



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

July 9th, 2012

To: Prospective Vendors

From: The New York City Department of Health & Mental Hygiene
Bureau of Mental Health

Re: PIN: 12AZ032700R0X00; Negotiated Acquisition for the Provision of Recovery Centers

The New York City Department of Health and Mental Hygiene (DOHMH, or Agency), is seeking two appropriately qualified vendors to provide Recovery Center services in New York City for the Bureau of Mental Health. Recovery Centers are self help and support centers run by individuals who have experience as recipients of mental health services (“Peers”). The Recovery Centers are designed to serve two distinct populations of mentally ill individuals: 1. Adults either recovering from serious mental illnesses or have co-occurring disorders (“Regular Clients”); and 2. transition-age youth (young adults from the ages of 18-25 who are aging out of the child welfare system) who are experiencing mental illness (“Youth Clients”) (collectively, the “Clients”). The Recovery Centers will assist Clients in connecting with non-mental health resources and in integrating them with the community. The Agency intends to award contracts with a three year term commencing on November 1st, 2012, however, the Agency may commence the contract at an earlier date based on the expediency of oversight approvals and the timely completion of contract negotiations between the Agency and the selected proposer. The contract will contain an option to renew for two additional 3-year terms depending upon need, contractor performance, and the availability of funds.

Respondents shall submit two (2) complete responses to this solicitation (“Responses”), printed and clearly marked as originals and one (1) digital copy of the Response (preferably in Adobe pdf format) on a CD or other portable digital storage medium. **Responses must be submitted by:**

July 23th, 2012, no later than 4:00pm
to the New York City Department of Health and Mental Hygiene
Office of the Agency Chief Contracting Officer
42-09 28th Street, 17th Floor, CN-30A
Queens, NY 11101-4132
Attn: Christophe Hunt

E-mailed or Faxed Responses will not be accepted

Any Responses received after the above date and time will be considered non-responsive to the solicitation and not considered for award. All inquiries regarding this solicitation should be directed to or RecoveryNA@health.nyc.gov no later than July 16th, 2012. Answers to all questions will be posted on the Department’s website at www.nyc.gov/health under Contracting Opportunities (“Website”). Respondents should check the Website from time to time to ensure that they have the most up to date information for this solicitation.

Get on New York City’s mailing lists for everything you sell.

If you haven’t done so already, submit a NYC-FMS Vendor Enrollment Application. You can access it on-line at www.nyc.gov/selltonyc or request it by calling 212-857-1680. For most procurement, NYC agencies are required to send out notices of contracting opportunities to all, or a random sub-set, of the vendors on established mailing lists which are open to and free of charge to all interested vendors.



Printed on paper containing 30% post-consumer material

A. INTRODUCTION.

The Agency is seeking two contractors to run two Recovery Centers that will provide services to the Clients. The ideal contractors would be Peer owned and/or operated entities that serve individuals with serious mental illness in New York City. Recovery Center services will not be site based. Instead, most of the Recover Center services will be delivered by the contractors in the respective communities of the Clients to either group of Clients and /or to individual Clients. No one vendor may operate both Recovery Centers.

B. PROJECT OVERVIEW.

1. The First Recovery Center (“Recovery Center One”):

1.1. The contractor selected to run Recovery Center One (“RC One Contractor”) will connect Regular Clients with non-mental health resources and will assist them in integrating with the community. The RC One Contractor will assist Regular Clients with acquiring the knowledge, skills and opportunities needed to make and keep social connections within their communities. The Agency anticipates that at least 50% of Regular Clients served by the RC One Contractor will have forensic histories. Recover Center One will serve residents of Manhattan and the Bronx. The Agency anticipates that referral sources of Regular Clients will include, but not be limited to, mental health courts, a range of governmental and non-profit entities that serve the forensic population (such as the Department of Probation and the Center for Alternative Sentencing and Employment Services (“CASES”)), supportive housing programs for individuals with mental illnesses (including forensic housing), case management and Assertive Community Treatment (“ACT”) programs.

