

**MICRO PURCHASE AGREEMENT FOR
WEEKEND WALKS 2017 – COMMUNITY MANAGEMENT SERVICES**

This Agreement, dated as of _____, is made by and between the Department of Transportation (“DOT”) and Contractor’s Name: _____ (the “Contractor”)
Contractor’s Address: _____
Contractor’s TIN/SSN/EIN¹: _____
Contractor’s Contact: _____
Contact Email: _____

Name of Weekend Walk: “_____” Weekend Walk”
Location of the Weekend Walk: _____ (the “Site”)
Location of the Sponsorship Zone 1: _____
Location of the Sponsorship Zone 2: _____ (the “Sponsorship Zone(s)”)

Event Date 1:	Start Time:	End Time:
Event Date 2:	Start Time:	End Time:
Event Date 3:	Start Time:	End Time:
Event Date 4:	Start Time:	End Time:
Event Date 5:	Start Time:	End Time:
Event Date 6:	Start Time:	End Time:
Event Date 7:	Start Time:	End Time:
Event Date 8:	Start Time:	End Time:
Event Date 9:	Start Time:	End Time:
Event Date 10: (together the “Event(s)”)	Start Time:	End Time:

This Agreement shall be effective as of _____ and shall expire on _____.
In consideration, NYCDOT shall pay the Contractor a total amount of _____ thousand dollars (\$ _____) towards the cost of the Event(s) (the “Total Fees”), including, but not limited to, management and staff fees, cost of Event(s) Amenities, programming and maintenance of Site during said Event(s). All other costs associated with the Event(s), exclusive of Sponsorship Zone(s), shall be the sole responsibility of the Contractor.

ACKNOWLEDGEMENTS & CERTIFICATION

STATE OF NEW YORK COUNTY OF _____ ss: _____ being duly sworn, says:

By I hereby acknowledge receipt, review and incorporation of the Scope of Services (Exhibit 1). This Agreement, along with the above listed exhibit, constitutes the entire and sole agreement between the parties with respect to the subject matter hereof and supersedes any prior agreements, negotiations, understandings, or other matters, whether oral or written, with respect to the subject matter hereof. This Agreement cannot be modified, changed or amended, except in writing signed by both parties.

(Signature of Authorized Representative)

Name:

Title:

Subscribed and sworn to before me

this ____ day of _____, 20 ____

Notary Public

APPROVED

Adam Buchanan
Deputy Chief Contracting Officer, New York City Department of Transportation

Date

¹ Under the Federal Privacy Act, the furnishing of Social Security numbers by bidders or proposers on City contracts is voluntary. Failure to provide a Social Security number will not result in a bidder’s/proposer’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 seeking City contracts.

Scope of Services

1. CONTRACTOR'S RESPONSIBILITIES

- 1.1. In a timely manner and at each Event(s), the Contractor shall ensure:
 - 1.1.1. Management, organization and monitoring of the Event(s) at the Site, as more fully described in the Event(s) Site Plan (Example attached as Exhibit 2);
 - 1.1.2. Planning and management all Event(s) amenities (the "Event(s) Amenities") as more fully described in the Hour-to-hour "Run of Show" Plan (Example attached as Exhibit 3);
 - 1.1.3. All Event(s) Amenities and any Event(s) programing is executed in a safe, good and workmanlike manner and the Contractor shall strictly abide by the Event(s) Plan to the reasonable satisfaction of DOT;
 - 1.1.4. Dirt, litter and debris of any kind be removed, on a continual basis throughout the Event(s), so as to maintain the Site in a clean, neat and good condition;
 - 1.1.5. The Site be restored to the condition prior to the Event(s) and any necessary repairs shall be performed in a safe, good and workmanlike manner to the reasonable satisfaction of DOT;
 - 1.1.6. All entities providing Event(s) Amenities or Event(s) programing shall strictly abide by the Event(s) Site Plan, Hour-to-hour "Run of Show" Plan, Article 4 and Article 8 herein;
 - 1.1.7. No additional disruption to pedestrian, cyclist or vehicular flow or commercial and residential activity;
 - 1.1.8. To monitor and maintain, with adequate management and staff, the Site and Event(s);
 - 1.1.9. To give full cooperation to DOT staff and DOT event consultant staff at all times;
 - 1.1.10. That a senior employee be continuously present at the Site during the Event(s); and
 - 1.1.11. Upon expiration or termination of this Agreement, DOT, or a contractor acting at DOT's request, may remove the Event Amenities and restore the Site to a condition acceptable to DOT. The Contractor shall pay for the actual cost of removal and restoration of the Site.
- 1.2. In the event that DOT determines, for any reason and at its sole discretion, that an emergency, inappropriate activity or condition exists or may exist at the Event(s) or Site, the Contractor shall immediately take all steps necessary to alleviate such an emergency, activity or condition, as may be directed by DOT, which may include, but not be limited to, immediately terminating the Event(s), ceasing any or all Event(s) activities and removing any or all Event(s) Amenities from the Site.

2. SPONSORSHIP AND BRANDING

- 2.1. The Contractor shall ensure that the name/title of the Event(s) includes the words, "Weekend Walks".
- 2.2. At its sole discretion and upon prior written request, DOT may permit the Contractor to solicit and accept sponsorships solely for the benefit of the Event(s).
- 2.3. No fewer than thirty (30) days prior to the Event(s), the Contractor shall, prior to execution, provide all terms and conditions of any sponsorship agreement to DOT for review and approval.
- 2.4. Any such sponsorship shall be restricted in size, quantity and location as deemed appropriate by DOT, but in any event, no sponsorship recognition, including trade names and/or logos, shall occupy more than 10% of the visible area of a sponsorship item unless DOT approves a variance of such sizing in writing.
- 2.5. The Contractor shall not solicit or permit any tobacco sponsorship or alcohol sponsorship within 250 feet of any school, day care center, or house of worship.
- 2.6. Any Event(s) materials including, but not limited to, any writing, flyers, posters, banners etc. shall include all Program, DOT, City and any other DOT approved branding as well as the words, "Weekend Walks". Any additional Event(s) branding shall be provided at least thirty (30) days prior to the Event(s) for review and approval by DOT.
- 2.7. The Contractor shall be prohibited from placing or causing to be placed any advertising at the Site.

3. LICENSED USE

- 3.1. To permit the use of the Contractor's image(s), still or otherwise (the "Image(s)") for all legal purposes, including but not limited to New York State Civil Rights Section 50, (the "Licensed Use") for the City. The Contractor hereby releases and consents to the following terms:
 - 3.1.1. For good and valuable consideration, the receipt of which is hereby acknowledged, the Contractor grants the City, perpetually and irrevocably, the right throughout the world to use the Image(s) in connection with the Licensed Use. It is understood and agreed that such rights include the right to use and to promote the Images in any format now known or hereafter devised. The Contractor hereby waive any right of inspection or approval of the Images for the Licensed Use.

- 3.1.2. To release and discharge the City and its employees, agents, licensees and successors from any and all claims, demands or causes of action that the Contractor may now have or hereafter have for libel, defamation, invasion of privacy, right of publicity, infringement of copyright, trademark or violation of any other right arising out of or relating to any use of the rights granted in this Release and Consent or based on any failure or omission to make use of rights granted in this Release and Consent.
- 3.1.3. Understands and agrees that Photographer shall retain the ownership of the copyright of the photograph which contains the Image(s).
- 3.1.4. Understands that the photograph which contains the Image(s) may be used by the City in such manner and for such purposes as the City deem advisable, in whole, in part or in modified form, in all formats now known or hereafter to become known without further permission.

