

New York City Department of Housing Preservation and Development

Office of Enforcement & Neighborhood Services

Emergency Operations Division

Contractor Compliance Unit

nyc.gov/hpd

FACT SHEET

Emergency Repair Program Prequalified List (“ERP PQL”)

Purpose:

The New York City Department of Housing Preservation and Development (“HPD”), through its Office of Enforcement and Neighborhood Services Emergency Operations Division (“EOD”) Contractor Compliance Unit (“CCU”), maintains lists of contractors who are prequalified to conduct work in various construction and building maintenance trades (each list a “PQL”). By establishing contractors’ qualifications and experience in advance, the EOD maintains a pool of competent contractors from which it can draw to promptly perform emergency repairs. These PQLs are used to select contractors for repair work up to a maximum of \$100,000 per work order.

How to Apply

All organizations intending to do business with the City of New York must enroll in the City’s Procurement and Sourcing Solutions Portal (“PASSPort”) at:

<https://www1.nyc.gov/site/mocs/systems/about-go-to-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:

- (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. Add corporate seal if a corporation.
 - b. **Bidder’s Certification of Compliance with Iran Divestment Act** – completed and signed before a Notary.
 - c. **Doing Business Data Form** – completed and signed.
- (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 1-800-829-0115
- (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) 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>.
 - 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>.
 - c. Those performing Mold Remediation must possess a Mold Remediation License issued by the NYS Department of Labor. See: <https://www.labor.ny.gov/workerprotection/safetyhealth/mold/mold-program.shtm>
 - 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://www.labor.ny.gov/workerprotection/safetyhealth/DOSH_ASBESTOS.shtm and www.nyc.gov/dep.
- (7) An active Dunn & Bradstreet “D-U-N-S” Number.**
- (8) Registration on the federal System for Award Management (SAM.gov) website.**

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.

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, 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. Applicants can schedule an appointment by calling (212) 863-7928. Please note, however, that appointments are not necessary, as HPD holds such conferences in the Lobby of 100 Gold Street, New York, NY 10038 every Tuesday, excluding holidays, at 9:45 A.M. If you wish to attend, please arrive no later than 9:30 A.M.

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
 - b. a duly executed Certification by Insurance Broker or Agent in the form attached hereto.
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:
 - i. 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.

Please Note: 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,
3. 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 ERP 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 ERP PQL shall be deemed a response of 'no bid' for the purpose of complying with the Procurement Policy Board Rule 3-10(I)(3).

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. For more information or to set up an appointment, please call HPD at (212) 863-7928.

New York City Department of Housing Preservation and Development

Office of Enforcement & Neighborhood Services

Emergency Operations Division

Contractor Compliance Unit

nyc.gov/hpd

Criteria for Acceptance

Emergency Operations Division Emergency Repair Program Prequalified Contractor Lists

The minimum criteria for acceptance to and maintenance on HPD's ERP 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.
4. Absence of active governmental exclusions.
5. 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 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..
8. A completed and approved Application for Vendor Prequalification.
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 1.0 or less.
14. Continuous adherence to all requirements specified in the attached "Fact Sheet."
15. An active Dunn & Bradstreet "D-U-N-S" Number.
16. Registration on the federal System for Award Management (SAM.gov) website.

APPLICATION FOR PREQUALIFIED CONTRACTOR LISTS
Emergency Operations Division
Emergency Repair Program

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 Emergency Operations Division programs.

Return the completed application and supporting documentation to:
 NYC Department of Housing Preservation and Development
 Office of Enforcement & Neighborhood Services - Emergency Operation Division
 Contractor Compliance Unit
 100 Gold Street, Room 6-J New York, NY 10038

Name of Company: _____

Business Address (No P.O. Box): _____

Contact Person: _____ Title: _____

Phone No.: _____ FAX No.: _____

Emergency No.: _____ Cellular No.(s): _____

Email Address(es): _____

PASSPort enrollment date: _____

Are you a NYC Certified Minority/Women Owned Business Enterprise? No Yes *(Provide Copy of Certification)*

DESCRIPTION OF BUSINESS:

TYPE OF ORGANIZATION: Sole Proprietorship Partnership Corporation Joint Venture LLC

