New York City Department of Housing Preservation and Development Office of Enforcement & Neighborhood Services Emergency Operations and Enhanced Enforcement Division Contractor Compliance Unit nyc.gov/hpd

FACT SHEET

Prequalified Lists "PQL" Application:
Emergency Repair Program ("ERP PQL")

Demolition Services ("DEMO PQL")

Tenant Interim Lease and Alternative Enforcement Program ("TIL/AEP PQL")

General Purpose:

The New York City Department of Housing Preservation and Development ("HPD"), through its Office of Enforcement and Neighborhood Services, Emergency Operations and Enhanced Enforcement Division ("EOEED"), Contractor Compliance Unit ("CCU"), maintains Pre-Qualified Lists "PQL" of contractors who are prequalified to conduct work in various construction, building maintenance trades, and demolition services. By establishing contractors' qualifications and experience in advance, the EOEED maintains a pool of competent contractors from which it can draw to promptly perform emergency work.

The Pre-Qualified Lists comprises of three program categories: Emergency Repair Program "ERP", Demolition Services "DEMO", and the Tenant Interim Lease and Alternative Enforcement Program "TIL/AEP". These lists are used to select contractors for work order up to a maximum of \$100,000. Demolition work may have a value greater than \$100,000. Please note, contractors applying to the TIL/AEP PQL must be a New York City-certified M/WBE certified by New York City Department of Small Business Services (SBS) or meet the alternative requirements specified in the application.

Emergency Repair Program, "ERP PQL"

The Emergency Operations and Enhanced Enforcement Division "EOEED" Emergency Repair Program "ERP" performs repair work in response to class "C" immediately hazardous violations, NYC Department of Health and Mental Hygiene (DOHMH) Commissioner's Orders, and referrals of other housing related conditions when owners do not timely correct the conditions. Contractors are selected from the Emergency Repair Program, "ERP PQL" to make these necessary repairs.

Demolition Services, "DEMO PQL"

The Emergency Operations and Enhanced Enforcement Division "EOEED" Demolition Unit "DEMO" responds to Declarations of Emergency Orders received from New York City Department of Buildings (DOB) to provide immediate emergency, and non-emergency demolition services. Contractors are selected from the Demolition Services PQL, "DEMO PQL" to perform these emergency actions.

Tenant Interim Lease and Alternative Enforcement Program "TIL/AEP" PQL Program

HPD is responsible for the management, disposition, and development of City-owned urban renewal and/or residential properties and the enforcement of compliance with the laws, rules and regulations of New York State and the City governing residential dwellings in the City. HPD is responsible for the administration of buildings taken In-Rem, for Urban Renewal, or through Condemnation. Under HPD's Tenant Interim Lease Program ("TIL Program" or "TIL"), such buildings are leased to a tenants' association that takes over the management of the building. HPD's Alternative Enforcement Program ("AEP"), created through Local Law 29 of 2007 and as amended by Local Law 7 of 2011, is an enforcement program that enables HPD to identify severely distressed multiple dwelling residences and ensure that any violations and their underlying conditions are corrected. Under AEP, if the owner fails to make required corrections in compliance with the law, HPD has the right to hire a contractor to make the necessary repairs.

Please note that HPD separately maintains a PQL under its Emergency Repair Program ("ERP"). While the work performed by contractors in the trades associated with the ERP PQL may be very similar or the same as work performed by TIL/AEP PQL contractors, the ERP PQL is separate and distinct from the TIL/AEP PQL. Vendors who are currently on the ERP PQL and who meet the criteria indicated herein are strongly encouraged to apply for inclusion on the TIL/AEP PQL. Vendors are also advised that solicitations for work under the TIL Program and AEP will be issued as work orders separate and distinct from ERP and will be clearly identified as TIL or AEP work orders.

In the event that HPD does not receive any responses to a solicitation issued to the TIL/AEP PQL, HPD reserves the right to reissue the solicitation to the ERP PQL to ensure that the necessary or required work is completed. In the event that there is a paucity of vendors or continuous lack of responses by vendors within the TIL/AEP PQL, HPD reserves the right to terminate the individual TIL/AEP PQL by giving written notice of such termination to all vendors on the list and thereafter issue solicitations for work under the TIL Program and/or AEP to the ERP PQL. The vendors selected for inclusion on the TIL/AEP PQL will be invited to participate in the New York City Department of Small Business Services' (SBS) Construction Mentorship Program which focuses on increasing the use of small NYC contractors by making them more competitive in their pursuit of NYC contracts and increasing their contract capacity and capability. Firms participating in the Construction Mentorship Program will have the opportunity to take management classes and receive on-the-job training provided by a construction management firm.

How to Apply

All organizations intending to do business with the City of New York <u>must</u> enroll in the City's Procurement and Sourcing Solutions Portal ("PASSPort") at:

https://www.nyc.gov/site/mocs/passport/about-passport.page

Once you have enrolled in PASSPort, the following documents must be submitted to HPD's Contractor Compliance Unit, at 100 Gold Street, Room 6-J, New York, NY 10038, for review and evaluation:

Select the PQL that you are applying for below. Please read the requirements and qualifications carefully before making your selection.