4. INVOICES

- 4.1. To receive payment, the Contractor shall submit a proper invoice, at DOT's sole discretion and approval, substantially in the form of example attached as Exhibit 4.
- 4.2. The Contractor may invoice up to twenty-five percent of the Total Fees upon receipt by DOT of the Event(s) Site Plan (Example attached as Exhibit 2), Hour-to-hour "Run of Show" Plan (Example attached as Exhibit 3).
- 4.3. The Contractor shall invoice the remaining amount of the Total Fees upon completion of the final listed Event(s) date.

5. SUBCONTRACTING

- 5.1. All subcontracts shall contain provisions specifying that:
 - 5.1.1. The work performed by the subcontractor must be in accordance with the terms of the agreement between the City of New York (the "City") and the Contractor;
 - 5.1.2. Nothing contained in the agreement between the Contractor and the subcontractor shall impair the rights of the City; and
 - 5.1.3. Nothing contained in the agreement between the Contractor and the subcontractor, or under the agreement between the City and the Contractor, shall create any contractual relation between the subcontractor and the City.

6. TERMINATION

- 6.1. This Agreement shall be immediately terminable without cause by the Commissioner of DOT or designee, if Contractor is in default of its obligations hereunder.
- 6.2. If this Agreement expires or is terminated, as provided herein, all rights of the Contractor herein shall be terminated without any claim for damages against the City, DOT or its agents, employees, officers, or directors by reason of such expiration or termination.

7. REASONABLE PRECAUTIONS

- 7.1. The Contractor shall take all reasonable precautions to protect all persons and the property of the City and of others from damage, loss or injury resulting from the Contractor's and/or its subcontractors' operations under this Agreement.

8. PROTECTION OF CITY PROPERTY

- 8.1. The Contractor assumes the risk of, and shall be responsible for, any loss or damage to City property, including property and equipment leased by the City, used in the performance of this Agreement, where such loss or damage is caused by any tortious act, or failure to comply with the provisions of this Agreement or of Law by the Contractor, its officers, employees, agents or subcontractors.

9. COMPLIANCE WITH LAWS

- 9.1. The Contractor shall perform all services under this Agreement in accordance with all applicable Federal Law, Laws of the State and City of New York including, but not limited to, the New York City Charter, New York City Administrative Code, PPB Rules, DOT specifications, standards and policies in effect at the time such services are performed.

10. COUNTERPARTS

- 10.1. This Agreement may be executed in one or more counterparts which, when taken together, shall constitute one and the same.

11. NOTICES

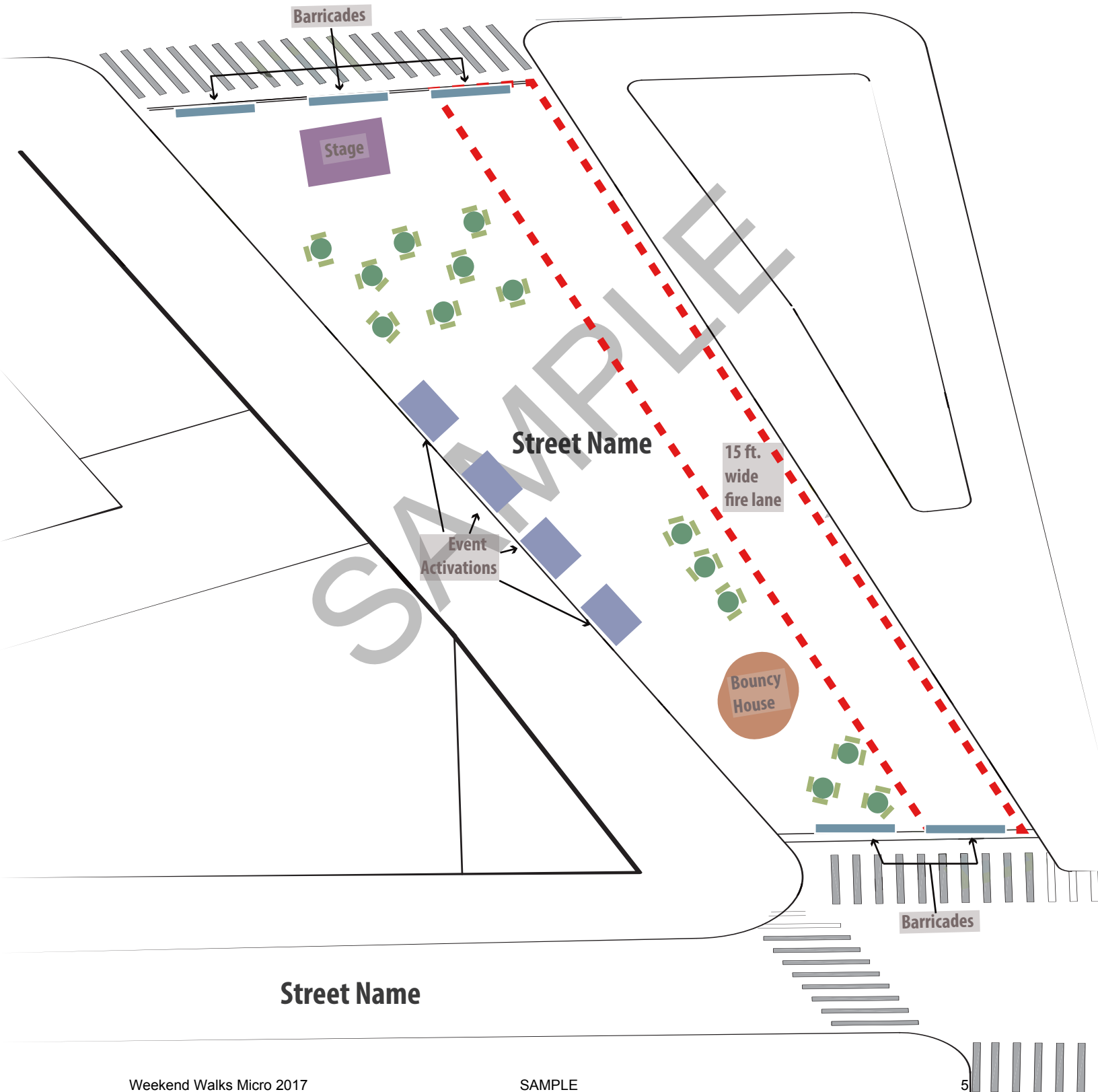
- 11.1. All notices and all other documentation required to be given under the terms of this Agreement, or which either Party may desire to give to the other, shall be in writing and sent to the Contractor's email specified herein and the email address to be provided by DOT.

Exhibits & Procedural Forms

(If required, please complete the attached fillable forms.)

