PRINCIPAL QUESTIONNAIRE

The Vendor Information Exchange System (**VENDEX**) includes two questionnaires – the **vendor questionnaire** and the **principal questionnaire**. These have been developed to collect information from vendors who wish to do business with New York City, to ensure that New York City obeys the mandate in its charter to do business only with responsible vendors.

Questionnaires may be obtained in paper format from the VENDEX Unit (212-341-0933) or downloaded from the NYC website at http://www.nyc.gov/vendex.

Questionnaires must be completed in paper format. All questions must be answered. A response of "Not Applicable (N/A)", or the equivalent, is not acceptable. Answers must be typewritten or printed in ink. If more space is needed to respond, photocopy the corresponding section's page, check the box that additional information is attached, and attach the photocopied page to the questionnaire.

The publication "Vendor's Guide to VENDEX" provides assistance and explanation for the questionnaires, including definitions of terms or phrases written in **bold** face throughout the questionnaires. If you have not obtained a copy of this publication, please download a copy from the New York City web site, or contact the VENDEX Unit at 212-341-0933. All forms must be sent to MOCS: 253 Broadway, 9th Floor; New York, New York 10007. If you have questions, contact the VENDEX Unit at 212-341-0933.

ANSWER THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A FULLY COMPLETED QUESTIONNAIRE MAY RESULT IN THE REJECTION OF THE VENDEX SUBMISSION. MAKING ANY UNAUTHORIZED CHANGE OR ALTERATION TO THE QUESTIONNAIRE WILL RENDER IT VOID.

Name of **submitting vendor** _____

Submitting vendor's EIN/SSN/TIN _____

Type of submission: (Check one)

1. ❑ Full questionnaire
2. ❑ **Changed questionnaire**

If checked, provide submission date of last full questionnaire: _____/_____/_____

Name of person completing this **principal questionnaire** _____

Employer/Title _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

Email address _____

The disclosure of the **social security number** is mandatory under the right granted New York City by the Tax Reform Act of 1976 and will be used for the purpose of tax administration. The number may also be used for general identification purposes. If you do not consent to such additional use for general identification purposes, please check here ❑

Provide a detailed response for all questions answered with information and/or "YES" in the question's corresponding section starting on page four of this questionnaire.

1. **Principal owner** or **officer's name** _____ **SSN** ____/____/____
Date of birth ____/____/____

Home address _____
Street/P.O. Box/Apt Number Floor #/Suite #

_____
City/State/Zip Code

Primary place of business address

_____
Street/P.O. Box/Apt Number Floor #/Suite #

_____
City/State/Zip Code

Business telephone (_____) _____ - _____ Business fax number (_____) _____ - _____

Business email address _____

2. State all positions (with dates) held with **submitting vendor** during the past five (5) years

Title of position held:	Dates held From	To
1) _____	____/____/____	____/____/____
2) _____	____/____/____	____/____/____
3) _____	____/____/____	____/____/____

☐ Check if more than three (3) positions were held, and attach list of titles and dates held

3. ☐ No ☐ Yes Do you hold a ten (10) percent or greater ownership interest in the **submitting vendor**?

4. ☐ No ☐ Yes Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the **submitting vendor**?

5. ☐ No ☐ Yes Within the past three (3) years, have you been a **principal owner** or **officer** of any **entity** other than the **submitting vendor**?

6. ☐ No ☐ Yes Has New York City awarded any **contracts** to an **entity** listed in response to Question 5 while you were a **principal owner** or **officer?**

Provide a detailed response for all questions answered with information and/or "YES" in the question's corresponding section starting on page four of this questionnaire.

7. At any time during the past five (5) years, have you, and/or any **entity** in which you have been a **principal owner** or **officer**, been subject to any of the following actions, whether pending or completed:

a. ☐ No ☐ Yes debarred from bidding on any government **contract**?

b. ☐ No ☐ Yes found **non-responsible** on any government **contract**?

c. ☐ No ☐ Yes declared in default and/or terminated for cause on any **contract**, and/or had any **contract** canceled for cause?

d. ☐ No ☐ Yes determined to be ineligible to bid or propose on any **contract**?

e. ☐ No ☐ Yes suspended from bidding on any government **contract**?

f. ☐ No ☐ Yes received an overall unsatisfactory performance rating from any government **agency** on any **contract** or agreement?

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8. Do you presently serve, or have you within the past five (5) years served, as:

a. ☐ No ☐ Yes an elected or appointed official or officer?

b. ☐ No ☐ Yes a full or part-time employee in a New York City **agency** or as a consultant to any New York City **agency**?

c. ☐ No ☐ Yes an officer of any political party organization in New York City, whether paid or unpaid?

d. ☐ No ☐ Yes as a consultant or advisor to a New York City **agency** that is or was involved in the solicitation, negotiation, operation and/or administration of **contracts** on which the **submitting vendor** will work during this three year **VENDEX** cycle?

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9. During the past five (5) years, have you failed to:

a. ☐ No ☐ Yes file any applicable federal, state or New York City tax returns?

b. ☐ No ☐ Yes pay any applicable federal, state or New York City taxes or other assessed New York City charges, including but not limited to water and sewer charges?

