

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

**Division of Maintenance Emergency Repair Program
PREQUALIFIED CONTRACTOR LISTS (PQLs)**

Purpose

The Division of Maintenance's (DOM) Contractor Compliance Unit (CCU) maintains lists of contractors who are prequalified to conduct work in various construction and building maintenance trades. These Prequalified Lists are used to select contractors for repair work up to a maximum of **\$100,000 per work order**. By establishing contractors' qualifications and experience in advance, the Division of Maintenance (DOM) maintains a pool of competent contractors from which it can draw to promptly perform emergency repairs.

How to Apply

All contractors who intend to do business with HPD or any other New York City Agency must first 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 you have submitted them to MOCS, you are required to attach a completed '**HPD VENDEX Status Memo' Form** to your application. A copy of such Memorandum is included in the 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 (2½) 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 one of the "Prequalified Lists"** – an original signed before a Notary by an **owner or officer** of the company.
- (2) **Business Certificate or Certificate of Incorporation.**
- (3) **Internal Revenue Service Letter 147C (proof of tax ID number)** – To obtain call 1-800-829-0115
- (4) **Doing Business Data Form** – Completed and signed.
- (5) **Most recent company Annual Financial Statements, including Balance Sheet and Statement of Income.**
- (6) **References from separate clientele for a minimum of three (3) comparable jobs** completed within the City of New York during the past twelve (12) months. If you are applying to be qualified for more than one (1) prequalified list, provide three (3) comparable references for jobs completed within the past twelve (12) months **for each prequalified list to which you will apply.** HPD will contact these references in writing **after** it has received your application.
- (7) **Copies of any Trade Licenses and/or Certifications** held by the company and/or its principals and employees are required. EPA certification and accredited training are required for Lead Abatement work. **All contractors performing HPD work that requires lead-safe work practices must have EPA Renovation Firm certification and must employ certified renovators who are trained by EPA-approved training providers.**

See <http://www2.epa.gov/lead>. A Department of Consumer Affairs (“DCA”) Home Improvement Contractor license is also required for all Trades in General Construction. Further information on obtaining such license can be found on the DCA website at <http://www1.nyc.gov/site/dca/businesses/licenses-apply.page>. **Those performing mold remediation must possess a Mold Remediation License issued by the NYS Department of Labor. Visit <https://www.labor.ny.gov/workerprotection/safetyhealth/mold/mold-program.shtm>.** All applicants must attend HPD’s Pre-Award Conference, the topics of which include Equal Employment Opportunity, Labor Standards, Subcontractor Obligations/Business Enterprise Programs and Fair Housing. To schedule an appointment, vendors should call 212 863-7928.

(8) **Bidder’s Certification of Compliance with Iran Divestment Act** – completed and signed before a Notary.

(9) **Tax Affirmation form** (included in the Application package) – completed and signed. Add corporate seal if a corporation.

(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, and was amended by Local Law 1 of 2013, created a program for participation by minority-owned and women-owned business enterprises (MBEs and 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. New York City Certified M/WBEs are strongly encouraged to apply to HPD’s Prequalified Contractor Lists.

If you are an MBE 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.

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.

Prior to completing the application process, Contractors in non-licensed trades, along with lead, and Contractors in licensed trades at the discretion of CCU, will be asked to appear for a technical interview with qualified agency personnel to evaluate their knowledge of applicable techniques and regulations.

Once your qualifications have been established, you will be asked to submit your complete insurance policies and original signed Certificates (ACORD) as proof that you hold the required separate insurance policies 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) 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.
3. Auto Liability- a combined single limit of no less than \$500,000 per accident for bodily injury and property damage.