1. Event(s) Site Plan (Exhibit 2)
2. Hour-to-hour “Run of Show” Plan (Exhibit 3)
3. Reimbursement Guidelines and Sample Invoice (Exhibit 4)
4. W-9 (Attachment 1)
5. Doing Business Data Form (Attachment 2)
6. PIP Account Activation Guide (Attachment 3)
7. EFT Vendor Payment Enrollment Form (Attachment 4)

Weekend Walks Site Plan SAMPLE



[Organization Letterhead]

[Name of Event]

[Day(s), Date(s) and Times] on [Location]

PROPOSED WEEKEND WALKS EVENT TIME LINE

Saturday, May 16

- 10:00am -** Volunteers and staff begin event set up
 - Barriers to intersections
 - Tables and chairs to predetermined locations
 - Set up stage and sound system
 - Receive sod delivery
- 12:00pm -** Event begins
 - Jug Band performs on main stage (20 minute set)
 - Yoga class 1 at 17th Street and 5th Avenue (45 minutes)
 - Cooking Demonstrations outside Brooklyn Kitchen (30 minutes)
 - Zumba Class 1 at 12th Street and 5th Avenue
- 1:00pm -** Kabuki Theater performance on main stage (30 minutes)
 - Yoga Class 2at 17th Street and 5th Avenue (45 minutes)
 - Oragami Workshop for Kids at 14th Street and 5th Avenue
 - Zumba Class 2 at 12th Street and 5th Avenue
- 1:30pm -** VIP's and elected officials greet crowds at Mainstage
- 2:00pm -** PS 111 Children's Chorus on main stage
 - Yoga class 3 at 17th Street and 5th Avenue (45 minutes)
 - Zumba Class 3 at 12th Street and 5th Avenue
- 3:00pm -** Senior Center Dance Troup on main stage
 - Yoga class 4 at 17th Street and 5th Avenue (45 minutes)

Weekend Walks 2017 Reimbursement Guidelines

After submitting a completed Micro Purchase Agreement for Weekend Walks 2017 – Community Management Services, NYCDOT will provide a purchase order number and invoice templates. Please review the instructions below and the following sample invoices.

1. **Invoice # 1.** After receiving a purchase order, invoice NYCDOT for 25% of the total event. Using the templates provided, please ensure that your invoice is:
 - On your organization’s letterhead containing your address and TIN
 - Numbered and contains the purchase order number provided to you by NYCDOT
 - Accompanied by copy of the approved site plan and run of show
 - Emailed to: aronan@dot.nyc.gov AND weekendwalks@dot.nyc.gov
 - Or, send the invoice via a file transfer service to the above email addresses

2. **Invoice # 2.** Within **14 days** of the final event date, submit invoice #2 for the balance of the total budget. Using the templates provided, please ensure that the invoice is:
 - On your organization’s letterhead containing your address and TIN
 - Numbered and contains the purchase order number provided to you by NYCDOT
 - Accompanied by at least 8 photos from the event
 - Email invoice to: aronan@dot.nyc.gov AND weekendwalks@dot.nyc.gov
 - Or, send the invoice via a file transfer service to the above email addresses

3. **Invoice processing.** Turnaround time for payment cannot be guaranteed, but there are some ways that may expedite the process:
 - Use the provided invoice templates
 - Do not add any information or itemize expenditures
 - Do not submit an invoice without first receiving a purchase order
 - Send each invoice as one complete PDF
 - Use a file transfer service to avoid spam filters
 - Mail a hard copy to:

New York City Department of Transportation
 Division of Transportation Planning and Management - Public Space Unit
 Attention: Andrew Ronan
 55 Water Street, 6th Floor
 New York, NY 10041
 - Track the status of payments at www.nyc.gov/PIP (see Account Activation Guide)

[INVOICE MUST BE ON YOUR ORGANIZATION'S LETTERHEAD]

INVOICE

Invoice Number: 0001

Purchase Order #: xxx

Date: xx/xx/xx

Vendor: [Click here to enter Vendor](#)

Tax Payer Identification: [Click here to enter Tax Payer Identification](#)

Contact Name: [Click here to enter Contact Name](#)

Contact Phone Number: [Click here to enter Contact Phone Number](#)

Address: [Click here to enter Address](#)

BILL TO

Andrew Ronan

New York City Department of Transportation

Division of Transportation Planning and Management – Public Space Unit

55 Water Street, 6th Floor

New York, NY 10041

Event Title: Your Weekend Walk Event		Dates: Enter Dates Here
Description	Amount	
Weekend Walks Event 2017	\$1,500	
TOTAL DUE: \$1,500		\$ 1,500.00

Signature: _____

Date:



The City of New York
 Mayor's Office of Contract Services
 Doing Business Accountability Project

Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: _____		Transaction ID: _____	
Check One: <input type="checkbox"/> Proposal <input type="checkbox"/> Award	Transaction Type (check one): <input type="checkbox"/> Concession <input type="checkbox"/> Contract <input type="checkbox"/> Economic Development Agreement <input type="checkbox"/> Franchise <input type="checkbox"/> Grant <input type="checkbox"/> Pension Investment 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; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

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

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- 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: _____ Fax: _____

E-mail: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Doing Business Data Form

EIN/TIN: _____

Section 2: 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: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

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: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

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: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

 This person replaced former COO: _____ on date: _____

Doing Business Data Form

EIN/TIN: _____

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to 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 who are no longer owners at the bottom of this page. 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
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): _____

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

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Doing Business Data Form

EIN/TIN: _____

Section 4: 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: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four 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: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

Return the completed Data Form to the agency that supplied it.

DOING BUSINESS ACCOUNTABILITY PROJECT
QUESTIONS AND ANSWERS ABOUT THE DOING BUSINESS DATA FORM

What is the purpose of this *Data Form*?

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), the recently passed 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 *Data Form* 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 *Data Form*?

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 *Data Form* is completed. Most transactions valued at more than \$5,000 are considered business dealings and require completion of the *Data Form*. Exceptions include transactions awarded on an emergency basis or by publicly advertised, non-pre-qualified, competitive sealed bid. 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 also be included in the *Database*.

- **Principal Officers** are the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Operating Officer (COO), or their functional equivalents. See the *Data Form* 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.

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

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

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

Will the personal information on this *Data Form* be available to the public?

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

I provided some of this information on the VENDEX Questionnaire; do I have to provide it again?

Yes. Although the *Doing Business Data Form* and the VENDEX Questionnaire request some of the same information, they serve entirely different purposes. In addition, the *Data Form* requests information concerning senior managers, which is not part of the VENDEX Questionnaire.

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 *Data Form* 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 *Data Form*?

Yes. All organizations are required to return this *Data Form* 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 Database* 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 *Data Form* 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 at www.nyc.gov/mocs (once there, click MOCS Programs) or by calling 212-788-8104.

What are the new 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.nycffb.info, or 212-306-7100.

The *Data Form* is to be returned to the City office that issued it.

If you have any questions about the *Data Form* please contact the Doing Business Accountability Project at 212-788-8104 or DoingBusiness@cityhall.nyc.gov.

1/3/2011



Payee/Vendor Account Activation Guide

Follow the steps below to activate your payee/vendor account in PIP (Payee Information Portal)

If you need more details on any of these steps, see the full Activation Guide starting on page 2.

1. From the PIP home page, click the "Activate" button to begin.
2. Read and accept the "Terms and Conditions" page.
3. Search in PIP to determine whether your payee/vendor account exists (if you have done business recently with the City of New York, your account may already exist).

