

VENDOR QUESTIONNAIRE

The Vendor Information Exchange System (**VENDEX**) includes two questionnaires – the **vendor questionnaire** and the **principal questionnaire**. These have been developed to collect information from vendors who wish to do business with New York City, to ensure that New York City obeys the mandate in its charter to do business only with responsible vendors.

Questionnaires may be obtained in paper format from the VENDEX Unit (212-341-0933) or downloaded from the NYC website at <http://www.nyc.gov/vendex>.

Questionnaires must be completed in paper format. All questions must be answered. A response of "Not Applicable (N/A)", or the equivalent, is not acceptable. Answers must be typewritten or printed in ink. If more space is needed to respond, photocopy the corresponding section's page, check the box that additional information is attached, and attach the photocopied page to the questionnaire.

The publication "Vendor's Guide to VENDEX" provides assistance and explanation for the questionnaires, including definitions of terms or phrases written in **bold** face throughout the questionnaires. If you have not obtained a copy of this publication, please download a copy from the New York City web site, or contact the VENDEX Unit at 212-341-0933. All forms must be sent to MOCS: 253 Broadway, 9th Floor, New York, New York 10007. If you have questions, contact the VENDEX Unit at 212-341-0933.

ANSWER THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A FULLY COMPLETED QUESTIONNAIRE MAY RESULT IN THE REJECTION OF THE VENDEX SUBMISSION. MAKING ANY UNAUTHORIZED CHANGE OR ALTERATION TO THE QUESTIONNAIRE WILL RENDER IT VOID.

Name of submitting vendor _____

Submitting Vendor's EIN/ SSN/TIN: _____

Submitting vendor is Prime Parent Controlling entity Subcontractor

Type of submission: (Check one)

1. Full questionnaire
2. **Changed questionnaire**

If checked, provide submission date of last full questionnaire: ____/____/____

Name of person completing this **vendor questionnaire** _____

Employer/Title _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

Email address _____

The disclosure of the **social security number** is mandatory under the right granted New York City by the Tax Reform Act of 1976 and will be used for the purpose of tax administration. The number may also be used for general identification purposes. If you do not consent to such additional use for general identification purposes, please check here

1. Submitting vendor's:

a. Principal executive office address

Street/P.O. Box _____

Floor #/Suite # _____

City/State/Zip Code _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

b. Primary place of business (in the NYC metropolitan area)

Street/P.O. Box _____

Floor #/Suite # _____

City/State/Zip Code _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

- Check if the **submitting vendor** had other **primary places of business** in the NYC metropolitan area within the prior five (5) years and list information on page 7.

c. Primary place of business address is (check all that apply)

- Owned Rented Rented with an option to buy Donated

d. Addresses of the three largest sites at which it is anticipated that work would occur in connection with the contract pending at the times this questionnaire is completed, based on the number of people to be employed at each site:

- address in 1a. (if applicable) address in 1b. (if applicable)

Additional site(s)

Street/P.O. Box _____

Floor #/Suite # _____

City/State/Zip Code _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

- Check if **submitting vendor's** three largest sites include other addresses and list information on page 7.

e. Web site address www. _____

f. Annual gross revenue (check range that applies)

- \$0 - \$99,999 \$100,000 - \$499,999 \$500,000 – \$999,999
- \$1,000,000 - \$ 2,499,999 \$2,500,000 –\$4,999,999 \$5,000,000 or more

g. Business category (check all that apply)

- Professional services Manufacturing Construction Human Services
- Commercial Services Distribution Retail Not-for-Profit

Submitting vendor's

h. DUNS number _____ none

i. National or regional stock exchange or NASDAQ listing _____ none

j. Date submitting vendor began business in New York City ____/____/____

- Check if additional information is attached

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

2. No Yes Does the **submitting vendor** now use, or has it in the past ten (10) years used, an **EIN, TIN, SSN** or **DBA**, trade name or abbreviation other than the **submitting vendor** name or **EIN/SSN/TIN** number listed on page 1 of this questionnaire?

3. No Yes Has the **submitting vendor** used any other **business addresses** and **telephone numbers** at any time during the prior five (5) years?

4a.

