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9. When did your business begin? (please provide month and year) \_\_\_\_\_

10. List below all other names your company has used and give the dates they were used.  
If none, so state.

Name \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

## SECTION II GROSS RECEIPTS

**All contractors must complete this section and submit true and accurate copies of the firm's tax returns filed with the United States Government. Please complete the following applicable section.**

1. If you have been in business for 12 months or less complete this section. Indicate gross receipts in the last tax year ( or portion thereof):

\$ \_\_\_\_\_

2. If you have been in business between 12 and 24 months, please complete this section. Indicate gross receipts in the last two tax years ( or portion thereof):

\$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Year \_\_\_\_\_

3. If you have been in business for more than 24 months, please complete this section. Indicate gross receipts in the last three tax years ( or portion thereof):

\$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Year \_\_\_\_\_

**PLEASE NOTE: Your answers to questions 1, 2, or 3 must be verified by a licensed or certified public accountant by completion of the statement below:**

*I/We have reviewed the books and records of \_\_\_\_\_  
\_\_\_\_\_ in accordance with standards established by the American Institute of Certified Public Accountants.  
All information presented to us is the representation of the company's owner(s).*

*Based on this review, I/We attest to the accuracy of the gross receipts data presented by the company above.*

Subscribe and sworn to me before me

\_\_\_\_\_  
(signature) **PUBLIC ACCOUNTANT**

this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

**LICENSE :** \_\_\_\_\_

**SECTION III  
GEOGRAPHIC SUMMARY OF WORK PERFORMED**

List below the jobs on which your company worked within the Economic Development areas of the City during your last complete tax year, whether or not these jobs are completed. Provide all information requested for each of these jobs. If the owner of the job was a company or a government agency, please provide the name of the contact person and the contract number of the job. Be specific when giving the location of the work performed. (i.e. address, street, boundaries and boroughs), as this will be used as a criterion for eligibility into the LBE Program. Attach additional sheets as necessary.

**JOB #1**

1. Owner (name and address)

Name of Owner \_\_\_\_\_

Contact person (for company or agency) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Type of Work \_\_\_\_\_

3. Were you a prime contractor or subcontractor on this job? \_\_\_\_\_

4. Contract # \_\_\_\_\_

5. Dollar value of your contract: \$ \_\_\_\_\_

6. Monies received on the contract for the last tax year: \$ \_\_\_\_\_

7. Location of work performed \_\_\_\_\_

**JOB #2**

1. Owner (name and address)

Name of Owner \_\_\_\_\_

Contact person (for company or agency) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Type of Work \_\_\_\_\_

3. Were you a prime contractor or subcontractor on this job? \_\_\_\_\_

4. Contract # \_\_\_\_\_

5. Dollar value of your contract: \$ \_\_\_\_\_

6. Monies received on the contract for the last tax year: \_\_\_\_\_

7. Location of work performed \_\_\_\_\_

**JOB #3**

**1. Owner (name and address)**

Name of Owner \_\_\_\_\_

Contact person (for company or agency) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**2. Type of Work** \_\_\_\_\_

**3. Were you a prime contractor or subcontractor on this job?** \_\_\_\_\_

**4. Contract #** \_\_\_\_\_

**5. Dollar value of your contract: \$** \_\_\_\_\_

**6. Monies received on the contract for the last tax year: \$** \_\_\_\_\_

**7. Location of work performed** \_\_\_\_\_

\_\_\_\_\_

**NOTE: IF YOU HAVE ADDITIONAL JOBS, ATTACH A LIST.**

**SECTION IV  
ECONOMICALLY DISADVANTAGED EMPLOYEES**

Provide the requested information below for your current employees. For your "economically disadvantaged" employees, please indicate their trade or job title, and date hired. A separate "Verification of Economically Disadvantaged Status Form (Attachment A)" must be completed by each employee claimed as "economically disadvantaged" by your company. See instructions for a definition of "economically disadvantaged".

