VENDOR 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: _____

Submitting vendor is ❑ **Prime** ❑ **Parent** ❑ **Controlling entity** ❑ **Subcontractor**

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 **vendor 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 ❑

1. Submitting vendor's:

a. Principal executive office address

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

_____
City/State/Zip Code

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

b. **Primary place of business** (in the NYC metropolitan area)

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

_____
City/State/Zip Code

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

❑ Check if the **submitting vendor** had other **primary places of business** in the NYC metropolitan area within the prior five (5) years and list information on page 7.

c. **Primary place of business** address is (check all that apply)

❑ Owned ❑ Rented ❑ Rented with an option to buy ❑ Donated

d. Addresses of the three largest sites at which it is anticipated that work would occur in connection with the contract pending at the times this questionnaire is completed, based on the number of people to be employed at each site:

❑ address in 1a. (if applicable) ❑ address in 1b. (if applicable)

Additional site(s)

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

_____
City/State/Zip Code

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

❑ Check if **submitting vendor's** three largest sites include other addresses and list information on page 7.

e. Web site address www. _____

f. Annual gross revenue (check range that applies)

❑$0 - $99,999 ❑$100,000 - $499,999 ❑$500,000 – $999,999
❑$1,000,000 - $ 2,499,999 ❑$2,500,000 –$4,999,999 ❑$5,000,000 or more

g. Business category (check all that apply)

❑Professional services ❑Manufacturing ❑Construction ❑Human Services
❑Commercial Services ❑Distribution ❑Retail ❑Not-for-Profit

Submitting vendor's

h. **DUNS** number _____ ❑none

i. National or regional stock exchange or NASDAQ listing _____ ❑none

j. Date **submitting vendor** began business in New York City _____/_____/_____

❑ Check if additional information is attached

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

2. ❑No ❑Yes Does the **submitting vendor** now use, or has it in the past ten (10) years used, an **EIN, TIN, SSN** or **DBA**, trade name or abbreviation other than the **submitting vendor** name or **EIN/SSN/TIN** number listed on page 1 of this questionnaire?

3. ❑No ❑Yes Has the **submitting vendor** used any other **business addresses** and **telephone numbers** at any time during the prior five (5) years?

4a.

Date this business was formed ____ / ____ /____

State in which business was formed _____

County in which business was formed _____

Country in which business was formed (if not formed in USA) _____

Type of organization (check one):

_____ Business Corporation

_____Not-for Profit Corporation

_____ Sole Proprietorship

_____Partnership: ____ General ____Limited _____ Limited Liability

_____Limited Liability Company

_____Joint Venture

_____ Other-indicate type: _____

4b. ❑No ❑Yes Are there any counties in New York State, other than the county listed in response to question 4a, in which the **submitting vendor** has filed a certificate of incorporation, a **DBA**, or the equivalent?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

5.

a. ❑No ❑Yes Does the **submitting vendor share** office **space, staff, equipment**, or **expenses** with any other **entities**?

b. ❑No ❑Yes Does the **submitting vendor** anticipate using or occupying any real property, other than the **business addresses** listed in response to Question 1 and 3, during the three (3) year **VENDEX** cycle?

c. ❑No ❑Yes Does any **principal owner** or **officer** of the **submitting vendor**, or any member of his/her **immediate family**, have an ownership interest in any **entity** that holds the title or lease to any real property used by the **submitting vendor** in the New York City metropolitan area?

6.

a. Starting on page 8, list ALL of the **submitting vendor's principal owners** and the three **officers** who exercise the most substantial degree of control over the **submitting vendor**.

b. ❑No ❑Yes Pursuant to any stock option or any other arrangements, does any **individual** or **entity** have the right within the next three (3) years to acquire stock in the **submitting vendor**, which, when combined with current holdings, would make such an **individual** or **entity** a **principal owner** or **officer**?

c. ❑No ❑Yes Is ten (10) percent or more of the **submitting vendor's** stock or ownership currently used or pledged as collateral for any loan or obligation?

7. Are there any individuals now serving in a **managerial** or **consulting capacity** to the **submitting vendor**, whether or not as a **principal owner** or **officer**, who now serve, or within the past five (5) years have served as:

a. ❑No ❑Yes an elected or appointed public 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** performing services related to the solicitation, negotiation, operation and/or administration of **contracts** on which the **submitting vendor** will work during this three (3) year **VENDEX** cycle?

8. ❑No ❑Yes Does the **submitting vendor control** one or more **entities**?