1.2. *RC One Contractor General Responsibilities:*

The RC One Contractor’s services shall include, but not be limited to:

1.2.1. Hosting events at a variety of mental health and/or community based settings such as supported housing programs, religious institutions or libraries. The purpose of these events is to inspire, stimulate interest and enthusiasm within participants to enroll as Regular Clients. The Agency anticipates that these events will be open to participants of the hosting entity’s mental health programs as well as other individuals from the community who wish to participate. The RC One Contractor shall recruit presenters for these events from, among other places, cultural organizations, churches, local colleges, adult education programs, political clubs and from other areas of interest as may be requested by Regular Clients. The RC One Contractor shall provide participants a light meal or snack during these events. Those participants who wish to become Regular Clients will be encouraged and supported to follow up and pursue these interests. The RC One Contractor’s staff will temporarily act as Regular Client advocates in that they will advise, negotiate and broker relationships among Regular Clients with shared interests, until the Regular Clients can do these activities themselves.

1.2.2. The RC One Contractor shall provide Regular Clients support via email or telephone and shall meet with participants informally in the community after they

have made the initial connection. The RC One Contractor shall make support groups available to help Regular Clients participate in Recovery Center One activities and to work through any issues that may come up. The Contractor is expected to provide these individual and group supports for only a limited time.

- 1.2.3. RC One Contractor staff will offer Regular Clients assistance with applying for entitlements, asset accumulation, housing, the development of Wellness Recovery Action Plans (“WRAP”), peer wellness coaching, linkage to parent support and training, and building a support network among Peers with similar histories and/or concerns.
- 1.2.4. RC One Contractor staff will also conduct intensive research regarding community based resources for Regular Clients via the Internet, telephone and face to face outreach (which will involve RC One Contractor staff visiting local community based organization, churches and service providers in order raise awareness of the Recovery Center and to develop a long term relationship with the local entity). The RC One Contractor shall establish and maintain a comprehensive data base of community resources and areas of interest for Regular Clients.
- 1.2.5. The RC One Contractor will also work closely with the New York State Office of Mental Health's Kirby Psychiatric Center transitioning its sheltered workshop, which operates a framing shop, to a Peer run community based enterprise.

2. The Second Recovery Center (“Recovery Center Two”)

- 2.1. The contractor selected to run Recover Center Two (“RC Two Contractor”) shall offer the services listed below to Youth Clients who are experiencing their first psychiatric episode and/or are in the process of aging out, or have aged out, of the Child Welfare or Children's Mental Health systems. The Agency anticipates that a significant percentage of Youth Clients will also have juvenile/criminal justice histories. Recovery Center Two will serve residents of Brooklyn, Queens and Staten Island. The Agency anticipates that Youth Client referral sources will include the New York City Administration for Children Services, providers of mental health services for young adults, the New York City Department of Education, the New York City Department of Probation, and programs that offer information, referral services and other forms of support for family members of children and adolescents with emotional problems. The Agency also anticipates that local acute or state psychiatric centers may refer Youth Clients after they have had their first psychiatric episode.

2.2. RC Two Contractor General Responsibilities:

The RC Two Contractor’s services shall include, but not be limited to:

- 2.2.1. Hosting events at a variety of mental health and/or community based settings such as supported housing programs, youth centers, educational institutions, religious institutions or libraries. The purpose of these events is to inspire, stimulate interest and enthusiasm within participants to enroll as Youth Clients. These events will be open to participants of the hosting entity’s mental health programs as well as other individuals from the community who wish to participate. The RC Two Contractor’s staff will reach out to young adults experiencing their first psychiatric

episode. The RC Two Contractor shall recruit presenters at the events from cultural organizations, churches, local colleges, education programs, political clubs and from other areas of interest as may be requested by Youth Clients. The RC Two Contractors shall provide participants a light meal or snack during these events. Those participants who wish to become Youth Clients will be encouraged and supported to follow up and pursue these interests. The RC Two Contractor staff will temporarily act as Youth Client advocates in that they will advise, negotiate and broker relationships among participants with shared interests, until they can do these activities themselves.