1. How many workers do you currently employ? \_\_\_\_\_

2. \*What is the ethnic breakdown of your workforce? (how many in each category)

african american \_\_\_\_\_

hispanic \_\_\_\_\_

asian \_\_\_\_\_

white \_\_\_\_\_

other \_\_\_\_\_

3. \*What is the sexual breakdown of your workforce? (how many in each category)

female \_\_\_\_\_

male \_\_\_\_\_

4a. Are any of your employees "economically disadvantaged"? \_\_\_\_\_ Yes \_\_\_\_\_ No

4b. If you answered question 4a with a yes, complete the following information below:

Number of "economically disadvantaged employees" \_\_\_\_\_

Employee (1) \_\_\_\_\_

Trade/job title \_\_\_\_\_

Date hired \_\_\_\_\_

Employee (2) \_\_\_\_\_

Trade/job title \_\_\_\_\_

Date hired \_\_\_\_\_

Employee (3) \_\_\_\_\_

Trade/job title \_\_\_\_\_

Date hired \_\_\_\_\_

Note: If you have more than 3 "economically disadvantaged" employees, you may attach a sheet with additional information.

**CERTIFICATION DOCUMENT AFFIDAVIT**

State of \_\_\_\_\_ )

County of \_\_\_\_\_)ss

\_\_\_\_\_ an authorized official of \_\_\_\_\_

(name) \_\_\_\_\_ (company)

being duly sworn deposes and says:

- 1) I certify that the statements in this form and any additional comments submitted, are true and accurate to the best of my knowledge and belief.
- 2) I understand that willful misrepresentation may be cause for administrative sanctions as set forth in Section 13 or the Rules and Regulations implementing Local Law 49 (July 27, 1984) and/or civil and criminal penalties; and
- 3) I agree that I will supply the Division of Economic and Financial Opportunity and/or the contracting agency with such additional documentation as may be necessary to verify the information that I have provided.

\_\_\_\_\_  
(signature/title)

State of \_\_\_\_\_ )

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

County of \_\_\_\_\_ )

\_\_\_\_\_  
(Notary Public)

**ATTACHMENT A  
VERIFICATION OF ECONOMICALLY DISADVANTAGED STATUS**

The "Verification of Economically Disadvantaged Status" form should be completed by each employee you are claiming as an "economically disadvantaged person". The employee filling out this form only needs to complete the appropriate section below. A person may be considered "economically disadvantaged" because of his or her income, or his or her status as a Vietnam era veteran, or his or her status as a displaced homemaker. Attach additional copies of these pages for each "economically disadvantaged" employee as necessary.

1. Name of Employee \_\_\_\_\_

2. Social Security \_\_\_\_\_

3. Income eligibility

3a. Were you (if living alone), or your household, receiving welfare or public assistance?

\_\_\_\_ YES \_\_\_\_ NO

if YES, give dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

3b. Indicate the total number of persons in your household \_\_\_\_\_

3c. Indicate below the income of each person living in your household for the tax year ending 2000.

Name of household member (1) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Income \$ \_\_\_\_\_

Name of household member (2) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Income \$ \_\_\_\_\_

Name of household member (3) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Income \$ \_\_\_\_\_

Name of household member (4) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Income \$ \_\_\_\_\_

3d. Total Household Income \$ \_\_\_\_\_

3e. DOCUMENTATION: Welfare ID card, Medicaid Card, W-2 Forms, income tax returns, etc.

4. VIETNAM VETERAN ELIGIBILITY (answer all questions)

4a. Did you serve on active duty in the United States Armed Forces for 180 days, or were you released or discharged for an inservice connected disability? \_\_\_\_\_ YES \_\_\_\_\_ NO

4b. Were your dates of service between August 5, 1964 and May 7, 1975? \_\_\_\_\_ YES \_\_\_\_\_ NO

4c. Have you had non-government subsidized employment since your release or discharge from the Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO

4d. DOCUMENTATION: (discharge papers, etc.)

