

**New York City Department of Housing Preservation and Development (HPD)
Office of Enforcement & Neighborhood Services (ENS)
Division of Maintenance (DOM)
Contractor Compliance Unit (CCU)
nyc.gov/hpd**

FACT SHEET

DEMOLITION PREQUALIFIED VENDOR LIST

Purpose

The Division of Maintenance's (DOM) Contractor Compliance Unit (CCU) maintains lists of contractors who are qualified to carry out work in Demolition Services. By establishing contractors' qualifications and experience in advance, DOM maintains a pool of competent contractors from which it can draw to promptly carry out Demolition Services as needed.

How to Apply

During the application process, contractors will be asked to appear for a technical interview with qualified agency personnel to evaluate the contractor's knowledge of demolition/construction terminology, techniques and regulations.

All contractors who intend to do business with HPD or any other New York City Agency must complete full VENDEX Questionnaires and submit them to:

Mayor's Office of Contract Services (MOCS)
Attention: VENDEX Unit
253 Broadway, 9th Floor
New York, NY 10007

The VENDEX Questionnaires, which consist of a 'Vendor Questionnaire' for your company as well as any parent or controlling entity, and 'Principal Questionnaire' for **each owner** and/or **corporate officer** of the company, **must be submitted to MOCS prior to the submission of this application to HPD.**

For first-time submissions of fully completed VENDEX Questionnaires, once the Questionnaires have been sent to MOCS, contractors are required to attach a completed '**HPD VENDEX Status Memo' Form** to their application. A copy of such Memorandum is included in this application package. VENDEX Questionnaires can be downloaded from the website at www.nyc.gov/vendex.

If you already have completed VENDEX Questionnaires on file with MOCS, and they are less than two-and-a-half (2 ½) years old, you are required to supply a '**Certification of No Change (CNC)' Form** along with your completed application. The CNC form is available at www.nyc.gov/vendex.

Once you have completed the VENDEX process, the following documents must be submitted to HPD/DOM, Contractor Compliance Unit, 100 Gold Street, Room 6-J, New York, NY 10038, for review and evaluation:

- 1. Completed Application Form for inclusion on the "Prequalified List" – one original signed before a notary by an owner or officer of the company.**
- 2. Business Certificate or Certificate of Incorporation.**
- 3. Internal Revenue Service Federal Letter 147C.**

4. **Most recent Annual Financial Statements, including Balance Sheet and Statement of Income.**
5. **Copies of any Trade Licenses and/or Certifications** held by the company and/or its principals and employees and ongoing sub-contractors are required. In addition, a Business Integrity Commission (BIC) license and/or registration is required. Please see www.nyc.gov/bic for this information. New York State Department of Labor and New York City Department of Environmental Protection (DEP) Certifications are required for Asbestos Abatement work. Details on certification and Accredited Training Programs (ATPs) can be found on the EPA and DEP websites at <http://www.epa.gov/lead/pubs/traincert.htm> and www.nyc.gov/dep.
6. **Tax Affirmation form** (included in the Application package) – completed and signed. Add corporate seal if a corporation.
7. **A Surety Affidavit** completed by the vendor's bonding company indicating bonding capacity of at least one million dollars (\$1,000,000).
8. All applicants must attend the Pre-Award Conference, the topics of which are Equal Employment Opportunity, Labor Standards, Subcontractor Obligations/Business Enterprise Programs and Fair Housing. To schedule an appointment call 212 863-7928. Classes are conducted every Tuesday.
9. All applicants must have been conducting business under the company name for at least one year before the application date.
10. An active Dunn & Bradstreet "D-U-N-S" Number.
11. Registration on the federal System For Award Management (SAM.gov) website.

