The City of New York
Mayor's Office of Contract Services
Doing Business Accountability Project

To be completed by an entity to update previously reported information

Doing Business Update Data Form

A Doing Business Data Form must be completed by an entity when an individual who is or was affiliated with that entity requests to be removed from the Doing Business Database, or when an entity wants to update its information. Please either type responses directly into this fillable form, or print answers by hand in black ink. For all submissions, please be sure to fill out the certification box on the last page, and return the completed Data Form (along with the Request for Removal) to the Doing Business Accountability Project, 253 Broadway, 9th floor, New York, NY 10007. **This Data Form is separate from that used to collect information from entities receiving, applying for or proposing on an award, agreement or solicitation.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please call 212-788-8104, or email DoingBusiness@cityhall.nyc.gov with any questions. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN: _____

Date of Previous Data Form: _____

Fill out only those sections that have changed, and indicate the name of the person(s) who no longer hold positions with the entity. Do not use this form if you are receiving, applying for or proposing on an award, agreement or solicitation.

Entity is a Non-Profit: ☐ Yes ☐ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type)
☐ Sole Proprietor ☐ Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

Email: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist". If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced" and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

☐ This position does not exist

The highest ranking officer or manager, such as the CEO, President, Executive Director or sole proprietor; or, if those positions do not exist, the Chairperson of the Board.

Name: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth date: _____ Home phone #: _____

Home address: _____

☐ This person replaced CEO: _____ On date: _____

Chief Financial Officer (CFO) or equivalent officer

☐ This position does not exist

The highest ranking financial officer, such as the CFO, Treasurer, Comptroller, Financial Director, or VP for Finance.

Name: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth date: _____ Home phone #: _____

Home address: _____

☐ This person replaced CFO: _____ On date: _____

Chief Operating Officer (COO) or equivalent officer

☐ This position does not exist

The highest ranking operational officer, such as the COO, Chief Planning Officer, Director of Operations, or VP for Operations

Name: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth date: _____ Home phone #: _____

Home address: _____

☐ This person replaced COO: _____ On date: _____

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box below to indicate why, and skip to the next page. If the entity is owned by other companies, those companies do not need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

☐ The entity is not-for-profit ☐ There are no individual owners ☐ No owner holds 10% or more shares in the entity

☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

Name: _____

Office Title: _____

Employer (if not vendor): _____

Birth date: _____ Home phone #: _____

Home address: _____

Name: _____

Office Title: _____

Employer (if not vendor): _____

Birth date: _____ Home phone #: _____

Home address: _____

Name: _____

Office Title: _____

Employer (if not vendor): _____

Birth date: _____ Home phone #: _____

Home address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal date: _____

Name: _____ Removal date: _____

Name: _____ Removal date: _____

To list more Principal Owners, please attach additional pages.

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person manages: ☐ Contracts ☐ Franchises/Concessions ☐ Grants ☐ Eco Dev Agreements ☐ Pension Investments

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person manages: ☐ Contracts ☐ Franchises/Concessions ☐ Grants ☐ Eco Dev Agreements ☐ Pension Investments

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person manages: ☐ Contracts ☐ Franchises/Concessions ☐ Grants ☐ Eco Dev Agreements ☐ Pension Investments

Remove the following previously-reported Senior Managers:

Name: _____ Removal date: _____

Name: _____ Removal date: _____

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity name: _____

Title: _____ Work phone #: _____

Return the completed Data Form to the Doing Business Accountability Project, 253 Broadway, New York, NY 10007.

For information or assistance, call 212-788-8104.