Ш	Emergency Repair Program "ERP"
	Demolition Services "DEMO"
	Tenant Interim Lease and Alternative Enforcement Program "TIL/AEP"

- (1) An original completed Application Form for inclusion on one of the Prequalified Lists, signed before a Notary by an owner or officer of the company, along with all attached documents, including:
 - a. Tax Affirmation form completed and signed.
 - **b. Bidder's Certification of Compliance with Iran Divestment Act** completed and signed before a Notary.
 - c. Doing Business Data Form (DBDF) completed and signed in black ink.
 - d. A Surety Affidavit completed by the vendor's bonding company indicating bonding capacity of at least one million dollars (\$1,000,000). Please complete only if applying to the DEMO PQL.
- (2) A copy of your Business Certificate or Certificate of Incorporation.
- (3) Internal Revenue Service Letter 147C (proof of tax ID number) To obtain call 1-800-829-4933
- (4) Most recent company annual Financial Statements, including Balance Sheet and Statement of Income.

- (5) References from separate clientele for a minimum of three (3) comparable jobs completed within the City of New York during the past twelve (12) months. If applying to more than one (1) PQL, three (3) comparable references for jobs completed within the past twelve (12) months must be provided for each PQL. Please note: in lieu of references, HPD may, at its own discretion, review and consider Performance Evaluations listed in PASSPort, if applicable to vendor.
- (6) Registration on the federal System for Award Management (SAM.gov) website.
- (7) Trade Licenses and/or Certifications:

Copies of any Trade Licenses and/or Certifications held by the company and/or its principals and employees are required, including, without limitation:

- a. A New York City Department of Consumer Affairs ("DCA") Home Improvement Contractor License, required for all trades in General Construction. Further information on obtaining such license can be found on the DCA website at http://www1.nyc.gov/site/dca/businesses/licenses-apply.page (Not required for the DEMO PQL)
- b. An EPA Renovator Firm Lead Safe Certification. HPD strongly recommends that all General Construction companies obtain EPA Renovator Firm Certification as most HPD repair jobs require such certification by federal law and HPD will only solicit jobs that require EPA Renovator Firm Certification to companies that have such certification. Further information on obtaining such license can be found on EPA website at: https://www.epa.gov/lead/getcertified (Not required for the DEMO PQL)
- c. Those performing Mold Remediation must possess a Mold Remediation License issued by the NYS Department of Labor. Further information can be found on website: https://dol.ny.gov/mold-program (Not required for the TIL/AEP PQL and DEMO PQL)
- d. New York State Department of Labor and New York City Department of Environmental Protection certifications required for Asbestos Abatement work. Details on certification and Accredited Training Programs can be found on https://dol.ny.gov/licensing-and-certification#asbestos-certificates-&-licenses and https://www.nyc.gov/site/dep/environment/asbestos-abatement.page (Not required for the TIL/AEP PQL)
- **e.** A Business Integrity Commission license and/or registration. Please see https://www.nyc.gov/site/bic/index.page for this information. (Not required for the ERP PQL and TIL/AEP PQL)

(8) TIL/AEP PQL applicants only.

HPD will consider applications that meet any one of the following criteria:

- **a.** Applicant must be a Minority and Women-owned Business Enterprise ("New York City- certified M/WBE") certified by the New York City Department of Small Business Services (SBS)¹; or
- **b.** Applicant must have entered into a qualified joint venture agreement between one or more New York City-certified M/WBEs, in which such M/WBE firm(s) are entitled or exposed to at least 25% of the total profit or loss²; or
- **c.** Applicant must agree to subcontract no less than 50% of any awarded job to a New York City-certified M/WBE for each and every work order awarded.

Participation by New York City Certified Minority-Owned and Women-Owned Business Enterprises:

Local Law No. 129 of 2005, which added Section 6-129 to the Administrative Code of the City of New York, and was amended by Local Law 1 of 2013, created a program for participation by minority-owned and women-owned business enterprises (MBEs and WBEs) in City procurement. This program is designed to enhance the opportunities for M/WBE contractors and subcontractors in City procurements. The NYC Department of Small Business Services ("SBS") certifies the firms categorized as M/WBEs. New York City Certified M/WBEs are strongly encouraged to apply to HPD's Prequalified Contractor Lists.

If you are an MBE or WBE and are not yet certified, please contact SBS through their website at www.nyc.gov/sbs or call the Citizen Service Center at 311 and ask for Small Business Services.

Firms that are in the process of becoming a New York City-certified M/WBE may submit a PQL application and submit an M/WBE Acknowledgement Letter, which states that SBS has begun the Certification process.

If a Joint Venture is not registered, you must provide a copy of the Joint Venture Agreement with your application. If the Joint Venture is registered, you must provide a copy of the document(s) evidencing such registration with your application.

Review Process

HPD will verify and evaluate the information contained in your application, check the references provided and/or Performance Evaluations, and secure the appropriate clearances as required, for completion of the process. In addition, as part of the application process, applicants in non-licensed trades, along with lead, and, at the discretion of CCU, applicants in licensed trades, will be asked to appear for a technical interview to demonstrate that they have appropriate knowledge of construction techniques and regulations and confirm that they have the requisite experience and ability to perform the work. Interviews will be conducted by qualified agency personnel who will evaluate the applicant's experience and their knowledge of construction techniques and regulations.

