

**FACT SHEET**

**PREQUALIFIED CONTRACTOR PANEL**

**Purpose**

The Contractor Compliance Unit (CCU) maintains lists of contractors who are qualified to carry out work in various trades. These lists are used to select contractors for repair work up to a maximum of **\$100,000 per work order**. By establishing contractors' qualifications and experience in advance, DOM always has a pool of competent contractors from which it can draw, to carry out needed repairs, on a prompt basis.

**How to Apply**

**All contractors who intend to do business with HPD and any other New York City Agency must complete full VENDEX Questionnaires and submit them to:**

Mayor's Office of Contract Services (MOCS)  
Attention: VENDEX Unit  
253 Broadway, 9<sup>th</sup> Floor  
New York, NY 10007

The VENDEX Questionnaires, which consist of a 'Vendor Questionnaire' for your company as well as any parent or controlling entity, and 'Principal Questionnaire' for **each owner** and/or **corporate officer** of the company, **must be submitted to MOCS prior to the submission of this application to HPD.**

For first time submissions of fully completed VENDEX Questionnaires, once the Questionnaires have been sent to MOCS, you are required to attach a completed '**HPD VENDEX Status Memo' Form** to your application. A copy of such Memorandum is included in the application package. VENDEX Questionnaires can be downloaded from the website at [www.nyc.gov/vendex](http://www.nyc.gov/vendex).

If you have already completed VENDEX Questionnaires on file with MOCS, which are less than two and a half (2 ½) years old, you are required to supply a '**Certification of No Change (CNC)' Form** along with your completed application. The CNC form is available at [www.nyc.gov/vendex](http://www.nyc.gov/vendex).

**Once you have completed the VENDEX process, the following documents must be submitted to HPD/DOM, Contractor Compliance Unit, 100 Gold Street, Room 6-J, New York, NY 10038, for review and evaluation:**

- (1) **Completed Application Form for inclusion on the "Pre-qualified List"** – one original signed by an **owner or officer** of the company.
- (2) **Business Certificate or Certificate of Incorporation.**
- (3) **Certificate of Authority** (Tax ID number) and **Tax Affirmation Statement** (included in the Application package)
- (4) **Most recent Financial Statements.**
- (5) **Copies of any Trade Licenses and/or Certifications** held by the company and/or its principals and employees are required. Safe Work Practices Training Certificates are required for all employees of Companies within the following categories: General Construction, Elevators, Heat, Plumbing and Electrical. Information on HPD Non-Accredited Training Programs including Safe Work Practices, and Registration Forms are available on line at <http://167.153.4.72/hepclasses/Default.aspx>. EPA certification is required for Lead Abatement and Asbestos work and details on certification and Accredited Training Programs (ATPs) can be found on the EPA website at <http://www.epa.gov/lead/pubs/traincert.htm>. A Department of Consumer Affairs ("DCA") Home Improvement Contractor license is also required for all Trades in General Construction. Further information on obtaining such license can be found on the DCA website at <http://www.nyc.gov/html/dca/html/licenses/100.shtml>.

## 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 creates 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. Certified M/WBEs are strongly encouraged to apply to HPD's Prequalified Contractor Panel.

If you are an MBE or WBE and are not yet certified, please contact SBS through their website at [www.nyc.gov/sbs](http://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 secure the appropriate Clearances as required, for completion of the process.

Contractors in non-licensed trades and demolition will be asked to appear for a technical interview with agency qualified personnel to evaluate their knowledge of construction techniques and regulations as part of the application process.

Once your qualifications have been established, you will be requested to submit your Insurance Policies and Certificates as proof that you hold the required insurances as follows:

- I. Workers' compensation limits as required by the Labor Code of the State of New York and Employers Liability limits of \$1,000,000 per accident.
- II. Commercial General Liability Insurance - a combined single limit of no less than \$1,000,000 per occurrence and \$ 2,000,000 annual aggregate.
- III. Auto Liability - a combined single limit of no less than:
  - a. \$500,000 per accident for bodily injury and property damage for the Pre-Qualified Vendor Panel.
  - b. \$1,000,000 per accident for bodily injury and property damage for the Pre-Qualified Demolition Panel.

*All required insurance policies should be maintained with companies that may lawfully issue such policies in the United States.*

- *If application is for inclusion on the Pre-Qualified Vendor Panel in any category of work except Demolition, the companies issuing the Insurance policies must have an A. M. Best rating of at least B+ VI.*
- *If application is for inclusion on the Pre-Qualified Demolition Panel, the companies issuing the Insurance policies must have an A. M. Best rating of at least A- VII.*
- *If at anytime you bid on and become eligible for award of a Requirements Contract, you will be required to meet the specific Insurance requirements as set out in the Contract.*

All Certificates of Insurance must name The City of New York and HPD as additional insured and must bear the full address of HPD as follows:

NYC Department of Housing Preservation and Development  
Contractor Compliance Unit, 100 Gold Street, 6th Floor  
New York, NY 10038

Once your application has been processed and approved, you will be required to appear for a mandatory orientation meeting hosted by HPD. The availability of a proper working fax machine by your company and a company e-mail address are among the significant criteria considered for your company's approval.

