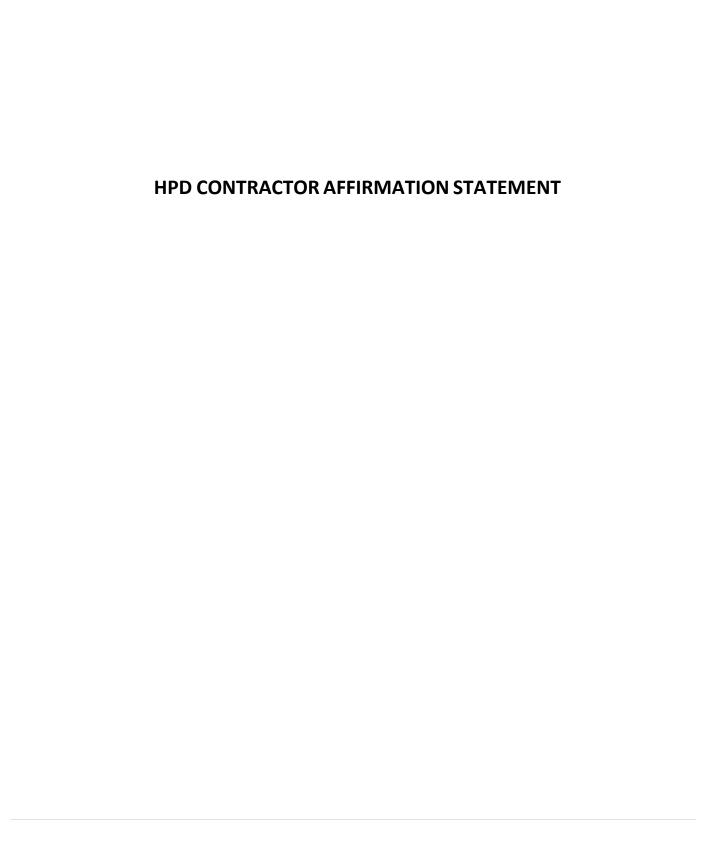


ADOLFO CARRIÓN JR. Commissioner **AHMED TIGANI** First Deputy Commissioner Office of the First Deputy Commissioner **Division of Economic Opportunity & Regulatory Compliance** 100 Gold Street, 4th Floor, Section 4M New York, NY 10038

"""" TO BE COMPLETED BY CONTRACTOR

FILE#	o be assigned)		Transmittal Date:/	/
(To	o be assigned)			
	Division of Economi	c Opportunity & Regulatory Co	ompliance	
TO:				
FROM:				
PHONE:		EMAIL:		
PRE-AWAF	RD CONFERENCE A'		///	-
Contractor	Name:			
(a) Project N	ame:			
(b) Project Ad	ddress:		Borough:	



SECTION I – ENTITY INFORMATION

Entity Name:				
Employer Identification Numb	er or F	ederal Tax I.D.:	DU	NS Number:
List the names and addresses an officer, director or membe column:		_	•	•
Name	Hom	e Address	Interest	Position/Title
			Owned (%)
List the names and addresses directors of the entity. These		ns have no ownership inte		
Name		Home Address		Position/Title

Do any owners, officers, members in any subsidiaries, corporations, non-profit organizations, or other e	partnerships,					
	Yes	No				
If the answer is Yes, complete the table below:						
Name	Entity Name	2		EIN		
SECTION 2: ENTITY PROFILE . Please identify the ethnicity of the majority ownership of the firm:						
White	Black	Hispanic	Asia	ın		
Native American Hasidic Jew						
Please identify the gender of the majority ownership of the firm: Male Female						
SECTION 3: YOUR PROJECT						

The City of New York Department of Housing Preservation & Development

(Pursuant to delegation from Small Business Services/Division of Labor Services)

LESS THAN \$750,000 SUBCONTRACT CERTIFICATE (CITY, STATE AND ICIP ONLY)

LESS THAN \$750,000 SUBCONTRACT CERTIFICATE (CITY, STATE AND ICIP ONLY)

Are you	currently	certified as o	ne of the	following	g? Please o	check yes or	no:			
MBE:	Yes	No	WBE:	Yes	No	LBE:	Yes	No		
DBE:	Yes	No	EBE:	Yes	No					
If you a	e certified	l as an MBE,	WBE, LE	BE, EBE	or DBE, wh	at city/state a	agency a	re you certified	d with?	
Please	check one	of the follow	ing if you	r firm wo	ould like info	rmation on h	ow to ce	rtify with the C	ity of New York	as a:
Min	ority Own	ed Business	Enterpris	е		Locally based Business Enterprise				
Wo	men Own	ed Business	Enterpris	е		Emerging Business Enterprise				
Dis	advantage	ed Business E	Enterprise)						
Compa	ny Name						Empl	oyer Identifica	tion or Tax ID N	lo.
Compai	ny Addres	s and Zip Co	de							
Contact Person (First Name, Last Name)							Telepho	one Number		
Fax Nur	mber						E-mail	Address		
Are you	a Union c	contractor?	Yes	No		If yes, ple	ase list v	vhich local(s) y	you affiliated wit	:h:
Are you	a Veterar	n owned com	pany?	Yes	No					
	evised 11 2 FICIAL USI	2016 E ONLY: File	No.							

Contract Information:							
Project Name:							
Project Location:							
Project Start Date://	Project End Date:/						
Description of Work:							
Contract Amount:	Block and Lot Number:						
Contract Registration Number (CT#) City contracts only)	Procurement Identification No. (PIN) (City contracts only)						
I, (name of authorized official signing):							
hereby certify that I am authorized by the above-named subco	ntractor to certify that said subcontractor's proposed						
proposed contract with the above named owner or City agency	is less than \$750,000. This affirmation is made						
in accordance with NYC Charter Chapter 56, Executive Order No. 50 (1980) and the implementing Rules.							
Pursuant to Section 50.73 of the rules and regulations impleme	enting E.O. 50, the NYC Department of Small						
Business Services ("SBS") has delegated to the Department of	f Housing Preservation & Development ("HPD")						
the authority to implement, monitor compliance with, and enforce E.O. 50 with respect to loans and/or							
contracts entered into and awarded by HPD.							
Willful or fraudulent falsifications of any data or information sub	omitted herewith may result in the termination of the						
contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five							
years. Further, such falsification may result in civil and/and or	criminal prosecution.						
Signature of authorized official							
	- · · · ·						
Title	DateÁ						