**5. DISPLACED HOMEMAKER ELIGIBILITY (answer all questions)**

**5a. Were you out of the labor force for the five years preceding employment by this company, but providing unpaid services for the household members during this time?**

\_\_\_\_\_ YES \_\_\_\_\_ NO If YES, give dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

**5b. During the time were you either receiving public assistance or dependent on the income of another member of the household and you are no longer supported by such income?**

\_\_\_\_\_ YES \_\_\_\_\_ NO If YES, give dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

**5c. During that time were you receiving Aid to families with Dependent Children?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**5d. DOCUMENTATION: (Divorce decree, separation agreement, etc.)**

**5e. If you do not choose to answer the questions listed above or provide any of the requested documentation, indicate the question and your reason for refusing to answer or provide documentation.**

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**DISADVANTAGED EMPLOYEE AFFIDAVIT**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )ss:

being duly \_\_\_\_\_ an employee of \_\_\_\_\_  
(name) (company)

being duly sworn, deposes and says:

- 1) I certify that I have read the statements in this form and any documents submitted with it and know that the statements made are true and accurate to the best of my knowledge and belief:
- 2) I understand that willful misrepresentation may be cause for civil and criminal penalties: and
- 3) I agree that I will supply the Division of Economic and Financial Opportunity and/or the contracting agency with such additional documentation as may be necessary to verify the information that I have provided.

\_\_\_\_\_  
(signature/title)

State of \_\_\_\_\_ ) Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

County of \_\_\_\_\_ ) \_\_\_\_\_

(Notary Public)

**Section V**

**1. Method of Acquisition (check all that are applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> Started New Business<br><input type="checkbox"/> Bought Existing Business<br><input type="checkbox"/> Inherited Business<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Secured Franchise<br><input type="checkbox"/> Secured Concession<br><input type="checkbox"/> Merger or Consolidation |
|---|---|

Date of Acquisition \_\_\_\_\_

**2. Name & Position of all Person(s) with ownership interest.  
(Check all that are applicable. If no positions are held state 'none'.)**

Name _____	Position _____	US Citizen _____	Permanent Resident _____
Name _____	Position _____	US Citizen _____	Permanent Resident _____
Name _____	Position _____	US Citizen _____	Permanent Resident _____
Name _____	Position _____	US Citizen _____	Permanent Resident _____

**3. Please identify the cash and capital contributions to the firm by those identified in Question 2, including gifts, equipment, loans, and expertise.**

<i>Contributor/Source</i>	<i>Amount/Value</i>	<i>Type/Date of Contribution</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If the firm is a partnership, please complete for all the partners.

Contributor/Source	Amount/Value	Type/Date of Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If the firm is a corporation, please complete for all the shareholders.

<u>Name</u>	<u>No. of Shares</u>	<u>Common or Preferred</u>	<u>Amount Paid When Purchased</u>	<u>Date of Ownership</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. If a corporation, number of shares:

Common Authorized \_\_\_\_\_ Common Issued \_\_\_\_\_  
 Preferred Authorized \_\_\_\_\_ Preferred Issued \_\_\_\_\_

7. Number of employees (*Please average over the past year.*)

Permanent	Temporary
Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____

8. If licensing, permits or accreditation is required to conduct the business, please identify:

<u>Type of license/permit</u>	<u>Issued by</u>	<u>Issue Date</u>	<u>Exp. Date</u>	<u>Holder/Registrant</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Identify those individuals responsible for managerial operations (*State if owner or non-owner.*)

<u>Name &amp; Title</u>	<u>Owner or Non-Owner</u>
<b>Financial Decision</b>	_____
_____	_____
<b>Estimating</b>	_____
_____	_____
<b>Preparing Bids</b>	_____
_____	_____
<b>Negotiating Bonding</b>	_____
_____	_____
<b>Negotiating Insurance</b>	_____
_____	_____
<b>Marketing &amp; Sales</b>	_____
_____	_____
<b>Hiring &amp; Firing</b>	_____
_____	_____
<b>Supervising Field Operations</b>	_____
_____	_____
<b>Purchasing Equipment/Supplies</b>	_____
_____	_____
<b>Managing &amp; Signing Payroll</b>	_____
_____	_____
<b>Negotiating Contracts</b>	_____
_____	_____
<b>Signators for Business Accounts</b>	_____
_____	_____

10. Do any of the following also work for another firm? *If yes, please provide the person's name and his/her position(s).*

Other firm's name, address and telephone number.

