APPLICATION FOR ENHANCED REVIEW SUBCONTRACTOR CONSENT

INSTRUCTIONS

A general contractor must obtain the prior written consent of an authorized HPD representative before hiring or using (or allowing any of its subcontractors to hire or use), whether directly or indirectly, any contractor that is on Enhanced Review status as a subcontractor. To request such consent, complete and sign this form and e-mail it to enreview@hpd.nyc.gov.

All contractors on Enhanced Review status are listed at

http://www1.nyc.gov/assets/hpd/downloads/pdf/developers/general-sub-contractors-updated-list.pdf.

The project sponsor is responsible for ensuring that its general contractor and all of its subcontractors comply with this requirement. Failure by the project sponsor, general contractor, or any subcontractor to comply and/or ensure such compliance may result in negative scoring during future requests for proposals, requests for qualifications, or other selection processes, adverse findings during sponsor review, and/or placement on Enhanced Review status.

Determinations will be recorded on this form and returned to the sponsor and general contractor by email. HPD will respond to complete submissions within 10 business days. If HPD requires additional information, the 10-day window will begin from the date that HPD has received all required information. Complete requests that have not been responded to within 10 days will be deemed to have received HPD consent. If HPD consents, both the subcontractor and the general contractor must comply with any conditions of the consent and with any applicable Enhanced Review requirements

| PROJECT INFORMATION | | | | |
|--|----------------------------------|--|--|--|
| Program: | Sponsor: | | | |
| Project Name/Address: | General Contractor: | | | |
| SPONSOR CONTACT | FINFORMATION | | | |
| Name: | Title: | | | |
| Phone: | E-Mail: | | | |
| GENERAL CONTRACTOR CONTACT INFORMATION | | | | |
| Name: | Title: | | | |
| Phone: | E-Mail: | | | |
| PROPOSED SUBCONTRACTOR INFORMATION | | | | |
| Entity Name: | EIN: | | | |
| Address: | Principal(s): | | | |
| E-mail: | Phone: | | | |
| PROPOSED LOWER TIER SUBCONTRA | CTOR INFORMATION (if applicable) | | | |
| Entity Name: | EIN: | | | |
| Address: | Principal(s): | | | |
| E-mail: | Phone: | | | |
| PROPOSED SUBCONTRACT INFORMATION | | | | |
| Work to be Performed (and, if prevailing wage, trade classifications): | | | | |
| Proposed Subcontract Price: | Anticipated Number of Workers: | | | |
| Proposed Start Date: | Proposed End Date: | | | |
| Anticipated Weekend/Overtime Work: | | | | |
| ADDITIONAL INFORMATION | | | | |

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Is subcontractor providing contract security (e.g. surety bond or letter of credit)? \Box Yes \Box No If yes, describe (amount and type of security, name of surety/bank):

Has an alternative subcontractor been identified for this work?

 \Box Yes \Box No

Project-Specific Work Plan

Describe how the general contractor and subcontractor will avoid the recurrence of the labor or construction quality issues which resulted in the subcontractor's placement on Enhanced Review:

Signature:

Date:

Print Name:

| FOR INTERNAL HPD USE ONLY | | | | |
|---------------------------|--|----------|-----------------------|--|
| Project ID Number: | | | | |
| Signature: | | Consent: | Granted □ Denied □ | |
| Print Name: | | Date: | | |
| Conditions of Consent: | | | | |
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