- 2.2.2. RC Two Contractor staff shall provide support via email or social media or telephone and shall meet with participants informally in the community after they have made the initial connection. The RC Two Contractor shall make support groups available to help Youth Clients participate in Recovery Center Two activities and to work through any issues that may come up. The Contractor is expected to provide these individual and group supports for only a limited time.
- 2.2.3. RC Two Contractor staff shall offer Youth Clients assistance with money management and asset accumulation; applying for entitlements; linkage to GED classes, higher education or technical training (including applying for financial aid); the development of a WRAP; peer wellness coaching (which includes health issues around sexuality); legal issues; and housing (which include providing support and guidance to help participants cook, clean and pay their bills). RC Two Contractor staff will also provide Youth Clients support if they are working to re-establish or improve relationships with their family.
- 2.2.4. RC Two Contractor staff will also conduct intensive research regarding community based resources for Youth Clients via the internet and social media, telephone and face to face outreach (which will involve RC One Contractor staff visiting local community based organization, churches and service providers in order raise awareness of the Recovery Center and to develop a long term relationship with the local entity). The RC Two Contractor shall establish and maintain a comprehensive data base of community resources and areas of interest for Youth Clients.

3. Both Recovery Centers shall host at least 2 events per month at either a mental health or community based setting that features presenters from non-mental health areas such as education, recreation, social, religious/spiritual, cultural, technological and finance. The selected contractors must achieve the following threshold for their client base: at least 25% of individuals served actively participating in a community based non-mental health activity with 50% of these individuals maintaining such participation for at least 3 months.
4. Both Recovery Centers should employ staff who are peers (in that they were recipients of mental health services for the same problems/experience as the clients of the Recovery Centers. For Recovery Center Two, the staff should have some experience in delivering services to youths.

C. PROGRAM EVALUATION

1. Report data to the Agency on a monthly basis and as requested by the Agency. This data shall serve as performance indicators and outcomes. The Agency shall evaluate each contractor on its cumulative annual average for each indicator. Each contractor shall enter such data directly into a web-based database as approved by the Agency
2. Performance indicators and outcomes shall include, but not be limited to, the following:
 - 2.1. Number of events hosted per month
 - 2.2. Number of individuals who attended events monthly
 - 2.3. Percent of individuals served who were successfully connected to participate in a community based non-mental health activity
 - 2.4. Percent of individuals connected to participate in a community based non-mental health activity who maintain those relationships for at least three months.
 - 2.5. Percent of individuals served by the contractor who have forensic histories (Recovery Center One).

D. MAXIMUM AVAILABLE ANNUAL FUNDING

The maximum available funding for the initial term of this contract will be \$500,000 per Recovery Center.

E. ANTICIPATED PAYMENT STRUCTURE

The Agency anticipates that the payment structure of the contract will be based on a cost reimbursement of program expenses pursuant to a budget approved by the Agency. However, the Agency will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City's best interest.

F. APPLICATION

Interested applicants are invited to submit a response to this solicitation ("Response"), as follows:

1. Response Cover Letter

The Response Cover Letter form (Appendix A) transmits the respondent's Response Package to the agency. It should be completed, signed and dated by an authorized representative of the respondent.

2. Program Narrative

The Program Narrative is a clear, concise narrative, which addresses the following:

2.1. Experience

Describe the successful, relevant experience of the respondent, key staff, and each proposed sub-contractor, if any. Specifically address the following:

- 2.1.1. Describe the respondent's experience, and number of years, providing peer based mental health support services within New York City.
- 2.1.2. Demonstrate the respondent's experience and qualifications to effectively host events for individuals with serious mental illness.
- 2.1.3. Demonstrate the respondent's experience in providing assistance with money management and asset accumulation; entitlements; linkage to GED, higher education or technical training, including financial aid; the development of Wellness Recovery Action Plans (WRAP); peer wellness coaching; legal issues and housing.
- 2.1.4. Describe the respondent's ability to establish and maintain a comprehensive data base of community resources and areas of interest for program participants.
- 2.1.5. For Recovery Center Two, respondents should demonstrate that they have experience in providing mental health services to Youth Clients. Greater consideration will be given to respondents with two years or more of relevant experience.
- 2.1.6. For both Recovery Centers, respondent should demonstrate that it employs staff who are peers to the targeted population and who have experience in providing the services set forth in this solicitation. Greater consideration will be given to respondents who demonstrate that they employ peer staff with two years or more of relevant experience.