All applicants are required to attend a Pre-Award Conference online, the topics of which include Equal Employment Opportunity, Labor Standards, Subcontractor Obligations/Business Enterprise Programs, and Fair Housing. Applicants must arrange for their principal, their Equal Employment Opportunity Officer, or other designee to attend. For more information, please call Contractor Compliance Unit at (212) 863-7815.

PQL Orientation:

Once your eligibility has been established, you will be required to appear for an Orientation at HPD, at which you will be provided information as to procedures on bidding on jobs, guidelines on submission of paperwork, and requirements on how to remain on the list(s) as a Pre-qualified Vendor with HPD. At this Orientation you must present the insurance documents as required below.

Insurance Requirements:

You must provide evidence that you maintain the following types of insurance, with the minimum limits and special conditions as specified. All required insurance policies must be maintained with companies that may lawfully issue such policies in the United States and have an A.M. Best rating of "A-/VII" or a Standard and Poor's rating of at least "A". Please note that insurance requirements may change as required under a specific contract:

- 1. Commercial General Liability Insurance with combined single limits not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate, covering claims for property damage and/or bodily injury, including death, is required. As proof of such insurance, you shall provide:
 - a. a Certificate of Insurance certifying the issuance and effectiveness of the policy and naming the City of New York, including its officials and employees as additional insureds, and
 - an original signature of the duly executed Certification by Insurance Broker or Agent form must be submitted.

- 2. Workers' Compensation Insurance, Employer's Liability Insurance, and Disability Benefits Insurance as required by the laws of the laws of New York State.
 - **a.** As proof of such insurance, you shall provide:
 - for Workers' Compensation Insurance one of the following forms: C-105.2 Certificate of Workers' Compensation Insurance; U-26.3 - State Insurance Fund Certificate of Workers' Compensation Insurance; Request for WC/DB Exemption (Form CE-200); the equivalent or successor forms used by the New York State Workers' Compensation Board; or other proof of insurance in a form acceptable to HPD.
 - ii. for Disability Benefits Insurance you shall submit DB-120.1 Certificate of Insurance Coverage Under The NYS Disability Benefits Law; Request for WC/DB Exemption (Form CE-200); equivalent or successor forms used by the New York State Workers' Compensation Board; or other proof of insurance in a form acceptable to HPD.

Note: ACORD forms are not acceptable.

- b. You shall also provide an Experience Modification Rate ("EMR") for the past three (3) years. In such cases where an EMR cannot be obtained, HPD shall take into consideration an applicant's record of protecting the health and safety of workers on job sites by such means as may be available.
- 3. Commercial Automobile Liability Insurance with a combined single limit of not less than \$500,000 per accident for liability arising out of ownership, maintenance or use of any owned (if any), non-owned and hired vehicles with coverage at least as broad as the latest edition of ISO Form CA0001. As proof of such insurance, you shall provide:
 - a. a Certificate of Insurance certifying the issuance and effectiveness of the policy; and
 - **b.** a duly executed Certification by Insurance Broker or Agent in the form attached hereto.

NOTE: If vehicles are used for transporting hazardous materials, the policy shall be endorsed to provide pollution liability broadened coverage for covered vehicles (endorsement CA 99 48) as well as proof of MCS 90.

<u>Please Note</u>: The insurance requirements listed herein are subject to change by HPD, in its sole discretion, as may be required under specific contracts.

PQL Contractor Communications Requirements:

Your company must have the following:

- **1.** dedicated working fax number,
- 2. a company email address,
- a company phone which must be staffed during business hours and/or have the ability to receive messages which the vendor is able to and does regularly retrieve.

Notes:

The selection of vendors from the PQL to solicit the performance of work will be made randomly using a computer-generated program. In some extreme emergency cases, however, alternative methods of selection may be employed.

BE ADVISED that a prequalified vendor's lack of response to a solicitation under the PQL shall be deemed a response of 'no bid' for the purpose of complying with the Procurement Policy Board Rule 3-10(I)(3).

Online Directory:

CCU will include its PQL contractors' business name, address, phone number, email address, and/or M/WBE status in an online directory on HPDs' website. Since the online directory will be available to the public, you must notify CCU if you do not want your business information listed.

For more information or assistance on prequalification, please contact the Contractor Compliance Unit at (212) 863-7815. HPD also conducts weekly vendor opportunity sessions where contractors can learn about business opportunities with HPD and other City Agencies.

New York City Department of Housing Preservation and Development

Office of Enforcement & Neighborhood Services
Emergency Operations and
Enhanced Enforcement Division
Contractor Compliance Unit
nyc.gov/hpd

<u>Criteria for Acceptance</u> Prequalified Contractor Lists

The minimum criteria for acceptance to and maintenance on HPD's PQL includes, but is not limited to, the following:

