



**Mayor's Office of  
Contract Services**

September 25, 2014

Please note that effective, September 25, 2014, the VENDEX questionnaires are now fillable. **YOU WILL STILL NEED TO COMPLETE, PRINT AND SUBMIT THE PAPER COPIES.**

These include the:

**Bill de Blasio**  
Mayor

**Lisette Camilo**  
City Chief Procurement  
Officer and Director of  
Contract Services

- Vendor Questionnaire
- Principal Questionnaire
- Certification of No Change

**253 Broadway, 9th  
Floor  
New York, NY 10007**

Please be advised that certain fields require certain types of entry, e.g.:

**212 788 0010** tel  
**212 788 0049** fax

- Date fields require entries to match: MM/DD/YYYY
- Telephone/Fax fields require entries to match: XXX-XXX-XXXX or (XXX) XXX-XXXX
- EIN/TIN/SSN fields require 9 digits and no dashes
- SSN only fields require entries to match XXX-XX-XXXX

Please also note that not all the fields will match the underlying formatting due to the limitations of the form, but ALL information will be able to be inputted. If you have any questions or concerns with the form, please email us at

[VENDEXFEEDBACK@cityhall.nyc.gov](mailto:VENDEXFEEDBACK@cityhall.nyc.gov) and we will get back to you as soon as possible.

**PLEASE NOTE THAT ALTHOUGH THE FORMS ARE FILLABLE, YOU WILL STILL NEED TO COMPLETE, PRINT AND SUBMIT THE PAPER COPIES.**

Thank you for your kind consideration.

**VENDOR QUESTIONNAIRE**

The Vendor Information Exchange System (**VENDEX**) includes two questionnaires – the **vendor questionnaire** and the **principal questionnaire**. These have been developed to collect information from vendors who wish to do business with New York City, to ensure that New York City obeys the mandate in its charter to do business only with responsible vendors.

Questionnaires may be obtained in paper format from the VENDEX Unit (212-341-0933) or downloaded from the NYC website at <http://www.nyc.gov/vendex>.

Questionnaires must be completed in paper format. All questions must be answered. A response of "Not Applicable (N/A)", or the equivalent, is not acceptable. Answers must be typewritten or printed in ink. If more space is needed to respond, photocopy the corresponding section's page, check the box that additional information is attached, and attach the photocopied page to the questionnaire.

The publication "Vendor's Guide to VENDEX" provides assistance and explanation for the questionnaires, including definitions of terms or phrases written in **bold** face throughout the questionnaires. If you have not obtained a copy of this publication, please download a copy from the New York City web site, or contact the VENDEX Unit at 212-341-0933. All forms must be sent to MOCS: 253 Broadway, 9th Floor, New York, New York 10007. If you have questions, contact the VENDEX Unit at 212-341-0933.

**ANSWER THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A FULLY COMPLETED QUESTIONNAIRE MAY RESULT IN THE REJECTION OF THE VENDEX SUBMISSION. MAKING ANY UNAUTHORIZED CHANGE OR ALTERATION TO THE QUESTIONNAIRE WILL RENDER IT VOID.**

Name of submitting vendor \_\_\_\_\_

Submitting Vendor's EIN/ SSN/TIN: \_\_\_\_\_

Submitting vendor is  Prime  Parent  Controlling entity  Subcontractor

Type of submission: (Check one)

1.  Full questionnaire
2.  **Changed questionnaire**

If checked, provide submission date of last full questionnaire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person completing this **vendor questionnaire** \_\_\_\_\_

Employer/Title \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

The disclosure of the **social security number** is mandatory under the right granted New York City by the Tax Reform Act of 1976 and will be used for the purpose of tax administration. The number may also be used for general identification purposes. If you do not consent to such additional use for general identification purposes, please check here

**1. Submitting vendor's:**

**a. Principal executive office address**

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**b. Primary place of business (in the NYC metropolitan area)**

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Check if the **submitting vendor** had other **primary places of business** in the NYC metropolitan area within the prior five (5) years and list information on page 7.