All required insurance policies must be maintained with companies that may lawfully issue such policies in the United States. **Important note:**

- The companies issuing the Insurance policies must have an A. M. Best rating of at least B+ VI.
- 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 out 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 working fax number** and **a company email address** to be approved to **and to remain on an HPD ERP PQL List**. 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 eligibility has been established, you will be required to appear for an orientation at 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 FOR PREQUALIFIED CONTRACTOR LISTS
DIVISION OF MAINTENANCE EMERGENCY REPAIR PROGRAM**

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 review. 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 application and supporting documentation 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): _____

Contact Person: _____ **Title:** _____

Phone No.: _____ **FAX No.:** _____

Emergency No.: _____ **Cellular No.(s):** _____

Email Address(es): _____

Enter here and on Vendor Status Memo Form the date questionnaires were submitted to Mayor's Office of Contract Services, VENDEX Unit: _____

Are you a NYC Certified Minority/Women Owned Business Enterprise? No Yes, Provide Copy of Certification

DESCRIPTION OF BUSINESS:

Date Established: _____ **Date Incorporated:** _____ **Employer I.D. No. (EIN) or Social Security No.:** _____

DUNS Number: _____

TYPE OF ORGANIZATION: [] Sole Proprietorship [] Partnership [] Corporation [] Joint Venture [] LLC

TRADE OR TRADES FOR WHICH PREQUALIFICATION IS REQUESTED (Check all applicable PQL Lists):

Asbestos Abatement		Exterminating Services (Pest Control)		GC: Roof (Repair)		Mold Remediation
Asbestos Analysis		Fireguard Services		GC: Scaffolding		Plumbing: Repairs
Asbestos Investigation		GC: Carpenter		GC: Seal-up		Plumbing: Sprinklers
Asbestos Monitoring		GC: Concrete		GC: Scrape, Plaster & Paint		Rubbish- Laborers Clean-up
Boiler/Burner: Oil		GC: Door		GC: Window		Sewer & Water Mains
Boiler/Burner: Gas		CG: Fence		Intercom Systems		Other (Specify):
Drain Cleaning (Stoppage)		GC: Masonry		Iron Work: Fire Escape Replacement & Welding		Other (Specify):
Electrical Repair		GC: Mildew Removal		Lead Abatement		Other (Specify):
Elevator Services		GC: Roof (New)		Lead Analysis		Other (Specify):

STAFF: Describe number of staff and their qualifications, i.e. their technical skills, experience, and in which trades.

EQUIPMENT: Describe below pertinent equipment, materials, and supplies owned by your company, or attach a list.

WAIVER OF TAX SECRECY: The undersigned hereby waives the applicability of the tax secrecy provisions of the law insofar as such would otherwise prohibit the New York City Department of Finance or its officers or employees from disclosing whether and for which year or years the business entity has filed tax returns relating to the New York City General Corporation Tax and/or the Unincorporated Business Tax in compliance with Title 11, Chapters 5 & 6 of the Administrative Code of the City of New York.

By my signature below I attest that the information contained in this application is accurate and true to the best of my knowledge and belief.

Signature _____

Print Name _____

Title _____ Date _____

Sworn to before me _____
Notary's Name

this _____ day of _____, 20____

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

Criteria for Acceptance

**Division of Maintenance Emergency Repair Program
PREQUALIFIED CONTRACTOR LISTS (PQL)**

The minimum criteria for acceptance to and maintenance on one or more of HPD's ERP PQL lists include, but are not limited to, the following:

1. Business integrity and financial capacity.
2. Company must have been in business for at least one (1) year at the 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 minimum of three favorable independent references for work performed within the City of New York within the year prior to application. If you are applying to be qualified for more than one (1) prequalified list, provide three (3) comparable references for jobs completed within the past twelve (12) months for each prequalified list to which you will apply.
8. A completed and approved Application for Vendor Prequalification.
9. Continuous insurance coverage as described in the Fact Sheet.
10. Willingness to work in all boroughs of the City of New York.
11. For General Construction work, ability of Principal or permanent staff member to pass a technical interview based upon knowledge of construction techniques and terms.
12. Continuous licensure/certification as required to perform the trades requested.
13. Maintenance of a Workers' Compensation Experience Modification Rate (EMR) of 1.0 or less.
14. Continuous adherence to all requirements specified in the attached "Fact Sheet."
15. An active Dunn & Bradstreet "D-U-N-S" Number.
16. Registration on the federal System for Award Management (SAM.gov) website.

TAX AFFIRMATION

The undersigned proposer or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not been declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the proposer or bidder to receive public contracts except, _____.

Full name of proposer or bidder _____

Address _____

City _____ State _____ Zip _____

CHECK ONE AND INCLUDE APPROPRIATE NUMBER:

A. Individual or Sole Proprietorship

Social Security No. _____

B. Partnership, Joint Venture or other unincorporated organization

Employer Identification No. _____

C. Corporation

Employer Identification No. _____

By: _____
Signature

Title: _____

Date: _____

If a corporation, place seal here:

Must be signed by an officer or duly authorized representative.

Under the Federal Privacy Act the furnishing of Social Security Number by bidders on City contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder's disqualification. Social Security Numbers will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying businesses, which seek City contracts.

REFERENCES

Applicant Company Name: _____ **PQL List Name:** _____

Provide references from different clientele for a minimum of three (3) comparable jobs completed within the past twelve (12) months within the City of New York. If you are applying to be qualified for more than one (1) prequalified list, provide three (3) comparable references for jobs completed within the past twelve (12) months for each prequalified list to which you will apply. (Copy this page for each PQL List)

For each reference, provide the following information:

Client	Description of Work	# of Jobs	Dates	Dollar Value (\$)
Person's Name: Company Name: Address: City: State: Zip Code:				
Person's Name: Company Name: Address: City: State: Zip Code:				
Person's Name: Company Name: Address: City: State: Zip Code:				
Person's Name: Company Name: Address: City: State: Zip Code:				
Person's Name: Company Name: Address: City: State: Zip Code:				

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT

VENDEX STATUS MEMO

Date: _____

To:

NYC Department of Housing Preservation and Development
Division of Maintenance / Contractor Compliance Unit
100 Gold Street, Section 6-J
New York, NY 10038

From:

Principal / Agent: _____

Company Name: _____

Address: _____

_____ City State Zip Code + 4

Please be advised that as of _____, 20____ the status of our VENDEX submission is as follows:

(Please check one as appropriate)

Certificate of No Change (**two originals**), (VENDEX less than 2 ½ years)

Submitted to: **HPD/ENS/DOM
Contractor Compliance Unit
100 Gold Street, 6-J
New York, NY 10038**

VENDEX (New Applicants) forms

Full VENDEX (Update) forms

Changed VENDEX (VENDEX less than 2 ½ years) forms

Submitted to: **Mayor's Office of Contract Services
VENDEX Unit
253 Broadway, 9th Floor
New York, NY 10007**



VICKI BEEN
Commissioner
VITO MUSTACIUOLO
Deputy Commissioner
RASSOUL AZARNEJAD
Assistant Commissioner

Office of Enforcement &
Neighborhood Services
Division of Maintenance
100 Gold Street
New York, N.Y. 10038

Dear Vendor:

We are distributing the enclosed information regarding the Iran Divestment Act of 2012 to all applicants to HPD's Prequalified List of vendors. This Act prohibits municipalities, including the City of New York, from doing business with persons engaged in investment activities in the energy sector of Iran. See descriptions (a) and (b) on the following page to determine if you or your company are engaged in such activities as defined by the Act.

Read the attached documents carefully. Pursuant to General Municipal Law §103-g, please sign before a notary the **Bidder's Certification Of Compliance with Iran Divestment Act**, checking one of the two boxes, as applicable, to indicate whether or not you appear on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. If you are unable to certify that you are not on the list, you must attach a signed, notarized statement detailing why you cannot do so.

An owner or officer of the company must sign before a notary the Bidder's Certification of Compliance with Iran Divestment Act, with the appropriate box checked, and return the original to:

NYC HPD
100 Gold Street
Contractor Compliance Unit, Room 6J
New York, NY 10038

Completion of this document is required in order to be qualified for the vendor list.

Sincerely,

Barbara Schechter
Director, Contractor Compliance

**IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR
NEW YORK CITY CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law ("SFL") §165-a and General Municipal Law ("GML") §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- (a) the person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- (b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder's certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case by case basis if:

- (1) The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
- (2) The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

**BIDDER'S CERTIFICATION OF COMPLIANCE WITH
IRAN DIVESTMENT ACT**

Pursuant to General Municipal Law §103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

[Please Check One]

BIDDER'S CERTIFICATION

By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.

I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

Dated: _____, 20__

SIGNATURE

PRINTED NAME

TITLE

COMPANY NAME

Sworn to before me this
__ day of _____, 20__

Notary Public



Doing Business Data Form

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

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

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: _____

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

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.