Date this business was formed ____ / ____ / ____

State in which business was formed _____

County in which business was formed _____

Country in which business was formed (if not formed in USA) _____

Type of organization (check one):

_____ Business Corporation

_____ Not-for Profit Corporation

_____ Sole Proprietorship

_____ Partnership: _____ General _____ Limited _____ Limited Liability

_____ Limited Liability Company

_____ Joint Venture

_____ Other-indicate type: _____

4b. No Yes Are there any counties in New York State, other than the county listed in response to question 4a, in which the **submitting vendor** has filed a certificate of incorporation, a **DBA**, or the equivalent?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

5.		
a.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the submitting vendor share office space, staff, equipment, or expenses with any other entities ?
b.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the submitting vendor anticipate using or occupying any real property, other than the business addresses listed in response to Question 1 and 3, during the three (3) year VENDEX cycle?
c.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does any principal owner or officer of the submitting vendor , or any member of his/her immediate family , have an ownership interest in any entity that holds the title or lease to any real property used by the submitting vendor in the New York City metropolitan area?
6.		
a.		Starting on page 8, list ALL of the submitting vendor's principal owners and the three officers who exercise the most substantial degree of control over the submitting vendor .
b.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Pursuant to any stock option or any other arrangements, does any individual or entity have the right within the next three (3) years to acquire stock in the submitting vendor , which, when combined with current holdings, would make such an individual or entity a principal owner or officer ?
c.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is ten (10) percent or more of the submitting vendor's stock or ownership currently used or pledged as collateral for any loan or obligation?
7.		Are there any individuals now serving in a managerial or consulting capacity to the submitting vendor , whether or not as a principal owner or officer , who now serve, or within the past five (5) years have served as:
a.	<input type="checkbox"/> No <input type="checkbox"/> Yes	an elected or appointed public official or officer?
b.	<input type="checkbox"/> No <input type="checkbox"/> Yes	a full or part-time employee in a New York City agency or as a consultant to any New York City agency ?
c.	<input type="checkbox"/> No <input type="checkbox"/> Yes	an officer of any political party organization in New York City, whether paid or unpaid?
d.	<input type="checkbox"/> No <input type="checkbox"/> Yes	as a consultant or advisor to a New York City agency performing services related to the solicitation, negotiation, operation and/or administration of contracts on which the submitting vendor will work during this three (3) year VENDEX cycle?
8.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the submitting vendor control one or more entities ?
9.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the submitting vendor have one or more affiliates , and/or is it a subsidiary of, and controlled by any other entity ?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

10. <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the submitting vendor , or any affiliate listed in response to Question 9, been a subcontractor on any contract with any New York City agency in the past three (3) years?
11. <input type="checkbox"/> No <input type="checkbox"/> Yes	At any time during the past five (5) years, has the submitting vendor or any of its affiliates , been subject to any of the following actions, whether pending or completed:
a. <input type="checkbox"/> No <input type="checkbox"/> Yes	debarred from entering into any government contract ?
b. <input type="checkbox"/> No <input type="checkbox"/> Yes	found non-responsible on any government contract ?
c. <input type="checkbox"/> No <input type="checkbox"/> Yes	declared in default and/or terminated for cause?
d. <input type="checkbox"/> No <input type="checkbox"/> Yes	determined to be ineligible to bid or propose on any contract ?
e. <input type="checkbox"/> No <input type="checkbox"/> Yes	suspended from bidding or entering into any government contract ?
f. <input type="checkbox"/> No <input type="checkbox"/> Yes	received an overall unsatisfactory performance rating from any government agency on any contract ?
12. <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there or have there been any judgments, injunctions, or liens, including, but not limited to, judgments based on taxes owed, fines and penalties assessed by any government agency , elected official, or the New York City Council initiated against the submitting vendor and/or any affiliate :
a. <input type="checkbox"/> No <input type="checkbox"/> Yes	at any time within the past five (5) years?
b. <input type="checkbox"/> No <input type="checkbox"/> Yes	that remain open, unsatisfied, or in effect today?
13. <input type="checkbox"/> No <input type="checkbox"/> Yes	Have any bankruptcy proceedings been initiated by or against the submitting vendor or its affiliates within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the submitting vendor or its affiliates regardless of date of filing?
14. <input type="checkbox"/> No <input type="checkbox"/> Yes	In the past five (5) years, has the submitting vendor , any of its principal owners or officers , or any affiliate :
a. <input type="checkbox"/> No <input type="checkbox"/> Yes	had any permit, license, concession, franchise or lease terminated for cause or revoked?
b. <input type="checkbox"/> No <input type="checkbox"/> Yes	been disqualified for cause as a bidder on any permit, license, concession, franchise or lease?
15. <input type="checkbox"/> No <input type="checkbox"/> Yes	In the past five (5) years, have any of the submitting vendors or any of the submitting vendors' affiliates or any individual currently or within that period serving as a principal owner , officer or managerial employee been investigated by any government agency , including, but not limited to, federal, state and local regulatory agencies ?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