**c. Primary place of business address is (check all that apply)**

- Owned       Rented       Rented with an option to buy       Donated

**d. Addresses of the three largest sites at which it is anticipated that work would occur in connection with the contract pending at the times this questionnaire is completed, based on the number of people to be employed at each site:**

- address in 1a. (if applicable)       address in 1b. (if applicable)

Additional site(s)

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Check if **submitting vendor's** three largest sites include other addresses and list information on page 7.

**e. Web site address** www. \_\_\_\_\_

**f. Annual gross revenue (check range that applies)**

- \$0 - \$99,999       \$100,000 - \$499,999       \$500,000 – \$999,999
- \$1,000,000 - \$ 2,499,999       \$2,500,000 –\$4,999,999       \$5,000,000 or more

**g. Business category (check all that apply)**

- Professional services       Manufacturing       Construction       Human Services
- Commercial Services       Distribution       Retail       Not-for-Profit

**Submitting vendor's**

**h. DUNS number** \_\_\_\_\_  none

**i. National or regional stock exchange or NASDAQ listing** \_\_\_\_\_  none

**j. Date submitting vendor began business in New York City** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Check if additional information is attached

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

2. No Yes Does the **submitting vendor** now use, or has it in the past ten (10) years used, an **EIN, TIN, SSN** or **DBA**, trade name or abbreviation other than the **submitting vendor** name or **EIN/SSN/TIN** number listed on page 1 of this questionnaire?

3. No Yes Has the **submitting vendor** used any other **business addresses** and **telephone numbers** at any time during the prior five (5) years?

4a.

Date this business was formed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State in which business was formed \_\_\_\_\_

County in which business was formed \_\_\_\_\_

Country in which business was formed (if not formed in USA) \_\_\_\_\_

Type of organization (check one):

\_\_\_\_\_ Business Corporation

\_\_\_\_\_ Not-for Profit Corporation

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Partnership: \_\_\_\_\_ General \_\_\_\_\_ Limited \_\_\_\_\_ Limited Liability

\_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Joint Venture

\_\_\_\_\_ Other-indicate type: \_\_\_\_\_

4b. No Yes Are there any counties in New York State, other than the county listed in response to question 4a, in which the **submitting vendor** has filed a certificate of incorporation, a **DBA**, or the equivalent?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

5.		
a.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the <b>submitting vendor share</b> office <b>space, staff, equipment,</b> or <b>expenses</b> with any other <b>entities</b> ?
b.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the <b>submitting vendor</b> anticipate using or occupying any real property, other than the <b>business addresses</b> listed in response to Question 1 and 3, during the three (3) year <b>VENDEX</b> cycle?
c.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does any <b>principal owner</b> or <b>officer</b> of the <b>submitting vendor</b> , or any member of his/her <b>immediate family</b> , have an ownership interest in any <b>entity</b> that holds the title or lease to any real property used by the <b>submitting vendor</b> in the New York City metropolitan area?
6.		
a.		Starting on page 8, list ALL of the <b>submitting vendor's principal owners</b> and the three <b>officers</b> who exercise the most substantial degree of control over the <b>submitting vendor</b> .
b.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Pursuant to any stock option or any other arrangements, does any <b>individual</b> or <b>entity</b> have the right within the next three (3) years to acquire stock in the <b>submitting vendor</b> , which, when combined with current holdings, would make such an <b>individual</b> or <b>entity</b> a <b>principal owner</b> or <b>officer</b> ?
c.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is ten (10) percent or more of the <b>submitting vendor's</b> stock or ownership currently used or pledged as collateral for any loan or obligation?
7.		Are there any individuals now serving in a <b>managerial</b> or <b>consulting capacity</b> to the <b>submitting vendor</b> , whether or not as a <b>principal owner</b> or <b>officer</b> , who now serve, or within the past five (5) years have served as:
a.	<input type="checkbox"/> No <input type="checkbox"/> Yes	an elected or appointed public official or officer?
b.	<input type="checkbox"/> No <input type="checkbox"/> Yes	a full or part-time employee in a New York City <b>agency</b> or as a consultant to any New York City <b>agency</b> ?
c.	<input type="checkbox"/> No <input type="checkbox"/> Yes	an officer of any political party organization in New York City, whether paid or unpaid?
d.	<input type="checkbox"/> No <input type="checkbox"/> Yes	as a consultant or advisor to a New York City <b>agency</b> performing services related to the solicitation, negotiation, operation and/or administration of <b>contracts</b> on which the <b>submitting vendor</b> will work during this three (3) year <b>VENDEX</b> cycle?
8.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the <b>submitting vendor control</b> one or more <b>entities</b> ?
9.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the <b>submitting vendor</b> have one or more <b>affiliates</b> , and/or is it a <b>subsidiary</b> of, and <b>controlled</b> by any other <b>entity</b> ?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

