

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:

Address:

Name and Title of Person Submitting this Form:

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?
<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: _____

(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: _____

(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