For more information or assistance on pre-qualification, 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 the HPD Office of Community Partnerships at (212) 863-7928.

**APPLICATION FOR PREQUALIFIED CONTRACTOR PANEL  
DIVISION OF MAINTENANCE**

This **application must be completed by a principal** (owner or corporate officer) of the contracting company. 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 Division Of Maintenance programs. Return the completed application and supporting documentation to:

NYC Department of Housing Preservation and Development  
Office of Preservation Services - Division of Maintenance  
**Contractor Compliance Unit**  
100 Gold Street, Room 6-J  
New York, NY 10038

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**Name of Company:** \_\_\_\_\_

Business Address (**No P.O. Box**): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Emergency No.: \_\_\_\_\_ Cellular No.(s): \_\_\_\_\_

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**Enter here and on memorandum date questionnaires were submitted to Mayor's Office Of Contract Services, VENDEX Unit:** \_\_\_\_\_

**Are you a Certified Minority/Women Owned Business Enterprise**  Yes  No

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**DESCRIPTION OF BUSINESS:**

Date Established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ Employer I.D. No. (EIN) or Social Security No.: \_\_\_\_\_

**TYPE OF ORGANIZATION:**  sole proprietorship  partnership  corporation  joint venture

**TRADE OR TRADES FOR WHICH PREQUALIFICATION IS REQUESTED:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asbestos  | <input type="checkbox"/> Exterminating        | <input type="checkbox"/> Roofing         |
| <input type="checkbox"/> Boiler/Burner repair/replacement<br><input type="checkbox"/> gas fired <input type="checkbox"/> oil fired | <input type="checkbox"/> General Construction | <input type="checkbox"/> Rubbish Removal |
| <input type="checkbox"/> Drain Cleaning  | <input type="checkbox"/> Iron Work            | <input type="checkbox"/> Sewer Mains     |
| <input type="checkbox"/> Electrical  | <input type="checkbox"/> Lead Abatement       | <input type="checkbox"/> Windows         |
| <input type="checkbox"/> Elevator  | <input type="checkbox"/> Plumbing             |  |
| <input type="checkbox"/> Other (specify): _____  |   |  |

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**How did you hear about the Pre-qualified Panel:**  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

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**Gross Receipts in most recent tax year:** \$ \_\_\_\_\_ year ending (date) \_\_\_\_\_

**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.

<u>Name of Principal</u>	<u>Home Address</u>	<u>Social Security No.</u>	<u>%</u>
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**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

If yes, provide the name(s) of the subcontractor(s) and percentage of subcontracting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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

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

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**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.			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**WAIVER OF TAX SECRECY:** The undersigned hereby waives the applicability of the tax secrecy provisions of the law insofar as such would otherwise prohibit the New York City Department of Finance or its officers or employees from disclosing whether and for which year or years the business entity has filed tax returns relating to the New York City General Corporation Tax and/or the Unincorporated Business Tax in compliance with Title 11, Chapters 5 & 6 of the Administrative Code of the City of New York.

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\_\_\_\_

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### REFERENCES

Provide references from different clientele for a minimum of five (5) comparable jobs completed within the last twelve (12) months. If you are applying to be listed for more than one (1) trade, provide references for each trade.

For each reference, provide the following information:

Client Name, Address, Zip Code <i>(house # and street name)</i>	Contact Person Name and Phone Number	Description of Work	# of Jobs	Dates	Dollar Value (\$)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

THE CITY OF NEW YORK  
DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT

VENDEX STATUS MEMO

Date: \_\_\_\_\_

**To:**

NYC Department of Housing Preservation and Development  
Division of Maintenance / Contractor Compliance Unit  
100 Gold Street, Section 6-J  
New York, NY 10038

**From:**

Principal / Agent: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code + 4

Please be advised that as of \_\_\_\_\_, 20\_\_\_\_\_ the status of our VENDEX submissions is as follows:

*(Please check one as appropriate)*

- Certificate of No Change (two originals)  
Submitted to: **HPD/OPS/DOM**  
**Contractor Compliance Unit**  
**100 Gold Street, 6-J**  
**New York, NY 10038**
- VENDEX (New Applicants) forms
- Full VENDEX (Pre-qualified Panel Update) forms
- Changed VENDEX (VENDEX less than 2 ½ years) forms

Submitted to: **Mayor's Office of Contract Services**  
**VENDEX Processing Unit**  
**253 Broadway, 9<sup>th</sup> Floor**  
**New York, NY 10007**

## TAX AFFIRMATION

The undersigned proposer or bidder Affirms and declares that said proposer or bidder 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 proposer or bidder to receive public contracts except.

Full name of proposer or bidder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHECK ONE AND INCLUDE APPROPRIATE NUMBER:

A. Individual or Sole Proprietorship

Social Security No. \_\_\_\_\_

B. Partnership, Joint Venture or other unincorporated organization

Employer Identification No. \_\_\_\_\_

C. Corporation

Employer Identification No. \_\_\_\_\_

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 Number 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.