10. <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the <b>submitting vendor</b> , or any <b>affiliate</b> listed in response to Question 9, been a <b>subcontractor</b> on any <b>contract</b> with any New York City <b>agency</b> in the past three (3) years?
11. a. <input type="checkbox"/> No <input type="checkbox"/> Yes b. <input type="checkbox"/> No <input type="checkbox"/> Yes c. <input type="checkbox"/> No <input type="checkbox"/> Yes d. <input type="checkbox"/> No <input type="checkbox"/> Yes e. <input type="checkbox"/> No <input type="checkbox"/> Yes f. <input type="checkbox"/> No <input type="checkbox"/> Yes	At any time during the past five (5) years, has the <b>submitting vendor</b> or any of its <b>affiliates</b> , been subject to any of the following actions, whether pending or completed: debarred from entering into any government <b>contract</b> ? found <b>non-responsible</b> on any government <b>contract</b> ? declared in default and/or terminated for cause? determined to be ineligible to bid or propose on any <b>contract</b> ? suspended from bidding or entering into any government <b>contract</b> ? received an overall unsatisfactory performance rating from any government <b>agency</b> on any <b>contract</b> ?
12. a. <input type="checkbox"/> No <input type="checkbox"/> Yes b. <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there or have there been any judgments, injunctions, or liens, including, but not limited to, judgments based on taxes owed, fines and penalties assessed by any government <b>agency</b> , elected official, or the New York City Council initiated against the <b>submitting vendor</b> and/or any <b>affiliate</b> : at any time within the past five (5) years? that remain open, unsatisfied, or in effect today?
13. <input type="checkbox"/> No <input type="checkbox"/> Yes	Have any bankruptcy proceedings been initiated by or against the <b>submitting vendor</b> or its <b>affiliates</b> within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the <b>submitting vendor</b> or its <b>affiliates</b> regardless of date of filing?
14. a. <input type="checkbox"/> No <input type="checkbox"/> Yes b. <input type="checkbox"/> No <input type="checkbox"/> Yes	In the past five (5) years, has the <b>submitting vendor</b> , any of its <b>principal owners</b> or <b>officers</b> , or any <b>affiliate</b> : had any permit, license, concession, franchise or lease terminated for cause or revoked? been disqualified for cause as a bidder on any permit, license, concession, franchise or lease?
15. <input type="checkbox"/> No <input type="checkbox"/> Yes	In the past five (5) years, have any of the <b>submitting vendors</b> or any of the <b>submitting vendors' affiliates</b> or any <b>individual</b> currently or within that period serving as a <b>principal owner</b> , <b>officer</b> or <b>managerial employee</b> been <b>investigated</b> by any government <b>agency</b> , including, but not limited to, federal, state and local regulatory <b>agencies</b> ?

Provide a detailed response to all questions answered with information and/or "YES" in the question's corresponding section starting on page 7 of this questionnaire.

