

Date	7/17/2020
PIN	21MI013001R0X00
Request Title	Dell PowerEdge Server Computer
<b>This request is being issued in accordance with §3-08(c)(1)(iv) of the City of New York Procurement Policy Board (“PPB”) Rules as a “M/WBE Noncompetitive Small Purchase”. Only responses received from New York City-Certified M/WBE firms shall be considered.</b>	

To Whom It May Concern:

The New York City Department of Health and Mental Hygiene (“DOHMH” or “the agency”) is seeking an appropriately qualified vendor to provide Dell PowerEdge Server Computer.

### Item Description

The Contractor would provide the following item(s):

Item NO	Description	Qty
1	PowerEdge R940xa	2

Product Description	SKU	Qty
PowerEdge R940xa	210-AOQP	2
No Trusted Platform Module	461-AADZ	2

Product Description	SKU	Qty
8 x 2.5" Chassis, 8 SAS/SATA bays, Double-wide accelerators capable, 2/4 CPU Configuration	321-BDMQ	2
PowerEdge R940xa Shipping	340-CBCB	2
2x Intel Xeon Platinum 8280 2.7G, 28C/56T, 10.4GT/s, 38.5M Cache, Turbo, HT (205W) DDR4-2933	338-BSEZ	2
2x Intel Xeon Platinum 8280 2.7G, 28C/56T, 10.4GT/s, 38.5M Cache, Turbo, HT (205W) DDR4-2933	338-BSEZ	2
2x Additional Processor Selected	379-BDNR	2
Blank for 4CPU Configuration	370-AECN	2
2 CPU Heatsink	412-AANG	2
4 CPU Heatsink	412-AANH	2
2933MT/s RDIMMs	370-AEPP	2
Performance Optimized	370-AAIP	2
RAID 1	780-BCDN	2
PERC H730P RAID Controller, 2GB NV Cache, Adapter, Full Height	405-AAMR	2
iDRAC9,Enterprise	385-BBKT	2
OpenManage Enterprise Advanced	528-BIYY	2
DVD ROM, SATA, Internal	429-ABGH	2
2U Combo Drop-In/Stab-In Rail	770-BCPU	2
PowerEdge LCD Bezel	350-BBOU	2
Dell EMC Luggage Tag	389-CHBB	2
Performance BIOS Settings	384-BBBL	2

Product Description	SKU	Qty
2+2 Power Supply, Redundant Configuration, 1600W, 250 Volt Power Cord Required for Use	450-AHCD	2
No Systems Documentation, No OpenManage DVD Kit	631-AACK	2
No Operating System	619-ABVR	2
No Media Required	421-5736	2
PowerEdge R840/R940xa MLK Motherboard	329-BEOT	2
GPU Ready Configuration Cable Install Kit	470-ACXG	2
PowerEdge R940xa Shipping Material, DAO	340-COPV	2
PowerEdge R940xa CE and BIS Marking, No CCC Marking	389-DSPQ	2
iDRAC Group Manager, Disabled	379-BCQY	2
iDRAC,Factory Generated Password	379-BCSF	2
Intel X550 Quad Port 10GbE BASE-T, rNDC	540-BBUY	2
No Quick Sync,R940XA	350-BBPB	2
Riser Config1, 8 PCIe slots (4 x16 GRAPHICS Full height slots + 2 x8 FH + 2 x16 LP), 4 CPU	330-BBKX	2
Dell Hardware Limited Warranty Plus On-Site Service	818-7292	2
ProSupport Plus Mission Critical: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 3 Years	818-7394	2
ProSupport Plus Mission Critical: 7x24 HW/SW Technical Support and Assistance, 3 Years	818-7402	2
Thank you for choosing Dell ProSupport Plus. For tech support, visit <a href="http://www.dell.com/contactdell">//www.dell.com/contactdell</a>	951-2015	2
ProDeploy Plus Dell Server R Series 3U/4U - Deployment	804-6756	2
ProDeploy Plus Dell Server R Series 3U/4U - Deployment Verification	804-6757	2

