



Disclosure of Prior Findings of Non-responsibility Form
(Mandatory)

Form with fields for: Name of Individual or Entity seeking to enter the procurement contract; Address; Date; Solicitation or Agreement Number; Name and Title of Person Submitting this Form; Three Yes/No questions regarding non-responsibility findings; Government Agency or Authority; Date of Finding of Non-responsibility.

Basis of Finding of Non-responsibility: (Add additional pages as necessary)

Has any Government al 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? (Please indicate with an "X")		Yes
		No

If you answered yes, please provide details below.

Government Agency or Authority:

Date of Termination or Withholding of Contract:

Basis of Termination or Withholding: (Add additional pages as necessary)

Offerer certifies that all information provided to NYSERDA with respect to State Finance Law §139-k is complete, true, and accurate.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Name: \_\_\_\_\_ Title: \_\_\_\_\_