- 1. Business integrity and financial capacity.
- 2. Company must have been in business for at least one (1) year at the time of application filing.
- 3. Absence of delinquent tax or other governmental debts or liens.
- Absence of active governmental exclusions.
- PASSPort enrollment
- 6. Department of Investigation Vendor Name Check with no closing memoranda.
- 7. References from separate clientele for a minimum of three (3) comparable jobs completed within the City of New York during the past twelve (12) months. If applying to more than one (1) PQL, three (3) comparable references for jobs completed within the past twelve (12) months <u>must be provided for each PQL</u>. Please note: in lieu of references, HPD may, at its own discretion, review and consider Performance Evaluations listed in PASSPort, if applicable to vendor.
- 8. A completed and approved Application for Vendor Pregualification.
- 9. Continuous insurance coverage as described in the Fact Sheet.
- 10. Willingness to work in all boroughs of the City of New York.
- 11. For General Construction work, ability of Principal or permanent staff member to pass a technical interview based upon knowledge of construction techniques and terms.
- 12. Continuous licensure/certification as required to perform the trades requested.
- 13. Maintenance of a Workers' Compensation Experience Modification Rate of 1.20 or less is required, but vendors, particularly city-certified MWBEs, are encouraged to apply.
- 14. Continuous adherence to all requirements specified in the attached "Fact Sheet."
- 15. Registration on the federal System for Award Management (SAM.gov) website.

APPLICATION FOR PREQUALIFIED CONTRACTOR LISTS

PI	Please select the PQL that you are applying for: ☐ Emergency Repair Program "ERP PQL" ☐ Demolition Services "DEMO PQL" ☐ Tenant Interim Lease and Alternative Enforcement Program "TIL/AEP PQL"												
an	This application must be completed by a principal (owner or corporate officer) of the applicant. Please answer all questions fully and completely, as this will expedite the review. Please be assured that all information provided will be held in confidence and will be used only to establish your qualifications to perform work under EOEE Division programs.												
		Ret	Emergency Operation and Contractor	ng Pr nt & N I Enh r Con		nt	<u>:</u>						
Nar	ne of Company:				_D/B/A:								
Bus	siness Address (No P.O. B	ox):											
Cor	ntact Person:				_ Title:								
Pho	one No.:				_ FAX No.:								
Em	ergency No.:				Cellular No.(s):								
Em	ail Address(es):												
DEST	SSPort enrollment date: you a NYC Certified Mines SCRIPTION OF BUSINES PE OF ORGANIZATION: e ablished: ployer I.D. No. (EIN) or cial Security No.:	ority S: □	Nomen Owned Busines Sole Proprietorship	Partn	ership		Provide Copy of Certification) Joint Venture LLC						
Gro	oss Receipts in most rece	ent ta	ax year: \$		Year ending (date)							
	TRADE OR TRADES F	OR	WHICH PREQUALIFICAT	ION	IS REQUESTED (Check	all ap	pplicable PQL Lists):						
	Asbestos Abatement		Exterminating Services (Per Control)	st□	GC: Roof (Repair)		Mold Remediation						
	Asbestos Analysis		Fireguard Services		GC: Scaffolding		Plumbing: Repairs						
	Asbestos Investigation		GC: Carpenter		GC: Seal-up		Plumbing: Sprinklers						
	Asbestos Monitoring		GC: Concrete		GC: Scrape, Plaster & Paint		Rubbish- Laborers Clean-up						
	Boiler/Burner: Oil		GC: Door		GC: Window		Sewer & Water Mains						
	Boiler/Burner: Gas		GC: Fence		Intercom Systems		Demolition Services						
	Drain Cleaning (Stoppage)		GC: Masonry	Iron Work: Fire Escape	☐ Other (Specify):								

GC: Mildew Removal

☐ GC: Roof (New)

Electrical Repair

Elevator Services

 Replacement & Welding

Lead Abatement

Lead Analysis

Other (Specify):_____

Other (Specify):_____

How did you hear about the	HPD Prequalified Lists:	☐ City Record	☐ Internet	☐ Tradesma	n □ Outreach
☐ Other:	•	•			
If your company is approved	d would you be interested	d in the following	program(s)?		
24 Hour Program ☐ Yes*	□ No	Disaster F	Preparedness P	rogram 🗆	Yes □ No
* Please Note: Saying "Yes" req supply labor, equipment, and ma				ny time, day or n	night, and be able to
PRINCIPALS: List below a stock): Attach additional page	Il owners (partners, or if a difference if a difference if necessary.	corporation, all office	cers and others	who own mor	e than 10% of the
Name of Principal	Home Address		Social S	Security No.	%
	vou regularly use subcontra □ Yes □ No	actors as part of yo Note: All subcon		•	
If yes, provide the name(s) of t	:he subcontractor(s) and p	ercentage of subco	ntracting you a	nticipate using	:
Provision of the following infor following ethnic groups contro	•	•			heck which of the
☐ White ☐ Native America	an □ Asian □ Africa	n-American □ F	lispanic □ C	Other	
Please check which gender gr	oup controls 51% (percen	t) or more of the bu	ısiness: 🗆 l	Male □ Fer	male
LICENSES: (ERP PQL, TIL/A	EP PQL Applicants only)				
List below all licenses and/or of	certifications held in the na	me of the company	or any individu	al, and attach	copies:
Type of License	Issuing Agency	Individu	al or Organiza	tion Name	Expiration Date
1.					
2.					
3.					
4.				_	
5.					