Date Established: _____ Date Incorporated: _____

Employer I.D. No. (EIN) or Social Security No.: _____ DUNS Number: _____

Gross Receipts in most recent tax year: \$ _____ Year ending (date) _____

TRADE OR TRADES FOR WHICH PREQUALIFICATION IS REQUESTED (Check all applicable PQL Lists):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Exterminating Services | <input type="checkbox"/> GC: Roof (Repair) | <input type="checkbox"/> Mold Remediation |
| <input type="checkbox"/> Asbestos Analysis | <input type="checkbox"/> Fireguard Services | <input type="checkbox"/> GC: Scaffolding | <input type="checkbox"/> Plumbing: Repairs |
| <input type="checkbox"/> Asbestos Investigation | <input type="checkbox"/> GC: Carpenter | <input type="checkbox"/> GC: Seal-up | <input type="checkbox"/> Plumbing: Sprinklers |
| <input type="checkbox"/> Asbestos Monitoring | <input type="checkbox"/> GC: Concrete | <input type="checkbox"/> GC: Scrape, Plaster & Paint | <input type="checkbox"/> Rubbish- Laborers Clean-up |
| <input type="checkbox"/> Boiler/Burner: Oil | <input type="checkbox"/> GC: Door | <input type="checkbox"/> GC: Window | <input type="checkbox"/> Sewer & Water Mains |
| <input type="checkbox"/> Boiler/Burner: Gas | <input type="checkbox"/> CG: Fence | <input type="checkbox"/> Intercom Systems | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Drain Cleaning (Stoppage) | <input type="checkbox"/> GC: Masonry | <input type="checkbox"/> Iron Work: Fire Escape Replacement & Welding | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Electrical Repair | <input type="checkbox"/> GC: Mildew Removal | <input type="checkbox"/> Lead Abatement | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Elevator Services | <input type="checkbox"/> GC: Roof (New) | <input type="checkbox"/> Lead Analysis | <input type="checkbox"/> Other (Specify): |

How did you hear about the HPD Prequalified Lists: City Record Internet Tradesman

Other: _____

If your company is approved would you be interested in the following program(s)?

24 Hour Program Yes* No Disaster Preparedness Program Yes No

** Please Note: Saying "Yes" requires you to be willing to respond to an immediate emergency at any time, day or night, and be able to supply labor, equipment, and material to start work within two (2) hours of notification.*

PRINCIPALS: List below all owners (partners, or if a corporation, all officers and others who own more than 10% of the stock): Attach additional page if necessary.

Name of Principal **Home Address** **Social Security No.** **%**

Name of Principal	Home Address	Social Security No.	%

SUBCONTRACTING: Do you regularly use subcontractors as part of your work force, and would you use them in order to perform work for HPD? Yes No **Note:** All subcontractors must be enrolled in PASSPort.

If yes, provide the name(s) of the subcontractor(s) and percentage of subcontracting you anticipate using:

Provision of the following information is voluntary and will be used only for statistical purposes. Please check which of the following ethnic groups controls 51 percent or more of the business (**CHECK ONLY ONE**):

White Native American Asian African-American Hispanic Other _____

Please check which gender group controls 51% (percent) or more of the business: Male Female

LICENSES:

List below all licenses and/or certifications held in the name of the company or any individual, and attach copies:

Type of License	Issuing Agency	Individual or Organization Name	Expiration Date
1.			
2.			
3.			
4.			
5.			

STAFF: Describe number of staff and their qualifications, i.e. their technical skills, experience, and in which trades.

EQUIPMENT: Describe below pertinent equipment, materials, and supplies owned by your company, or attach a list.

By my signature below I attest that the information contained in this application is accurate and true to the best of my knowledge and belief.

Signature _____

Print Name _____

Title _____

Date _____

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

Notary's Name

REFERENCES

Applicant Company Name: _____

PQL List Name: _____

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. (Copy this page for each PQL List)

For each reference, provide the following information:

CLIENT	LOCATION AND DESCRIPTION OF WORK	# OF JOBS	DATES	DOLLAR VALUE (\$)
Person's Name: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____				
Person's Name: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____				
Person's Name: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____				
Person's Name: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____				

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

If a corporation place seal here

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.