9. ❑No ❑Yes Does the **submitting vendor** have one or more **affiliates**, and/or is it a **subsidiary** of, and **controlled** by any other **entity**?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

10. ☐No ☐Yes Has the **submitting vendor**, or any **affiliate** listed in response to Question 9, been a **subcontractor** on any **contract** with any New York City **agency** in the past three (3) years?

11. At any time during the past five (5) years, has the **submitting vendor** or any of its **affiliates**, been subject to any of the following actions, whether pending or completed:

a. ☐No ☐Yes debarred from entering into any government **contract**?

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

c. ☐No ☐Yes declared in default and/or terminated for cause?

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

e. ☐No ☐Yes suspended from bidding or entering into any government **contract**?

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

12. Are there or have there been any judgments, injunctions, or liens, including, but not limited to, judgments based on taxes owed, fines and penalties assessed by any government **agency**, elected official, or the New York City Council initiated against the **submitting vendor** and/or any **affiliate**:

a. ☐No ☐Yes at any time within the past five (5) years?

b. ☐No ☐Yes that remain open, unsatisfied, or in effect today?

13. ☐No ☐Yes Have any bankruptcy proceedings been initiated by or against the **submitting vendor** or its **affiliates** within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the **submitting vendor** or its **affiliates** regardless of date of filing?

14. In the past five (5) years, has the **submitting vendor**, any of its **principal owners** or **officers,** or any **affiliate**:

a. ☐No ☐Yes had any permit, license, concession, franchise or lease terminated for cause or revoked?

b. ☐No ☐Yes been disqualified for cause as a bidder on any permit, license, concession, franchise or lease?

15. ☐No ☐Yes In the past five (5) years, have any of the **submitting vendors** or any of the **submitting vendors' affiliates** or any **individual** currently or within that period serving as a **principal owner, officer** or **managerial employee** been **investigated** by any government **agency**, including, but not limited to, federal, state and local regulatory **agencies**?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

16. Has the **submitting vendor**, any **affiliate**, or any of their current or former **principal owners** or **officers** or **managerial employees**:

a. ☐No ☐Yes been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions in the past five (5) years?

b. ☐No ☐Yes been convicted of a felony, and/or any crime related to truthfulness and/or business conduct in the past ten (10) years?

c. ☐No ☐Yes have any felony, misdemeanor and/or administrative charges currently pending?

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17. ☐No ☐Yes For the past five (5) years, has the **submitting vendor** or any of its **principal owners**, **officers**, or any **affiliate** had any **sanction** imposed as a result of judicial or administrative disciplinary proceedings with respect to any professional license held?

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18. ☐No ☐Yes Other than the **submitting vendor's** employees, did the **submitting vendor** retain, employ or designate anyone to influence the preparation of **contract** specifications, or the solicitation or award of any **contract** during this three (3) year **VENDEX** cycle?

19.

a. ☐No ☐Yes Is the **submitting vendor** exempt from income taxes under the **Internal Revenue Code?**

During the past five (5) years, has the **submitting vendor** failed to:

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

c. ☐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?

This question applies to not-for-profit vendors, others please answer "no".

20. ☐No ☐Yes If the **submitting vendor** is a **not-for-profit corporation**, in the past three (3) years, have any audits of the **submitting vendor** revealed **material weaknesses** in its system of internal controls, compliance with contractual agreements and/or laws and regulations?

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

Submitting vendor's EIN/SSN/TIN _____

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

Corresponds to Question 1.

1b. **Submitting vendor's** other **primary place(s) of business**

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

_____
City/State/Zip Code

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

1d. **Submitting vendor's** largest sites

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

_____
City/State/Zip Code

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

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

_____
City/State/Zip Code

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

☐ Check if attaching additional information

Corresponds to Question 2.

Other **DBA**, name, trade name, abbreviation _____

Other **EIN/TIN/SSN** _____

Dates in use - from _____/_____/_____ to _____/_____/_____ ☐ Still in use

☐ Check if attaching additional information

Corresponds to Question 3.

Other **business addresses** and **telephone numbers** in the last five (5) years

(Check One) ☐ Current ☐ Former

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

_____
City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

☐ Check if attaching additional information

Corresponds to Question 4. (check all that apply)

4b. ☐ Certificate of incorporation ☐ **DBA**

☐ Other, please identify _____

County _____ Date _____/_____/_____

☐ Check if attaching additional information

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

Corresponds to Question 5. (check all that apply)

5a. Item(s) **shared** ❑ **Space** ❑ **Staff** ❑ **Equipment** ❑ **Expenses**

Other **entity's** name _____

Other **entity's EIN/TIN/SSN** _____

Address

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

_____
City/State/Zip Code

❑ Check if attaching additional information

5b. Address

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

_____
City/State/Zip Code

❑ Additional addresses to be used not yet known

❑ Check if attaching additional information

5c. Ownership interest is ❑ **principal owner** ❑ **officer** ❑ **immediate family**

Name of party with ownership interest _____

Name of **entity** holding title or lease _____

❑ Check if attaching additional information

Corresponds to Question 6.