LICENSES: (DEMO PQL Applicants only)

List below all registrations, licenses and/or certifications held in the name of the company or any individual, as well as all ongoing sub-contractors, and attach copies. *Attach additional pages as necessary.*

Registration for Construction and Demolition Debris [C & D Registration, License for Commercial Trade Waste, Self-Hauler Registration, Class 2 Registration (Trade Waste Brokers)], administered by Business Integrity Commission, required. NYS DOL and DEC, and NYC DEP certification are required, as applicable, for Asbestos Abatement. DOB GC Registration/Safety Registration with Demolition Endorsement.

Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	
Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	
Type of License / Certification	
Issuing Agency	
Name of Individual / Organization	
Expiration Date	
Type of License / Certification	
Type of License / Certification Issuing Agency	
Issuing Agency	
Issuing Agency Name of Individual / Organization	
Issuing Agency Name of Individual / Organization	
Issuing Agency Name of Individual / Organization Expiration Date	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency Name of Individual / Organization	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency Name of Individual / Organization	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency Name of Individual / Organization Expiration Date	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification	
Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency Name of Individual / Organization Expiration Date Type of License / Certification Issuing Agency	

STAFF: D	escribe number of stat	f and their qualifications, i.e	. their technical skills, experie	ence, and in which trades.
		•	· •	·
-				
EQUIPMENT	: Describe below pert	inent equipment, materials,	and supplies owned by your	company, or attach a list.
By my signati knowledge a		at the information contained	d in this application is accur	ate and true to the best of my
		Signature		
		Print Name		
		Date		
Sworn to hef	ore me this	day of	,	20
Owom to ben		day or	,	20
	Notary's N	ame		

REFERENCES: ERP PQL, AND/OR TIL/AEP PQL

Applicant Company Name: PQL List Name:			
References from separate clientele for a mini during the past twelve (12) months. If applying within the past twelve (12) months <u>must be prodiscretion</u> , review and consider Performance Even PQL List)	to more than one (1) PQL, three (3) convided for each PQL. Please note: in I	mparable referen ieu of references	ces for jobs completed s, HPD may, at its own
For each reference, provide the following inf	ormation:		
CLIENT	JOB WORK ADDRESS & DESCRIPTION	DATES	DOLLAR VALUE (\$)
Company Name:			
Company Mailing Address:			
City: State: Zip Code:			
Contact Name:			
Contact Email:			
Contact Phone:			
Company Name:			
Company Mailing Address:			
City: State: Zip Code:			
Contact Name:			
Contact Email:			
Contact Phone:			
Company Name:			
Company Mailing Address:			
City: State: Zip Code:			
Contact Name:			
Contact Email:			
Contact Phone:			
Company Name:			
Company Mailing Address:			
City: State: Zip Code:			
Contact Name:			
Contact Email:			
Contact Phone:			
Company Name:			
Company Mailing Address:			
City: State: Zip Code:			
Contact Name:			
Contact Email:			
Contact Phone:			

	For applicants applying to DEMO PQL ONLY:										
Name of Com	npany:										
1. Unde	. Under what type of labor policy (i.e., applicable prevailing wage law) do you work?										
a.	Are you a signatory to any agreements? ☐ Yes ☐ No If yes, what are they?										
b.	Do you use union or non-union labor? ☐ Union ☐ Non-Union If union, what affiliations — National and Local?										
	2. Have you ever failed to complete any job awarded to your company? ☐ Yes ☐ No If so, please explain:										
3. Have you ever been declared in default by any New York City Agency? ☐ Yes ☐ No If so, please explain:											

4. On the following pages list all projects that are presently in progress or have been completed within the past three (3) years. Attach additional sheets as necessary. **Do not list HPD Demolition Contracts.**

	For applicants applying to DEMO PQL ONLY:	
PROJECT #		
Name of Project:		
Project Location:		
Representative Name:		
Phone No.:	Fax No.:	
Owner Name:		
Owner Mailing Address:		
City:	State: Zip Code + 4:	
Phone No.:	Fax No.:	
Contact Name:		
	Completion Date:	
Time extensions necess	sary to complete the project? ☐ Yes ☐ No	
Liquidated damages or	penalties imposed? ☐ Yes ☐ No	
If yes to either of the ab	ove, provide details:	
Are there any liens or cla	aims or stop work notices filed by or against you? ☐ Yes ☐ No	
If yes, provide details: _		

For applicants applying to DEMO	PQL ONLY:
PROJECT #:	
Name of Project:	
Project Location:	
Representative Name:	
Phone No.: Fax No.:	
Owner Name:	
Owner Mailing Address:	
City: State: 2	
Phone No.: Fax No.:	
Contact Name:	
Contract Price: \$ Completion Date:	
Time extensions necessary to complete the project? \Box Yes \Box	No
Liquidated damages or penalties imposed? ☐ Yes ☐ No	
If yes to either of the above, provide details:	
Are there any liens or claims or stop work notices filed by or against y If yes, provide details:	

For applicants applying to DEMO PQL ONLY:
PROJECT #:
Name of Project:
Project Location:
Representative Name:
Phone No.: Fax No.:
Owner Name:
Owner Mailing Address:
City: State: Zip Code + 4:
Phone No.: Fax No.:
Contact Name:
Contract Price: \$ Completion Date:
Time extensions necessary to complete the project? ☐ Yes ☐ No
Liquidated damages or penalties imposed? ☐ Yes ☐ No
If yes to either of the above, provide details:
Are there any liens or claims or stop work notices filed by or against you? ☐ Yes ☐ No If yes, provide details:

For applicants applying to DEMO PQL ONLY:
PROJECT #:
Name of Project:
Project Location:
Representative Name:
Phone No.: Fax No.:
Owner Name:
Owner Mailing Address:
City: State: Zip Code + 4:
Phone No.: Fax No.:
Contact Name:
Contract Price: \$ Completion Date:
Time extensions necessary to complete the project? ☐ Yes ☐ No
Liquidated damages or penalties imposed? ☐ Yes ☐ No
If yes to either of the above, provide details:
Are there any liens or claims or stop work notices filed by or against you? Yes No If yes, provide details:

For applicants applying to DEMO PQL ONLY:

5. addit	List ar ional page	ny litigations es as nece	n to essary	which '):	applicant	has	been	а	party	over	the	past	three	(3)	years	(add

age#	Question #:	

For applicants applying to DEMO PQL ONLY:

SURETY AFFIDAVIT

To be completed by the bonding company

Principal:		
Company Name:		
Address:		
City:	State:	Zip Code + 4:
Surety Company Name:		
Address:		
City:	State:	Zip Code + 4:
Reserving our rights to practic	ce our normal underwriting	function, we are prepared to provide favorable
consideration for suretyship or	behalf of	
covering demolition contracts t	or \$	in the aggregate amour
of outstanding contracts, and S	S	for any single project, durin
the twelve-month period begin	ning	<u>.</u>
Our willingness to extend sur	etyship will be based on o	our underwriting of the account at the time the
contractor requests approval. \	Ve, as surety, will maintain t	the absolute discretion to issue or withhold bonds
as to each project upon which	the contractor may seek to	bid.
Surety Company		
Ву:		
Signature:	Pho	one No.:
Print Name:		
Title:		
Address:		
City:	State:	Zip Code + 4:
NOTE: If signed by an individe Attorney.	dual other than an authorize	ed officer, include properly executed Power of
Sworn to me thisday o	.f, 20_	<u> </u>
Notary Public		

TAX AFFIRMATION

The undersigned Contractor affirms and declares that it is not in arrears to The City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to The City of New York, and has not been declared not responsible, or disqualified, by any agency of The City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the Contractor to receive public contracts except:

(If none, so state)
Full name of Proposer or Bidder:
Address
City
State
Zip Code
CHECK ONE (1) BOX AND INCLUDE APPROPRIATE NUMBER:
☐ A - Individual or Sole Proprietorships SOCIAL SECURITY NUMBER
☐ B - Partnership, Joint Venture or other unincorporated organization EMPLOYER IDENTIFICATION NUMBER
☐ C - Corporation EMPLOYER IDENTIFICATION NUMBER
By: Signature
Title

Must be signed by an officer or duly authorized representative.

* Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on City contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder's disqualification. Social Security Numbers will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying businesses which seek City Contracts.



ADOLFO CARRIÓN JR. Commissioner ANNMARIE SANTIAGO Deputy Commissioner GRACE DeFINA Associate Commissioner Office of Enforcement & Neighborhood Services Division of Emergency Operations and Enhanced Enforcement 100 Gold Street New York, N.Y. 10038

Dear Applicant:

We are distributing the enclosed information regarding the Iran Divestment Act of 2012 to all applicants to HPD's Prequalified List of vendors. This Act prohibits municipalities, including the City of New York, from doing business with persons engaged in investment activities in the energy sector of Iran. See the descriptions on the following page to determine if you or your company are engaged in such activities as defined by the Act.

Read the attached documents carefully. Pursuant to General Municipal Law §103-g, please sign before a notary the <u>Bidder's Certification Of Compliance with Iran Divestment Act</u>, checking one of the two boxes, as applicable, to indicate whether or not you appear 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. If you are unable to certify that you are not on the list, you must attach a signed, notarized statement detailing why you cannot do so.

An owner or officer of the company must sign before a notary the <u>Bidder's</u> <u>Certification of Compliance with Iran Divestment Act</u>, with the appropriate box checked, and return the original to:

New York City Department of Housing Preservation and Development
Contractor Compliance Unit
100 Gold Street
Contractor Compliance Unit, Room 6J
New York, NY 10038

Be advised that completion of this document is required in order to be qualified for the vendor list.

Sincerely,

Rebecca Ramsammy
Director
Contractor Compliance Unit

Cc: Giacomo Fazio
Executive Director

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.

IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR NEW YORK CITY CONTRACTORS

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]

RIDDE	R'S CERTIFICATION	N		
	behalf of any bidder certifies as to its o knowledge and belie	/proposer certifies, a wn organization, ur ef, that each bidder	ach bidder/proposer and each person signing on and in the case of a joint bid each party thereto nder penalty of perjury, that to the best of its proposer is not on the list created pursuant to a 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 scertify.			
Dated	·	, New York		
		, 20		
			SIGNATURE	
			PRINTED NAME	
			TITLE	
Sworn	to before me this			
	_day of	, 20		
Notary	Public			
Dated	:			

CITY OF NEW YORK CERTIFICATION BY INSURANCE BROKER OR AGENT

The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects.