Provide a detailed response for all questions answered with information and/or "YES" in the question's corresponding section starting on page four of this questionnaire.

Principal's SSN _____ - _____ - _____

Provide details to questions answered "yes" in the corresponding section below.

Corresponds to Question 3.

Total percentage of stock owned: _____ (if sole proprietorship, enter 100%) Purchase date: ____/____/____

Corresponds to Question 4. (check all that apply)

☐ Loan amount $ _____ ☐ Lease amount $ _____

☐ Guarantee amount $ _____ ☐ Other _____ (Name) $ _____

☐ Security amount $ _____ ☐ Other _____ (Name) $ _____

Corresponds to Question 5.

Name of **entity** of which you are/were a **principal owner** or **officer**

_____

Address _____

EIN/TIN _____ Telephone number (_____) _____ - _____

Your title _____

Associated from ____/____/____ to ____/____/____ ☐ Still serving

☐ Check if attaching additional information

Corresponds to Question 6.

Name of **entity** that received the **contract**

_____

EIN/TIN _____

☐ Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one - three. If you need more space to respond, photocopy the corresponding section's page, check the box that additional information is attached, and attach the photocopied page to this Questionnaire.

Principal's SSN _____ - _____ - _____

Corresponds to Question 7. (Use this box for only one action. For each additional action, photocopy this page, complete the information and attach to this questionnaire.)

The following refers to section: ☐ 7a ☐ 7b ☐ 7c ☐ 7d ☐ 7e ☐ 7f

Action applies to:

☐ You (as **principal owner** or **officer**)

☐ **Entity.** If checked, name _____

Entity's EIN/TIN _____

Your title (as **principal owner** or **officer**) (while action was underway)

_____

Action is: ☐ Pending ☐ Completed

Date of action From ____/____/____ To ____/____/____ ☐ Still ongoing

Name of **agency** initiating action _____

Contract number _____

Reason for action _____

☐ Check if attaching additional information

Corresponds to Question 8. (check all that apply)

8a. ☐ elected official ☐ elected officer ☐ appointed official

Name of **agency** where you serve(d) _____

Date started ____/____/____ Date completed ____/____/____ ☐ Still Serving

☐ Check if attaching additional information

8b. ☐ Full time employee ☐ Part time employee ☐ Consultant to NYC **agency**

Name of **agency** where you work(ed) _____

Date started ____/____/____ Date completed ____/____/____ ☐ Still Serving

☐ Check if attaching additional information

8c. ☐ paid officer ☐ unpaid officer

Name of political party or organization _____

Date started ____/____/____ Date completed ____/____/____ ☐ Still Serving

☐ Check if attaching additional information

8d. **Individual** serves/served New York City **agency** as ☐ consultant ☐ advisor

Employee/advisor's name _____

SSN _____ Date of Birth ____/____/____

Name of NYC **agency** _____

☐ Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one - three. If you need more space to respond, photocopy the corresponding section's page, check the box that additional information is attached, and attach the photocopied page to this Questionnaire.

Corresponds to Question 9.

9a. You failed to file

☐ Federal taxes ☐ State taxes ☐ N.Y. City taxes ☐ Other

If "State" is checked, and other than N.Y., name State _____

If "Other" is checked, specify _____

Taxes were not filed for tax years:

☐ 19_____ ☐ 20_____ ☐ 20_____ ☐ 20_____ ☐ 20_____

☐ Check if attaching additional information

9b. You failed to pay:

☐ Federal taxes ☐ State taxes ☐ N.Y. City taxes ☐ Other NYC charge

If "State" is checked, and other than N.Y., name State _____

If "Other NYC charge(s)" is checked, specify _____

Taxes were not paid for tax years:

☐ 19_____ ☐ 20_____ ☐ 20_____ ☐ 20_____ ☐ 20_____

☐ Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one - three. If you need more space to respond, photocopy the corresponding section's page, check the box that additional information is attached, and attach the photocopied page to this Questionnaire.

CERTIFICATION

THE PRINCIPAL QUESTIONNAIRE MUST BE CERTIFIED BY THE PRINCIPAL COMPLETING THE QUESTIONNAIRE. A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING VENDOR NON-RESPONSIBLE WITH RESPECT TO THE VENDEX SUBMISSION AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____ serving as _____ for _____,
Name Title **Submitting Vendor's** Name

being duly sworn, certify that:

- I have not altered the substance of this questionnaire in any manner;
- I have read and understand all of the items contained in the foregoing 6 pages of this questionnaire and the following _____ pages of attachments;
- I supplied full and complete responses to each item therein to the best of my knowledge, information and belief;
- I understand that New York City will rely on the information supplied in this questionnaire as an inducement to enter into a **contract** with the **submitting vendor**;
- I understand that at the time of execution of any **contract** with New York City, the **submitting vendor** will be required to certify that the information I have supplied remains accurate, and I further understand that I may provide to the **VENDEX** unit, in writing, any change(s) in the information provided in this questionnaire at the time of any change in the circumstances;
- I have read the vendor questionnaire submitted by the **submitting vendor**, and the answers thereto, and that, to the best of my knowledge, information and belief, those answers are full, complete and accurate.

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

_____
Notary Public

_____
Print name

_____
Signature

_____/_____/_____
Date