**DEPARTMENT OF ADMINISTRATIVE SERVICES/**

**OHIO DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES** STANDARD AFFIRMATION AND DISCLOSURE FORM EXECUTIVE ORDER 2019-12D

Governing the Expenditure of Public Funds for Offshore Services

All of the following provisions must be included in all invitations to bid, requests for proposals, state term schedules, multiple award contracts, requests for quotations, informal quotations, and statements of work. This information is to be submitted as part of the response to any of the procurement methods listed.

**CONTRACTOR/SUBCONTRACTOR AFFIRMATION AND DISCLOSURE:**

By the signature affixed to this response, the Bidder/Offeror affirms, understands and will abide by the requirement of Executive Order 2019-12D. If awarded a contract, the Bidder/Offeror becomes the Contractor and affirms that both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States. The Signee shall provide all the name(s) and location(s) where services under this Contract/Grant will be performed in the spaces provided below or by attachment. Failure to provide this information as part of the response will deem the signee not responsive and no further consideration will be given to the response. Signee's offering will not be considered. If the Signee will not be using subcontractors/subgrantees, indicate "Not Applicable" in the appropriate spaces.

1. Principle location of business of Contractor/Grantee:

(Address) (City, State, Zip)

Name/Principal location of business of Subcontractor(s)/Sub grantee(s):

(Name) (Address; City, State, Zip) (Name) (Address; City, State, Zip)

2. Location where services will be performed by Contractor/Grantee:

(Address) (City, State, Zip) Name/Principal location of business of Subcontractor(s)/Sub grantee(s):

(Name) (Address; City, State, Zip)

(Name) (Address; City, State, Zip)

DMH-FIS-2011-12K (Rev. 03/20)

Page 1 of 2

3. Location where state data will be stored, accessed, tested, maintained or backed-up by Contractor/Grantee: (Address) (City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by Subcontractor(s)/Sub grantee(s):

(Name) (Address; City, State, Zip) (Name) (Address; City, State, Zip) (Name) (Address; City, State, Zip) (Name) (Address; City, State, Zip) (Name) (Address; City, State, Zip)

Contractor also affirms, understands and agrees that Contractor and its subcontractors are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any Contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The State has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States. On behalf of the Contractor, I acknowledge that I am duly authorized to execute the Affirmation and Disclosure form and have read and understand that this form is a part of any Contract that Contractor may enter into with the State and is incorporated therein.

**For the Contractor/Grantee:**

Signature Date

Entity Name Address (Principal Place of Business)

Printed name of individual authorized to sign on City, State, Zip behalf of entity

**List of Additional SUB-AWARDEE Attachments**

**Attachment 5**

List below any other documents attached by the SUB-AWARDEE or its SUB-RECIPIENT (if any). Next to each item listed please NOTE Proposal and/or AGREEMENT and ASSURANCES item to which they refer. Attach those documents behind this Attachment 4 list.

**Attachment 5A:** Copy of the liability insurance policy(s), bond coverage or other evidence regarding the assurances set forth in paragraph 8.

**Attachment 5B:** Copy of the most recent audit.

**Attachment 5C: Attachment 5D: Attachment 5E: Attachment 5F:**

**DEPARTMENT OF ADMINISTRATIVE SERVICES** STANDARD AFFIRMATION AND DISCLOSURE FORM EXECUTIVE ORDER 2022-02D

State of Ohio's Response to Russia's Unjust War on the Country of Ukraine

March 2022

Contractor affirms that Contractor has read and understands the applicable Executive Orders regarding the prohibitions of performance of offshore services, locating State data offshore in any way or purchasing from Russian institutions or companies.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed and where data is located in the spaces provided below or by attachment. Failure to provide this information may result in no award. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Principal location of business of Contractor:

(Address) (City, State, Zip)

Name/Principal location of business of subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

2. Location where services will be performed by Contractor:

(Address) (City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

(Address) (Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

Contractor also affirms, understands and agrees that Contractor and its subcontractors are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or

shift in location of its services. The State has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure Form and have read and understand that this form is a part of any Contract that Contractor may enter into with the State and is incorporated therein.

By:

Contractor

Print Name:

Title:

Date:

Agreement and Assurances Template Form Revised 05/04/2022