Participation by New York City Certified Minority-Owned and Women-Owned Business Enterprises

Local Law No. 129 of 2005, which added Section 6-129 to the Administrative Code of the City of New York, as amended by Local Law 1 of 2013, created a program for participation by minority and women-owned business enterprises (M/WBEs) in City procurement. This program is designed to enhance the opportunities for M/WBE contractors and subcontractors in City procurements. The NYC Department of Small Business Services (SBS) certifies the firms categorized as M/WBEs. Certified M/WBEs are strongly encouraged to apply to HPD's Prequalified Contractor List.

If you are an MBE and/or WBE and are not yet certified, please contact SBS through their website at www.nyc.gov/sbs or call the Citizen Service Center at 311 and ask for Small Business Services.

Application Review Process

HPD will verify and evaluate the information contained in your application, check the references provided, and secure the appropriate clearances as required, for completion of the process.

Once your qualifications have been established, you will be requested to submit your Insurance Policies and Certificates as proof that you hold the required insurances as follows:

1. Workers' compensation limits as required by the Labor Code of the State of New York and Employers' Liability limits of \$1,000,000 per accident. Experience Modification Rate (EMR) from the underwriter for the past three (3) years.
2. Commercial General Liability Insurance- a combined single limit of no less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. Include an endorsement on the commercial general liability insurance stating that claims arising from failures or omissions by engineers, architects or surveyors are included in coverage, or a copy of the applicable engineer's, architect's or surveyor's professional liability insurance certificate and policy.
3. Auto Liability- a combined single limit of no less than \$1,000,000 per accident for bodily injury and property damage.

All required insurance policies should be maintained with companies that may lawfully issue such policies in the United States.

- The companies issuing the Insurance policies must have an A. M. Best Key Rating Guide rating of at least A- VII.
- If at any time you bid on and become eligible for award of a Requirements Contract, you will be required to meet the specific Insurance requirements as set forth in the Contract.

The certificate holder box must read: "The City of New York c/o Housing Preservation and Development, 100 Gold Street, Contractor Compliance Unit, 6J, New York, NY 10038". The Description of Operations box must read: "City of New York, including its officials and employees, as an additional insured". The Additional Insured Endorsement Form must state: "City of New York, including its officials and employees, as additional insured. All locations, All Operations".

PQL Contractor Communications and Orientation Requirements

Your company must have a **dedicated commercial working fax number** and **a company email address**. In addition, the company phone must be staffed during business hours and/or have the ability to receive messages which the vendor is able to and does regularly retrieve.

Once your application has been processed and approved, you will be notified to appear for a mandatory orientation meeting hosted by HPD. For more information or assistance on prequalification, please contact the Contractor Compliance Unit at (212) 863-7815.

HPD also conducts weekly vendor opportunity sessions where contractors can learn about business opportunities with HPD and other City Agencies. For more information or to set up an appointment, please call HPD at (212) 863-7928.

**APPLICATION FORM – PREQUALIFIED DEMOLITION LIST
DIVISION OF MAINTENANCE**

This **application must be completed by a principal** (owner or corporate officer) of the contracting company. Please answer all questions fully and completely, as this will expedite the process. Please be assured that all information provided will be held in confidence and will be used only to establish your qualifications to perform work under Division of Maintenance programs. Return the completed request to:

NYC Department of Housing Preservation and Development
Office of Enforcement & Neighborhood Services - Division of Maintenance
Contractor Compliance Unit
100 Gold Street, Room 6-J
New York, NY 10038

Name of Company: _____

Business Address (**No P.O. Box**): _____

Garage Address (if off-site): _____

Contact Person: _____ Title: _____

Phone No.: _____ Fax No.: _____

Emergency No.(s): _____ Cell No.(s): _____

Email Address: _____

Enter here and on vendor status memorandum date questionnaires were submitted to Mayor's Office of Contract Services, VENDEX Unit: _____

DESCRIPTION OF BUSINESS:

Date Established: _____ Date Incorporated: _____

Employer Identification No. (EIN) or Social Security No.: _____ D-U-N-S Number: _____

