

Request for Proposals: OHEHR 2026-02
Proposal Cover Page and Attestation: Attachment 1

Consultant/Organization Name:

Organization's Federal ID Number:

Unique Entity Identifier (UEI):

DUNS Number:

Mailing Address:

Contact's Name:

Contact's Email:

Phone/Fax:

Component: (Please note: A separate proposal form and matrix must be completed for each component)

Proposal Signature:

Proposal Date:

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Attestation to Minimum Qualifications

Consultants must answer all questions below. Failure to answer any question will result in a disqualification of the bid submission. A narrative for how you meet each minimum qualification is required.

1. My organization has a minimum of five years of demonstrated experience in the development and execution of trainings, qualitative and quantitative data collection (i.e. focus groups, organizational surveying), and/or related activities for the purpose of advancing health equity within an organization or entity (public or private sector) with more than 500 full-time employees.

Circle, check, or highlight: Yes or No

Please state how you meet this minimum qualification (do not exceed 500 words):

2. At the time of proposal submission, my organization is registered as an incorporated entity with the Secretary of State OR has authority to conduct business in New York State (further information can be obtained from the New York State Department of State at: <https://dos.ny.gov>).

Circle, check, or highlight: Yes or No

Please state how you meet this minimum qualification (do not exceed 500 words):

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Printed Name:

Attestation Signature:

Date: