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

FACT SHEET AND APPLICATION PROCESS – TENANT INTERIM LEASE ("TIL") PROGRAM PREQUALIFIED VENDOR LIST (TIL PQL)

INTRODUCTION

The City of New York Department of Housing Preservation and Development ("HPD") is the agency responsible for most housing and urban renewal matters, including without limitation, the management, disposition and development of City-owned urban renewal and/or residential properties and the enforcement of compliance with State of New York ("State") and City laws, rules and regulations governing residential dwellings in New York City. HPD is responsible for the management of buildings taken In-Rem, for Urban Renewal, or through condemnation, and leases buildings to alternative managers who are then responsible for the management of the buildings. Under HPD's Tenant Interim Lease ("TIL") Program, the buildings are leased to tenants' associations, which manage the buildings. HPD eventually sells the buildings to the tenants as Housing Development Fund Corporation ("HDFC") Co-operatives.

HPD currently maintains a list of contractors ("PQL") who conduct work in **General Construction (work does not include Wicks Law licensed trades)**, exclusively for the TIL Program. By establishing contractors' qualifications and experience in advance, HPD has developed a pool of competent contractors from which it can draw, to promptly and effectively make needed repairs in buildings directly administered by the TIL Program. HPD selects contractors from the list for repair and emergency work of up to **$100,000 per work order.**

HPD has increased the volume of repair and emergency work performed by this PQL by adding the General Construction assignments conducted under HPD's Alternative Enforcement Program ("AEP"). AEP, created through Local Law 29 of 2007 and amended by Local Law 7 of 2011, is an enforcement program that enables HPD to identify the most distressed multiple dwellings and ensure that violations and their underlying conditions are corrected. Each year, HPD designates 250 different multiple dwellings for participation in the AEP. If the owner fails to comply with the terms of the Law, HPD may hire a contractor to make the necessary repairs. These repairs, of up to $100,000, are now directed through the contractors on the TIL PQL, in addition to the work already provided under the TIL Program.

HPD separately maintains lists of Prequalified Vendors who perform work in various trades under its Emergency Repair Program ("ERP"). While the work performed by vendors in the trades associated with this current list may be very similar or the same as work under the TIL Program, these current lists are separate and distinct from this proposed TIL PQL for General Construction. Vendors who are currently on the ERP Lists and who meet the criteria indicated herein are strongly encouraged to apply for inclusion on the TIL PQL for General Construction. Vendors are also advised that solicitations for work under the TIL and AEP Programs will be issued as separate and distinct work orders from ERP and will be clearly identified as TIL or AEP work.

In the event that HPD does not receive any responses to any solicitation issued to the TIL PQL for General Construction, HPD reserves the right to re-issue the solicitation to vendors who are currently on the ERP Prequalified Lists to ensure that the necessary or required work is completed on buildings in the TIL and/or AEP Programs. In the event that there is a paucity of vendors or continuous lack of responses by vendors within the TIL PQL for General Construction, HPD reserves the right to, on notice, terminate the list and in such event issue solicitations for work under the TIL and/or AEP Programs to vendors who are currently on the ERP Lists.

The vendors selected for inclusion in the TIL PQL for General Construction will be invited to participate in the New York City Department of Small Business Services' (SBS) Construction Mentorship Program. The Construction Mentorship Program focuses on increasing the use of small NYC contractors by making them more competitive in their pursuit of NYC contracts, and winning larger contracts with larger values. Firms participating in the Construction Mentorship Program will have the opportunity to take management classes and receive on-the-job training provided by a construction management firm.

APPLICATION PROCESS

HPD will consider only those applications for the TIL Pre-qualified Lists **that meet any one** of the following criteria:

1. **The submitting entity must be a Minority and Women-owned Business Enterprise ("New York City-certified M/WBE") certified by the New York City Department of Small Business Services (SBS).**

2. **The submitting entity must have entered into a qualified joint venture agreement between one or more New York City-certified M/WBEs, in which that firm(s) is entitled or exposed to at least 25% of the total profit or loss.**

3. **The submitting entity must agree to subcontract no less than 50% of any awarded job to a New York City-certified M/WBE for each and every work order awarded.**

***Firms that are in the process of becoming a New York City-certified M/WBE may submit a PQL application and submit an M/WBE Acknowledgement Letter, which states that SBS has begun the Certification process.**

Vendors who are currently approved on HPD's Prequalified Vendor Lists for work in HPD's Emergency Repair Program ("ERP") and who meet any of the criteria above may also apply for inclusion the TIL Prequalified Vendor list by completing the Abbreviated Application Form **(FORM 1)** attached.

