

**Attachment A- Proposer Eligibility Questionnaire**  
**NADAP IT Request for Proposals - December 2022**

*Please complete all information.*

1. Proposer's Company Name:
2. Proposer's Company Owners:
3. Proposer's Business Formation  
LLC ☐ Partnership ☐ Corporation ☐
4. Address:
5. City, State & Zip:
6. Telephone Number:
10. Website Address:
7. Proposer's Contact Person:
11. Contact Email Address:
8. Title:
12. Tax ID #:
9. Phone Number:
13. Dun & Bradstreet #:
14. To be eligible to submit a proposal, your company is required to meet the established criteria and answer the questions below:
  - i. How many years of experience does your company have in providing a full range of outsourced Managed IT services?  
**The minimum amount of experience required is five (5) years.**
  - ii. How many clients does your company have in which managed IT services are provided to two hundred (200) or more users?  
**Proposer must have at least one client with two hundred users.**
  - iii. How many total users does your company support in providing outsourced managed IT services?  
**Proposer must currently support a minimum of five hundred (500) total users.**
  - iv. Does your company maintain a business office in the New York metropolitan area and have the ability for your IT staff to reach any NADAP office within one hour?  
Yes ☐ No ☐

If yes, specify the office address:

- v. Does your company have employees certified in the following:

VMware: Yes ☐ No ☐

Cisco: Yes ☐ No ☐

Microsoft: Yes ☐ No ☐

Azure Cloud Yes ☐ No ☐

Add Other Certifications:

15. Has Proposer defaulted on any New York City or State Government contract within the past seven (7) years?

Yes ☐ No ☐

16. Has the Proposer been found guilty of Medicaid fraud or listed on the Exclusion List of the New York State Office of Medicaid Inspector General (OMIG).

Yes ☐ No ☐

17. Has the Proposer declared bankruptcy within the past seven (7) years?

Yes ☐ No ☐

18. Provide your company's credit rating:

19. Does the Proposer meet the following insurance requirements?

- i. **Commercial General Liability Insurance**, including Contractual Liability (to specifically include coverage for the indemnification clause of the Indemnity Agreement), Products & Completed Operations Liability, Personal and Advertising Injury Liability, written on an occurrence form, with combined bodily injury and property damage limits of liability of no less than \$5,000,000 per occurrence, \$5,000,000 General Aggregate, \$5,000,000 Personal & Advertising Injury and \$5,000,000 Products and Completed Operations liability with an aggregate limit per project. Products & Completed Operations coverage shall be maintained for two (2) years after completion of the work. The limits of liability can be provided in a combination of a Commercial General Liability policy and an Umbrella Liability policy, which is written on a no less than follow form basis. The policy should be written on form CG 00 01 07 98 or

its equivalent and shall not include any exclusions or limitations other than those incorporated in the standard form.

Such insurance is to be primary and non-contributory, notwithstanding any insurance maintained by the Indemnitees.

Yes ☐

No ☐

ii. **Professional Liability Insurance**

(Errors & Omissions), with coverage specific to the type of work being performed for at least \$5,000,000 per claim.

Yes ☐

No ☐

iii. **Automobile Liability Insurance**

Including owned, non-owned and hired vehicle liability insurance, for combined limits of liability of \$2,000,000 per occurrence. The limits of liability can be provided in a combination of an Automobile Liability policy and an Umbrella Liability policy, which is written on a no less than follow form basis.

Yes ☐

No ☐

iv. **Worker's Compensation Insurance**

Providing statutory benefits for Contractor's Parties' employees and Employer's Liability coverage in an amount that is no less than \$500,000.

Yes ☐

No ☐

v. **Employer's Liability Insurance for New York State**

In an amount that is no less than \$500,000.

Yes ☐

No ☐

By signing below, you verify that the company submitting this proposal meets the criteria and insurance requirements specified herein.

Proposer's Authorized Representative:

Name:

Title:

Signature:

Date:

**Disclaimer: By entering your name above, you are signing this document electronically. You agree that your electronic signature is the legal equivalent of a manual signature on this submission.**