	<u>Name &amp; Position</u>	<u>Other Firm's Name Address</u>	<u>Phone #</u>
<b><u>Office staff</u></b>			
{ }Yes { }No	_____	_____	_____
		_____	
{ }Yes { }No	_____	_____	_____
		_____	
<b><u>Field/supervisory staff</u></b>			
{ }Yes { }No	_____	_____	_____
		_____	
{ }Yes { }No	_____	_____	_____
		_____	
<b><u>Estimator</u></b>			
{ }Yes { }No	_____	_____	_____
		_____	
{ }Yes { }No	_____	_____	_____
		_____	
<b><u>Controller</u></b>			
{ }Yes { }No	_____	_____	_____
		_____	
{ }Yes { }No	_____	_____	_____
		_____	
<b><u>Consultant</u> (For firms involved in providing consultant/technical service or advisory service)</b>			
{ }Yes { }No	_____	_____	_____
		_____	
{ }Yes { }No	_____	_____	_____
		_____	

11. Does this firm share the following with any other firm? *If Yes, please provide the other firm's name, address & telephone number.*

	<u>Other Firm's Name</u>	<u>Address</u>	<u>Phone</u>
<b><u>Office space</u></b>			
{ } Yes { } No	_____	_____	_____
{ } Yes { } No	_____	_____	_____
<b><u>Yard space</u></b>			
{ } Yes { } No	_____	_____	_____
{ } Yes { } No	_____	_____	_____
<b><u>Equipment ( include rentals )</u></b>			
{ } Yes { } No	_____	_____	_____
{ } Yes { } No	_____	_____	_____

12. List major equipment or machinery, which is owned or leased by the firm.

Type	Depreciated Dollar Value	Acquisition Date	Payment Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Attorney for the firm.

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**14. C.P.A or Accountant for the firm.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_

**15. Is the firm bonded? *If yes, specify type and limit:***  
**{ }Yes { }No**

**Bonding Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone ( \_\_\_\_ )** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Type** \_\_\_\_\_ **Limit** \_\_\_\_\_

## ATTACHMENT B

### THE CITY OF NEW YORK CONFIDENTIAL QUALIFICATION APPLICATION

#### BUSINESS ENTITY QUESTIONNAIRE (SEE DEFINITIONS)

This questionnaire shall be completed by the business entity; all answers should be completed to the fullest extent known by the Chief Executive Officer or principal responsible for this application. If the answers to this questionnaire are substantially affected by circumstances changing after the submission of this questionnaire, the applicant must notify the Department in writing of such changes. Please attach additional sheets, if necessary, to complete your answers.

#### DEFINITIONS

Words or phrases used in this questionnaire are defined as follows:

**Business Entity:** Any form of doing business, including, but not limited to, corporations, limited and general partnerships and individual (sole) proprietorships.

#### **Control:**

1. The applicant business entity is controlled by another business entity when: the other business entity owns 10% or more of the applicant business entity's voting stock, or the other business entity has the right to control or has control in fact of the operation of the applicant business entity, or there is an identity of one or more principals between the two (or more) business entities, and the principal(s) has the right to control or has control of the daily operations of the applicant business entity.
2. The applicant business entity controls another business entity when: it owns 10% or more of the other business entity's voting stock, or it has the right to control or has control in fact of the operation of the other business entity, or there is an identity of one or more principal(s) between the applicant business entity and the other business entity and the principal(s) of the applicant business entity has the right to control or has control in fact of the daily operations of the other business entity.

**Government Agency** – includes City, State, and Federal public agencies, quasi-public agencies, authorities and corporations, public development corporations and local development corporations.

**Investigation** – shall include inquires by any governmental agency, with the following exclusions: background investigations for employment, IRS, State and City inquiries into personal tax returns.

