



Attachment B
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") (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: _____