

Notice to Individuals Submitting Applications

[Add Applicant Organization Name to the Header]

Request for Applications #

Title: Worker Health & Safety RFA
Bid Number: WHS RFA-#1
Application Filing Period: September 6, 2016 to January 31, 2017
Submit To: Milan Bhatt, Esq.
 Assistant Deputy Commissioner for Worker Protection
 Attn: WHS RFA-#1
 New York State Department of Labor
 75 Varick Street, 7th Floor
 New York, New York 10013

Pursuant to the provisions of Article XI of the State Finance Law or the State Printing Law, sealed applications will be received by the Department of Labor at the above address for furnishing the item(s) listed in this Request for Applications. When submitting an application, you must:

- Submit this sheet with your application using black ink. Write or type the name of your company on each page of your application.
- Sign the application. By signing, you indicate your express authority to sign on behalf of yourself or your company or other entity and full knowledge and acceptance of the Standard Clauses for All New York State Contracts and Amendments thereto and the Request for Applications. An authorized person must fully and properly execute the application.
- Hand-deliver or mail the application promptly in order for it to be received by the due date as stated in the Request for Applications. Late application packages will be rejected.

In order to fully and properly execute this quotation, the signature of an authorized person is required below. Failure to comply may constitute grounds for rejection of your application.

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| Name of Individual Submitting Application (please print) | Telephone Number: |
| | E-mail Address: |
| Company Name | Federal Employer Identification Number |
| Address (Number, Street, City, State, Zip Code, County) | |
| I expressly acknowledge and agree that this application constitutes a firm offer for one hundred twenty (120) days after the date of application opening. | |
| Signature and Official Title of Individual Submitting Application | Date |