

Please do not write in the box below.

NYCHA verified, initial, date: _____

**NYCHA MAINTENANCE PAINTING
PROGRAM - BIDDER
PRE-QUALIFICATION APPLICATION**

NYCHA MAINTENANCE PAINTING PROGRAM - BIDDER PRE-QUALIFICATION APPLICATION PAGE 1 OF 15

Business Applicant Name: _____ **TIN:** _____

D/B/A or Trade Name (if any): _____

Business address: _____

Mailing address (if different): _____

Delivery address (if different): _____

Phone #: _____ Fax #: _____ Website: _____

Contact Person: _____ Title: _____ E-mail address: _____

Please print the name of person completing this application: _____ Title: _____ Date Completed: _____

1. Requirements of Contractor and its Employees Performing Paint Activities: Each contractor must attach with this application a copy of the Firm's **US EPA Lead-Based RRP Certification pursuant to 40 CFR Part 745.89**, and for each of its employees a copy of their **US EPA Lead Renovator Certification pursuant to 40 CFR Part 745.225**. Please provide copies of all licenses or certificates that your firm possesses.

Attached _____

2. Labor agreements: Does this business have any labor agreement(s) with New York State Department of Labor or New York Labor organizations? If yes, provide a copy of the agreement(s). Yes _____ No _____

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

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Business Applicant Name: _____ TIN: _____

3. MWBE/NYCHA programs: Is this business certified by a Governmental Agency or Authority under any of the following programs? If yes, attach copies of all such certifications.

- Minority-owned Business Enterprise (MBE) Yes _____ No _____
- Resident-owned Business Enterprise (RBE) Yes _____ No _____
- Women-owned Business Enterprise (WBE) Yes _____ No _____
- Small Business Certificate Yes _____ No _____

Do 51% or more of the individuals who own or control the business belong to any of the following groups? *(Please check all that apply)*

- ☐ **Asian Indian** = all persons having origins in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, The Maldives Islands or Nepal.
- ☐ **Asian Pacific** = all persons having origins in any of the peoples of the Far East, Southeast Asia, or The Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
- ☐ **Black**
- ☐ **Hasidic Jewish**
- ☐ **Hispanic** = all persons of Puerto Rican, Mexican, Dominican, Cuban, Central or South American culture or origin, regardless of race.
- ☐ **Native American** = all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Women**

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4. Personnel: Indicate the number of full-time employees in the NY metropolitan area at this time in the chart below:

Total Personnel	Executive	Managerial	Technical*	Clerical	Skilled Tradespersons	Unskilled Labor

* Contractor must have within his/her employ, one Paint Supervisor, Estimator or Foreman who has at least six (6) years of full-time satisfactory experience as a Painter within the last ten (10) years, of which one year must have been spent performing the duties of a Supervisor Painter. Experience must be verifiable, and proof of experience must be attached to this application. Examples of acceptable proof of experience are copies of W-2 forms, a letter from a previous employer, or any combination thereof to satisfy the experience requirements. Resume with references of individual Paint Supervisor, Estimator and/or Foreman must be attached.

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Business Applicant Name: _____ TIN: _____

5. Financial

Balance Sheet Date: _____

ASSETS

Cash on Hand	\$	
Cash in Bank (See Note 1)	\$	(Attach substantiating statement from Bank)
Accounts Receivable (See Note 5)	\$	
Notes Receivable (See Note 2)	\$	
Investments – Marketable securities (See Note 3)	\$	
<u>Total Liquid Assets</u> (See Note 4)	\$	
Prepaid Expenses	\$	
Materials Inventory	\$	
Other Current Assets	\$	
<u>Total Current Assets</u>	\$	
<u>Total Fixed Assets</u>	\$	
<u>Total Other Assets</u>	\$	
<u>Total Assets</u>	\$	

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Business Applicant Name: _____ TIN: _____

Note 1: Provide the names, addresses, and telephone numbers of banks (*with their account numbers*) where deposit accounts are maintained:

Bank	Account #	Balance	Address	Telephone #

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

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Business Applicant Name: _____ TIN: _____

Note 5: Include schedule of aged Accounts Receivable showing individual balances due.