Product Description	SKU	Qty
ProDeploy Plus Training Credits 300 Redeem at education.dellemc.com Expires 1Yr from Order Date	812-4005	2
64GB RDIMM, 2933MT/s, Dual Rank	370-AEQD	48
300GB 15K RPM SAS 12Gbps 512n 2.5in Hot-plug Hard Drive	400-ASGQ	4
Intel XXV710 Dual Port 10/25GbE SFP28 Adapter, PCIe Full Height	540-BCDH	2
Emulex LPE 35002 Dual Port 32 Gb Fibre Channel HBA, PCIe Full Height	406-BBMP	4
C13 to C14, PDU Style, 12 AMP, 6.5 Feet (2m) Power Cord, North America	492-BBDI	8
Dell Networking, Transceiver, 25GbE SFP28 SR,MMF Duplex, LC	407-BBWO	4

#### **Anticipated Term of Contract:**

It is anticipated that the term of the contract awarded from this Request will be from 11/1/2020 to 10/31/2021.

#### **Anticipated Payment Structure:**

The payment structure of the contract awarded from this Request will be based on unit payments tied to outcomes.

#### **Anticipated Contract Amount**

It is anticipated that the available funding for this request will be \$112,313.82 for the full term of the contract.

All anticipated funding amounts are estimated, and are contingent upon funding availability.

#### **Other Notices and Requirements:**

Notice or Requirement	Applies to this Request ("X" indicates applicability)
<b>General Liability, Workers Comp, and Disability Insurance requirements:</b> Please see Schedule A for insurance requirements. The selected vendor will be required to provide proof of coverage prior to contract award.	X
<b>Subcontracting Pre-Approval Required:</b> If any portion of the work will be performed by a subcontractor, use of this subcontractor must be pre-approved by	

DOHMH. Contractors should indicate their intention to use subcontractor(s) in their Proposal. The Contractor will be required to report all subcontractors, and enter all payments to subcontractors, in the New York City Payment Information Portal (PIP).	
<p><b>Subcontracting Limits for M/WBE Non-competitive Small Purchases:</b>  Subcontracting is permitted under this contract with DOHMH's prior approval. Subcontracting is limited to no more than 40% of the total contract amount; the use of non-MWBE subcontractors is limited to no more than 20% of the value of the contract.</p> <p>If any portion of the work will be performed by a subcontractor, use of this subcontractor must be pre-approved by DOHMH. Contractors should indicate their intention to use subcontractor(s) in their Proposal. The Contractor will be required to report all subcontractors, and enter all payments to subcontractors, in the New York City Payment Information Portal (PIP).</p>	
<b>Subcontracting not permitted:</b> Subcontracting will not be permitted under the resulting contract. The selected vendor is expected to self-perform all work.	
<b>Prevailing Wage:</b> To the extent that any trades covered by the work stipulated herein involves titles covered by Prevailing Wage Rates pursuant to New York State Labor Law Sections 220 and 230, and Section 6-109 of the New York City Administrative Code, contractor shall be required to pay not-less-than the prevailing wage rate in effect at the time work is performed. Current prevailing wage rate schedules may be found at the following website: <a href="http://comptroller.nyc.gov/prevailing-wage/wage-schedules/">http://comptroller.nyc.gov/prevailing-wage/wage-schedules/</a>	
<b>Project Labor Agreements:</b> Project Labor Agreements apply to the contract that results from this Request, as it involves the renovation, repair, alteration, rehabilitation, or expansion of an existing City-owned building or structure within the five boroughs of New York City in excess of \$250,000.	
<b>Doing Business Data Project:</b> Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance Law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the city" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation are required to complete the attached Doing Business Data Form and return it with this proposal, and should do so in a separate envelope. (If the responding vendor is a proposed joint venture, the entities that comprise the proposed joint venture must each complete a Data Form.) If the City determines that a vendor has failed to submit a Data Form or has submitted a Data Form that is not complete, the vendor will be notified by the agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a complete Data Form to the agency. Failure to do so will result in a determination that the proposal is non-responsive. Receipt of notification is defined as the day notice is e-	X