If your account is found, see the "Activating an Existing Vendor Account" Section, pages 4 through 6 of this guide:	If you are activating a brand new payee/vendor account, see the "Activating a New Vendor Account" Section, pages 7 - 15 of this guide:
4. Enter a valid 10-digit check number from a NYC check stub; or enter a 15-digit EFT number from your online bank account; or enter contract or purchase order ID.	4. Create a User ID and password and enter your e-mail address.
5. Create a User ID and password and enter your e-mail address.	5. Click the link in the e-mail you receive from PIP to continue the activation process. <ul style="list-style-type: none"> ▪ The link will bring you to PIP, where you will log in using the case-sensitive User ID and password you established.
6. Click the link in the e-mail you receive from PIP to complete the activation process. <ul style="list-style-type: none"> ▪ The link will bring you to PIP, where you will log in using the case-sensitive User ID and password you established. The final step is clicking "Submit Activation". <p>Note: If you would like to manage the commodity codes that you have on file with the City of New York, See "Commodity Code Enrollment Guide" for more information.</p>	6. Determine whether you are activating as an individual or company, and enter a valid TIN number and any other required business information.
	7. Provide your address(es) and contact information.
	8. Add the commodities or services your organization provides if you would like to receive solicitations from the City of New York.
	9. From the "Thank You" page, download and print the substitute W-9 Certification form, then sign, mail or fax it to the number indicated on the form.

If you need more details on any of the above steps, see the full Activation Guide starting on page 2.

Payee/Vendor Account Activation Guide

This guide provides an overview of an account setup in the Payee Information Portal (PIP) for existing and new City payees/vendors.

- If you have an **existing** payee/vendor code account from the City of New York, and wish to activate your account, please follow the instructions below for **EXISTING PAYEE/VENDOR**. (If you have more than one payee/vendor code number and cannot activate your desired account, please contact the City of New York at PIP@fisa.nyc.gov).
- If you are a **new** payee/vendor doing business with the City of New York for the first time, and need to create a new payee/vendor code account, please follow the instructions below for **NEW PAYEE/VENDOR**.

**Remember - the User ID and Password you create are case-sensitive.
They will be needed to log into PIP.**

Before proceeding, you should first determine whether you already have an existing Payee/Vendor Code Account with the City of New York

1. Click "Activate" to initiate a search

Comptroller DOE NYC.gov

Payee Information Portal

Welcome to the Payee Information Portal of the City of New York

The Payee Information Portal is a service that allows you, as a payee/vendor for the City of New York, to manage your own account information, view your financial transactions with the City of New York and much more. Click on the Activate button to begin filling out an electronic application to become a payee/vendor for the City of New York.

User ID
Password
Login
Password Reset

Click the Activate button to activate a new or existing account.
Activate

Click here to initiate process

Announcements

06/14/2011
Please note: PIP supports Acrobat 8.0 and IE7. Please upgrade to IE 7 if you have not yet done so.

01/13/2011
Paper Check Fee Advisory

Starting on January 1, 2011 the City will begin charging a \$3.50 fee per paper check and periodically deducting the fees owed by the paper check recipient from future payments. The fee applies to the processing of paper checks, drafts or similar paper instruments, written for payments issued through the City's financial management system.

This fee, authorized under the Rules of the City of New York - Title 19, Department of Finance, section 9-01 of Chapter 9, is to cover the costs related to the processing of paper checks, drafts or similar paper instruments, written for payments issued through the City's financial management system and to encourage greater use of Electronic Funds Transfer (EFT) by the receiving payments from the City of New York.

Users are encouraged to sign up for EFT at the Department of Finance, Vendor Payment Direct Deposit Program enrollment page at

Contacts

Click on link below to view the list of contacts for departments within The City of New York.

[Department Contacts](#)

Forms

Click on a form below to either save it to your desktop or open it in Adobe.

[Activation Quick Start Guide for Payee/Vendor](#)

[EFT Application Form and Instructions](#)

[MWBE Application](#)

[Access forms](#)

Help Contact Us
Privacy Report

Payee/Vendor Account Activation Guide

2. Read the “Terms and Conditions” page and click on “Accept Terms”
3. Review the “PIP Activation Guidelines” page and click “Next”
4. Determine whether you will search by **Company** or by **Individual**; enter the pertinent information in the search field(s), then click “Search”.

**The distinction between these two is that an Individual's Taxpayer Identification Number is an individual's Social Security Number (SSN), whereas a Company's Taxpayer Identification is not a Social Security Number (SSN).

The screenshot shows the 'Search for an Existing Account' page on the Payee Information Portal. The page is divided into two main search sections: 'Company Search' and 'Individual Search'. The 'Company Search' section has two input fields: 'Taxpayer Identification Number' and 'Legal Business Name', separated by 'OR'. A red arrow points from a box labeled 'Search by TIN or Company Name' to the 'Search' button. The 'Individual Search' section has two input fields: 'Last Name' and 'Last 4 digits of SSN', separated by 'AND'. A red arrow points from a box labeled 'Search by Last Name and SSN' to the 'Search' button. The page includes a navigation bar with 'Privacy Report' and 'Contact Us' links, and a sidebar with 'Welcome, New User' and 'View Frequently Asked Questions' links. At the bottom, there is a section for 'Additional Resources & Information' with a list of instructions.

Search for an Existing Account

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

Company Search

To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN:

Taxpayer Identification Number OR Legal Business Name

Hint: If you would like to search by Legal Business Name use a wildcard (See FAQs for more information).
For example: Using 'Global Advertising' as an example: *Global returns 'Advertising Global', Global* returns 'Global Advertising' and *Global* returns any name containing 'Global'.

Search

OR

Individual Search

To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name AND Last 4 digits of SSN

Hint: If you would like to search by Last Name, you may want to use wildcards (see FAQs for more information).
For example: Using 'Smith' as an example: *Smith will return all people with last name ending in 'Smith', Smith* will return all people with last name that starts with 'Smith', and *Smith* will return all people whose last name contains 'Smith'.

Search

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

- If your account was found, continue to **Section 1 below (Existing Payee/Vendor)**.
- If your account has NOT been found, and you believe you have an existing vendor code account, please try again. Read the hints on the screen for using wildcards to help your search. If you still cannot find your account, contact the City of New York at PIP@fisa.nyc.gov.
- If your account has NOT been found, and you are a **new** vendor conducting business with the City of New York for the first time, proceed to **Section 2 (for New Payees/Vendors)**.

Payee/Vendor Account Activation Guide

Activating an **EXISTING** Vendor Account

SECTION 1: EXISTING PAYEE/VENDOR (an existing account has been found)

First, find your organization from the search results, then select the link next to it. There are different actions you can take – see the explanations below.

Search for an Existing Account Results Found

Cancel Activation Back

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

Company Search

To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN:

Taxpayer Identification Number OR Legal Business Name

Hint: If you would like to search by Legal Business Name use a wildcard (See FAQs for more information).
For example: Using 'Global Advertising' as an example; *Global returns 'Advertising Global', Global* returns 'Global Advertising' and *Global* returns any name containing 'Global'.

Search

OR

Individual Search

To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name AND Last 4 digits of SSN

Hint: If you would like to search by Last Name, you may want to use wildcards (see FAQs for more information).
For example: Using 'Smith' as an example; *Smith will return all people with last name ending in 'Smith', Smith* will return all people with last name that starts with 'Smith', and *Smith* will return all people whose last name contains 'Smith'.

Search

Vendor Number	Legal Business Name	Alias/DBA Name	Activated?	
00025	NEW YORK ORACLE USERS GROUP INC.		No	Click here to activate your account
00014	ORACLE AMERICA INC.		Yes	Contact your Administrator
VS000	Oracle USA Inc		In Process	Click to Continue Activation

Has your account been found and listed above?

Yes, but it is already activated → Click the "Contact your Administrator" link to determine who you need to contact for access.

Yes, but it is not yet activated → Click the "Click here to activate your account" link to begin the process for activating your account.