	[Name of broker or agent (typewritten)]
	[Address of broker or agent (typewritten)]
	[Email address of broker or agent (typewritten)]
	[Phone number/Fax number of broker or agent (typewritten)]
	[Signature of authorized official, broker or agent]
	[Name and title of authorized official, broker, or agent (typewritten)]
State of)) ss.:
County of)
Sworn to before me this _	day of20
NOTARY PUBLIC FOR	R THE STATE OF



Doing Business Data Form

			•	
To be completed by the City ag	ency prior to distribution	Agency	Transac	ction ID
Check One Tran	nsaction Type (check one)			
□ Proposal □ Award □ C	Concession	evelopment Agreement	☐ Franchise ☐ Gra	ant Pension Investment Contract Contra
either type responses directly into	this fillable form or print answe	ers by hand in black ink, ar	nd be sure to fill out the	Form (see Q&A sheet for more information). Please e certification box on the last page. Submission of a ward or enter into an agreement.
Data Form will be included in a pul	olic database of people who c	o business with the City of	f New York, as will the	e, employer and title of each person identified on th organizations that own 10% or more of the enitity. PASSPort registration or VENDEX requirements.
Please return the completed Data 212-298-0600 with any questions	•	· •	0	ntability at <u>DoingBusiness@mocs.nyc.gov</u> or
Entity Information			If you	u are completing this form by hand, please print cl
Entity EIN/TIN	Entity Nam	e		
Filing Status		(Select One)		
NEW: Data Forms submitted now listing of organizations , as well a or more ownership of the entity. U of ownership is submitted through update form, a no change form w	s individuals, with 10% Intil such certification h a change, new or	☐ Change from previous changed, and indicate in	Data Form dated the name of the person	s Data Form. Fill out the entire form. Fill out only those sections that ha ns who no longer hold positions with the entity. Skip to the bottom of the last page
update form, a no change form w	ш пог ве ассертеа.	I No onange nom previo	us Data i omi dated _	ONP to the bottom of the last page
Entity is a Non-Profit	Yes □ No			
Entity Type	ype) □ Joint Venture □ LI	_C □ Partnership (any ty	pe) 🗆 Sole Proprieto	or Dother (specify)
Address				
City		State	te	Zip
Phone	E-mail			
Chief Executive Officer (CEO) or	equivalent officer	, and the second	·	licate the date that the change became effective. ☐ This position does not
				Birth Date (mm/dd/yy)
Office Title			employed by entity) _	
Home Address				
☐ This person replaced former CE	0			on date
Chief Financial Officer (CFO) or e		al Director or VP for Finance.		☐ This position does not
First Name	MI	_ Last		Birth Date (mm/dd/yy)
Office Title		Employer (if not	employed by entity) _	
Home Address				
☐ This person replaced former CF	0			on date
Chief Operating Officer (COO) or The highest ranking operational officer, suc		ctor of Operations or VP for Opera	ations.	☐ This position does not
First Name	MI	_ Last		Birth Date (mm/dd/yy)
Office Title		Employer (if not	employed by entity) _	
Home Address				
				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"

If more space is needed, attach addition	al pages labeled "Additional Owners."	
There are no owners listed because (s ☐ The entity is not-for-profit	select one): ☐ The entity is an individual	☐ No individual or organization owns 10% or more of the entity
Other (explain)		
Individual Owners (who own or contro	ol 10% or more of the entity)	
First Name	MI Last	Birth Date (mm/dd/yy)
Office Title	Emŗ	ployer (if not employed by entity)
Home Address		
First Name	MI Last	Birth Date (mm/dd/yy)
Office Title	Emŗ	oloyer (if not employed by entity)
Home Address		
Organization Owners (that own or cor	ntrol 10% or more of the entity)	
Organization Name		
Organization Name		
Organization Name		
Remove the following previously-repo	orted Principal Owners	
Name		Removal Date
Name		Removal Date
Name		Removal Date
		evious page, fill in his/her name and write "See above." If the entity is filing a Change Form, n. If more space is needed, attach additional pages labeled "Additional Senior Managers."
•	MI Last	Birth Date (mm/dd/yy)
		bloyer (if not employed by entity)
Home Address	LIII,	nover (it not employed by entity)
	MI Last	_ Birth Date (mm/dd/yy)
		bloyer (if not employed by entity)
		in not employed by entity,
		Birth Date (mm/dd/yy)
		bloyer (if not employed by entity)
Home Address	•	
Remove the following previously-repo		
	•	removal date
		removal date
Certification I certify that the information submitted	on these two pages and addition	nal pages is accurate and complete. I understand that willful or fraudulent submission of a e and therefore denied future City awards.
Name		Title
Entity Name		Work Phone #
0.1		5.

Doing Business Accountability

Questions and Answers About the Doing Business Data Form

What is the purpose of this Doing Business Data Form (DBDF)?

To collect accurate, up-to-date identification information about organizations that have business dealings with the City of New York in order to comply with Local Law 34 of 2007 (LL 34), a campaign finance reform law. LL 34 limits municipal campaign contributions from principal officers, owners and senior managers of entities doing business with the City and mandates the creation of the Doing Business Database to allow the City to enforce the law. The information requested in this DBDF must be provided, regardless of whether the organization or the people associated with it make or intend to make campaign contributions. No sensitive personal information collected will be disclosed to the public.

