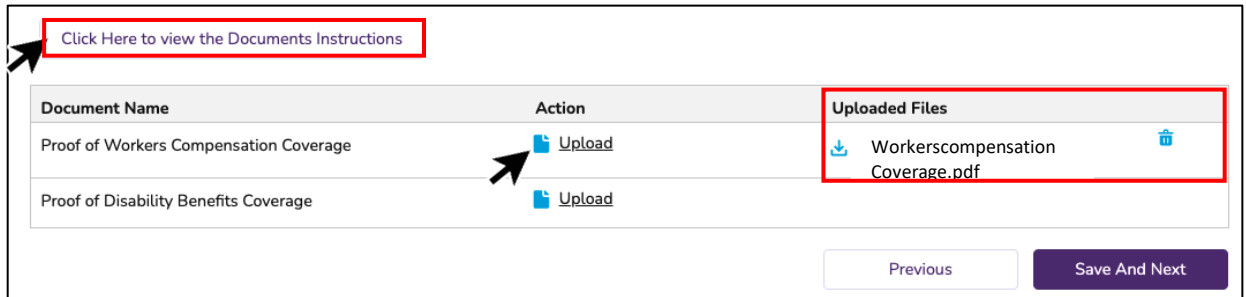
## Open and Operating Selection

1. **Select Yes or No** for the question, “are you currently operating a licensed/registered program with at least one employee?”

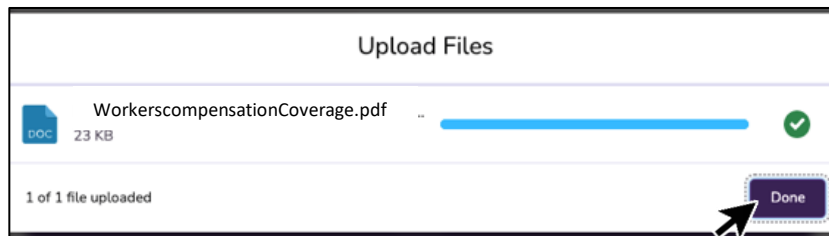
- If **No**, review the notice of proof upon licensure.



- If **Yes**, **click to view** the *Documentation Instructions* which contains correct documents to upload for proof of workers compensation coverage and proof of disability benefits coverage.
- **Click on the Upload** link under the Action area to upload documentation.



- **Follow the prompts to upload the files** and add to this section. The files will appear under the Uploaded Files area to view, download or delete.



2. **Click on the Save and Next** button to continue.