Yes, but the activation is already in progress → Click the "Click to continue activation" link to login and continue activating your account.

If you did not find your account and believe you have a vendor code, change your search criteria to be less specific by using wildcards (see Hint above). If you still did not find your account, please stop and call 212-857-1777 for assistance.

If you have never received a payment from the City of New York and do not have a vendor code, you may activate in PIP and receive a new vendor code by [clicking here](#).

Click on the applicable link to continue

IF YOU SEE THIS LINK NEXT TO YOUR ORGANIZATION	WHAT IT MEANS / ACTION
<u>Contact your Administrator</u>	An account has already been activated in PIP. Click the link to display the name of the administrator that has been established. Contact this individual to get your own User ID and password.
<u>Click to Continue Activation</u>	Someone affiliated with you or your company did not finish activating the account. Click this link to complete the activation. Remember, you will be asked to verify the password that was originally created.
<u>Click here to activate your account</u>	You or your company have done business with the City but did not activate the account. Click this link to activate. You will need <u>ONE</u> of the following to continue: <ul style="list-style-type: none"> 10-digit check number from the NYC check stub; 15 digit EFT number from your online bank account; Contract or Purchase Order ID (3-part). (Can be requested from the payment-issuing agency).

Payee/Vendor Account Activation Guide

Activating an **EXISTING** Vendor Account

Step 1.1: On the “Account Verification” screen, verify your account by entering: 1) existing Check/EFT Information or 2) existing Contract/Purchase Order Information, then click “Next”.

Account Verification

To activate your account, select an option below and enter the information required. If you need assistance call your agency contact.

Please select the Frequently Asked Questions for suggestions on how to find the information required.

Check/EFT Information (The Check or EFT stub must have been issued by the Advantage Financial.)

Check/EFT Number: 000001234567890 (Omit the "AD" or "EFT" prefix and only enter the 15 digit check number)
Example: 1234567890

Check/EFT Amount: 123.45 (Do not enter commas)
Example: 123.45

Contract or Purchase Order Information

Contract or Purchase Order number: **POD** 123 12345678901
Example: PO 123 12345678901

Additional Resources: **Contract or PO type** **Department Code** **Contract or Purchase Order Number**

- As you complete each step and move to the next step, the system will check for errors, if there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

Step 1.2: Once PIP verifies your financial transaction, the “My User Information” page appears. Complete the required fields (*) and click “Next”.

PLEASE REMEMBER YOUR USER ID AND PASSWORD.

My User Information

Create your user ID here. You will be assigned the role of Primary Account Administrator. Please see the Frequently Asked Questions for additional details about the Primary Account Administrator role.

General Information

*User ID (case sensitive): JohnSmith
(User ID should be at least 7 characters in length)

*First Name: John

*Last Name: Smith

*Email: jsmith@company.com

*Re-enter Email: jsmith@company.com

*Phone: 212-555-1212 Ext.:
XXX-XXX-XXXX

Fax:
XXX-XXX-XXXX

Password

*Password (case sensitive):
(Passwords should be case sensitive, between 8 and 16 characters in length and contain at least 1 numeric value)

*Re-enter Password:

* Indicates a required field

Additional Resources & Information:

Payee/Vendor Account Activation Guide

Activating an **EXISTING** Vendor Account

Step 1.3: On the "Verify Email Address" page, click "Next". An e-mail will be sent to the e-mail address you entered. On the "Thank You" page, click "Close Browser" to exit PIP

Verify Email Address

To **continue** your PIP activation, we must verify your email address. When you receive the email we send you, follow the link provided or copy the link into your browser.

Make sure your own security setting will not block the receipt of this email. To prevent the email from being blocked, add the following address to your email contacts : **Host@Advantage.com**

An email will be sent to the following address : **jsmith@company.com**

A verification email will be sent. Click "Next" to continue.

Step 1.4: Open the verification e-mail and click the link to continue the activation process. You will be taken to a PIP login page. (If you don't see an e-mail from PIP, check your spam folder or contact PIP@fisa.nyc.gov).

ADVMAIL: VERIFY YOUR PIP EMAIL ADDRESS - Message (Plain Text)

From: Host@Advantage.com Sent: Thu 2/9/2012 4:23 PM

To: [REDACTED]

Cc:

Subject: ADVMAIL: VERIFY YOUR PIP EMAIL ADDRESS

John Smith:

By clicking the link below, you are verifying the email address that you have created for your Payee Information Portal (PIP) user information. This email address will be used by the City as a primary method of correspondence.

If you cannot click on the link below, you may copy and paste it into your browser.

<https://pip-rdy.fisa.nycnet/webapp/RDYPCW/SelfService?EmailToken=08104361288613505426>

Thank You.

Click to Continue with the activation process

Step 1.5: Log in using the case-sensitive User ID and Password you created.

- Note:** Do not bookmark this page. You will be logging in from the PIP Home Page once your account is activated.

Payee Information Portal

Login

To **continue** activation, enter your User ID and Password.

User ID

Password

After you enter you User ID and Password, click "Login" to continue

Step 1.6: Click on "Submit Activation" to complete the activation. When you see the following "Thank You" page, you are done. Now you will be able to log into PIP using your User ID and password (via the website <https://a127-pip.nyc.gov>). Remember, your User ID and password are both case-sensitive.

Payee Information Portal

Thank You!

Congratulations, you completed the PIP activation process.

A unique Vendor Number has been assigned to you. This number can also be referred to as your "Account Number".

Vendor Number : 00017.

***Please save your Vendor Code for future reference**

The Electronic Funds Transfer (EFT), or direct deposit program, provides an efficient method of payment to vendors funded through City of New York agencies. Vendors that activate in the Program will receive payment directly to their authorized bank account via a secure transaction. If you are interested in registering for EFT, you may download the form and instructions below. It may take up to 10 calendar days to activate, presuming the "pre-note" is successful. If you have any questions, please call (212) 487-2592.

[EFT Registration Form](#)

You may login to your PIP account to view and/or update your account information

Click [here](#) to login!

YOU HAVE COMPLETED THE ACTIVATION. SKIP THE REST OF THIS DOCUMENT.

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

SECTION 2: NEW PAYEE/VENDOR (an account has NOT been found)

Use the “Clicking here” link to begin setting up a new payee/vendor code account.

Search for an Existing Account Results Not Found

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

Company Search

To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN:

Taxpayer Identification Number OR Legal Business Name

Hint: If you would like to search by Legal Business Name use a wildcard (See FAQs for more information).
For example: Using 'Global Advertising' as an example, *Global returns 'Advertising Global', Global* returns 'Global Advertising' and *Global* returns any name containing 'Global'.

Individual Search

To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name AND Last 4 digits of SSN

Hint: If you would like to search by Last Name, you may want to use wildcards (see FAQs for more information).
For example: Using 'Smith' as an example, *Smith will return all people with last name ending in 'Smith', Smith* will return all people with last name that starts with 'Smith', and *Smith* will return all people whose last name contains 'Smith'.

No results have been found for your search.

If you believe you have a vendor code, change your search criteria to be less specific by using wildcards (see Hint above). If you still did not find your account, please stop and call 212-857-1777 for assistance.

If you have never received a payment from the City of New York and do not have a vendor code, you may activate in PIP and receive a new vendor code by [clicking here](#).

Step 2.1: On the “My User Information” page, complete all the required fields (*) and click “Next”. **PLEASE REMEMBER YOUR USER ID AND PASSWORD TO LOG INTO PIP.**

My User Information

Create your user ID here. You will be assigned the role of Primary Account Administrator. Please see the Frequently Asked Questions for additional details about the Primary Account Administrator role.