For vendors who are not currently on HPD's ERP PQL, you are required to complete the following steps and submit the documents below for review and evaluation, to:

HPD/DOM, CCU, 100 Gold Street, Room 6-J, New York, NY 10038:

(1) **Completed Application Form 2 with attachments – must be an original signed before a notary by an owner or officer of the company.**

(2) **Copy of Business Certificate or Certificate of Incorporation.**

(3) **If a Joint Venture not registered, copy of Joint Venture Agreement. If Joint Venture is registered, copy of document evidencing such registration.**

(4) **Internal Revenue Service Letter 147C (proof of tax ID number)** – To obtain call 1-800-829-0115

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

(6) **Doing Business Data Form – (included in the Application package)** - completed and signed

(7) **Most recent annual financial statements, including balance sheet and income statement.**

(8) **The names and addresses of at least three (3) different references for at least three (3) jobs** completed within the past twelve (12) months within the City of New York. If applying to be listed for more than one (1) trade, provide three (3) references **for each trade**.

(9) **If a Certified M/WBE, copy of M/WBE certificate from SBS.**

(10) **Copies of any Trade Licenses and/or Certifications held by the company and/or its principals and employees. A New York City Department of Consumer Affairs Home Improvement Contractor's License is required for performing General Construction work.**

(11) A copy of **EPA Renovator Firm Certification.** (HPD strongly recommends that all General Construction companies obtain **EPA Renovator Firm Certification** as most HPD repair jobs require such certification by federal law **and HPD will only solicit jobs that require EPA Renovator Firm Certification to companies that have such certification.** Please visit the EPA website at http://www.epa.gov/lead/pubs/renovation.htm#contractors).

(12) **Bidder's Certification of Compliance with Iran Divestment Act –** (included in the Application package) signed before notary.

VENDEX Questionnaires

All contractors who intend to do business with HPD and 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 the Questionnaires have been sent 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** .

HPD's Review Process

As part of HPD's review, contractors will be asked to appear for a technical interview before qualified agency personnel who will evaluate their knowledge of construction techniques and regulations. HPD will place on the PQL those eligible entities who demonstrate appropriate knowledge of construction techniques and regulations and who have the experience and ability to perform the work.

HPD will verify and evaluate the information supplied in your application, check the references provided and obtain the appropriate clearances. Once your application has been reviewed; the documents are determined to be satisfactory; you have passed the applicable Technical Interview; and have attended the Pre-Award Conference, you must attend an orientation at HPD at which point, you must present the insurance documents outlined below:

I. 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.

II. Commercial General Liability Insurance - a combined single limit of no less than $1,000,000 per occurrence and $2,000,000 annual aggregate.

III. Automobile Liability - a combined single limit of no less than $500,000 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 and must have an A. M. Best rating of at least B+ VI.

All Certificates of Insurance and policies must name **The City of New York**, **including its officials and employees**, as additional insured and the certificate holder named on the ACORD must bear the full address of HPD as follows:

The City of New York c/o
NYC Department of Housing Preservation and Development
Contractor Compliance Unit, 100 Gold Street, 6th Floor
New York, NY 10038

In addition:

a. A Department of Consumer Affairs ("DCA") Home Improvement Contractor license is required for all trades in General Construction. Please see the DCA website at **http://www.nyc.gov/html/dca/html/licenses/100.shtml.**
b. All applicants must attend HPD's Pre-Award Conference; its topics include Equal Employment Opportunity, Labor Standards, Subcontractor Obligations/Business Enterprise Programs and Fair Housing. To schedule an appointment call 212 863-7928.

The availability of a dedicated working fax number for your company and a company email address are required for your company's approval. In addition, your phone must be staffed during business hours and/or have the ability to receive messages which the vendor does regularly retrieve.

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

Section 6-129 to the Administrative Code of the City of New York created a program to increase participation by Minority and Women-owned Business Enterprises (M/WBEs) in City procurement. The NYC Department of Small Business Services (SBS) certifies the firms categorized as M/WBEs.

If your business is at least 51% owned, controlled and operated by a minority or woman who is a US citizen or permanent resident and has been in business for over one year, and is authorized to do business in New York State, you can apply to become City-Certified by visiting the SBS website at nyc.gov/get certified or call 212-513-6311 and a Certification Analyst will assist you.

New York City Certified M/WBEs are strongly encouraged to apply to HPD's TIL Prequalified List.