**Principal** – includes, but not limited to, any officer, director, partner, and any shareholder (including other business entity).

1A. Name of business \_\_\_\_\_

1B. Dun & Bradstreet Number or other Credit Service Name and Reference \_\_\_\_\_

2. Employer Identification Number or Social Security \_\_\_\_\_

3. Type of company:

\_\_\_\_\_ corporation          \_\_\_\_\_ limited partnership          \_\_\_\_\_ sole proprietorship  
\_\_\_\_\_ general partnership (County/State where filed ) \_\_\_\_\_

4. How long has the applicant business entity been at their present address: \_\_\_\_\_

List all other addresses in the past three years :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the applicant business entity share office space, staff, or construction equipment with any other business entity? \_\_\_\_\_ NO          \_\_\_\_\_ YES. If YES, give the name and details of the arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6A. List all the principals in the business entity:

For partners, indicate whether such person is General (G) or Limited (L) partner.

**NOTE: FOR CORPORATIONS LISTED ON ANY NATIONAL OR REGIONAL STOCK EXCHANGE, OR ANY CORPORATION LISTED IN THE NASDAQ SYSTEM, OMIT QUESTION 6 AND PROVIDE STOCK EXCHANGE LISTING: \_\_\_\_\_**

Name of Business	Telephone	Address	Title	% of ownership

\*NOTE: PRINCIPALS LISTED IN 6A MUST COMPLETE THE PRINCIPAL'S QUESTIONNAIRE.

**6B. List each individual/business that holds stock options or other forms of securities transferable into stock:**

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**6C. Has the business pledged and/or hypothecated its stock? \_\_\_ NO \_\_\_ YES**  
**If YES, provide the following:**

Name of Individual/Business	Date(s) of Transaction	Types(s) of Transaction

**6D. List all present or former (within the past three years) N.Y. City officials, employees, consultants or advisors (officially appointed or elected) who are now serving in a management or advisory capacity in the business, whether or not a principal in the business. (Includes attorneys, engineers, architects performing services related to the procurement of or operation under the proposed contract).**

Name	Title	Agency	Title	Date of Service

**7A. List all subsidiaries and other business entities controlled by the applicant business entity which is named in Question 1.**

Name of Business	Address	% Stock Owned/Nature of Control

7B. Do any of the businesses listed in 7A presently do business with New York City?  
 \_\_\_ NO \_\_\_ YES

If YES, provide the following:

Name/Address of Business	Type of Business	City Agency Involved

8. Is the applicant business a subsidiary of, or controlled by, any other business doing business with New York City? \_\_\_ NO \_\_\_ YES

If YES, provide the following:

Name of Business	Relationship	City Agency Involved

9A. What contracts has the applicant business entity listed in question 7 & 8 had with the City of New York in the past five years?

Nature of Work	Agency	Contract #	Date	Amount

**9B. What subcontracts has the applicant business entity, or any other business entity listed in questions 7 & 8 above had with contractors doing business with the City of New York in the past five years?**

<b>Contractor</b>	<b>Agency</b>	<b>Contract #</b>	<b>Date</b>	<b>Amount</b>

**9C. Has the applicant business entity, or any other business entity listed in question 7 & 8 above been barred from being awarded a contract with any governmental agency?     YES     NO**

**If yes, give details** \_\_\_\_\_

**9D. Has the applicant business entity, or any other business entity listed in Questions 7 & 8 above been a respondent before a City of New York Board of Responsibility?     YES     NO**

**If yes, give details** \_\_\_\_\_

**10. Within the past five years, has the applicant business entity, or any business entity listed in Question 7 & 8 above been (A) declared default on a contract by any government agency?     YES     NO**

**If yes, give details** \_\_\_\_\_

**(B) been informed by any governmental agency that it was ineligible to do business with that agency or any other governmental agency?     Yes     No**

**If yes, give details** \_\_\_\_\_

**11. Within the past 3 (three) years has the applicant business entity ever been unable to execute a contract with a governmental agency for failure to obtain a surety bond or otherwise provide require security?     Yes     No**

**If yes, describe the circumstances (include governmental agency, date and contract)**

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12. Has the applicant business entity, or any other business entity listed in questions 7 & 8 above filed a petition in bankruptcy or reorganization, or have any bankruptcy proceedings been initiated against it during the past five years?