General Information

*User ID (case sensitive):
(User ID should be at least 7 characters in length)

*First Name:

*Last Name:

*Email:

*Re-enter Email:

*Phone: Ext.:

Password

*Password (case sensitive): (Passwords should be case sensitive, between 8 and 16 characters in length and contain at least 1 numeric value)

*Re-enter Password:

* Indicates a required field

Additional Resources & Information:

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.2: On the "Verify Email Address" page, click "Next". An e-mail will be sent to the e-mail address you entered. On the "Thank You" page, click "Close Browser" to exit PIP. Click "Next".

Verify Email Address

To **continue** your PIP activation, we must verify your email address. When you receive the email we send you, follow the link provided or copy the link into your browser.

Make sure your own security setting will not block the receipt of this email. To prevent the email from being blocked, add the following address to your email contacts : **Host@Advantage.com**

An email will be sent to the following address : **jsmith@company.com**

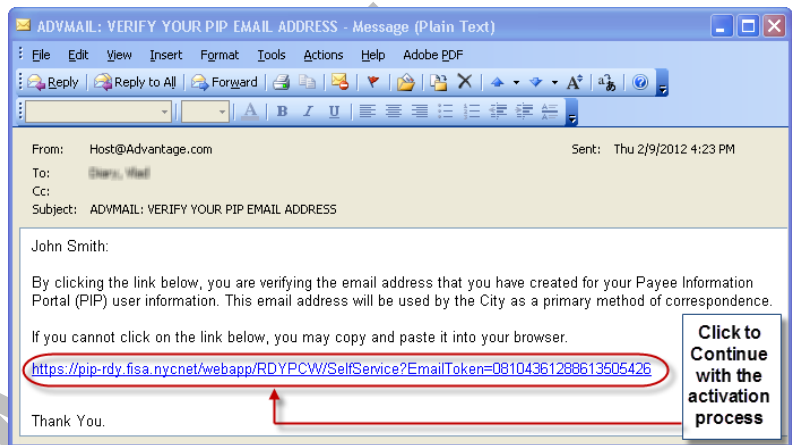
A verification email will be sent. Click "Next" to continue.

Cancel Activation

Back

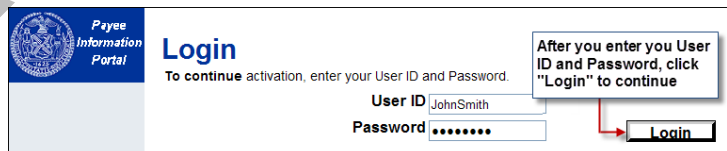
Next

Step 2.3: Open the verification e-mail and click the link. It will take you to a PIP login page. (If you don't see an e-mail from PIP, check your spam folder or contact PIP@fisa.nyc.gov).



Step 2.4: Log into PIP using the case-sensitive User ID and Password you created earlier.

- **Note:** Do not bookmark this page. You will be logging in from the PIP Home Page once your account is activated.



Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.5: Select the classification that applies to your particular business, indicating a TIN Type. Then click "Next".

Step 1: New Account Activation

Please choose one of the following options to describe how you plan on doing business and select the Next button to continue.

TIN Type

I will use a Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or Adoptive Identification Number (ATIN). Please select one of the following: SSN ITIN ATIN

I will use my entity's Employee Identification Number (EIN).

Classification

I plan to do business using the following classifications. Please select only one.

Hint: Use the Frequently Asked Questions to obtain a definition of the classifications.

Select	Classification
<input type="radio"/>	Individual
<input type="radio"/>	Sole Proprietor
<input type="radio"/>	Partnership
<input type="radio"/>	Corporation
<input type="radio"/>	Nonresident Alien
<input type="radio"/>	Trust
<input type="radio"/>	Foreign Business Entity
<input type="radio"/>	State Government
<input type="radio"/>	Other Government
<input type="radio"/>	Other
<input type="radio"/>	Joint Venture
<input type="radio"/>	Other Non-Profit Org
<input type="radio"/>	Employee
<input type="radio"/>	Estate
<input type="radio"/>	LLC filing as Partner
<input type="radio"/>	LLC filing as Corp
<input type="radio"/>	LLC filing as Sole Prop
<input type="radio"/>	Church/Religious Org
<input type="radio"/>	Personal Service Corp
<input type="radio"/>	Sole Prop/Small Business
<input type="radio"/>	Federal Government
<input type="radio"/>	Resident Alien

Question

If you need assistance select the Submit Question button to send us your questions.

Note: If you select Social Security Number be sure to select SSN, ITIN, or ATIN.

Note: If you have any questions on how to make your choices, use the "Submit Question" function. Once you get an answer, you can log back in and resume activation.

Step 2.6: Most of the fields on the "My Business Information" page will be pre-populated by the answers you submitted. Only required fields (*) are necessary, but you should enter any other applicable information.

Step 2: My Business Information

Please enter the general information below. Fields with a red asterisk (*) indicate required fields. Some of the fields are populated with data gathered from the questions you previously answered. Please review all information carefully before proceeding. You must select the Save and Close prior to exiting. If you do not, you will have to re-enter all data again.

Organization Information

*Organization Type: Foreign Tax ID:

*A Change to this field will remove all data previously entered. W-8 Form:

*Classification: Location Web Address:

Legal Name Information

*Legal Name on W-9: Business Name (Alias/DBA): Name on Check:

1099 TIN Information

*Create Taxpayer ID Number: Taxpayer ID Number:

*Re-enter Taxpayer ID Number: Taxpayer ID Number Type: EIN

Legal (1099) Address Information

*Street 1: Fields with red asterisks are required to move forward

*City:

State/Province:

Zip/Postal Code:

Country:

Discount Information

If appropriate, please enter any Discount Terms you offer for prompt payment of invoices.

Number of Days 1: <input type="text"/>	Discount Percent 1: <input type="text"/>
Number of Days 2: <input type="text"/>	Discount Percent 2: <input type="text"/>
Number of Days 3: <input type="text"/>	Discount Percent 3: <input type="text"/>
Number of Days 4: <input type="text"/>	Discount Percent 4: <input type="text"/>

Other fields should only be filled out if they apply

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.7: From the previous step, you have already entered your Legal address. In this step, PIP will ask you for 4 additional types of addresses: an address for **Administrative** correspondence, an address for **Ordering** from you, an address for **Payment** to you, and an address for **Billing** you. You can specify the same or a different address for each of these 4 address types.

Payee Information Portal

Welcome, John Smith
[View Frequently Asked Questions](#)

- New Account Info.
- My Business Info.
- Addresses & Contacts
- Activation Summary

Address Information Questionnaire

Please enter the following information about your Administrative, Ordering, Payment, and Billing addresses.

Legal Address Information

Street 1 : 1 Main St
City : New York
State : NY
Zip/Postal Code : 10044-0052

Address Questions

A Should your legal address listed above be used for any other type of address (Administrative, Ordering, Payment or Billing)?

B Is your address information the same for Administrative, Ordering, Payment, and Billing addresses? :

C Do you have the same contact for all address types (Administrative, Ordering, Payment, or Billing)? :

Buttons: Save and Close, Cancel Activation, Back, Next

Callout box: Answer these questions as applicable, then click "Next" to continue. Additional information for each question is provided below.