LOUISE CARROLL
Acting Commissioner
ANNMARIE SANTIAGO
Deputy Commissioner
JOSH CUCCHIARO
Assistant Commissioner

Office of Enforcement &
Neighborhood Services
Emergency Operations Division
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 **Bidder's Certification Of Compliance with Iran Divestment Act**, 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 Bidder's Certification of Compliance with Iran Divestment Act, 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,

Michael Vayser
Contractor Compliance

**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]

BIDDER'S CERTIFICATION

- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 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 so certify.

Dated: _____, New York
_____, 20__

SIGNATURE

PRINTED NAME

TITLE

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

Notary Public

Dated: _____

To be completed by the City agency prior to distribution Agency _____ Transaction ID _____

Check One

Transaction Type (check one)

- Proposal Award Concession Economic Development Agreement Franchise Grant Pension Investment Contract Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPort registration or VENDEX requirements.**

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@mocs.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Entity Information

If you are completing this form by hand, please print clearly.

Entity EIN/TIN _____ Entity Name _____

Filing Status

(Select One)

NEW: Data Forms submitted now must include the listing of **organizations**, as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.

- Entity has never completed a Doing Business Data Form. Fill out the entire form.
 Change from previous Data Form dated _____. Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.
 No Change from previous Data Form dated _____. Skip to the bottom of the last page.

Entity is a Non-Profit Yes No

Entity Type Corporation (any type) Joint Venture LLC Partnership (any type) Sole Proprietor Other (specify) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Provide your e-mail address in order to receive notices regarding this form by e-mail.

Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

This person replaced former CEO _____ on date _____

Chief Financial Officer (CFO) or equivalent officer

This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

This person replaced former CFO _____ on date _____

Chief Operating Officer (COO) or equivalent officer

This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

This person replaced former COO _____ 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."

There are no owners listed because (select one):

- The entity is not-for-profit
- The entity is an individual
- No individual or organization owns 10% or more of the entity

Other (explain) _____

Individual Owners (who own or control 10% or more of the entity)

First Name _____ MI ____ Last _____ Birth Date (mm/dd/yy) _____
Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ____ Last _____ Birth Date (mm/dd/yy) _____
Office Title _____ Employer (if not employed by entity) _____

Home Address _____

Organization Owners (that own or control 10% or more of the entity)

Organization Name _____

Organization Name _____

Organization Name _____

Remove the following previously-reported Principal Owners

Name _____ Removal Date _____

Name _____ Removal Date _____

Name _____ Removal Date _____

Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers

First Name _____ MI ____ Last _____ Birth Date (mm/dd/yy) _____
Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ____ Last _____ Birth Date (mm/dd/yy) _____
Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ____ Last _____ Birth Date (mm/dd/yy) _____
Office Title _____ Employer (if not employed by entity) _____

Home Address _____

Remove the following previously-reported Senior Managers

Name _____ removal date _____

Name _____ removal date _____

Certification

I certify that the information submitted on these two pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name _____ Title _____

Entity Name _____ Work Phone # _____

Signature _____ Date _____

What is the purpose of the 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 a 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, or their functional equivalents. See the DBDF for examples of titles that apply.
- **Principal Owners** are individuals who own or control 10% or more of the organization. This includes stockholders, partners and anyone else with an ownership or controlling interest in the entity.
- **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 Data Form will be considered incomplete.

NEW FOR 2018: As of January 2018, the DBDF must report organizations, as well as individuals, that own 10% or more of the entity. A DBDF with such a certification, filed as a full (never filed before) or as a change form, must be submitted before an entity can then file a DBDF that indicates no changes since the previous form. Contact DBA at 212-788-8104 or at doingbusiness@mocs.nyc.gov to inquire if DBA has received such a form.

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. However, 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. 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 DBDF 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 the 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 home address will not be used for communication purposes.

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

Yes. Although a Doing Business Data Form and PASSPort request some of the same information, they serve entirely different purposes. In addition, the DBDF requests information concerning senior managers, which is not in PASSPort.

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 the Doing Business Accountability Project.

How does a person remove him/herself 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 s/he should not be listed may apply for removal. Reasons that a person would be removed include his/her no longer being 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 <https://www1.nyc.gov/site/mocs/resources/forms.page> or by calling 212-788-8104.

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 the Doing Business Accountability Project at 212-788-8104 or doingbusiness@mocs.nyc.gov.