Yes  No.

If yes, stated the party, the date and docket number of the filing, the county, the reason for the filing.

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13. Has the applicant business entity filed all federal, state and New York City returns for the past three tax years?  Yes  No

If no, explain:

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14. Is the applicant business entity, or any other business entity listed in question 7 & 8 above, now in default on any obligation to, or subject to any unsatisfied judgement or lien obtain by a federal, state or local taxing?

Yes  No

15 A. List all licenses, franchises, leases (or agreements) granted by New York City to the applicant business entity listed in question 7 & 8 above, within the past years.

Name of Agency	Description	Period

**15B. List any New York City permits, licenses, franchises, leases (or agreements) held by the applicant business entity listed in question 7 & 8 above, that have been terminated by New York City for cause within the past five years.**

Name of Agency	Terminated by Whom	Date	Reason

**15C. List disqualification's as a potential bidder on New York City permit(s) for licenses, franchises, leases or agreements of the applicant's business entity or any other business entity listed in questions 7 & 8 above, within the past five years.**

Name of Agency	Description	Date

**16. With the exception of any inquires made regarding items listed in Questions 10-15 above, has the applicant business entity, or any principal thereof, been the subject of an investigation by any governmental agency within the past five years?**

Yes       No

**If yes, state the name of the agency, date and nature of the investigation.**

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17. Does any director, principal, officer or managerial employee of the applicant entity have any criminal charges pending or been convicted of a misdemeanor or felony in the past 10 years?

Yes  No

If yes, explain.

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Date of Changes	Court	State
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Index or Docket #	Conviction or Adj. Date
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18. Has the applicant business entity, or any other business entity listed in question 7 & 8 above been found guilty of any criminal or administrative charges in the last ten years or have any such charges pending?  Yes  No If yes, explain

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19. Is the business applicant entity or any other business entity listed in questions 7 & 8 above presently engaged in any litigation with or against the City of New York, or it is agencies?

Yes  No

If yes, provide the following:

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Caption of Action	Court	Index or Docket Number
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**A MATERIAL FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE APPLICANT INELIGIBLE FOR ACCEPTANCE TO THE PROGRAM, AND IN ADDITION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.**

**ATTACHMENT C**

**THE CITY OF NEW YORK  
CONFIDENTIAL QUALIFICATION APPLICATION**

**PRINCIPAL QUESTIONNAIRE (SEE DEFINITIONS)**

**This questionnaire shall be completed by each principal in a business entity. All answers should be completed to the fullest extent known to the person answering the questionnaire. If the answers to the questionnaire are substantially affected by circumstances changing after the submission of this questionnaire, the applicant must notify the Department in writing of such changes. Please attach additional sheets, if necessary, to complete your answers.**

**Note: The Principal Questionnaire may be omitted for those principals of corporations listed on any national or regional stock exchange, or any corporation listed in the NASDAQ System.**

**DEFINITIONS**

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**Words or phrases used in this questionnaire are defined as follows:**

**Business Entity- any form of doing business, including, but not limited to, corporations, limited and general partnerships, joint ventures and individual (sole) proprietorships.**

**Governmental Agency- includes city, State and federal agencies, quasi-public agencies authorities and corporations, public development corporations and local development corporations.**

**Investigations- shall include inquires by any governmental agency, with the following exclusions: background investigations for employment, IRS inquiries into individuals or business entity tax, and domestic proceedings such as divorce or adoption.**

**Principal- includes the business entity President, Vice-President, Secretary and Treasurer, Chairman of the Board, Chief Executive Officer, Partner and any Shareholder.**

1. \_\_\_\_\_  
Name (Print) Home Address

Other present address (include work Address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth Social Security # (optional)