16.	Has the submitting vendor , any affiliate , or any of their current or former principal owners or officers or managerial employees :	a. <input type="checkbox"/> No <input type="checkbox"/> Yes been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions in the past five (5) years? b. <input type="checkbox"/> No <input type="checkbox"/> Yes been convicted of a felony, and/or any crime related to truthfulness and/or business conduct in the past ten (10) years? c. <input type="checkbox"/> No <input type="checkbox"/> Yes have any felony, misdemeanor and/or administrative charges currently pending?
17.	<input type="checkbox"/> No <input type="checkbox"/> Yes	For the past five (5) years, has the submitting vendor or any of its principal owners , officers , or any affiliate had any sanction imposed as a result of judicial or administrative disciplinary proceedings with respect to any professional license held?
18.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other than the submitting vendor's employees, did the submitting vendor retain, employ or designate anyone to influence the preparation of contract specifications, or the solicitation or award of any contract during this three (3) year VENDEX cycle?
19.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is the submitting vendor exempt from income taxes under the Internal Revenue Code ? During the past five (5) years, has the submitting vendor failed to: b. <input type="checkbox"/> No <input type="checkbox"/> Yes file any applicable federal, state or New York City tax returns? c. <input type="checkbox"/> No <input type="checkbox"/> Yes pay any applicable federal, state or New York City taxes or other assessed New York City charges, including but not limited to water and sewer charges?
20.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<u>This question applies to not-for-profit vendors, others please answer "no".</u> If the submitting vendor is a not-for-profit corporation , in the past three (3) years, have any audits of the submitting vendor revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations?

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Provide details to questions answered "yes" in the corresponding section below.

Corresponds to Question 1.

1b. Submitting vendor's other primary place(s) of business

Street/P.O. Box _____ Floor #/Suite # _____

City/State/Zip Code _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

1d. Submitting vendor's largest sites

Street/P.O. Box _____ Floor #/Suite # _____

City/State/Zip Code _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

Street/P.O. Box _____ Floor #/Suite # _____

City/State/Zip Code _____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

Check if attaching additional information

Corresponds to Question 2.

Other **DBA**, name, trade name, abbreviation _____

Other **EIN/TIN/SSN** _____

Dates in use - from ____/____/____ to ____/____/____ Still in use

Check if attaching additional information

Corresponds to Question 3.

Other **business addresses** and **telephone numbers** in the last five (5) years
(Check One) Current Former

Street/P.O. Box _____ Floor #/Suite # _____

City/State/Zip Code _____

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

Check if attaching additional information

Corresponds to Question 4. (check all that apply)

4b. Certificate of incorporation **DBA**
 Other, please identify _____

County _____ Date ____/____/____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 5. (check all that apply)

5a. Item(s) shared Space Staff Equipment Expenses

Other entity's name _____

Other entity's EIN/TIN/SSN _____

Address _____

Street/P.O. Box _____

Floor #/Suite # _____

City/State/Zip Code _____

Check if attaching additional information

5b. Address _____

Street/P.O. Box _____

Floor #/Suite # _____

City/State/Zip Code _____

Additional addresses to be used not yet known

Check if attaching additional information

5c. Ownership interest is principal owner officer immediate family

Name of party with ownership interest _____

Name of entity holding title or lease _____

Check if attaching additional information

Corresponds to Question 6.