6a. **Principal owner's** name _____

EIN/SSN _____ Date of birth _____/_____/_____ Percent of ownership _____

❑ **individual** ❑ partnership ❑ joint venture ❑ corporation

Principal owner's name _____

EIN/SSN _____ Date of birth _____/_____/_____ Percent of ownership _____

❑ **individual** ❑ partnership ❑ joint venture ❑ corporation

Principal owner's name _____

EIN/SSN _____ Date of birth _____/_____/_____ Percent of ownership _____

❑ **individual** ❑ partnership ❑ joint venture ❑ corporation

❑ Check if attaching additional information

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

Question 6 continued.

6a. cont. **Officer's** name _____
SSN _____ - _____ - _____ Date of birth ____/____/____
Title _____

Officer's name _____
SSN _____ - _____ - _____ Date of birth ____/____/____
Title _____

Officer's name _____
SSN _____ - _____ - _____ Date of birth ____/____/____
Title _____

☐ Check if attaching additional information

6b. ☐ **Individual** ☐ **Entity** Name _____
EIN/SSN _____ If **individual**, date of birth ____/____/____
☐ Stock option ☐ Other (explain) _____
Percent of ownership: _____
If **entity** is checked, is the **business address** the same as that listed in question 1? ☐ Yes ☐ No
If no, list address

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

_____
City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

☐ Check if attaching additional information

6c. (Check all that apply)
☐ Stock ☐ Ownership:
☐ Used ☐ Pledged as collateral ☐ Other (explain) _____
☐ Loan ☐ Obligation
Name of receiving **individual** and/or **entity** _____
EIN/SSN _____ If **individual**, date of birth ____/____/____
Percent of ownership: _____ Transaction date ____/____/____

☐ Check if attaching additional information

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

Corresponds to Question 7. (Check all that apply)

7a. ☐ elected official ☐ elected officer ☐ appointed official ☐ appointed officer

☐ **principal owner** or **officer** ☐ **managerial capacity** ☐ **consulting capacity**

Employee's Name _____

SSN_____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of organization elected or appointed to _____

☐ Check if attaching additional information

7b. ☐ Full-time NYC **agency** employee ☐ Part-time NYC **agency** employee ☐ Consultant to NYC **agency**

☐ **principal owner** or **officer** ☐ **managerial capacity** ☐ **consulting capacity**

Employee's Name _____

SSN_____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of NYC **agency** _____

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

☐ Check if attaching additional information

7c. ☐ Paid officer in NYC political party ☐ Unpaid officer in NYC political party

☐ **principal owner** or **officer** ☐ **managerial capacity** ☐ **consulting capacity**

Employee's Name _____

SSN_____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of political party _____

☐ Check if attaching additional information

7d. Individual serves **submitting vendor** as

☐ **principal owner** or **officer** ☐ **managerial capacity** ☐ **consulting capacity**

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

Employee's Name _____

SSN_____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of NYC **agency** _____

☐ Check if attaching additional information

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

Corresponds to Question 8. (Check all that apply)

Name of **controlled entity** _____

☐ For profit ☐ **Not-for-profit corporation** ☐ Other (explain) _____

EIN/TIN/SSN _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

☐ Check if attaching additional information

Corresponds to Question 9. (Check all that apply)

☐ **Submitting vendor** has one or more **affiliate(s)**

(If checked) Name of **affiliate** _____

Type of business ☐ For profit ☐ **Not-for-profit corporation** ☐ Other (explain) _____

EIN/TIN/SSN _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

☐ Check if attaching additional information

☐ **Submitting vendor** is a **subsidiary** of:

☐ **Submitting vendor** is **controlled** by:

(If checked) Name of **entity** _____

EIN/TIN/SSN _____

Type of business ☐ For profit ☐ **Not-for-profit corporation** ☐ Other (explain) _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

☐ Check if attaching additional information

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

Corresponds to Question 10.

☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Name of prime contractor _____

Contract type _____

Contract number _____ **Contract** start date _____/_____/_____

Subcontract amount $ _____

Name of NYC **agency** _____

☐ Check if attaching additional information

Corresponds to Question 11.

11a. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

☐ Debarment proceeding pending ☐ Debarment in effect ☐ Period of debarment completed

Summary of finding _____

_____

_____

_____

Date of finding (if any) _____/_____/_____

Name of government **agency** _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

☐ Check if attaching additional information

11b. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Date notified of **non-responsible** finding_____/_____/_____

Submitting vendor/affiliate appealed the finding of **non-responsible**, with the following outcome(s) ☐ upheld ☐ reversed ☐ pending

Summary of finding _____

_____

_____

_____

Date of finding (if any) _____/_____/_____

Name of government **agency** _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

☐ Check if attaching additional information

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

Question 11 continued.

11c. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

☐ Declared in default ☐ Terminated for cause

Summary of finding _____

_____

_____

_____

Date of finding (if any) _____/_____/_____ ☐ proceeding ongoing

Name of government **agency** _____

Address _____
Street/P.O. Box

_____
City/State/Zip Code

☐ Check if attaching additional information

11d. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate,** name _____ **EIN/TIN/SSN** _____

☐ Ineligible to bid ☐ Ineligible to propose

Summary of finding _____

_____

_____

_____

Date of finding (if any) _____/_____/_____ ☐ proceeding ongoing

Name of government **agency** _____

Address _____
Street/P.O. Box

_____
City/State/Zip Code

☐ Check if attaching additional information

11e. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Suspension is ☐ pending ☐ in effect ☐ completed

Summary of finding _____

_____

_____

_____

Date of finding (if any) _____/_____/_____ ☐ proceeding ongoing

Name of government **agency** _____

Address _____
Street/P.O. Box

_____
City/State/Zip Code

☐ Check if attaching additional information

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

Question 11 continued.

11f. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Summary of finding _____

_____

_____

_____

Date of finding (if any) _____/_____/_____ ☐ proceeding ongoing

Name of government **agency** _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

☐ Check if attaching additional information

Corresponds to Question 12. (Check all that apply)

12a. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

☐ judgment ☐ injunction ☐ lien

☐ other (explain) _____

Name of **agency** _____

Date obligation filed _____/_____/_____ Date discharged _____/_____/_____

Amount of original obligation $_____ Amount outstanding $_____

☐ Check if attaching additional information

12b. ☐ **submitting vendor** ☐ **affiliate**

If **affiliate,** name _____ **EIN/TIN/SSN** _____

☐ judgment ☐ injunction ☐ lien

☐ other (explain) _____

Name of **agency** _____

☐ open ☐ unsatisfied ☐ in effect today

Amount of original obligation $_____ Amount outstanding $_____

☐ Check if attaching additional information

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

Corresponds to Question 13. (Check all that apply)

Within the past seven (7) years, bankruptcy proceedings

☐ have been initiated
☐ have been closed
☐ remain pending

These proceedings involve

☐ **submitting vendor** ☐ **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Court name _____

Court address _____

Docket number _____ Date initiated _____Date closed ___/__/___

☐ Check if attaching additional information

Corresponds to Question 14. (Check all that apply)

14a. ☐ **submitting vendor** ☐ **principal owners or officers** ☐ **affiliate**

Name _____ **EIN/TIN/SSN** _____

☐ terminated for cause ☐ revoked Date _____/_____/_____

☐ permit ☐ license ☐ concession ☐ franchise ☐ lease

Name of sanctioning **agency** _____

Specify reason(s) for action _____

☐ Check if attaching additional information

14b. ☐ **submitting vendor** ☐ **principal owners** or **officers** ☐ **affiliate**

Name _____ **EIN/TIN/SSN** _____

☐ disqualified for cause Date _____/_____/_____

☐ permit ☐ license ☐ lease ☐ concession ☐ franchise

Name of sanctioning **agency** _____

Specify the reason(s) for action _____

☐ Check if attaching additional information

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

Corresponds to Question 15.

☐ **submitting vendor** ☐ **affiliate**

individual serving as ☐ **principal owner** ☐ **officer** ☐ **managerial employee**

Name _____ **EIN/TIN/SSN** _____

Name of investigating government **agency** _____

Date initiated _____/_____/_____ Date completed _____/_____/_____ ☐ ongoing

Summary of investigation _____

_____

_____

_____

☐ Check if attaching additional information

Corresponds to Question 16. (Check all that apply)

16a. ☐ **submitting vendor** ☐ **affiliate**

former ☐ **principal owner** ☐ **officer** ☐ **managerial employee**

current ☐ **principal owner** ☐ **officer** ☐ **managerial employee**

Name _____ **EIN/TIN/SSN** _____

Found in violation of ☐ administrative provision(s)

☐ statutory provisions(s)

☐ regulatory provision(s)

☐ convicted of a misdemeanor

Summary of finding _____

_____

_____

_____

Date of action _____/_____/_____ Charging **agency**_____

☐ Check if attaching additional information

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

Question 16 continued.