SCHEDULE OF AGED ACCOUNTS RECEIVABLE

Customer Accounts (Name, Address, & Telephone No.)	Amount Due				
	0-30 Days	31-60 Days	61-90 Days	> 90 Days	Total

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

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NYCHA MAINTENANCE PAINTING PROGRAM - BIDDER PRE-QUALIFICATION APPLICATION PAGE 7 OF 15

Business Applicant Name: _____ **TIN:** _____

Note 5: Include schedule of aged Notes Receivable showing individual balances due.

SCHEDULE OF AGED NOTES RECEIVABLE

Customer Accounts <i>(Name, Address, & Telephone No.)</i>	Amount Due				
	0-30 Days	31-60 Days	61-90 Days	> 90 Days	Total

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Business Applicant Name: _____ TIN: _____

CONTRACTOR'S FINANCIAL QUALIFICATION STATEMENT

LIABILITIES AND NET WORTH

Accounts Payable	\$	
Notes and Loans Payable	\$	(Attach substantiating statement from Bank)
Notes and Loans Payable-Officers	\$	
Taxes Payable	\$	
Accrued Expenses	\$	
Other Current Liabilities	\$	
<u>Total Current Liabilities</u> (See Note 4)	\$	
<u>Total Fixed Liabilities</u>	\$	
<u>Total Liabilities</u>	\$	
<u>Net Worth</u>	\$	
<u>Total Liabilities and Net Worth</u>	\$	

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Business Applicant Name: _____ TIN: _____

Notes applicable to this bidder pre-qualification application

Note 1: Prospective bidders must provide the names, addresses, and telephone numbers of banks (*with their account numbers and balances*) where deposit accounts are maintained on page no. 4 of this Bidder Pre-qualification Application.

Note 2: Prospective Bidders must include Schedule of Aged Notes Receivable showing individual balances due on page nos.3 and 6 of this Bidder Pre-qualification Application. Report in this section Notes Receivable 60 days or less. Notes Receivable greater than 60 days should be reported in ***Other Current Assets***.

Note 3: Prospective Bidders must disclose Actual Market Value of all investments: \$ _____.

Note 4: Prospective Bidders must compute their Net Liquid Assets:

Liquid Assets	\$ _____
Less Current Liabilities	\$ _____
Net Liquid Assets	\$ _____

Please note that in order to pre-qualify, you must prove a minimum of \$7,500.00 in net liquid assets. In order to be considered for award of any paint contract, your firm must have 15% of the first \$100,000.00 and 7.5% of the remaining balance in verifiable net liquid assets for any bid tendered. In the event your firm is the successful bidder for multiple contracts, the aggregate dollar value of all contracts awarded would be used to compute the net liquid assets under the above formula.

Note 5: Prospective Bidders must include a schedule of aged Accounts Receivable showing individual balances due and billing dates on page nos. 3 & 5 of this Bidder Pre-qualification Application. Report in this section only Accounts Receivable 60 days or less. Accounts Receivable greater than 60 days should be reported in ***Other Current Assets***.

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

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Business Applicant Name: _____ TIN: _____

6. Bonding Capacity:

- a. Depending on the size and scope of the individual contract, Performance and Payment Bonds will be required from a surety licensed to do business in the State of New York, each for the full value of the contract. Indicate the business's bonding capacities as follows:

Single: \$ _____ Aggregate: \$ _____ Capacity Remaining: \$ _____

- b) We require verification of the bonding listed above. Please have your bonding company or agent provide this information on its letterhead.

7. Safety:

- a) **Workers' Compensation Experience Information:** List the Interstate Workers Experience Modification Rate (**EMR**) for this business for the last three full years below:

Year	Workers' Compensation Insurance Carrier	Policy Number	EMR
2023			
2022			
2021			

We require verification of your EMR. Please attach the endorsement page from your policy showing your EMR or have your insurance carrier or broker provide this information on its letterhead.

