

**CITY OF NEW YORK
EXHIBIT B COVERSHEET
CONSULTANT / SUBCONTRACTOR APPROVAL FORM FOR DISCRETIONARY CONTRACTS**
Column on left denotes party responsible for completion of each section.

CONTRACT INFORMATION		
AGENCY	Agency:	Unit/Div:
	FMS Contract No.:	EPIN:
	Contractor Name:	EIN/SSN:
	Contract Value:	Registration Date:
	Contract Description:	

CONSULTANT / SUBCONTRACTOR INFORMATION			
If more than 4 consultants / subcontractors need approval please attach additional sheets.			
CONTACTOR	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Phone:	Fax:	
	Address:	City:	State/Zip:
	EIN/SSN:	E-Mail:	
	Description of Agreement:		
	Value of Agreement:	Start Date:	End Date:
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Phone:	Fax:	
	Address:	City:	State/Zip:
	EIN/SSN:	E-Mail:	
	Description of Agreement:		
	Value of Agreement:	Start Date:	End Date:
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Phone:	Fax:	
Address:	City:	State/Zip:	
EIN/SSN:	E-Mail:		
Description of Agreement:			
Value of Agreement:	Start Date:	End Date:	
Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone:	Fax:		
Address:	City:	State/Zip:	
EIN/SSN:	E-Mail:		
Description of Agreement:			
Value of Agreement:	Start Date:	End Date:	

AGENCY APPROVAL		
AGENCY	Date of Receipt:	Date sent to City Council:
	Final Agency Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/>	City Council Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/>
	Signature:	Date:



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CITY OF NEW YORK
EXHIBIT B
Conflict of Interest Disclosure Certification

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

No Conflict of Interest: Except as otherwise fully disclosed below (attach additional pages as needed), the Consultant / Subcontractor affirms, to the best of its knowledge, information and belief, that no City Elected Official, nor any person associated with any City Elected Official, is an employee, Director or Trustee, Officer or consultant to/of, or has any financial interest, direct or indirect, in the organization, or has received or will receive any financial benefit, directly or indirectly, from the organization or from this funding. For the purposes of this certification, "associated" persons include: a spouse, domestic partner, child, parent or sibling of a City Elected Official; a person with whom a City Elected Official has a business or other financial relationship, including but not limited to employees of a City Elected Official and/or a spouse, domestic partner, child, parent or sibling of such employees; and each firm in which a City Elected Official has a present or potential interest.

NOTE: THE CONSULTANT / SUBCONTRACTOR IS ENCOURAGED TO DISCLOSE ANY CONNECTION TO A CITY ELECTED OFFICIAL THAT COULD CREATE AN APPEARANCE OF A CONFLICT OF INTEREST, REGARDLESS OF WHETHER IT MEETS THE LISTED DEFINITIONS.

Name of Consultant / Subcontractor	Signature of Consultant or Authorized Officer / Date
Vendor's Address	Print Name / Title of Signer (if not Consultant)
City / State / Zip Code	Consultant / Subcontract EIN / TIN
Phone Number	Email Address

Sworn to before me this ____ day of _____, 20 ____.

Notary Public



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