An explanation of the Address Questions:

- A:** If your Legal address is the same address as any one of the additional 4 address types (Administrative, Ordering, Payment, Billing), choose "Yes" on **A**. Otherwise, choose "No".
- B:** Regardless if you choose "Yes" or "No" on **A** above, if your Administrative, Ordering, Payment, and Billing addresses are all the same address, choose "Yes" on **B**. Otherwise, choose "No".
- C:** To designate a single contact person for all 4 address types, choose "Yes" on **C**. Otherwise, choose "No".

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

The example below shows what the Address and Contacts screen would look like if you answered “Yes” to all the previous questions.

Step 3: Addresses and Contacts

Save and Close Cancel Activation Back Next

Welcome, first last
View Frequently Asked Questions

New Account Info.
 My Business Info.
 Addresses & Contacts
 Activation Summary

*Administrative
 *Ordering
 *Payment

Billing *Entering a Billing Address is optional. Please uncheck this box prior to clicking 'Next' if you would prefer to enter a Billing Address at a later time.

Address Information

*Street 1: 1 Main St
Street Address, P.O. Box, Company Name, etc.
Street 2:
Street Address, P.O. Box, Company Name, etc.
*City: New York
State/Province: New York
Zip/Postal Code: 10044-0052
*Country: United States
County:
*Phone: 111-222-3333 Ext.:
XXX-XXX-XXXX
Additional Address Info:
Division/Department:
Other fields may be filled in if you believe they may be helpful

Fields with red asterisks are required to move forward

Contact Information

For the address type shown above, please enter a contact person.

*Principal Contact: Joe Doe
*Phone: 111-222-3333
Phone Extension:
Alternate Phone:
Alternate Phone Extension:
English Spoken:
Fax:
Fax Extension:
Alternate Fax:
Alternate Fax Extension:
Email:
Correspondence Type: Postal Service

Save and Close Cancel Activation Back Next

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

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After selecting “Next”, the Additional Business Information Section should appear.

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.8. On the Additional Business Information page, you have the option of adding commodities that describe the goods and services your organization provides in order to receive solicitations from the City of New York. If you have questions about the commodities that you need to add, click the “Frequently Asked Questions” link, illustrated below.

Follow the guidelines below, starting with **Step 2.8.1**, to identify and add commodities to your vendor account.

If you do not wish to add Commodity Codes to your Vendor Account, then Click on the “Next” Link and jump to **Step 2.9**.

Step 2.8.1: Once you’ve clicked on “Add”, a page opens where you can choose the commodities your organization provides.

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Payee Information Portal

Welcome, John Smith

[View Frequently Asked Questions](#)

New Account Info.

My Business Info.

Addresses & Contacts

Additional Business Information

Activation Summary

Step 4: Additional Business Information

[Save and Close](#) [Cancel Registration](#) [Back](#) [Next](#)

Commodities

Select the commodity codes/classes that describe goods and services that your organization provides. Click the “Add” button to identify the appropriate commodities for your organization. This information is optional.

[Add](#)

Commodity/Service Code	Commodity Description

[First](#) [Prev](#) [Next](#) [Last](#)

[Save and Close](#) [Cancel Registration](#) [Back](#) [Next](#)

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

Step 2.8.2: You can Browse for commodities by Commodity/Service Code, if you have a code. The other option is to search by Commodity Description (See Commodity Code Enrollment Guide for more information).

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Payee Information Portal

Welcome, John Smith

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Choose

Select one or more commodity codes or classes that describes the goods and services that your organization provides by clicking the checkbox next to the commodities you want to add. To search for a specific commodity code, class, or description, enter a valid value in the Commodity/Service Code or Commodity Description search field and click the “Browse” link. Once your selection is made, click the “OK” button to add the selected commodities to your organization. Click the “Cancel” button to cancel your changes and return to the Commodities page.

[Browse](#) [Clear](#)

Commodity/Service Code :

[Commodity Description](#) :

Commodity Description	Commodity/Service Code
<input type="checkbox"/> Abrasive Equipment and Tools	00505
<input checked="" type="checkbox"/> Abrasives, Coated: Cloth, Fiber, Sandpaper, etc.	00514
<input type="checkbox"/> Abrasives, Sandblasting, Metal	00521
<input checked="" type="checkbox"/> Abrasives, Sandblasting (Other than Metal)	00528
<input type="checkbox"/> Abrasives, Solid: Wheels, Stones, etc.	00542
<input checked="" type="checkbox"/> Abrasives, Tumbling (Wheel)	00556
<input type="checkbox"/> Grinding and Polishing Compounds: Carborundum, Diamond, etc.	00563
<input checked="" type="checkbox"/> Pumice Stone	00570
<input type="checkbox"/> Steel Wool, Aluminum Wool, and Copper Wool	00584
<input type="checkbox"/> Acoustical Tile, All Types (Including Recycled Types)	01005

[First](#) [Prev](#) [Next](#) [Last](#)

[OK](#) [Cancel](#)

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.8.3: Once you have selected commodities, select OK to Add them.

Commodity Description	Commodity/Service Code
<input checked="" type="checkbox"/> Abrasive Equipment and Tools	00505
<input checked="" type="checkbox"/> Abrasives, Coated: Cloth, Fiber, Sandpaper, etc.	00514
<input type="checkbox"/> Abrasives, Sandblasting, Metal	00521
<input type="checkbox"/> Abrasives, Sandblasting (Other than Metal)	00528
<input type="checkbox"/> Abrasives, Solid: Wheels, Stones, etc.	00542
<input type="checkbox"/> Abrasives, Tumbling (Wheel)	00556
<input type="checkbox"/> Grinding and Polishing Compounds: Carborundum, Diamond, etc.	00563
<input type="checkbox"/> Pumice Stone	00570
<input type="checkbox"/> Steel Wool, Aluminum Wool, and Copper Wool	00584
<input type="checkbox"/> Acoustical Tile, All Types (Including Recycled Types)	01005

Step 2.8.4: Once you have selected OK, the selected commodities appear in a separate listing.

Step 4: Additional Business Information

Commodities

Select the commodity codes/classes that describe goods and services that your organization provides. Click the "Add" button to identify the appropriate commodities for your organization. This information is optional.

Commodity/Service Code	Commodity Description	Delete
00505	Abrasive Equipment and Tools	Delete
00514	Abrasives, Coated: Cloth, Fiber, Sandpaper, etc.	Delete

You also have the option of deleting a commodity you have previously selected

Click "Next" to continue on with the Activation of your new vendor account.

Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.9: An Activation Summary page should appear summarizing all the Account, Business, Address, Contact, and Commodity information you have entered. Review all the information on this page. Use the Update Information link to change information in the appropriate sections.

Payee Information Portal

Welcome, John Smith

[View Frequently Asked Questions](#)

- New Account Info.
- My Business Info.
- Addresses & Contacts
- Additional Business Information
- Activation Summary

Activation Summary [Save and Close](#) [Cancel Activation](#) [Back](#) [Submit Activation](#) [Print This Page](#)

The summary below is based on the information you entered. If changes are needed, please select the Update Information link. This will navigate you back to the appropriate screen for you to make your change.

Organization Information

Organization Type : Individual Foreign Tax ID :
1099 Classification : Individual W-8 Form :
Location Web Address : [Update Information](#)

Legal Name Information

Legal Name : John Smith First Name : John Name on Check :
Business Name (Alias/ DBA) : Middle Name :
Name Control : SMIT Last Name : Smith [Update Information](#)

Commodities

Commodity/Service Code	Commodity Description
00505	Abrasive Equipment and Tools
00514	Abrasives, Coated: Cloth, Fiber, Sandpaper, etc.