6a. Principal owner's name _____

EIN/SSN _____ Date of birth ____/____/____ Percent of ownership _____

individual partnership joint venture corporation

Principal owner's name _____

EIN/SSN _____ Date of birth ____/____/____ Percent of ownership _____

individual partnership joint venture corporation

Principal owner's name _____

EIN/SSN _____ Date of birth ____/____/____ Percent of ownership _____

individual partnership joint venture corporation

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 6 continued.

6a. **Officer's name** _____

cont. **SSN** _____ - _____ - _____ **Date of birth** ____/____/____

Title _____

Officer's name _____

SSN _____ - _____ - _____ **Date of birth** ____/____/____

Title _____

Officer's name _____

SSN _____ - _____ - _____ **Date of birth** ____/____/____

Title _____

Check if attaching additional information

6b. **Individual** **Entity** **Name** _____

EIN/SSN _____ **If individual**, **date of birth** ____/____/____

Stock option **Other** (explain) _____

Percent of ownership: _____

If entity is checked, is the **business address** the same as that listed in question 1? **Yes** **No**

If no, list address

Street/P.O. Box **Floor #/Suite #**

City/State/Zip Code

Main telephone number (_____) _____ - _____ **Main fax number** (_____) _____ - _____

Check if attaching additional information

6c. (Check all that apply)

Stock **Ownership:**

Used **Pledged as collateral** **Other** (explain) _____

Loan **Obligation**

Name of receiving individual and/or entity _____

EIN/SSN _____ **If individual**, **date of birth** ____/____/____

Percent of ownership: _____ **Transaction date** ____/____/____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 7. (Check all that apply)

- 7a. elected official elected officer appointed official appointed officer
- principal owner or officer** **managerial capacity** **consulting capacity**

Employee's Name _____

SSN _____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of organization elected or appointed to _____

Check if attaching additional information

- 7b. Full-time NYC **agency** employee Part-time NYC **agency** employee Consultant to NYC **agency**
- principal owner or officer** **managerial capacity** **consulting capacity**

Employee's Name _____

SSN _____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of NYC **agency** _____

Individual serves/served New York City **agency** as consultant advisor

Check if attaching additional information

- 7c. Paid officer in NYC political party Unpaid officer in NYC political party
- principal owner or officer** **managerial capacity** **consulting capacity**

Employee's Name _____

SSN _____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of political party _____

Check if attaching additional information

7d. Individual serves **submitting vendor** as

- principal owner or officer** **managerial capacity** **consulting capacity**

Individual serves/served New York City **agency** as consultant advisor

Employee's Name _____

SSN _____ Date of Birth ____/____/____

Title in **submitting vendor** _____

Name of NYC **agency** _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 8. (Check all that apply)

Name of **controlled entity** _____

For profit **Not-for-profit corporation** Other (explain) _____

EIN/TIN/SSN _____

Address

Street/P.O. Box

City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

Check if attaching additional information

Corresponds to Question 9. (Check all that apply)

Submitting vendor has one or more **affiliate(s)**

(If checked) Name of **affiliate** _____

Type of business For profit **Not-for-profit corporation** Other (explain) _____

EIN/TIN/SSN _____

Address

Street/P.O. Box

City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

Check if attaching additional information

Submitting vendor is a **subsidiary** of:

Submitting vendor is **controlled** by:

(If checked) Name of **entity** _____

EIN/TIN/SSN _____

Type of business For profit **Not-for-profit corporation** Other (explain) _____

Address

Street/P.O. Box

City/State/Zip Code

Main telephone number (_____) _____ - _____ Main fax number (_____) _____ - _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 10.

submitting vendor **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Name of prime contractor _____

Contract type _____

Contract number _____ **Contract** start date ____/____/____

Subcontract amount \$ _____

Name of NYC **agency** _____

Check if attaching additional information

Corresponds to Question 11.