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 and Maintenance on List

TENANT INTERIM LEASE ("TIL") PROGRAM PREQUALIFIED CONTRACTOR LIST (PQL)

The minimum criteria for acceptance to and maintenance on the list include, but are not limited to, the following:

1. **Business integrity and financial capacity.**
2. **Absence of delinquent tax or other governmental debts or liens.**
3. **Current Vendor and Principal Vendex Questionnaires for Vendor and all Subcontractors filed with the Vendex Unit, Mayor's Office of Contract Services.**
4. **Department of Investigation Vendor Name Check with no closing memoranda.**
5. **A minimum of three favorable independent references for work performed within the City of New York within the year prior to application.**
6. **A completed and approved Application for Vendor Prequalification.**
7. **Continuous insurance coverage as described in the Fact Sheet.**
8. **Willingness to work in all boroughs of the City of New York.**
9. **For General Construction work, ability of Principal or permanent staff member to pass a technical interview based upon knowledge of construction techniques and terms.**
10. **Continuous licensure/certification as required to perform the trades requested.**
11. **Maintenance of a Workers' Compensation Experience Modification Rate (EMR) of 1.0 or less.**
12. **Continuous adherence to all requirements specified in the attached "Fact Sheet."**

[FORM 1]

ABBREVIATED APPLICATION FOR TIL PREQUALIFIED CONTRACTOR LIST

TENANT INTERIM LEASE PROGRAM

This **application must be completed by a principal** (owner or corporate officer) of the submitting entity. 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 HPD's Tenant Interim Lease ("TIL") Program. 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 I0038

Name of Company: _____

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

Contact Person: _____ Title: _____

Phone No.: _____ Fax No.: _____

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

E-mail Address: _____

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, *(if Yes, please provide proof of Certification)* ☐ Pending *(If pending, please provide copy of NYC DSBS M/WBE Acknowledgement Letter)*

DESCRIPTION OF BUSINESS:

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

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

(If Joint Venture, please provide a copy of legal agreement or if registered, copy of Joint Venture registration document).

TRADE OR TRADES FOR WHICH PREQUALIFICATION IS REQUESTED:

[ ] General Construction

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

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

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

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.*

The undersigned also affirms that if the submitting entity is not a certified M/WBE or a joint venture, it will subcontract no less than 50% of any work awarded by HPD to a certified M/WBE in the particular trade for which the award was made.

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 _____this _____ day of _____,
20____

[FORM 2]

APPLICATION FOR TIL PREQUALIFIED CONTRACTOR LIST

TENANT INTERIM LEASE 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 I0038

Name of Company: _____

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

Contact Person: _____ Title: _____

Phone No.: _____ FAX No.: _____

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

email Address: _____

Enter here and on Vendor Status Memo form 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 ☐ Pending *(If pending, please provide copy of NYC DSBS M/WBE Acknowledgement Letter)*

DESCRIPTION OF BUSINESS:

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

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

(If Joint Venture, please provide a copy of legal agreement or if registered, copy of Joint Venture registration document).

TRADE OR TRADES FOR WHICH PREQUALIFICATION IS REQUESTED:

[ ] General Construction

How did you hear about the Pre-qualified Panel: ☐ **City Record;** ☐ **Internet;** ☐ **Tradesman;** ☐ **Other** _____

_____

_____

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

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

Name of Principal	Home Address	Social Security No.	%

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

If yes, provide the name(s) of the subcontractor(s) and percentage of subcontracting: _____

_____

_____

_____

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

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

LICENSES:
List below all licenses and/or certifications held in the name of the company or any individual, and attach copies:

Type of License	Issuing Agency	Individual or Organization Name	Expiration Date
1.			
2.			
3.			
4.			
5.			

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.*

The undersigned also affirms that if the submitting entity is not a certified M/WBE or a joint venture, it will subcontract no less than 50% of any work awarded by HPD to a certified M/WBE in the particular trade for which the award was made.

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 _____this _____ day of _____, 20___

REFERENCES **[FORM 2]**

Applicant: _____

Provide references from different clientele for a minimum of three (3)comparable jobs completed within the past twelve (12) months within NYC. If you are applying to be listed for more than one (1) trade, provide three (3) references for each trade. (Copy this page for each trade.)

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:**				
Person's Name: **Company Name:** **Address:** **City:** **State:** **Zip Code:**				

Added to TIL Application: 11/1/2013

[FORM 2]

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

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/OPS/DOM**
Contractor Compliance Unit
100 Gold Street, 6-J
New York, NY 10038

☐ VENDEX (New Applicants) forms

☐ Full VENDEX (Pre-qualified Panel 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

[FORM 2]

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 +4 _____

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.

NYC
Department of
Housing Preservation
& Development
nyc.gov/hpd

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

Printed on paper containing 30% post-consumer material.

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 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% of 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.

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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 manger 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.

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

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):		
☐ Proposal	☐ Concession	☐ Contract	☐ Economic Development Agreement
☐ Award	☐ Franchise	☐ Grant	☐ 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.

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