[Update Information](#)

[Save and Close](#) [Cancel Activation](#) [Back](#) [Submit Activation](#)

If needed, use these links to change information before submitting your activation

Step 2.10: Once you have determined that the information is correct, you can proceed with Activating your account by selecting the "Submit Activation" button


Payee/Vendor Account Activation Guide

Activating a **NEW** Vendor Account

Step 2.11: When the "Thank You" page appears it means that you are now able to log into PIP using your (case-sensitive) User ID and password via the website <https://a127-pip.nyc.gov>.

Please carefully read the instructions on this page, including the instructions for printing and sending the signed Substitute W-9 Certification.

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 **Payee Information Portal**

Welcome, sherine wright

[View Frequently Asked Questions](#)

[Print This Page](#)

Thank You. One More Step!

Thank you for completing the online portion of the PIP Activation Process. You may now login to PIP using the User ID and Password you created.


Your Vendor Code is: VS00009091
***Please save your Vendor Code for future reference**

[Password Reset](#)

In order to complete your PIP activation please follow the instructions below.
Your certification request will be rejected if you fail to provide the required information, as stated below, **within 10 business days.**

What is the purpose of your enrollment?

- I am a vendor or payee of the City. I am activating my account in order to track payments online through PIP.
 - Please [Download](#) and submit the substitute W-9 Certification Form below, within 10 business days, to complete your enrollment as a New York City vendor or payee.
 - Upon receipt of your printed substitute W-9 form, the City will validate your PIP account within five business days.
 - Please note that if a valid W-9 is not provided within 10 business days you will receive an email informing you that your activation request was rejected.

 [Download Substitute W-9 Certification Form](#)
- I am enrolling as a potential vendor in order to receive notification of City bidding opportunities. I have entered my contact information and provided commodity codes in order to be added to the City's bidder's list.
 - No additional documentation is required to enroll as a potential City vendor.
 - If you are interested in becoming eligible to receive payments from the City please click [here](#). Please note that enrolling as a vendor or payee is not necessary until you begin to receive payments from the City.
 - If you choose not to become eligible to receive payments from the City at this time, you will receive an email informing you that your activation request was rejected. This email is informational and may be ignored. It has no impact on your ability to receive bids.
- I am enrolling as a **Subcontractor**. I will perform work for a vendor who has a direct contract with the City.
 - No additional documentation is required to be a subcontractor on a City contract.
 - If you are interested in becoming eligible to receive payments from the City please click [here](#). Please note that enrolling as a vendor or payee is not necessary until you begin to receive payments from the City.
 - If you choose not to become eligible to receive payments from the City at this time, you will receive an email informing you that your activation request was rejected. This email is informational and may be ignored. It has no impact on your status as a Subcontractor.

Electronic Funds Transfer (Optional)

Please Note: On January 1, 2011 the City of New York instituted a new fee of \$3.50 to be charged for the issuance of a paper check to any vendor or payee. To avoid being assessed this fee, vendors and payees should register for electronic funds transfer (EFT), also known as direct deposit.

EFT provides an efficient method of payment to City vendors. Vendors that enroll for EFT will receive payment directly to their authorized bank account via a secure transaction. [Download](#) the EFT form and follow the instructions provided to activate EFT. EFT may take up to 10 calendar days to activate, assuming the bank verification is successful. If you have any questions, please call (212) 487-2592.

For additional assistance call 212-857-1777.

ELECTRONIC FUNDS TRANSFER

INSTRUCTIONS

In accordance with Section 6-107.1 of the New York City Administrative Code, the Contractor agrees to accept payments under this Agreement from the City by electronic funds transfer. An electronic funds transfer is any transfer of funds, other than a transaction originated by check, draft or similar paper instrument, which is initiated through an electronic terminal, telephonic instrument or computer or magnetic tape so as to order, instruct or authorize a financial institution to debit or credit an account. Prior to the first payment made under this Agreement, the Contractor shall designate one financial institution or other authorized payment agent and shall complete the attached “EFT Vendor Payment Enrolment Form” or apply online using the link to the EFT enrollment Website at: http://www.nyc.gov/html/dof/html/business/vendors_eft.shtml in order to provide the Commissioner of Finance with information necessary for the Contractor to receive electronic funds transfer payments through the designated financial institution or authorized payment agent. The crediting of the amount of a payment to the appropriate account on the books of a financial institution or other authorized payment agent designated by the Contractor shall constitute full satisfaction by the City for the amount of the payment under this agreement. The account information supplied by the Contractor to facilitate the electronic funds transfer shall remain confidential to the fullest extent provided by law.



DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

Mail to: NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038 - Attention: EFT, or **Fax to:** EFT at 212-361-7058.

INSTRUCTIONS: Please complete all sections of this Enrollment Form and attach a voided check or a copy of an encoded deposit slip that includes an imprinted vendor's name. See the reverse side for more information and instructions.

SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER: (AS IT APPEARS ON W-9 FORM)		<input type="text"/>
2. VENDOR NAME (AS IT APPEARS ON W-9 FORM):		
3. VENDOR'S ADDRESS (FOR EFT ENROLLMENT PURPOSES):		
4. VENDOR'S EMAIL ADDRESS:		
5. CONTACT PERSON NAME:	CONTACT PERSON TELEPHONE NUMBER:	

SECTION II - FINANCIAL INSTITUTION INFORMATION

1. BANK ACCOUNT NUMBER:	2. ACCOUNT NAME:
3. BANK NAME :	
4. BANK BRANCH ADDRESS:	
5. ROUTING TRANSIT NUMBER: (LOCATED AT THE BOTTOM OF YOUR CHECK)	6. ACCOUNT TYPE - MUST BE EITHER CHECKING OR SAVINGS: (CHECK ONE BOX ONLY)
<input type="text"/>	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
7. DIRECT DEPOSIT/ACH/EFT COORDINATOR'S NAME:	TELEPHONE NUMBER:

SECTION III - VENDOR SIGNATURE

_____ VENDOR SIGNATURE	_____ PRINT NAME	_____ DATE
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DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

GENERAL INSTRUCTIONS

Please complete all sections of the Direct Deposit EFT Enrollment Application and forward the completed application along with a voided check or a copy of an encoded deposit slip that includes an imprinted vendor's name to: NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038 - Attention: EFT, or Fax to: EFT at 212-361-7058.

SECTION I - VENDOR INFORMATION

1. Enter the vendor's social security number or taxpayer ID number, the 9-digit number reported on the W-9 form.
2. Provide the name of the vendor (as it appears on the W-9).
3. Enter the vendor's complete address for EFT correspondence associated with this account.
4. Provide the vendor's E-mail address, if you have one.
5. Indicate the name and telephone number of the vendor's contact person. (If you are enrolling yourself individually, you are the contact person.)

SECTION II - FINANCIAL INSTITUTION INFORMATION

1. Indicate the vendor's bank account number.
2. Indicate the vendor's account name.
3. Provide bank's name
4. Provide the complete address of your bank.
5. Indicate 9-digit routing (ABA) transit number (located at the bottom of your check).
6. Indicate type of account. Account must be designated as either checking or savings. (Check one box only).
7. List name and telephone number of your bank's Direct Deposit/EFT Coordinator.

SECTION III - VENDOR SIGNATURE

Sign and date where indicated.