

**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.

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

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

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 & Position</u>	<u>Other Firm's Name Address</u>	<u>Phone #</u>
<u>Office staff</u>			
{ }Yes { }No	_____	_____	_____

{ }Yes { }No	_____	_____	_____

<u>Field/supervisory staff</u>			
{ }Yes { }No	_____	_____	_____

{ }Yes { }No	_____	_____	_____

<u>Estimator</u>			
{ }Yes { }No	_____	_____	_____

{ }Yes { }No	_____	_____	_____

<u>Controller</u>			
{ }Yes { }No	_____	_____	_____

{ }Yes { }No	_____	_____	_____

<u>Consultant</u> (For firms involved in providing consultant/technical service or advisory service)			
{ }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>
<u>Office space</u>			
{ } Yes { } No	_____	_____	_____
{ } Yes { } No	_____	_____	_____
<u>Yard space</u>			
{ } Yes { } No	_____	_____	_____
{ } Yes { } No	_____	_____	_____
<u>Equipment (include rentals)</u>			
{ } 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 (____) _____

