**Attachment B**

PON 3179

**Disclosure of Prior Findings of Non-responsibility Form**
**(Mandatory)**

| | | |
|---|---|---|
| Name of Individual or Entity seeking to enter the procurement contract: | | |
| Address: | | |
| Date: | | |
| Solicitation or Agreement Number:<br><br>Name and Title of Person Submitting this Form: | | |
| Has any Governmental Entity made a finding of non-responsibility regarding the Individual or Entity seeking to enter the Procurement Contract in the last four years? | | Yes |
| | | No |
| Was the basis for the finding of non-responsibility due to a violation of §139-j of the State Finance Law? | | Yes |
| | | No |
| Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? | | Yes |
| | | No |
| If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility: | | |
| Government Agency or Authority: | | |
| Date of Finding of Non-responsibility: | | |

| | | |
|---|---|---|
| Has any Governmental 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? | ☐ | Yes |
| | ☐ | No |

If you answered yes, please provide details:

Government Agency or Authority:

Date of Termination or Withholding of Contract:

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

Signature:_____

Date:_____

Print Name:_____

Title:_____