In addition:

- 2.1.7. Attach a listing of at least two (2) relevant references, including the name of the reference entity, a brief statement describing the relationship between the proposer or proposed sub-contractor, as applicable, and the reference entity, and the name, title and telephone number of a contact person at the reference entity, for the proposer and each proposed sub-contractor if any.
- 2.1.8. Attach a resume for each key staff person who will perform on the contract.

2.2. Organizational Capability

Demonstrate the respondent's organizational (i.e. programmatic, managerial, and financial) capability to perform the services required. Specifically, address the following:

- 2.2.1. Provide a copy of the respondent organization's license from the New York State Office of the Professionals to provide mental hygiene services in the State of New York.
- 2.2.2. Attach a chart showing where, or an explanation of how, the proposed services will fit into the respondent's organization.

- 2.2.3. Attach a copy of the respondent's latest audit report or certified financial statement, or a statement as to why no report or statement is available.
- 2.2.4. Demonstrate that the submitting entity is a "peer run" company: provide evidence that the ownership and management of the submitting entity are individuals who have received treatment or assistance for mental illness (please do not submit medical records).

2.3. Approach

Describe in detail how the respondent will provide the services required. Demonstrate that the respondent's approach will fulfill the Agency's goals and objectives. Specifically address the following:

2.3.1. For Recovery Center One:

- 2.3.1.1. Outline and demonstrate how the respondent will connect Regular Clients with non-mental health resources. Provide specific resources that the respondent will utilize to accomplish this task.
- 2.3.1.2. Outline and demonstrate how the respondent will assist Regular Clients in integrating with the community. Provide specific examples of what the respondent will do in order to accomplish this task.
- 2.3.1.3. Provide a list of the events and venues that the respondent will utilize in order to fulfill a. and b. above.
- 2.3.1.4. Describe the process by which respondent will find and connect community based resources with Regular Clients.

2.3.2. For Recovery Center Two:

- 2.3.2.1. Outline and demonstrate how the respondent will connect Youth Clients with non-mental health resources. Provide specific resources that the respondent will utilize to accomplish this task.
- 2.3.2.2. Outline and demonstrate how the respondent will assist Youth Clients in integrating with the community. Provide specific examples of what the respondent will do in order to accomplish this task.
- 2.3.2.3. Provide a list of the events and venues that the respondent will utilize in order to fulfill a. and b. above.
- 2.3.2.4. Describe the process by which respondent will find and connect community based resources with Youth Clients.

3. Price Proposal

Respondents are encouraged to propose innovative payment structures. The Agency reserves the right to select any payment structure that is in the City's best interest. The Price Proposal should include each of the following:

- 3.1. A completed Price Proposal (See Appendix B). Greater consideration will be given to respondents that propose more competitive prices.
- 3.2. A narrative describing and supporting each cost element comprising the respondent's highest proposed expenses.

G. DOING BUSINESS DATA FORM - COMPLIANCE WITH LOCAL LAW 34 OF 2007

Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance Law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the city" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation are required to complete the attached Doing Business Data Form and return it with this proposal, and should do so in a separate envelope. (If the responding vendor is a proposed joint venture, the entities that comprise the proposed joint venture must each complete a Data Form.) If the City determines that a vendor has failed to submit a Data Form or has submitted a Data Form that is not complete, the vendor will be notified by the agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a complete Data Form to the agency. Failure to do so will result in a determination that the proposal is non-responsive. Receipt of notification is defined as the day notice is e-mailed or faxed (if the vendor has provided an e-mail address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.

H. Response Package Contents (“Checklist”)

The Proposal Package should contain the following materials. Proposers should utilize this section as a “checklist” to assure completeness prior to submitting their proposal to the Agency.