mailed or faxed (if the vendor has provided an e-mail address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.	
<b>Iran Divestment Act:</b> Pursuant to State Finance Law Section 165-a and General Municipal Law Section 103-g, the City is prohibited from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Each proposer is required to complete the attached Bidders Certification of Compliance with the Iran Divestment Act, certifying that it is not on a list of entities engaged in investments activities in Iran created by the Commissioner of the NYS Office of General Services. If a proposer appears on that list, the Agency will be able to award a contract to such proposer only in situations where the proposer is taking steps to cease its investments in Iran or where the proposer is a necessary sole source. Please refer to the Iran Divestment Act attachment for information regarding the requirements for this solicitation and instructions on how to complete the required form. Visit <a href="http://www.ogs.ny.gov/About/regs/ida.asp">http://www.ogs.ny.gov/About/regs/ida.asp</a> for additional information concerning the list of entities.	X
<b>Earned Sick Time Act:</b> The Earned Sick Time Act, also known as the Paid Sick Leave Law (“PSLL”), requires covered employees who annually perform more than 80 hours of work in New York City to be provided with paid sick time. Contractors of the City of New York [or of other governmental entities] may be required to provide sick time pursuant to the PSLL codified at Title 20, Chapter 8, of the New York City Administrative Code.	X
<b>PASSPort:</b> PASSPort Enrollment and Disclosure Filing: Effective August 1, 2017, the Procurement and Sourcing Solutions (PASSPort) system replaces the paper-based VENDEX process, and is now the primary portal to do business with the City. All organizations intending to do business with the City of New York should complete an online disclosure process to be considered for a contract. This disclosure process was formerly completed using Vendor Information Exchange System (VENDEX) paper-based forms. In anticipation of contract awards, DOHMH strongly encourages all proposers/bidders to create online accounts in PASSPort and to file all disclosure information. Paper submissions, including certifications of no changes (CNCs) to existing VENDEX packages will not be accepted in lieu of complete online filings. For more information about PASSPort, please visit <a href="http://nyc.gov/passport">nyc.gov/passport</a> .	X
<b>Ancillary Agreements:</b> Depending upon the project covered herein, DOHMH may require that the resulting contract contain one or more of the following ancillary agreements to which the parties must agree: a Data Use Agreement; a Business Associate Agreement; a Confidentiality Agreement; or a Non-Disclosure Agreement, each as applicable to the particular project.	X
<b>IT Security:</b> For projects with an information technology (“IT”) component, The Contractor would be asked to provide computer system and data security audit/review documents that cover the project domain for the DOHMH IT Information Security team to review to ensure that the contractor’s internal IT infrastructure conforms to NIST SP 800 Computer Security Standards. Any external cloud solutions (e.g., IaaS, SaaS, PaaS and XaaS) planned to be used in the project will be subjected to NYC	

DoITT's security review and approval before usage to ensure optimal levels of contractor security technology are in place to protect city data. Hence, any internet browser based applications that are planned to be used for this project to access and/or share NYC DOHMH data, including applications for internal contractor project use, must be reviewed and approved by NYC DOHMH and NYC DoITT prior to DOHMH data being stored in the contractor's network system.	X
<b>Fixed Price:</b> Unless otherwise specified herein, the unit prices will be fixed for the duration of the resulting agreement.	X
<b>Quote Price Assumptions:</b> Quoted prices shall be deemed to <i>include</i> the cost of delivery, F.O.B. Destination, inside delivery, and assembly, unless otherwise specified. Bid Price shall be a net price.	X
<b>Material Guarantees:</b> The vendor guarantees the following: that the equipment offered is standard new material, latest model of regular stock products with all parts regularly used with the type of material offered; that no attachment or part has been substituted or applied contrary to manufacturer's recommendation and standard practice; that where applicable every unit delivered must be guaranteed as to sterility in transit and/or storage; and that every unit delivered must be guaranteed against faulty material and workmanship and if defective, the unit or part affected is to be replaced without cost to the City.	X
<b>Applicability of Local Law 63 (Charter Section 312(a)):</b> The contract that results from this request is estimated to be $\geq$ \$200,000 in value, and is for professional or standard services. Therefore, Local Law 63 is applicable.	

