Application Number: \_\_\_\_\_

# **DISCLOSURE & ACCOUNTABILITY CERTIFICATIONS\***

# (The Contractor must attach the corresponding Legislative Initiative Form <u>prior to having this document signed and notarized.</u>)

### I. No Conflict of Interest

Except as otherwise fully disclosed in a separate appendix attached to this Certification, the Contractor affirms, to the best of its knowledge, under penalty of perjury, that neither the Sponsoring Member(s) nor any Related Parties to Sponsoring Member(s) has any financial interest, direct or indirect, in the Contractor, or has received or will receive any financial benefit, either directly or indirectly, from the Contractor or its Related Parties from the matters contained in the attached Legislative Initiative Form or in any subsequent related Contract.

### II. Good Standing

Except as otherwise fully disclosed in a separate appendix attached to this Certification, the Contractor affirms, to the best of its knowledge, under penalty of perjury, that:

- (A) At no time during the past five years has the Contractor: (1) been barred by a government agency from entering into a government contract as a result of inappropriate activity or unlawful conduct; (2) been convicted or charged with a felony or misdemeanor; or (3) failed to file federal, state or city tax returns or pay taxes owed; and
- (B) Neither the Contractor, nor any of the Contractor's Related Parties, has paid any third party or agent, either directly or indirectly, to aid in the securing of the attached Legislative Initiative Form or in any subsequent related Contract.

To the extent the answer to any of these questions is "yes," please describe the events and circumstances in an attached appendix to this Certification.

#### III. Funds Used Solely for Public Purpose

The Contractor affirms, to the best of its knowledge, under penalty of perjury, that all funds expended pursuant to the terms of any Contract related to the attached Legislative Initiative Form are intended to be used and will be used solely and directly for the public purpose or public purposes specified on the Legislative Initiative Form and elsewhere in any subsequent related Contract.

## **IV.** Sponsoring Member(s)

The Sponsoring Member(s) of the local legislative initiative set forth in the attached Legislative Initiative Form, pursuant to which any subsequent related Contract will be funded is/are\_\_\_\_\_.

#### V. Definitions

As used herein in this Certification Appendix:

- (1) "Affiliate" means any person or entity that directly or indirectly controls or is controlled by or is under common control or ownership with the specified party.
- (2) "Contractor" means the party or parties receiving funds as set forth in the attached Legislative Initiative Form pursuant to the terms of any subsequent related Contract.
- (3) "Related Party" means: (i) the party's spouse, (ii) natural or adopted descendants of the party or of the party's spouse, (iii) any sibling of the party or of the party's spouse, (iv) any person sharing the home of any of the foregoing, (v) any staff member, employee, director, officer or agent of the party, and (vi) Affiliates or subcontractors of the party.
- (4) "Sponsoring Member(s)" means the sponsoring Assembly Member or State Senator that sponsored the grant listed on the attached Legislative Initiative Form.

The undersigned recognizes that this Certification is submitted for the express purpose of assisting the State of New York and political subdivisions to make a determination regarding the approval of a Legislative Initiative Form, award of any subsequent related contract, or approval of any subsequent related subcontract; acknowledges that the State of New York and political subdivisions may in their discretion, by means which they choose, verify the truth and accuracy of all statements made herein; acknowledges that knowing or intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.45; and states that the information submitted in this Certification and any attached appendix is true, accurate and complete.

# PLEASE NOTE: The corresponding Legislative Initiative Form must be attached prior to having this document signed and notarized.

Name of Contractor	Signature of Authorized Official/Date
Address	Typed Copy of Signature
City, State, Zip Code	Title
Sworn to before me this	day of_, 20 .

Notary Public