TYPE OF ORGANIZATION: [] LLC [] sole proprietorship [] partnership [] corporation [] joint venture

Gross Receipts in most recent tax year: \$ _____ year ending (date): _____

How did you hear about the Prequalified Demolition List: [] City Record [] Internet [] Tradesman

[] Other _____

If your company is approved would you be interested in the 24-Hour Emergency List? This requires the capability of responding to an immediate emergency at any time, day or night, and ability to supply labor, equipment and material to start work within two (2) hours of notification. [] Yes [] No

PRINCIPALS: List below all owners (partners, or if a corporation, all officers and others who own more than ten percent (10%) of the stock): *Attach additional page if necessary.*

<u>Name of Principal</u>	<u>Home Address</u>	<u>Social Security No.</u>	<u>%</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBCONTRACTING:

Do you regularly use subcontractors as part of your work force, and would you use them in order to perform work for HPD? [] Yes [] No **NOTE: All subcontractors must have an active VENDEX.**

If yes, provide the trade(s) and owner's name and company name with full address and telephone number of the subcontractor(s) and percentage of subcontracting: **Note: Copy of License and/or Certification required.**

Are you a Certified Minority/Women Owned Business Enterprise (see **Fact Sheet**)? [] No [] Yes, attach certification.

Provision of the following information is voluntary and will be used only for statistical purposes. Please check which of the following ethnic groups controls 51 percent or more of the business (Check only one):

[] White [] Native American [] Asian [] African-American [] Hispanic [] Other

Please check which gender group controls 51% (percent) or more of the business: [] Male [] Female

LICENSE:

Registration for Construction and Demolition Debris [C & D Registration, License for Commercial Trade Waste, Self Hauler Registration, Class 2 Registration (Trade Waste Brokers)], administered by Business Integrity Commission, required. NYS DOL and DEC, and NYC DEP certification are required, as applicable, for Asbestos Abatement.

List below all registrations, licenses and/or certifications held in the name of the company or any individual, as well as all ongoing sub contractors, and attach copies. *Attach additional page if necessary.*

Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	

Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	

Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	

Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	

Owner/Principal: (PRINT NAME) _____

Signature: _____ Date: _____

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List
Minimum Requirements for Demolition Prequalified Vendor List**

Name of Company: _____

Business Address (**No P.O. Box**): _____

Name of Owner/Principal: _____ Title: _____

Employer Identification No. (EIN) or Social Security No.: _____

Contact Person: _____ Title: _____

Phone No.: _____ Fax No.: _____

Emergency No.(s): _____ Cell No.(s): _____

Email Address: _____

Selection of a vendor to perform work, once approved to the list, will be made randomly using a computer-generated program. In some extreme emergency cases, however, alternative methods of selection may be employed.

The following are the minimum requirements for acceptance/approval to the Demolition Prequalified Vendor List:

Vendors must be able to perform immediate emergency, emergency and non-emergency work that addresses from difficult to extremely hazardous conditions and/or imminent danger to life, public safety or property. Immediate action and/or sufficient expertise, equipment, and financial capacity are required.

NOTE:

In accordance with the City's Procurement Policy Board Rules (PPBR), a prequalified vendor failing to respond to three (3) consecutive solicitations (invitations to bid) shall be deemed to have withdrawn from the prequalified list. A response of 'no bid' shall be considered a response to a solicitation. No appeal from a deemed withdrawal from a prequalified list shall be considered but a contractor who has been removed from the list for this reason may apply for reinstatement to the list by submitting a new prequalification application.

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List
Minimum Requirements for Demolition Prequalified Vendor List**

The following items establish the minimum criteria for acceptance to and maintenance on the list.