2. Position held in applicant business entity (if any):  
\_\_\_\_\_

When position started: \_\_\_\_\_

3. Do you have an equity interest in the applicant business entity? [ ] Yes [ ] No

If yes describe:  
\_\_\_\_\_  
\_\_\_\_\_

4. Percent (%) of total stock held: \_\_\_\_\_

Date/Dates Purchased: \_\_\_\_\_

5. State the amount of outstanding loans, made in whole or in part by you to the applicant business entity.

\$ \_\_\_\_\_ Terms \_\_\_\_\_ Date due \_\_\_\_\_

6. Within the past five (5) years have you been a principal of any business entity (other than the applicant) that has had contracts with New York City during that time frame?  Yes  No

If yes, give details below.

Business Name	Address	Agency	Date	Contract #

7. Other than any business(es) listed in response to question 6, above, list any business entities with which you have had a principal interest within the past five (5) years.

Business Entity Name	Address	Dates of Addition	Position

8. Within the past five (5) years have you, or any business entity in which you have been a principal, been declared in default on a contract by any governmental agency?  Yes  No

If yes, give details:

Business	Your position	Contracting Entity	Contract #	Dates

**9. In the past five (5) years, have you been a principal in a business entity that has filed a petition in bankruptcy or reorganization or has bankruptcy proceedings initiated against it?**

Yes       No

**If yes, give the name of the filing, the court, the county and the reason for filing.**

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**10. Within the past five (5) years have you, or a business entity in which you were a principal (other than the applicant) been informed that you were ineligible to do business with any other governmental agency?**

Yes       No

**If yes, give details (include governmental agency, business entity and date):**

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**11. Within the past five (5) years, have you or any business entity in which you were a principal (other than the applicant) been a respondent before a City of New York Board of Responsibility?**

Yes       No

**If yes, give name of business entity and date:**

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**12. Within the past five (5) years have you or any business entity in which you were principal (other than the applicant) been declared in default on a contract by any governmental agency?**

Yes       No

**If yes, give details (include governmental agency, business entity and date:**

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13. Have you been convicted of a felony or a misdemeanor within the past ten (10) years?

Yes  No

If yes, state details: Date of Conviction \_\_\_\_\_ Court of conviction \_\_\_\_\_

State \_\_\_\_\_ Disposition (plea/conviction and sentence) \_\_\_\_\_

A. Are any criminal charges presently pending against you?  Yes  No

If yes, state details:

Date of Charges \_\_\_\_\_ Court \_\_\_\_\_ State \_\_\_\_\_

Index or Docket # \_\_\_\_\_ pending Charges \_\_\_\_\_

14. To your knowledge, have you or any business entity with which you have been a principal, have been the subject of an investigation by any governmental agency within the past five (5) years?

Yes  No

If yes, state the name of the agency, date and details of the investigation.

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15. Within the past three (3) years have you been a New York City Officer, employee or elected official (whether paid or unpaid)?  Yes  No

If yes, state the following:

Title of Position	Work of Location	Date of Service

16. Are you or any business entity (other than the applicant) in which you are a principal presently involved in any litigation with or against the City of New York or any of its agencies?

Yes  No

If yes, provide the following:

Caption of case	Court	Index or Docket Number

**A MATERIAL FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE APPLICANT INELIGIBLE FOR ACCEPTANCE TO THE PROGRAM, AND IN ADDITION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.**

**I \_\_\_\_\_ being duly sworn, that I have read and understand all the items contained in the foregoing \_\_\_\_\_ pages of this questionnaire that I supplied full and complete information and answers to each item there in to the best of my knowledge, information and belief, that all information supplied by me is true. I further understand that this questionnaire is submitted as additional inducement to the City of New York to enter into a contract and that the City will rely on the information supplied herein.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Subscribe and sworn to me before me**

**this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**



## SBS Supplemental Application

General Instructions:

***(PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY SPACES BLANK ON THE APPLICATION.)***

### **- I M P O R T A N T -**

Before filling out this certification application you **must** obtain a **FMS Vendor Number**. To do so, complete a Vendor Application Form, which is available online at [www.nyc.gov/html/moc/html/bidderform.html](http://www.nyc.gov/html/moc/html/bidderform.html). If you prefer, you may obtain a form by **calling (212) 857 – 1680**.

