



Agency Name:			
Agency Billing Address:	Street:		
	City:		
	NY/Postal Code:		
Contact Name:		Contact Phone:	
Contact Title:		Contact Email:	
Finance Contact Name:		Finance Contact Phone:	
<b>PLEASE COMPLETE/TYPE IN THE SHADED AREAS BELOW</b> Price is based on the aggregate purchase of 7,000 to 10,000 licenses by the State of NY.			
<b>Empire KnowledgeBank License</b>	<b>Price Per License</b>	<b># Requested</b>	<b>Total Cost</b>
End User Software/Productivity and Information Technology (Skillsoft) (Part #MSSCOMPLETESKILLSB)	52.91		
<b>Other:</b> Licensed Professional CEU Collection (RedVector) (Part #RVALLACCESS) Price per User - \$359 # Requested (RedVector) Total Cost The cost of this license type is not included in the Empire KnowledgeBank aggregate purchase.			
		Will you be using the Percipio Platform? Yes No	
<b>Payment Method: Enterprise Training Solutions (ETS) will invoice agencies directly. Purchases must reference the NYS OGS contract Group 73600 ;Award 22802 and RFQ-041 with Enterprise Training Solutions, 120 Bloomingdale Road – Suite 400, White Plains, NY 10605. View OGS contract info here:</b> <a href="https://online.ogs.ny.gov/purchase/snt/awardnotes/7360022802can.HTM">https://online.ogs.ny.gov/purchase/snt/awardnotes/7360022802can.HTM</a>			
<b>Please check your preferred method of payment:</b>			
<input type="checkbox"/> Procurement Card (for up to \$10,000)		or	<input type="checkbox"/> Purchase Order
<b>AUTHORIZATION</b>			
The following signature hereby authorizes ETS to invoice your agency for the total cost of the licenses ordered above. In addition, the undersigned represents that he/she/they is authorized to do so for and on behalf of the above mentioned agency, agrees that he/she/they understands the nature and purpose of this transaction and agrees to its terms and conditions.			
<b>This Commitment/Agreement Letter must be signed by an individual authorized by the NY State Office of the State Comptroller (OSC) to sign expenditure documents for your agency. It may be either hand signed and a scanned version submitted or signed using the digital ID in Adobe Acrobat.</b>	Authorized Signature:		
	X _____		
	Title:		
Send the completed form to the Office Employee Relations, Workforce and Organizational Development Unit email at <a href="mailto:wodu@oer.ny.gov">wodu@oer.ny.gov</a> by:  <b>COB February 27, 2026</b>	Date:		