1. Business integrity and financial capacity.
2. Company must have been in business for at least one (1) year at time of application filing.
3. Absence of delinquent tax or other governmental debts or liens.
4. Absence of active governmental exclusions.
5. Current Vendor and principal VENDEX Questionnaires for Vendor and all Subcontractors filed with the VENDEX Unit, Mayor's Office of Contract Services.
6. Department of Investigation Vendor Name Check with no closing memoranda.
7. A completed and approved Application for Vendor Prequalification.
8. Insurance coverage as described on the Fact Sheet.
9. A Surety Affidavit completed by the Vendor's bonding company indicating bonding capacity of at least one million dollars (\$1,000,000).
10. Willingness to work in all boroughs of the City of New York.
11. Continuous licensure/certification as required to perform the required demolition services.
12. Availability of a minimum of two track machines in good working order.
13. Availability of a minimum of one Rubber Tire Loader, licensed by the State of New York (Special Commercial Registration) and in good working order.
14. Availability of a minimum of one ten-wheeler truck properly registered and insured, a New York State HUT (Highway Usage Tax) Stamp and a Consumer Affairs Plate. The vehicle must be in good working order.
15. Availability of a minimum of one utility truck, a van or a pickup truck in good working order.
16. 24-hour-per-day availability of a minimum of five laborers, one foreperson and one supervisor.
17. An active Dunn & Bradstreet "D-U-N-S" Number.
18. Registration on the federal System For Award Management (SAM.gov) website.

General Instructions

Answer all questions on the questionnaire. You may be required to provide additional information and/or documentation. If a question does not apply to your organization, please indicate with 'N/A'.

If additional space is required to answer any question, please use the pages provided at the rear of the application.

A visit to your facility by HPD's representative(s) may be required during the investigation of your application.

Within ninety (90) days of receipt of your complete application, you will be notified of HPD's decision as to your prequalified status. The denial or revocation of prequalified status may be appealed pursuant to §3-10 (m) of the Procurement Policy Board rules.

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List**

1. Under what type of labor policy, i.e., applicable prevailing wage law, do you work?

a. Are you a signatory to any agreements? Yes No

If yes, what are they?

b. Do you use union or non-union labor? Union Non-Union

If union, what affiliations – National and Local?

2. Have you ever failed to complete any job awarded to your company? Yes No

If so, please explain: _____

3. Have you ever been declared in default by any New York City Agency? Yes No

If so, please explain: _____

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List**

4. List all projects that are presently in progress or have been completed within the past three (3) years (**Do not list HPD Demolition Contracts**):

Owner Name: _____

Address: _____

City	State	Zip Code + 4
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Phone No.: _____ Fax No.: _____

Contact: _____

Name of Project: _____

Location: _____

Representative Name: _____

Phone No.: _____

Contract Price: \$ _____ Completion Date: _____

T extensions necessary to complete the project? Yes No

Liquidated damages or penalties imposed? Yes No

If yes, provide details: _____

Are there any liens or claims or stop work notices filed by or against you? Yes No

If yes, provide details: _____

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List**

(#4 – Projects - Continued)

Owner Name: _____

Address: _____

City	State	Zip Code + 4
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Phone No.: _____ Fax No.: _____

Contact: _____

Name of Project: _____

Location: _____

Representative Name: _____

Phone No.: _____

Contract Price: \$ _____ Completion Date: _____

Time extensions necessary to complete the project? Yes No

Liquidated damages or penalties imposed? Yes No

If yes, provide details: _____

Are there any liens or claims or stop work notices filed by or against you? Yes No

If yes, provide details: _____

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List**

(#4 – Projects - Continued)

Owner Name: _____

Address: _____

City	State	Zip Code + 4
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Phone No.: _____ Fax No.: _____

Contact: _____

Name of Project: _____

Location: _____

Representative Name: _____

Phone No.: _____

Contract Price: \$ _____ Completion Date: _____

Time extensions necessary to complete the project? Yes No

Any liquidated damages or penalties imposed? Yes No

If yes, provide details: _____

Are there any liens or claims or stop work notices filed by or against you? Yes No

If yes, provide details: _____

**The New York City
Department of Housing Preservation and Development
Division of Maintenance
Application - Prequalified Vendor List**