Why have I received this DBDF?

The contract, franchise, concession, grant or economic development agreement you are proposing on, applying for or have already been awarded is considered a business dealing with the City under LL 34. No proposal or application will be considered and no award will be made unless this DBDF is completed. Most transactions valued at more than \$5,000 are considered business dealings and require completion of the Doing Business Data Form. Exceptions include transactions awarded on an emergency basis or by "conventional" competitive sealed bid (i.e. bids that do not use a prequalified list or "Best Value" selection criteria.) Other types of transactions that are considered business dealings include real property and land use actions with the City.

What individuals will be included in the Doing Business Database?

The principal officers, owners and certain senior managers of organizations listed in the Doing Business Database are themselves considered to be doing business with the City and will be included in the Database.

- **Principal Officers** are the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Operating Officer (COO), or their functional equivalents. See the DBDF for examples of titles that apply.
- **Principal Owners** are individuals who own or control 10% of more of the organization. This includes stockholders, partners and anyone else with an ownership or controlling interest in the entity. In addition, as of January 2018, the DBDF must report organizations, as well as individuals, that own 10% more of the entity. If you have not yet completed a form that does so, do so with this form.
- Senior Managers include anyone who, either by job title or actual duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any contract, concession, franchise, grant or economic development agreement with the City. At least one Senior Manager must be listed or the DBDF will be considered incomplete.

I have already completed a Doing Business Data Form; do I have to submit another one?

Yes. An organization is required to submit a DBDF each time it enters into a transaction considered a business dealing with the City, including contract, concession and franchise proposals. The DBDF has both a Change option, which requires only information that has changed since the last DBDF was filed, and a No Change option, so no organization should have to fill out the entire DBDF more than once.

If you have already submitted a DBDF for one transaction type (such as a contract), and this is the first time you are completing a form for a different transaction type (such as a grant), please select the Change option and complete Section 4 (Senior Managers) for the new transaction type.

Will the personal information on this DBDF be available to the public?

No. The names and titles of the officers, owners and senior managers reported on the DBDF will be made available to the public, as will information about the organization itself. However, personal identifying information, such as home address and date of birth, will not be disclosed to the public, and the home address will not be used for communication purposes.



I provided some of this information in PASSPort; do I have to provide it again?

No. Unlike PASSPort, you can complete a form that certifies there are no changes since the previous certification or Doing Business Data Form. To request a report of all officers, owners and managers currently certified in the Doing Business Database please contact Doing Business Accountability at 212-298-0600 or doingbusiness@mocs.nyc.gov.

What organizations will be included in the Doing Business Database?

Organizations that hold \$100,000 or more in grants, contracts for goods or services, franchises or concessions (\$500,000 for construction contracts), or that hold any economic development agreement or pension fund investment contract, are considered to be doing business with the City for the purposes of LL 34. Because all of the business that an organization does or proposes to do with the City will be added together, the DBDF must be completed for all transactions valued at more than \$5,000 even if the organization doesn't currently do enough business with the City to be listed in the Database.

No one in my organization plans to contribute to a candidate; do I have to fill out this DBDF?

Yes. All organizations are required to return this DBDF with complete and accurate information, regardless of the history or intention of the entity or its officers, owners or senior managers to make campaign contributions. The Doing Business Data Form must be complete so that the Campaign Finance Board can verify whether future contributions are in compliance with the law.

My organization is proposing on a contract with another firm as a Joint Venture that does not exist yet; how should the Data Form be completed?

A joint venture that does not yet exist must submit a DBDF for each of its component firms. If the joint venture receives the award, it must then complete a form in the name of the joint venture.

How long will an organization and its officers, owners and senior managers remain listed on the Doing Business Database?

- Contract, Concession and Economic Development Agreement holders: generally for the term of the transaction, plus one year.
- Franchise and Grant holders: from the commencement or renewal of the transaction, plus one year.
- **Pension investment contracts**: from the time of presentation on an investment opportunity or the submission of a proposal, whichever is earlier, until the end of the contract, plus one year.
- Line item and discretionary appropriations: from the date of budget adoption until the end of the contract, plus one year.
- **Contract proposers**: for one year from the proposal date or date of public advertisement of the solicitation, whichever is later.
- Franchise and Concession proposers: for one year from the proposal submission date.

For information on other transaction types, contact Doing Business Accountability.

How does a person remove themself from the Doing Business Database?

When an organization stops doing business with the City, the people associated with it are removed from the Database automatically. However, any person who believes that they should not be listed may apply for removal. Reasons that a person would be removed include that they are no longer the principal officer, owner or senior manager of the organization. Organizations may also update their database information by submitting an update form. Removal Request and Update forms are available online at https://www.nyc.gov/site/mocs/opportunities/dba.page or by calling 212-298-0600.

What are the campaign contribution limits for people doing business with the City?

Contributions to City Council candidates are limited to \$250 per election cycle; \$320 to Borough President candidates; and \$400 to candidates for citywide office. Please contact the NYC Campaign Finance Board for more information at www.nyccfb.info, or 212-306-7100.

The DBDF is to be returned to the City office that issued it.

If you have any questions about the Doing Business Data Form please contact Doing Business Accountability at 212-298-0600 or doingbusiness@mocs.nyc.gov. 7/2023