16.	Has the <b>submitting vendor</b> , any <b>affiliate</b> , or any of their current or former <b>principal owners</b> or <b>officers</b> or <b>managerial employees</b> :	a. <input type="checkbox"/> No <input type="checkbox"/> Yes      been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions in the past five (5) years?  b. <input type="checkbox"/> No <input type="checkbox"/> Yes      been convicted of a felony, and/or any crime related to truthfulness and/or business conduct in the past ten (10) years?  c. <input type="checkbox"/> No <input type="checkbox"/> Yes      have any felony, misdemeanor and/or administrative charges currently pending?
17.	<input type="checkbox"/> No <input type="checkbox"/> Yes	For the past five (5) years, has the <b>submitting vendor</b> or any of its <b>principal owners</b> , <b>officers</b> , or any <b>affiliate</b> had any <b>sanction</b> imposed as a result of judicial or administrative disciplinary proceedings with respect to any professional license held?
18.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other than the <b>submitting vendor's</b> employees, did the <b>submitting vendor</b> retain, employ or designate anyone to influence the preparation of <b>contract</b> specifications, or the solicitation or award of any <b>contract</b> during this three (3) year <b>VENDEX</b> cycle?
19.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is the <b>submitting vendor</b> exempt from income taxes under the <b>Internal Revenue Code</b> ?  During the past five (5) years, has the <b>submitting vendor</b> failed to:  b. <input type="checkbox"/> No <input type="checkbox"/> Yes      file any applicable federal, state or New York City tax returns?  c. <input type="checkbox"/> No <input type="checkbox"/> Yes      pay any applicable federal, state or New York City taxes or other assessed New York City charges, including but not limited to water and sewer charges?
20.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<u>This question applies to not-for-profit vendors, others please answer "no".</u> If the <b>submitting vendor</b> is a <b>not-for-profit corporation</b> , in the past three (3) years, have any audits of the <b>submitting vendor</b> revealed <b>material weaknesses</b> in its system of internal controls, compliance with contractual agreements and/or laws and regulations?

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Provide details to questions answered "yes" in the corresponding section below.

Corresponds to Question 1.

1b. Submitting vendor's other primary place(s) of business

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1d. Submitting vendor's largest sites

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if attaching additional information

Corresponds to Question 2.

Other **DBA**, name, trade name, abbreviation \_\_\_\_\_

Other **EIN/TIN/SSN** \_\_\_\_\_

Dates in use - from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  Still in use

Check if attaching additional information

Corresponds to Question 3.

Other **business addresses** and **telephone numbers** in the last five (5) years

(Check One)  Current  Former

Street/P.O. Box \_\_\_\_\_ Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Main telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Main fax number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if attaching additional information

Corresponds to Question 4. (check all that apply)

4b.  Certificate of incorporation  **DBA**

Other, please identify \_\_\_\_\_

County \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 5. (check all that apply)

5a. Item(s) shared  Space  Staff  Equipment  Expenses

Other entity's name \_\_\_\_\_

Other entity's EIN/TIN/SSN \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Check if attaching additional information

5b. Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

Floor #/Suite # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Additional addresses to be used not yet known

Check if attaching additional information

5c. Ownership interest is  principal owner  officer  immediate family

Name of party with ownership interest \_\_\_\_\_

Name of entity holding title or lease \_\_\_\_\_

Check if attaching additional information

Corresponds to Question 6.

6a. Principal owner's name \_\_\_\_\_

EIN/SSN \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Percent of ownership \_\_\_\_\_

individual  partnership  joint venture  corporation

Principal owner's name \_\_\_\_\_

EIN/SSN \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Percent of ownership \_\_\_\_\_

individual  partnership  joint venture  corporation

Principal owner's name \_\_\_\_\_

EIN/SSN \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Percent of ownership \_\_\_\_\_

individual  partnership  joint venture  corporation

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 6 continued.

6a. **Officer's name** \_\_\_\_\_

cont. **SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Officer's name** \_\_\_\_\_

**SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Officer's name** \_\_\_\_\_

**SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Check if attaching additional information

6b.  **Individual**  **Entity** **Name** \_\_\_\_\_

**EIN/SSN** \_\_\_\_\_ **If individual**, **date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Stock option**  **Other** (explain) \_\_\_\_\_

**Percent of ownership:** \_\_\_\_\_

**If entity** is checked, is the **business address** the same as that listed in question 1?  **Yes**  **No**

**If no**, list address

\_\_\_\_\_  
**Street/P.O. Box** **Floor #/Suite #**

\_\_\_\_\_  
**City/State/Zip Code**

**Main telephone number** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Main fax number** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if attaching additional information

6c. (Check all that apply)