(#4 – Projects - Continued)

Owner Name: _____

Address: _____

_____ City _____ State _____ Zip Code + 4

Phone No.: _____ Fax No.: _____

Contact: _____

Name of Project: _____

Location: _____

Representative Name: _____

Phone No.: _____

Contract Price: \$ _____ Completion Date: _____

Time extensions be necessary to complete the project? Yes No

Any liquidated damages or penalties imposed? Yes No

If yes, provide details: _____

Are there any liens or claims or stop work notices filed by or against you? Yes No

If yes, provide details: _____

SURETY AFFIDAVIT

To be completed by the bonding company

Principal: _____

Company Name: _____

Address: _____

_____ City State Zip Code + 4

Surety Company Name: _____

Address: _____

_____ City State Zip Code + 4

Reserving our rights to practice our normal underwriting function, we are prepared to provide favorable consideration for suretyship on behalf of _____ covering demolition contracts for \$ _____ in the aggregate amount of outstanding contracts, and \$ _____ for any single project, during the twelve-month period beginning _____.

Our willingness to extend suretyship will be based on our underwriting of the account at the time the contractor requests approval. We, as surety, will maintain the absolute discretion to issue or withhold bonds as to each project upon which the contractor may seek to bid.

Surety Company

By:

Signature: _____ Phone No.: _____

Print Name: _____

Title: _____

Address: _____

_____ City State Zip Code + 4

NOTE: If signed by an individual other than an authorized officer, include properly executed Power of Attorney.

Sworn to me this _____ day of _____, 20__

Notary Public

DOING BUSINESS ACCOUNTABILITY PROJECT
QUESTIONS AND ANSWERS ABOUT THE DOING BUSINESS DATA FORM

What is the purpose of this *Data Form*?

To collect accurate, up-to-date identification information about organizations that have business dealings with the City of New York in order to comply with Local Law 34 of 2007 (LL 34), a campaign finance reform law. LL 34 limits municipal campaign contributions from principal officers, owners and senior managers of entities doing business with the City and mandates the creation of a *Doing Business Database* to allow the City to enforce the law. The information requested in this *Data Form* must be provided, regardless of whether the organization or the people associated with it make or intend to make campaign contributions. No sensitive personal information collected will be disclosed to the public.

Why have I received this *Data Form*?

The contract, franchise, concession, grant or economic development agreement you are proposing on, applying for or have already been awarded is considered a business dealing with the City under LL 34. No proposal or application will be considered and no award will be made unless this *Data Form* is completed. Most transactions valued at more than \$5,000 are considered business dealings and require completion of the *Data Form*. Exceptions include transactions awarded on an emergency basis or by "conventional" competitive sealed bid (i.e. bids that do not use a prequalified list or "Best Value" selection criteria.) Other types of transactions that are considered business dealings include real property and land use actions with the City.

What individuals will be included in the *Doing Business Database*?

The principal officers, owners and certain senior managers of organizations listed in the *Doing Business Database* are themselves considered to be doing business with the City and will also be included in the *Database*.

- **Principal Officers** are the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Operating Officer (COO), or their functional equivalents. See the *Data Form* for examples of titles that apply.
- **Principal Owners** are individuals who own or control 10% or more of the organization. This includes stockholders, partners and anyone else with an ownership or controlling interest in the entity.
- **Senior Managers** include anyone who, either by job title or actual duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any contract, concession, franchise, grant or economic development agreement with the City. At least one Senior Manager must be listed or the *Data Form* will be considered incomplete.

I have already completed a *Doing Business Data Form*; do I have to submit another one?

Yes. An organization is required to submit a *Doing Business Data Form* each time it enters into a transaction considered a business dealing with the City, including contract, concession and franchise proposals. However, the *Data Form* has both a Change option, which requires only information that has changed since the last *Data Form* was filed, and a No Change option. No organization should have to fill out the entire *Data Form* more than once.

