ATTACHMENT 2

SUBMISSION CHECKLIST

Solicitation of Interest (SOI) 1250
NYC Legally Exempt Enrollment

Applicant: _____

Please indicate whether the following statements described in the solicitation apply to your organization:

Yes ☐	**No*** ☐	My organization is licensed to do business in the State of New York.
Yes ☐	**No*** ☐	My organization is a not-for-profit 501(c)(3) organization.
Yes ☐	**No*** ☐	My organization has a minimum of three (3) years of direct operational experience applying and interpreting NYS Child Care regulations and statutes, specifically 18 NYCRR Part 415 in the context of legally exempt child care services.
Yes ☐	**No*** ☐	My organization has a minimum of three (3) years of direct experience in performing legally exempt enrollment services, which may include, but is not limited to processing and evaluating enrollment applications, conducting annual and complaint-based inspections, implementing corrective action plans, and performing mandated criminal history review and background clearances.
Yes ☐	**No*** ☐	My organization possesses the organizational capacity, including staff and management structures, to effectively deliver all components of this project for the approximate 4,300 legally-exempt programs enrolled in NYC, including recruitment, training, and retention of qualified personnel to perform legally exempt enrollment, inspection, and technical assistance services. My organization can dedicate approximately 60 staff to this project.
Yes ☐	**No*** ☐	My organization possesses the technological capacity to effectively utilize and maintain accurate records within the Child Care Facility System (CCFS), the OCFS system of record, to ensure timely and accurate data entry, tracking, and reporting for the estimated 4,300 legally-exempt programs enrolled in NYC consistent with OCFS policies and procedures as stated in this solicitation's Scope of Work.

*** A response of "no" to any question marked with an asterisk may disqualify the applicant.**

Submit the following completed documents prior to the deadline via email to funding@ocfs.ny.gov:

- ☐ Attachment 1 – Letter of Interest
- ☐ Attachment 2 – Submission Checklist

By signing below, I attest that I have express authority to sign these statements on behalf of the applicant and am authorized by law to bind the applicant contractually.

Print Name: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Email: _____ Phone: _____

FEIN/TIN: _____ Date: _____

SFS Vendor ID (if applicable): _____