**Department of Youth & Community Development**

Jeanne B. Mullgrav
Commissioner

-For Agency Use Only-
**RECEIPT NUMBER**

# Recertification Form for City Council Discretionary Awards

**A Recertification Form must by submitted by any organization prequalified in FY2009 to be eligible to receive more than $10,000 of FY2010 New York City Council discretionary funds.** If your organization was prequalified in FY 2009, and your application has not changed substantially, your organization will be approved for the appropriate City Agency. Additional information may be requested and evaluated. If your organization has not been prequalified, complete and submit the **Prequalification Application**. To get a copy of the **Prequalification Application,** or to find out which Agencies your organization prequalified for in FY09, please visit www.nyc.gov/dycd.

1) Type your response directly into this fillable form or print answers neatly by hand in black ink.
2) Email pqlhelp@dycd.nyc.gov with any questions.
3) Return the completed Recertification with all required attachments to
**DYCD, Attn: Agency Chief Contracting Officer, 156 William Street, 2nd floor, New York, NY 10038.**

*Thank you for your cooperation.*

## Part 1: Identifying Information

Organization Name: _____

Primary EIN/TIN : _____ Any Additional EINs/TINs: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title : _____

Phone : _____ Fax : _____

E-mail: _____

## Part 2: Experience and Expertise

Indicate the City Agencies through which FY2010 funding would be administered by checking the appropriate box(es) below. For Agencies not listed use the space marked "Other." This Recertification Form may only be used for Agencies your organization prequalified for in FY2009. To apply for additional Agencies submit a separate **Prequalification Application**. If you're unsure of which City Agencies you prequalified for in FY 2009 please visit: www.nyc.gov/dycd.

- ☐ **Administration for Children's Services**
- ☐ **Criminal Justice Coordinator**
- ☐ **Dept. of Cultural Affairs**
- ☐ **Dept. for the Aging**
- ☐ **Dept. of Homeless Services**
- ☐ **Dept. of Education**
- ☐ **Dept. of Health and Mental Hygiene**
- ☐ **Dept. of Youth and Community Development**
- ☐ **Dept. of Parks and Recreation**
- ☐ **Dept. of Small Business Services**
- ☐ **Human Resources Administration**
- ☐ **Housing Preservation and Development**
- ☐ **New York City Housing Authority**
- ☐ **Other** _____

## Part 3: Charities Bureau Compliance

**1) This organization is registered with the Charities Bureau of the New York State Attorney General and is up-to-date with its filing obligations.**

☐ Yes ☐ No (explain): _____

☐ Exempt (Complete the attached *Certification of Exemption from Requirement to Register with the New York State Charities Bureau.*)

## Part 4: Attachments (Please check the boxes below to indicate which documents are attached.)

☐ Doing Business Accountability Form (required)

☐ Certification of Exemption from Requirement to Register with the New York State Charities Bureau (if applicable)

## Part 5: Certification

I, _____ serving as _____ of _____,
*Name* *Title* *Organization*

certify that the information submitted on these two pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the organization being found non-responsible and therefore denied future City awards.

_____
Notary Public

_____
Print name

_____.
Signature

_____
Date

**Return the completed application to DYCD, Attn: ACCO,156 William St., 2nd Floor, New York, NY 10038.**



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

**To be completed by any organization prequalifying or recertifying to receive a discretionary award**

# Doing Business Data Form - Discretionary Awards

Any organization applying for Prequalification or Recertification to receive a Discretionary Award 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 an application to be considered and for any organization to receive a Discretionary Award.**

Organizations are required to provide information 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.**

**Attach this form to the Prequalification Application or Recertification Form and return to DYCD, Attn: Agency Chief Contracting Officer, 156 William Street, 2nd floor, New York, NY 10038.** Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. If you have questions about the Discretionary Award process, please contact DYCD. Thank you for your cooperation.

## Section 1: Organization Information

Organization Name: _____

Organization EIN/TIN: _____

**Organization Filing Status (select one):**

☐ Organization 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 organization.*

☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Organization is a Non-Profit: ☐ Yes ☐ No

Organization Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type) ☐ Sole Proprietor ☐ Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail: _____

## Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the organization has no such officer or its equivalent, please check "This position does not exist." If the organization 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 organization): _____

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 organization): _____

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 organization): _____

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 organization**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the organization 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 organization 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 organization

☐ Other (explain): _____

**Principal Owners (who own or control 10% or more of the organization):**

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

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 Contract Managers

Please fill in the required identification information for all senior managers who oversee **any** of the organization's contracts with the City. 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 contract 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 organization 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 Contract Managers:**

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

**Remove the following previously-reported Senior Contract 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 organization being found non-responsible and therefore denied future City awards.**

Name: _____

Signature: _____ Date: _____

Organization Name: _____

Title: _____ Work Phone #: _____

**Return the completed Data Form to DYCD.**

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

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**OFFICE OF THE MAYOR**
**OFFICE OF CONTRACT SERVICES**

253 Broadway - 9th Floor
*New York, New York 10007*
(212) 788-0010 Fax (212) 788-0049

MARLA G. SIMPSON
Director

## Certification of Exemption from Requirement to Register with the New York State Charities Bureau

This Certification may only be used by not-for-profit organizations that qualify for legitimate exemptions from the requirements to register with the Charities Bureau of New York State Attorney General's Office. If your organization qualifies for exemptions under both Article 7-A of the New York State Executive Law, and the New York State Estates, Powers and Trusts Law, an officer may use this form to affirm and certify the reason for exemption to the City of New York. ***If your organization can check one of the exemption categories below, your organization qualifies for an exemption and should use this form.*** The City will use this information to determine responsibility and compliance with applicable State laws.

*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 ORGANIZATION NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD. IN ADDITION, A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.*

**The organization affirms the following (check all that apply):**

☐ Organization is incorporated under the Religious Corporations Law, or has a religious purpose. (Explain)

_____

☐ Organization is operated, supervised or controlled by or in connection with a religious organization. (Explain)

_____

☐ Organization is an educational institution or museum incorporated under the NY State Educational Law or by Special Act AND files annual financial reports with the Board of Regents.

☐ Organization is a library incorporated under the NY State Education Law or by special act AND files annual financial reports with the NY State Department of Education.

☐ Organization is a Parent Teacher Association affiliated with an educational institution subject to the jurisdiction of the New York State Department of Education.

☐ Organization is a volunteer firefighter service or a volunteer ambulance service AND all fundraising is done by members without direct/indirect compensation.

☐ Organization is a chartered local post, camp, chapter or county unit of a veteran's organization, or auxiliary/ affiliate thereof AND all fundraising is done by members without direct or indirect compensation.

☐ Organization is or is controlled by a government agency.

☐ Organization is not charitable because it is organized solely for the benefit of its members.
(NOTE: if the organization holds $25,000 or more in assets or receives $25,000 or more in contributions per year, a detailed statement must accompany this certification, to explain how such organization is *both* organized for the benefit of its members and serving a public purpose.)

_____ Name of Organization

_____ Signature of Authorized Officer / Date

_____ Organization's Address

_____ Print Name / Title of Signer

_____ City / State / Zip Code

_____ EIN of Organization

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

_____ Telephone Number

_____ Notary Public



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