If you have already submitted a *Data Form* for one transaction type (such as a contract), and this is the first time you are completing a *Data Form* for a different transaction type (such as a grant), please select the Change option and complete Section 4 (Senior Managers) for the new transaction type.

Will the personal information on this *Data Form* be available to the public?

No. The names and titles of the officers, owners and senior managers reported on the *Data Form* will be made available to the public, as will information about the organization itself. However, personal identifying information, such as home address, home phone and date of birth, will not be disclosed to the public, and home address and phone number information will not be used for communication purposes.



I provided some of this information on the VENDEX Questionnaire; do I have to provide it again?

Yes. Although the *Doing Business Data Form* and the VENDEX Questionnaire request some of the same information, they serve entirely different purposes. In addition, the *Data Form* requests information concerning senior managers, which is not part of the VENDEX Questionnaire.

What organizations will be included in the *Doing Business Database*?

Organizations that hold \$100,000 or more in grants, contracts for goods or services, franchises or concessions (\$500,000 for construction contracts), or that hold any economic development agreement or pension fund investment contract, are considered to be doing business with the City for the purposes of LL 34. Because all of the business that an organization does or proposes to do with the City will be added together, the *Data Form* must be completed for all transactions valued at more than \$5,000 even if the organization doesn't currently do enough business with the City to be listed in the *Database*.

No one in my organization plans to contribute to a candidate; do I have to fill out this *Data Form*?

Yes. All organizations are required to return this *Data Form* with complete and accurate information, regardless of the history or intention of the entity or its officers, owners or senior managers to make campaign contributions. The *Doing Business Database* must be complete so that the Campaign Finance Board can verify whether future contributions are in compliance with the law.

My organization is proposing on a contract with another firm as a Joint Venture that does not exist yet; how should the *Data Form* be completed?

A joint venture that does not yet exist must submit a *Data Form* for each of its component firms. If the joint venture receives the award, it must then complete a form in the name of the joint venture.

How long will an organization and its officers, owners and senior managers remain listed on the *Doing Business Database*?

- **Contract, Concession and Economic Development Agreement holders:** generally for the term of the transaction, plus one year.
 - **Franchise and Grant holders:** from the commencement or renewal of the transaction, plus one year.
 - **Pension investment contracts:** from the time of presentation on an investment opportunity or the submission of a proposal, whichever is earlier, until the end of the contract, plus one year.
 - **Line item and discretionary appropriations:** from the date of budget adoption until the end of the contract, plus one year.
 - **Contract proposers:** for one year from the proposal date or date of public advertisement of the solicitation, whichever is later.
 - **Franchise and Concession proposers:** for one year from the proposal submission date.
- For information on other transaction types, contact the Doing Business Accountability Project.

How does a person remove him/herself from the *Doing Business Database*?

When an organization stops doing business with the City, the people associated with it are removed from the *Database* automatically. However, any person who believes that s/he should not be listed may apply for removal. Reasons that a person would be removed include his/her no longer being the principal officer, owner or senior manager of the organization. Organizations may also update their database information by submitting an update form. Removal Request and Update forms are available online at www.nyc.gov/mocs (once there, click MOCS Programs) or by calling 212-788-8104.

What are the new campaign contribution limits for people doing business with the City?

Contributions to City Council candidates are limited to \$250 per election cycle; \$320 to Borough President candidates; and \$400 to candidates for citywide office. Please contact the NYC Campaign Finance Board for more information at www.nyccfb.info, or 212-306-7100.

The *Data Form* is to be returned to the City office that issued it.

If you have any questions about the *Data Form* please contact the Doing Business Accountability Project at 212-788-8104 or DoingBusiness@cityhall.nyc.gov.



Doing Business Data Form

To be completed by the City agency prior to distribution			
Agency: HPD		Transaction ID: PQL	
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 office 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 #: _____

Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project.

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