11a. **submitting vendor** **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Debarment proceeding pending Debarment in effect Period of debarment completed

Summary of finding _____

Date of finding (if any) ____/____/____

Name of government **agency** _____

Address

Street/P.O. Box _____

City/State/Zip Code _____

Check if attaching additional information

11b. **submitting vendor** **affiliate**

If **affiliate**, name _____ **EIN/TIN/SSN** _____

Date notified of **non-responsible** finding ____/____/____

Submitting vendor/affiliate appealed the finding of **non-responsible**, with the following outcome(s) upheld reversed pending

Summary of finding _____

Date of finding (if any) ____/____/____

Name of government **agency** _____

Address

Street/P.O. Box _____

City/State/Zip Code _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 11 continued.

11c. **submitting vendor** **affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

Declared in default Terminated for cause

Summary of finding _____

Date of finding (if any) ____/____/____ proceeding ongoing

Name of government **agency** _____

Address _____
Street/P.O. Box

City/State/Zip Code

Check if attaching additional information

11d. **submitting vendor** **affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

Ineligible to bid Ineligible to propose

Summary of finding _____

Date of finding (if any) ____/____/____ proceeding ongoing

Name of government **agency** _____

Address _____
Street/P.O. Box

City/State/Zip Code

Check if attaching additional information

11e. **submitting vendor** **affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

Suspension is pending in effect completed

Summary of finding _____

Date of finding (if any) ____/____/____ proceeding ongoing

Name of government **agency** _____

Address _____
Street/P.O. Box

City/State/Zip Code

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 11 continued.

11f. **submitting vendor** **affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

Summary of finding _____

Date of finding (if any) ____/____/____ proceeding ongoing

Name of government **agency** _____

Address

Street/P.O. Box _____

City/State/Zip Code _____

Check if attaching additional information

Corresponds to Question 12. (Check all that apply)

12a. **submitting vendor** **affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

judgment injunction lien

other (explain) _____

Name of **agency** _____

Date obligation filed ____/____/____ Date discharged ____/____/____

Amount of original obligation \$ _____ Amount outstanding \$ _____

Check if attaching additional information

12b. **submitting vendor** **affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

judgment injunction lien

other (explain) _____

Name of **agency** _____

open unsatisfied in effect today

Amount of original obligation \$ _____ Amount outstanding \$ _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 13. (Check all that apply)

Within the past seven (7) years, bankruptcy proceedings

- have been initiated
- have been closed
- remain pending

These proceedings involve

- submitting vendor**
- affiliate**

If **affiliate**, name _____ EIN/TIN/SSN _____

Court name _____

Court address _____

Docket number _____ Date initiated _____ Date closed ___/___/___

Check if attaching additional information

Corresponds to Question 14. (Check all that apply)

- 14a. **submitting vendor** **principal owners or officers** **affiliate**

Name _____ EIN/TIN/SSN _____

terminated for cause revoked Date ___/___/___

permit license concession franchise lease

Name of sanctioning **agency** _____

Specify reason(s) for action _____

Check if attaching additional information

- 14b. **submitting vendor** **principal owners or officers** **affiliate**

Name _____ EIN/TIN/SSN _____

disqualified for cause Date ___/___/___

permit license lease concession franchise

Name of sanctioning **agency** _____

Specify the reason(s) for action _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 15.

- submitting vendor** **affiliate**
- individual** serving as **principal owner** **officer** **managerial employee**

Name _____ EIN/TIN/SSN _____

Name of investigating government **agency** _____

Date initiated ____/____/____ Date completed ____/____/____ ongoing

Summary of investigation _____

Check if attaching additional information

Corresponds to Question 16. (Check all that apply)

- 16a. **submitting vendor** **affiliate**
- former **principal owner** **officer** **managerial employee**
 - current **principal owner** **officer** **managerial employee**

Name _____ EIN/TIN/SSN _____

- Found in violation of administrative provision(s)
- statutory provisions(s)
- regulatory provision(s)

convicted of a misdemeanor

Summary of finding _____

Date of action ____/____/____ Charging **agency** _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 16 continued.