16b. ☐ **submitting vendor** ☐ **affiliate**

☐ former **principal owners** or **officers** or **managerial employees**

☐ current **principal owners** or **officers** or **managerial employees**

Name _____ **EIN/TIN/SSN** _____

☐ convicted of a felony in the past ten (10) years

☐ convicted of a crime related to truthfulness in the past ten (10) years

☐ onvicted a crime related to business conduct in the past ten (10) years

Summary of felony and/or crime _____

_____

_____

_____

Date of action_____/_____/_____ Charging **agency** _____

☐ Check if attaching additional information

16c. ☐ **submitting vendor** ☐ **affiliate**

☐ former **principal owners** or **officers** or **managerial employees**

☐ current **principal owners** or **officers** or **managerial employees**

Name _____ **EIN/TIN/SSN** _____

Charges pending are ☐ felony ☐ misdemeanor ☐ administrative charges

Summary of finding _____

_____

_____

_____

Date of action_____/_____/_____ Charging **agency** _____

☐ Check if attaching additional information

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

Corresponds to Question 17.

Name of sanctioning **agency** _____

Name of sanctioned **individual** or **entity** _____

☐ **submitting vendor** ☐ **principal owners** or **officers** ☐ **affiliate**

EIN/SSN/TIN _____

☐ judicial disciplinary proceedings with respect to any professional license held

☐ administrative disciplinary proceedings with respect to any professional license held

Summary _____

_____

_____

_____

Date of action _____/_____/_____

☐ Check if attaching additional information

Corresponds to Question 18.

Name _____ **EIN/TIN/SSN** _____

Address

_____
Street/P.O. Box

_____
City/State/Zip Code

Telephone number (_____) _____ - _____ Fax number (_____) _____ - _____

☐ Check if attaching additional information

Corresponds to Question 19.

19a. Reason for exemption from income taxes_____

☐ Check if attaching additional information

19b. **Submitting vendor** failed to file:

☐ Federal taxes ☐ State taxes ☐ NYC 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

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

Question 19 continued.

19c. **Submitting vendor** failed to pay:

☐ Federal taxes ☐ State taxes ☐ NYC taxes ☐ Other NYC charges

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

If "Other NYC charges" is checked, specify _____

Taxes were not paid for tax years:

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

☐ Check if attaching additional information

Corresponds to Question 20.

audits revealed **material weaknesses** in:

☐ system of internal controls

☐ compliance with contractual agreements

☐ compliance with laws and regulations

Summary _____

_____

_____

_____

Date _____/_____/_____

☐ Check if attaching additional information

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

CERTIFICATION

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

I hereby 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 19 pages of this questionnaire and the following _____ pages of attachments;
- I have supplied full and complete responses to each item therein to the best of my knowledge, information and belief;
- I understand that the 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 will notify the VENDEX unit in writing of all **subcontractors** engaged pursuant to each resulting **contract** valued at one hundred thousand dollars ($100,000) or more;
- The **submitting vendor** was not founded or established and is not operated in a manner to evade the application or defeat the purpose of Section 6-116.2, subdivision (b) of the New York City Administrative Code, and is not the successor, assignee or **affiliate** of an **entity** which is ineligible to bid or propose on contracts or against which a proceeding to determine eligibility to bid or propose on contracts or against which a proceeding to determine eligibility to bid or propose on contracts is pending.

I further certify as to the following ongoing obligations of the **submitting vendor**:

- The New York City Administrative Code provides that the **submitting vendor** shall update the information provided in this questionnaire by submitting a current questionnaire every three years, to be provided no later than the date of award of any **contract** subsequent to the expiration of the three year period;
- The **submitting vendor** is required to certify, at the time of any future award, that the information previously submitted in its most recent **VENDEX** submission is full, complete and accurate, except as to any changed information the **submitting vendor** provides at that time and, as to that information, the **submitting vendor** shall be required to certify that it is full, complete and accurate.

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

_____
Notary Public

_____
Print name

_____
Signature

_____ / _____ / _____
Date