**Submission Instructions:**

**Agency Contact Person:**

Neoderry Abrams, Contract Manager  
NYC Department of Health and Mental Hygiene  
Office of the Agency Chief Contracting Officer  
42-09 28<sup>th</sup> Street, 17<sup>th</sup> Floor, CN-30A  
Long Island City, NY 11101-4132  
Phone: 347-396-6638  
Email: [sps@health.nyc.gov](mailto:sps@health.nyc.gov)

**Questions Due Date:** 7/22/2020

Questions about this Request must be received by this date. An addendum containing all questions and answers will be issued to all vendors that received this request.

**Response Due Date and Time:** 7/31/2020 by 2:00 p.m.

Complete the attached Response Form (Attachment A) **along with any other required documents**, and submit it via mail or e-mail to the Agency Contact Person indicated above on or before the due date and time. Emailed responses must be in an unalterable electronic format, preferably .pdf. Emailed responses must include the PIN of this solicitation in the subject line, and must be sent to [sps@health.nyc.gov](mailto:sps@health.nyc.gov)

Responses received after the due date and time will not be considered.



ATTACHMENT A  
VENDOR RESPONSE FORM, PAGE 1 OF 1

**Dell PowerEdge Server Computer**

**PIN: 21MI013001R0X00**

**Vendor's 's Legal Name:** \_\_\_\_\_

**Tax ID # (if a SSN, provide only last 4 digits):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Vendor's Authorized Representative**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Best time to call:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Can you perform the services outlined in this request?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Are you available to provide these services between 11/01/20 and 10/31/21? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Attach the following documents:  |                          |                          |
| <input type="radio"/> Completed Price Quote Form--Attachment B                                      |                          |                          |
| <input type="radio"/> Completed Doing Business Data Form  |                          |                          |
| <input type="radio"/> Completed Bidder's Certification of Compliance with Iran Divestment Act       |                          |                          |

**Proposer's/Firm's Authorized Representative:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Attachment B

### Price Quote Form

QUOTE INSTRUCTIONS: enter an all-inclusive, fully-burdened Unit Price for every item associated with this Request. Include all costs associated with the performance of work, including (but not limited to) materials, labor, insurance, statutory and fringe benefites, taxes, overhead, delivery and profit. Calculate the Extended Price for each line item. Provide the Total Quote amount (sum of all Extended Prices). The Department will not reimburse for any other costs, so proposers must take this into consideration in developing their rates. The selected vendor would be paid upon successful, DOHMH-approved completion of each deliverable, at the rates set out below.

Unit Prices will remain fixed for the term of the resulting agreement. The quantities listed herein are estimates; DOHMH may use more, less or none of the quantities listed below. The vendor shall only deliver items at DOHMH's request; DOHMH shall only pay for approved items received. There will be no minimum or maximum guaranteed payments under the resulting agreement.