1. A sealed inner envelope labeled “Response Package,” containing **two (2) original** sets of the documents and one (1) digital copy (digital copy shall include section 2 “Price Proposal”) listed below in the following order:
 - Response Cover Letter Form (Attachment A)
 - Response
 - Narrative
 - References for the Respondent and, if applicable, each Sub-Contractor
 - Resumes and/or Description of Qualifications for Key Staff Positions
 - Organizational Chart
 - Audit Report or Certified Financial Statement or a statement as to why no report or statement is available
 - Acknowledgment of Addenda Form (Attachment E)
 - “Other Documents”
2. A separate sealed inner envelope labeled “Price Proposal” containing **two (2) original** sets of the Price Proposal.
 - Price Proposal
 - Price Proposal Form (Attachment B-1, B-2 and B-3)
 - Proposed Performance-Based Payment Structure
3. A third sealed inner envelope labeled "Doing Business Data Form" containing an original, completed Doing Business Data Form (See Attachment _ _)
4. A sealed outer envelope, enclosing the three sealed inner envelopes. The sealed outer envelope should have two labels containing:
 - The proposer’s name and address, the Title and PIN of this RFP and the name and telephone number of the Proposer’s Contact Person.
 - The name, title and address of the Authorized Agency Contact Person.
 - The electronic versions of the Response, Price Proposals, and Doing Business Data Forms on a CD or other portable digital storage medium.

EVALUATION

1. Procedures

All responses accepted by the Agency will be reviewed to determine whether they are responsive or non-responsive to this solicitation. Responses that are determined by the Agency to be non-responsive will be disqualified. The Agency's Evaluation Committee will evaluate and rate all remaining responses based on the Evaluation Criteria prescribed below. The Agency reserves the right to conduct interviews and/or to request that respondents make presentations and/or demonstrations, as the Agency deems applicable and appropriate. Negotiations will be conducted with all qualified respondents.

2. Evaluation Criteria

- Demonstrated quantity and quality of successful relevant experience. 50%
- Demonstrated level of organizational capability. 25%
- Quality of proposed approach. 25%

3. Basis for Contract Award

A contract will be awarded to the responsible respondent whose response is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in the solicitation document.

APPENDIX A

RESPONSE COVER LETTER

Recovery Centers

PIN #: 12AZ032700R0X00

Proposer:

Name: _____

Address: _____

Tax Identification #: _____

Respondent's Contact Person:

Name: _____

Title: _____

Telephone #: _____

Respondent's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

Is the response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?

Yes

No

APPENDIX B

PRICE PROPOSAL

PIN#: 10AA00000R0X00

PROPOSER _____

Personnel	% of Time (A)	Salary and Wages (B)	Fringe (C)	Total
Program Director				\$
Administrative Coordinator				\$
Employment Coordinator				\$
Professional				\$
Peer advocates				\$
Vocational Counselor				
Sub Total				\$

Other Than Personnel Services	Cost
Professional Fees	\$
Human Resources	\$
Vehicle Expense	\$
Meals for Events	\$
Event Supplies	\$
Office Supplies	\$
Telecommunications	\$
Equipment Purchases	\$
Insurance	\$
Sub Total	

Total Cost: \$

(Personnel + OTPS)

APPENDIX C

Schedule of Insurance Requirements

If checked , the following requirements must be met by the vendor:

<u>Item</u>	<u>Minimum Coverage</u>	<u>Required</u>
Workers Compensation Employers Liability	Statutory Requirements	<input checked="" type="checkbox"/>
Comprehensive General Liability Combined Single Limit Bodily Injury and Property Damage	\$1,000,000 per occurrence \$2,000,000 aggregate	<input checked="" type="checkbox"/>
Professional Liability	\$1,000,000 per occurrence	<input checked="" type="checkbox"/>

APPENDIX D

**PLEASE COMPLETE THE ATTACHED
DOING BUSINESS DATA FORM**

Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: DOHMH		Transaction ID: 12AZ032700R0X00	
Check One:	Transaction Type (check one):		
<input type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

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 return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

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 : _____

E-mail: _____

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 President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer This position does not exist

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

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer This position does not exist

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

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

This person replaced former 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 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 individual owner holds 10% or more shares in the entity
- Other (explain): _____

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

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

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, etc.). 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: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

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

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

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 agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

