

**STATE UNIVERSITY CONSTRUCTION FUND**  
**353 Broadway • Albany, New York 12246**

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

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

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Address:

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Name and Title of Person Submitting this Form:

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SUCF Project Number: \_\_\_\_\_

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

- |                                                                                                                                                                                                                                       |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 1. 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 four years?<br><i>If yes, please answer the next questions:</i> | No | Yes |
| 2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law Section 139-j:                                                                                                                         | No | Yes |
| 3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity?                                                                                  | No | Yes |
| 4. If you answered "yes" to any of the above questions, please provide details regarding the finding of non-responsibility below.                                                                                                     |    |     |

Governmental Entity: \_\_\_\_\_

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

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

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(Add additional pages as necessary)

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

6. If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

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(Add additional pages as necessary)

Offeror certifies that all information provided to SUCF with respect to State Finance Law Section 139-k is complete, true and accurate.

By: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*