Verification Provided? Yes _____ No _____

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b. Workplace Injuries and Illnesses

Provide the following information for the last three years (if none enter zero):	2023	2022	2021
A. Number of Fatalities (Attach description of Event(s))			
B. Number of cases that involved days away from work and days of restricted work activity			
C. Number of cases involving Recordable cases without lost or restricted workdays			
D. Total OSHA Recordable Cases			
E. Total hours worked			

- c) **OSHA Record:** Describe any workplace safety regularity agency (e.g. OSHA) violations that this business has received in the past three years. Explain the nature of the citation and classification. Describe the resolution of any serious violations. Attach additional sheets if needed.

Year	Violation Type and Statement
2023	
2022	
2021	

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8. Years in Business: How many years has this business operated in its current form, and using the business name provided in this application?

Years (use the nearest whole number): _____

9. Compliance with Laws and Business Integrity:

As part of this pre-qualification application, you must be registered with the Mayors Office of Contract Services (MOCS).

You can download a Questionnaire(s) by visiting www.nyc.gov/vendex.

If your firm is registered, it may be helpful to refer to your latest PASSPort Vendor Questionnaire and Vendex Principal Questionnaire(s)

When completing this form.

NYCHA may review data in the NYC PASSPort system as part of its review of this application.

In order to be considered for award of a contract, your firm must complete a PASSPort Vendor Questionnaire that results in satisfactory clearance from NYCHA's Office of the Inspector General.

PASSPort Vendor Questionnaire and Vendex Principal Questionnaire(s) submitted: Yes _____ No _____

10. Staffing. Attach an organizational Chart of your firm. Clearly indicate names and titles of officers, managers, skilled trades supervisory personnel, and skilled trades personnel.

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Business Applicant Name: _____ TIN: _____

11. Current Running Projects: Provide information about **all** current painting contracts on the following chart. Attach additional sheets as needed.

	Client Company / Agency / Authority and Project Name	Prime Contractor or Subcontractor?	Your Contract Value in \$	Scope of Work	Client Reference Contact Name & Title	Reference Contact Telephone #	Prevailing Wages Apply? Yes/ No
1							
2							
3							
4							
5							

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Business Applicant Name: _____ TIN: _____

12. Completed Projects: Provide information about **all** completed painting contracts on the following chart. Attach additional sheets as needed.

	Client Company / Agency / Authority and Project Name	Prime Contractor or Subcontractor?	Your Contract Value in \$	Scope of Work	Client Reference Contact Name & Title	Reference Contact Telephone #	Prevailing Wages Apply? Yes/ No
1							
2							
3							
4							
5							

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Business Applicant Name: _____ **TIN:** _____

The following certification must be completed by an officer of the applicant firm.

The total page count of this application is fifteen (15) plus _____ pages of Attachments.

A material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval thereby precluding the business applicant from performing work for NYCHA either as prime contractor or subcontractor for a period of one year. In addition, such false submission may subject the person and/or entity making the false statement to criminal charges, including New York State Penal Law section 175.35 (offering a false statement for filing) and 210.40 (sworn false statement) and/or Title 18 U.S.C. sections 1001 (false or fraudulent statement) and 1341(mail fraud).

I, _____, being duly sworn, state that I am _____ of _____ ,
(Name, Print) (Title) (Business Applicant Name)

and that I have read and understood the questions contained in this application. I certify that to the best of my knowledge the information given in the response to each question and the appendices is full, complete, and truthful. I acknowledge that NYCHA may, by means it deems appropriate, determine the accuracy and truth of the statements made in this application. I recognize that all the information submitted is for the express purpose of inducing NYCHA to pre-qualify a contractor and does not assure that the applicant will be deemed qualified. I authorize NYCHA to contact any entity named in the application for purposes of verifying the information supplied by the applicant.

(Signature)

(Date)

Sworn to before me this _____ day of _____ , 20__.

(Notary Public)

(Corporate Seal / If Applicable)

Contractor’s please use this page for additional notes or Information you want to share, if necessary;

Contractor’s
Initials: _____