

**NEW YORK STATE OFFICE OF MENTAL HEALTH  
ATTACHMENT J2**

**OMH OFFERER DISCLOSURE OF  
PRIOR NON-RESPONSIBILITY DETERMINATIONS**

New York State Finance Law 139-k requires Offerers to disclose findings of non-responsibility within the last four years by a governmental entity where such prior finding of non-responsibility was due to unlawful contacts during a procurement as stated under State Finance Law §139-j or the intentional provision of false or incomplete information to a governmental entity. Failure to submit this form, the submission of a form with false, misleading or incomplete information, or failure to update this form when required may result in a determination of non-responsiveness and disqualification of the bid, proposal or offer. If the failure to comply is discovered after the contracting process has been completed, it may result in termination of the contract.

\* \* \*

Solicitation # and/or OMH descriptive name of solicitation:

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(1) Has any New York State agency or authority made a finding of non-responsibility regarding the Offerer in the last four years? (Please circle):           No    Yes

If yes, what was the basis for the finding of the Offerer's non-responsibility?  
Please check all that apply:

- Unlawful Contacts during a procurement contract (State Finance Law §139-j)  
 The intentional provision of false or incomplete information

If yes, please provide details regarding the finding of non-responsibility below:

New York State Agency or Authority: \_\_\_\_\_

Year of Finding of Non-Responsibility: \_\_\_\_\_

Facts Underlying Finding of Non-Responsibility: \_\_\_\_\_

Add additional sheets if necessary

(2) Has any New York State agency or authority terminated or withheld a procurement contract with the Offerer due to the intentional provision of false or incomplete information? (Please circle):           No    Yes

If yes, please provide details regarding the termination/withholding below:

New York State Agency or Authority: \_\_\_\_\_

Date of Termination/Withholding of Contract: \_\_\_\_\_ Contract #: \_\_\_\_\_

Facts Underlying Termination: \_\_\_\_\_

Add additional sheets if necessary

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

Date: \_\_\_\_\_ 200\_ \_\_\_\_\_

Signature of Offerer's Authorized Representative

Printed Name and Title of Authorized Representative

Name and Address of Offerer