16b. **submitting vendor** **affiliate**

former **principal owners** or **officers** or **managerial employees**

current **principal owners** or **officers** or **managerial employees**

Name _____ EIN/TIN/SSN _____

convicted of a felony in the past ten (10) years

convicted of a crime related to truthfulness in the past ten (10) years

convicted a crime related to business conduct in the past ten (10) years

Summary of felony and/or crime _____

Date of action ____/____/____ Charging **agency** _____

Check if attaching additional information

16c. **submitting vendor** **affiliate**

former **principal owners** or **officers** or **managerial employees**

current **principal owners** or **officers** or **managerial employees**

Name _____ EIN/TIN/SSN _____

Charges pending are felony misdemeanor administrative charges

Summary of finding _____

Date of action ____/____/____ Charging **agency** _____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 17.

Name of sanctioning agency _____

Name of sanctioned individual or entity _____

submitting vendor principal owners or officers affiliate

EIN/SSN/TIN _____

judicial disciplinary proceedings with respect to any professional license held

administrative disciplinary proceedings with respect to any professional license held

Summary _____

Date of action ____/____/____

Check if attaching additional information

Corresponds to Question 18.

Name _____ EIN/TIN/SSN _____

Address _____

Street/P.O. Box _____

City/State/Zip Code _____

Telephone number (____) _____ - _____ Fax number (____) _____ - _____

Check if attaching additional information

Corresponds to Question 19.

19a. Reason for exemption from income taxes _____

Check if attaching additional information

19b. Submitting vendor failed to file:

Federal taxes State taxes NYC taxes Other

If "State" is checked, and other than N.Y., name State _____

If "Other" is checked, specify _____

Taxes were not filed for tax years

19____ 20____ 20____ 20____ 20____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 19 continued.

19c. **Submitting vendor** failed to pay:

- Federal taxes
- State taxes
- NYC taxes
- Other NYC charges

If "State" is checked, and other than N.Y., name State _____

If "Other NYC charges" is checked, specify _____

Taxes were not paid for tax years:

- 19_____
- 20_____
- 20_____
- 20_____
- 20_____

Check if attaching additional information

Corresponds to Question 20.

audits revealed **material weaknesses** in:

- system of internal controls
- compliance with contractual agreements
- compliance with laws and regulations

Summary _____

Date ____/____/____

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING VENDOR NON-RESPONSIBLE WITH RESPECT TO THE VENDEX SUBMISSION, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____ serving as _____ for _____,
Name Title Submitting Vendor's Name

I hereby certify that:

- I have not altered the substance of this questionnaire in any manner;
- I have read and understand all of the items contained in the foregoing 19 pages of this questionnaire and the following _____ pages of attachments;
- I have supplied full and complete responses to each item therein to the best of my knowledge, information and belief;
- I understand that the New York City will rely on the information supplied in this questionnaire as an inducement to enter into a **contract** with the **submitting vendor**;
- I understand that at the time of execution of any **contract** with New York City, the **submitting vendor** will be required to certify that the information I have supplied remains accurate, and I further understand that I may provide to the VENDEX unit, in writing, any change(s) in the information provided in this questionnaire at the time of any change in the circumstances;
- I will notify the VENDEX unit in writing of all **subcontractors** engaged pursuant to each resulting **contract** valued at one hundred thousand dollars (\$100,000) or more;
- The **submitting vendor** was not founded or established and is not operated in a manner to evade the application or defeat the purpose of Section 6-116.2, subdivision (b) of the New York City Administrative Code, and is not the successor, assignee or **affiliate** of an **entity** which is ineligible to bid or propose on contracts or against which a proceeding to determine eligibility to bid or propose on contracts or against which a proceeding to determine eligibility to bid or propose on contracts is pending.

I further certify as to the following ongoing obligations of the **submitting vendor**:

- The New York City Administrative Code provides that the **submitting vendor** shall update the information provided in this questionnaire by submitting a current questionnaire every three years, to be provided no later than the date of award of any **contract** subsequent to the expiration of the three year period;
- The **submitting vendor** is required to certify, at the time of any future award, that the information previously submitted in its most recent **VENDEX** submission is full, complete and accurate, except as to any changed information the **submitting vendor** provides at that time and, as to that information, the **submitting vendor** shall be required to certify that it is full, complete and accurate.

Sworn to before me this _____ day of _____, 20_____;

Notary Public

Print name

Signature

_____/_____/_____
Date