



State University of New York
Upstate Medical University

December 7, 2004

Upstate Medical University of New York
University Hospital Purchasing Department
750 East Adams Street
Syracuse, New York 13210

Re: New York State Executive Order 127 Contractor Disclosure of Contacts

Dear Sir/Madam,

New York State recently enacted Executive Order 127 mandating increased disclosure by Contractors in public procurements where annualized payments from the University exceed \$15,000.

Per Executive Order 127, failure of Contractor to timely disclose accurate and complete information in the implementation of this Order could result in loss of future contract awards.

Based on the University payment information your firm requires EO127 contractor Disclosure. Please complete the attached Contractor disclosure of Contacts Form and Contractor Disclosure of Prior Non- Responsibility Determinations and return to:

Upstate Medical University of New York
University Hospital Purchasing Department
750 East Adams Street
Syracuse, New York 13210

Executive Order 127 may be found on the New York State Governor's Office of Regulatory Reform website at http://www.gorr.state.ny.us/EO127_fulltext.htm

If you have any questions, please do not hesitate to contact the purchasing department at (315) 464-6039 or via e-mail at litzr@upstate.edu

Attachment: Contract Disclosure of Contacts
Contractor Disclosure of Prior Non-Responsibility Determinations

Colleges of: Medicine • Graduate Studies • Health Professions • Nursing • University Hospital

Improving the health of the communities we serve through education, biomedical research, and health care



State University of New York
Upstate Medical University

Contractor Disclosure of Prior Non-Responsibility Determinations

Contractor certifies that all information provided to the Agency with respect to Executive Order Number 127 is complete, true and accurate.

Purchase Order # _____
 Name of Contractor: _____ Fed. ID# _____
 Address: _____

Name and Title of Person Submitting this Form: _____

Signature: _____

Has any covered agency or authority made a finding of non-responsibility regarding the Contractor in the last five years?
 (Please circle):

No Yes

If yes, was the basis for the finding of the Contractor's non-responsibility due to the intentional provision of false or incomplete information required by Executive Order Number 127? (Please circle):

No Yes

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

Covered Agency or Authority: _____

Year of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility: _____

Has any covered agency or authority terminated a procurement contract with the Contractor due to the intentional provision of false or incomplete information required by Executive Order Number 127? (Please circle):

No Yes

Please provide any modifications of person(s) to previously submitted Contract of Contact Form

The following person(s) was retained, employed or designated by or on behalf of the Contractor to represent the vendor's interest during the procurement process. Include all persons that can reasonably be expected to contact SUNY Upstate. (Please electronically submit list in the following format):

Place of Principal Employment	Name	Title	Business Phone #	Does person have a financial interest in the procurement? Y/N	Add/Delete

Colleges of: Medicine • Graduate Studies • Health Professions • Nursing • University Hospital

Improving the health of the communities we serve through education, biomedical research, and health care



State University of New York
Upstate Medical University

Contractor Disclosure of Contacts Form

This form shall be completed and submitted in accordance with Executive Order Number 127 (EO 127). Failure to complete and submit this form shall result in a determination of non-responsiveness and disqualification of the bid, proposal or offer. If at the time of submission of this form, the specific name of a person authorized to attempt to influence a decision on your behalf is unknown, you agree to provide the specific person’s information when it is available. You also agree to update this information as changes occur or as requested.

Contractor certifies that all information provided to the Agency with respect to Executive Order Number 127 is complete, true and accurate.

Name of Contractor: _____ Fed. ID# _____

Address: _____

Name and Title of Person submitting this form: _____

Signature: _____

E-mail Address:

Is this an initial filing in accordance with Section II, paragraph 1 of EO 127 or an updated filing in accordance with Section II, paragraph 2 of EO 127? (Please circle):

Initial filing

Updated filing

The following person(s) was retained, employed or designated by or on behalf of the Contractor to represent the vendor’s interest during the procurement process. Include all persons that can reasonably be expected to contact SUNY Upstate. (Please electronically submit list in the following format):

Place of Principal Employment	Name	Title	Business Phone #	Does person have a financial interest in the procurement? Y/N