**Your application will not be processed without the FMS Vendor Number.**

**If you already have an FMS Vendor Number please call (212) 857 -1680 or go online at [www.nyc.gov/html/moc/html/bidderform.html](http://www.nyc.gov/html/moc/html/bidderform.html) to check that your business information and NIGP Commodity Codes are correct and up to date.**

Once you obtain a number you may complete the questions in this Supplemental Application. Completion of this application will help us better market your goods and services to purchasers.

Thank you for taking the time to complete it.

If a question is not applicable to your business insert “N/A” in the space provided for your answer.

***You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Once you have completed the application, please return it and the required documentation to: NYC Department of Small Business Services, Division of Economic and Financial Opportunity, 110 William Street, New York, NY 10038***

(Please Type or Print Clearly)

- 1) **Company Name:** \_\_\_\_\_
- 2) **Doing Business As, Name:** \_\_\_\_\_
- 3) **FMS Vendor Number:** \_\_\_\_\_
- 4) **Email Address:** \_\_\_\_\_
- 5) **Company Description:** \_\_\_\_\_  
\_\_\_\_\_

6) **Highest Level of Bonding (\$):** \_\_\_\_\_

7) **Targeted Geographic Market:** (Please Check the Appropriate Box or Boxes)

- New York City**
- New York City Metropolitan Area**
- New York State**
- Northeast/Mid-Atlantic Region**
- National**
- Other**

(Please specify): \_\_\_\_\_

8) **Company Work Experience:**

**Company Experience #1**

○ **Name of Organization for Whom Work Was Performed:** \_\_\_\_\_

○ **Date of Work (Month/Year):** \_\_\_\_\_

○ **Value of Job:** \_\_\_\_\_

○ **Description of Work:**

\_\_\_\_\_

\_\_\_\_\_

○ **Organization Contact - Last Name, First Name, Title:**

\_\_\_\_\_

○ **Telephone Number of Organization:** \_\_\_\_\_

**Company Experience #2**

○ **Name of Organization for Whom Work Was Performed:** \_\_\_\_\_

○ **Date of Work (Month/Year):** \_\_\_\_\_

○ **Value of Job:** \_\_\_\_\_

○ **Description of Work:**

\_\_\_\_\_

\_\_\_\_\_

○ **Organization Contact - Last Name, First Name, Title:**

\_\_\_\_\_

○ **Telephone Number of Organization:** \_\_\_\_\_

**Company Experience #3**

- **Name of Organization for Whom Work Was Performed:** \_\_\_\_\_
- **Date of Work (Month/Year):** \_\_\_\_\_
- **Value of Job:** \_\_\_\_\_
- **Description of Work:**  
\_\_\_\_\_  
\_\_\_\_\_
- **Organization Contact - Last Name, First Name, Title:**  
\_\_\_\_\_
- **Telephone Number of Organization:** \_\_\_\_\_

**Please fill out the following so we can better focus our resources (optional):**

**How did you find out about our program?**

**Letter** \_\_\_\_\_      **Telephone** \_\_\_\_\_      **Event** \_\_\_\_\_

**(If Event was checked please answer the following)**

**Name of the Event** \_\_\_\_\_

**Name of the SBS Representative:** \_\_\_\_\_

**Other (Please explain)** \_\_\_\_\_

\_\_\_\_\_

VERIFICATION

STATE OF )  
 )  
COUNTY OF ) SS.:

(A) \_\_\_\_\_, being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

(B) \_\_\_\_\_, being duly sworn, states that he or she is the Name of Corporate Officer

\_\_\_\_\_ of \_\_\_\_\_  
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing application, that he or she read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of the Board of Directors of the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Notary Public)

Person assisting in completion of the Application:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone No.