**Stock**  **Ownership:**

**Used**  **Pledged as collateral**  **Other** (explain) \_\_\_\_\_

**Loan**  **Obligation**

**Name of receiving individual and/or entity** \_\_\_\_\_

**EIN/SSN** \_\_\_\_\_ **If individual**, **date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Percent of ownership:** \_\_\_\_\_ **Transaction date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 7. (Check all that apply)

- 7a.  elected official     elected officer     appointed official     appointed officer  
 **principal owner or officer**     **managerial capacity**     **consulting capacity**

Employee's Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Title in **submitting vendor** \_\_\_\_\_

Name of organization elected or appointed to \_\_\_\_\_

Check if attaching additional information

- 7b.  Full-time NYC **agency** employee     Part-time NYC **agency** employee     Consultant to NYC **agency**  
 **principal owner or officer**     **managerial capacity**     **consulting capacity**

Employee's Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Title in **submitting vendor** \_\_\_\_\_

Name of NYC **agency** \_\_\_\_\_

**Individual** serves/served New York City **agency** as     consultant     advisor

Check if attaching additional information

- 7c.  Paid officer in NYC political party     Unpaid officer in NYC political party  
 **principal owner or officer**     **managerial capacity**     **consulting capacity**

Employee's Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Title in **submitting vendor** \_\_\_\_\_

Name of political party \_\_\_\_\_

Check if attaching additional information

7d. Individual serves **submitting vendor** as

- principal owner or officer**     **managerial capacity**     **consulting capacity**

Individual serves/served New York City **agency** as     consultant     advisor

Employee's Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Title in **submitting vendor** \_\_\_\_\_

Name of NYC **agency** \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 8. (Check all that apply)

Name of **controlled entity** \_\_\_\_\_

For profit    **Not-for-profit corporation**    Other (explain) \_\_\_\_\_

**EIN/TIN/SSN** \_\_\_\_\_

Address

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/State/Zip Code

Main telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_   Main fax number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if attaching additional information

Corresponds to Question 9. (Check all that apply)

**Submitting vendor** has one or more **affiliate(s)**

(If checked) Name of **affiliate** \_\_\_\_\_

Type of business    For profit    **Not-for-profit corporation**    Other (explain) \_\_\_\_\_

**EIN/TIN/SSN** \_\_\_\_\_

Address

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/State/Zip Code

Main telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_   Main fax number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if attaching additional information

**Submitting vendor** is a **subsidiary** of:

**Submitting vendor** is **controlled** by:

(If checked) Name of **entity** \_\_\_\_\_

**EIN/TIN/SSN** \_\_\_\_\_

Type of business    For profit    **Not-for-profit corporation**    Other (explain) \_\_\_\_\_

Address

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/State/Zip Code

Main telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_   Main fax number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 10.

**submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Name of prime contractor \_\_\_\_\_

**Contract** type \_\_\_\_\_

**Contract** number \_\_\_\_\_ **Contract** start date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Subcontract** amount \$ \_\_\_\_\_

Name of NYC **agency** \_\_\_\_\_

Check if attaching additional information

Corresponds to Question 11.

11a.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Debarment proceeding pending     Debarment in effect     Period of debarment completed

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of finding (if any) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of government **agency** \_\_\_\_\_

Address

Street/P.O. Box \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Check if attaching additional information

11b.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Date notified of **non-responsible** finding \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submitting vendor/affiliate** appealed the finding of **non-responsible**, with the following outcome(s)     upheld     reversed     pending

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of finding (if any) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of government **agency** \_\_\_\_\_

Address

Street/P.O. Box \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 11 continued.

11c.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Declared in default     Terminated for cause

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of finding (if any) \_\_\_\_/\_\_\_\_/\_\_\_\_     proceeding ongoing

Name of government **agency** \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box

City/State/Zip Code

Check if attaching additional information

11d.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Ineligible to bid     Ineligible to propose

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of finding (if any) \_\_\_\_/\_\_\_\_/\_\_\_\_     proceeding ongoing

Name of government **agency** \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box

City/State/Zip Code

Check if attaching additional information

11e.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Suspension is     pending     in effect     completed

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of finding (if any) \_\_\_\_/\_\_\_\_/\_\_\_\_     proceeding ongoing

Name of government **agency** \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box

City/State/Zip Code

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 11 continued.

