Labor Peace Agreement Certification

****SAMPLE****

Certification Prior to Contract Award or Renewal

Pursuant to NYC Admin. Code § 6-145(c)

Contract Name: XYZ Community Services, Inc. **E-PIN#:** 26024XC500000005

This certification is (select one): ☐ **The first such certification under for contract award/renewal.**

☐ **a subsequent (yearly) certification. If so, provide date of first certification:** _____

I, John Doe _____ ***(print),* the undersigned,**

am a duly authorized officer of XYZ Community Services, Inc. _____ ***(vendor name)***

Chief Executive Officer (CEO) of the city service contractor, bidder or proposer seeking award or the city service contractor seeking renewal of a city service contract, as applicable:

Check if updated from a previous certification

CEO Name: John Doe _____ ☐

Address: 1 John St, Suite 1F, New York, NY 10038 _____ ☐

Telephone: (212) 646-5000 _____ Email: jdoe@xyz.com _____ ☐

If the city service contract is awarded or renewed (as applicable), I, the undersigned, agree to comply with the requirements of NYC Admin. Code § 6-145, and with all applicable federal, state and local laws.

Labor Relations findings: Instances during the preceding five years in which the bidder or proposer seeking award, or the city service contractor seeking renewal, as applicable, has been found by a court or government agency to have violated federal, state or local laws regulating labor relations, in which any government body initiated a judicial action, administrative proceeding or investigation of the bidder, proposer, or city service contractor in regard to such labor relations laws: ***Add pages as necessary. If not applicable write "N/A".***

Violation: _____ Date of Action: _____ Charging Agency: _____

Summary: *If not applicable write "N/A".* _____

_____

_____ ***Check if updated from a previous certification*** ☐

Violation: _____ Date of Action: _____ Charging Agency: _____

Summary: *If not applicable write "N/A".* _____

_____

_____ ***Check if updated from a previous certification*** ☐

Violation: _____ Date of Action: _____ Charging Agency: _____

Summary: *If not applicable write "N/A".* _____

_____

_____ ***Check if updated from a previous certification*** ☐

I _____ *(print)* **swear or affirm, under penalty of perjury, that the above information is accurate as of the date noted below.**

Signed: _____ Date: _____

State: _____ County: _____ S.S.

Sworn or affirmed before me on: _____

[Stamp]

Notary Public: _____