Item NO	Description	Qty	unit price	extended price
1	PowerEdge R940xa	2		
total price				
Product description		SKU	Qty	
PowerEdge R940xa		210-AOQP	2	
No Trusted Platform Module		461-AADZ	2	
8 x 2.5" Chassis, 8 SAS/SATA bays, Double-wide accelerators capable, 2/4 CPU Configuration		321-BDMQ	2	
PowerEdge R940xa Shipping		340-CBCB	2	
2x Intel Xeon Platinum 8280 2.7G, 28C/56T, 10.4GT/s, 38.5M Cache, Turbo, HT (205W) DDR4-2933		338-BSEZ	2	
2x Intel Xeon Platinum 8280 2.7G, 28C/56T, 10.4GT/s, 38.5M Cache, Turbo, HT (205W) DDR4-2933		338-BSEZ	2	

2x Additional Processor Selected	379-BDNR	<b>2</b>
Blank for 4CPU Configuration	370-AECN	<b>2</b>
2 CPU Heatsink	412-AANG	<b>2</b>
4 CPU Heatsink	412-AANH	<b>2</b>
2933MT/s RDIMMs	370-AEPP	<b>2</b>
Performance Optimized	370-AAIP	<b>2</b>
RAID 1	780-BCDN	<b>2</b>
PERC H730P RAID Controller, 2GB NV Cache, Adapter, Full Height	405-AAMR	<b>2</b>
iDRAC9,Enterprise	385-BBKT	<b>2</b>
OpenManage Enterprise Advanced	528-BIYY	<b>2</b>
DVD ROM, SATA, Internal	429-ABGH	<b>2</b>
2U Combo Drop-In/Stab-In Rail	770-BCPU	<b>2</b>
PowerEdge LCD Bezel	350-BBOU	<b>2</b>
Dell EMC Luggage Tag	389-CHBB	<b>2</b>
Performance BIOS Settings	384-BBBL	<b>2</b>
2+2 Power Supply, Redundant Configuration, 1600W, 250 Volt Power Cord Required for Use	450-AHCD	<b>2</b>
No Systems Documentation, No OpenManage DVD Kit	631-AACK	<b>2</b>

No Operating System	619-ABVR	<b>2</b>
No Media Required	421-5736	<b>2</b>
PowerEdge R840/R940xa MLK Motherboard	329-BEOT	<b>2</b>
GPU Ready Configuration Cable Install Kit	470-ACXG	<b>2</b>
PowerEdge R940xa Shipping Material, DAO	340-COPV	<b>2</b>
PowerEdge R940xa CE and BIS Marking, No CCC Marking	389-DSPQ	<b>2</b>
iDRAC Group Manager, Disabled	379-BCQY	<b>2</b>
iDRAC, Factory Generated Password	379-BCSF	<b>2</b>
Intel X550 Quad Port 10GbE BASE-T, rNDC	540-BBUY	<b>2</b>
No Quick Sync, R940XA	350-BBPB	<b>2</b>
Riser Config1, 8 PCIe slots (4 x16 GRAPHICS Full height slots + 2 x8 FH + 2 x16 LP), 4 CPU	330-BBKX	<b>2</b>
Dell Hardware Limited Warranty Plus On-Site Service	818-7292	<b>2</b>
ProSupport Plus Mission Critical: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 3 Years	818-7394	<b>2</b>
ProSupport Plus Mission Critical: 7x24 HW/SW Technical Support and Assistance, 3 Years	818-7402	<b>2</b>
Thank you for choosing Dell ProSupport Plus. For tech support, visit <a href="http://www.dell.com/contactdell">//www.dell.com/contactdell</a>	951-2015	<b>2</b>
ProDeploy Plus Dell Server R Series 3U/4U - Deployment	804-6756	<b>2</b>
ProDeploy Plus Dell Server R Series 3U/4U - Deployment Verification	804-6757	<b>2</b>

ProDeploy Plus Training Credits 300 Redeem at <a href="http://education.dellemc.com">education.dellemc.com</a> Expires 1Yr from Order Date	812-4005	<b>2</b>
64GB RDIMM, 2933MT/s, Dual Rank	370-AEQD	<b>48</b>
300GB 15K RPM SAS 12Gbps 512n 2.5in Hot-plug Hard Drive	400-ASGQ	<b>4</b>
Intel XXV710 Dual Port 10/25GbE SFP28 Adapter, PCIe Full Height	540-BCDH	<b>2</b>
Emulex LPE 35002 Dual Port 32 Gb Fibre Channel HBA, PCIe Full Height	406-BBMP	<b>4</b>
C13 to C14, PDU Style, 12 AMP, 6.5 Feet (2m) Power Cord, North America	492-BBDI	<b>8</b>
Dell Networking, Transceiver, 25GbE SFP28 SR,MMF Duplex, LC	407-BBWO	<b>4</b>

