



**OFFICE OF THE MAYOR**  
**OFFICE OF CONTRACT SERVICES**  
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MARLA G. SIMPSON  
Director

**Prequalification Status Certificate of No Change**

*A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL HARGES.*

**DIRECTIONS:** Please complete the statement below and return this certification to the City Contracting Agency. **If there are any material changes to programming or key staff please attach an explanation to this form.**

**NOTE:** If you have any questions about your prequalification status or the date of your last submission, please check the DYCD List of Prequalification Clearances at [http://www.nyc.gov/html/dycd/html/resources/pql\\_discretionary\\_contracts.shtml](http://www.nyc.gov/html/dycd/html/resources/pql_discretionary_contracts.shtml).

I, \_\_\_\_\_, being duly sworn, state on behalf of the submitting organization that no material changes in programming or key staff have occurred since the last submission of the Prequalification/Recertification Application OR if material changes in programming or key staff have occurred since the last submission they are fully described on the attached \_\_\_ pages. I understand that the City of New York will rely on the information supplied in this certification for discretionary funding purposes.

\_\_\_\_\_  
Name of Nonprofit Organization (Vendor)

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Vendor's Address

\_\_\_\_\_  
Print Name / Title of Signer

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Vendor's EIN

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address