## INSURANCE REQUIREMENTS

### SCHEDULE A

The selected vendor will need to supply adequate proof of insurance coverage as follows:

- A Certificate of Liability Insurance evidencing liability coverage levels indicated in the second bullet below ("ACORD" certificate). This certificate should include the following language in the description of operations box: "The City of New York, including its employees and officials, are named as additional insured by written contract". The Certificate of Liability insurance should also name the following as the Certificate Holder:

New York City Department of Health and Mental Hygiene  
Office of the ACCO  
42-09 28th Street, 17th Fl, CN30A  
Long Island City, NY 11101

- At minimum, liability coverage amounts must be:
  - General Commercial Liability: \$1,000,000 per incident
- An additional insured endorsement (form ISO CG 20 26 or ISO CG 20 10 or equivalent form) with the following named as additional insured: "The City of New York, including its employees and officials."
- Separate proof of Workers Compensation insurance (either the form from the NY State Workers Compensation Fund, form U-26.3, or the certificate indicated self-insurance, form C-105.2).
- Separate proof of insurance coverage under NY State Disability Benefits Law, form DB-120.1.

# Doing Business Data Form

To be completed by the City agency prior to distribution

Agency \_\_\_\_\_ Transaction ID \_\_\_\_\_

**Check One**

☐ Proposal ☐ Award

**Transaction Type (check one)**

☐ Concession ☐ Economic Development Agreement ☐ Franchise ☐ Grant ☐ Pension Investment Contract ☐ 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, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPort registration or VENDEX requirements.**

**Please return the completed Data Form to the City office that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@mocs.nyc.gov](mailto:DoingBusiness@mocs.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

## Entity Information

*If you are completing this form by hand, please print clearly.*

Entity EIN/TIN \_\_\_\_\_ Entity Name \_\_\_\_\_

**Filing Status**

**NEW:** Data Forms submitted now must include the listing of **organizations**, as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.

**(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 \_\_\_\_\_ E-mail \_\_\_\_\_

*Provide your e-mail address in order to receive notices regarding this form by e-mail.*

## 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**

*The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.*

☐ This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

☐ This person replaced former CEO \_\_\_\_\_ on date \_\_\_\_\_

**Chief Financial Officer (CFO) or equivalent officer**

*The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.*

☐ This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

☐ This person replaced former CFO \_\_\_\_\_ on date \_\_\_\_\_

**Chief Operating Officer (COO) or equivalent officer**

*The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.*

☐ This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

☐ This person replaced former COO \_\_\_\_\_ on date \_\_\_\_\_

## Principal Owners

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the entity is owned by other companies that control 10% or more of the entity, those companies must 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 or organizations that are no longer owners at the bottom of this section. 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 ☐ The entity is an individual ☐ No individual or organization owns 10% or more of the entity

Other (explain) \_\_\_\_\_

### Individual Owners (who own or control 10% or more of the entity)

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

### Organization Owners (that own or control 10% or more of the entity)

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

### Remove the following previously-reported Principal Owners

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

## 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 \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

### Remove the following previously-reported Senior Managers

Name \_\_\_\_\_ removal date \_\_\_\_\_

Name \_\_\_\_\_ removal date \_\_\_\_\_

### Certification

I 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 entity being found non-responsible and therefore denied future City awards.

Name \_\_\_\_\_ Title \_\_\_\_\_

Entity Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project.

Standard Form



## 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: \_\_\_\_\_, New York  
\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public