11f.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of finding (if any) \_\_\_\_/\_\_\_\_/\_\_\_\_     proceeding ongoing

Name of government **agency** \_\_\_\_\_

Address

Street/P.O. Box \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Check if attaching additional information

Corresponds to Question 12. (Check all that apply)

12a.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

judgment     injunction     lien

other (explain) \_\_\_\_\_

Name of **agency** \_\_\_\_\_

Date obligation filed \_\_\_\_/\_\_\_\_/\_\_\_\_    Date discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of original obligation \$ \_\_\_\_\_    Amount outstanding \$ \_\_\_\_\_

Check if attaching additional information

12b.  **submitting vendor**     **affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

judgment     injunction     lien

other (explain) \_\_\_\_\_

Name of **agency** \_\_\_\_\_

open     unsatisfied     in effect today

Amount of original obligation \$ \_\_\_\_\_    Amount outstanding \$ \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 13. (Check all that apply)

Within the past seven (7) years, bankruptcy proceedings

- have been initiated
- have been closed
- remain pending

These proceedings involve

- submitting vendor**
- affiliate**

If **affiliate**, name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Court name \_\_\_\_\_

Court address \_\_\_\_\_

Docket number \_\_\_\_\_ Date initiated \_\_\_\_\_ Date closed \_\_\_/\_\_\_/\_\_\_

Check if attaching additional information

Corresponds to Question 14. (Check all that apply)

- 14a.  **submitting vendor**     **principal owners or officers**     **affiliate**

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

terminated for cause     revoked    Date \_\_\_/\_\_\_/\_\_\_

permit     license     concession     franchise     lease

Name of sanctioning **agency** \_\_\_\_\_

Specify reason(s) for action \_\_\_\_\_

Check if attaching additional information

- 14b.  **submitting vendor**     **principal owners or officers**     **affiliate**

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

disqualified for cause    Date \_\_\_/\_\_\_/\_\_\_

permit     license     lease     concession     franchise

Name of sanctioning **agency** \_\_\_\_\_

Specify the reason(s) for action \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 15.

- submitting vendor**     **affiliate**
- individual** serving as     **principal owner**     **officer**     **managerial employee**

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Name of investigating government **agency** \_\_\_\_\_

Date initiated \_\_\_\_/\_\_\_\_/\_\_\_\_ Date completed \_\_\_\_/\_\_\_\_/\_\_\_\_     ongoing

Summary of investigation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check if attaching additional information

Corresponds to Question 16. (Check all that apply)

- 16a.  **submitting vendor**     **affiliate**
- former                       **principal owner**     **officer**     **managerial employee**
  - current                     **principal owner**     **officer**     **managerial employee**

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

- Found in violation of     administrative provision(s)
- statutory provisions(s)
- regulatory provision(s)

convicted of a misdemeanor

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of action \_\_\_\_/\_\_\_\_/\_\_\_\_ Charging **agency** \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 16 continued.

16b.  **submitting vendor**     **affiliate**

former **principal owners** or **officers** or **managerial employees**

current **principal owners** or **officers** or **managerial employees**

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

convicted of a felony in the past ten (10) years

convicted of a crime related to truthfulness in the past ten (10) years

convicted a crime related to business conduct in the past ten (10) years

Summary of felony and/or crime \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of action \_\_\_\_/\_\_\_\_/\_\_\_\_ Charging **agency** \_\_\_\_\_

Check if attaching additional information

16c.  **submitting vendor**     **affiliate**

former **principal owners** or **officers** or **managerial employees**

current **principal owners** or **officers** or **managerial employees**

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Charges pending are     felony     misdemeanor     administrative charges

Summary of finding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of action \_\_\_\_/\_\_\_\_/\_\_\_\_ Charging **agency** \_\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Corresponds to Question 17.

Name of sanctioning agency \_\_\_\_\_

Name of sanctioned individual or entity \_\_\_\_\_

submitting vendor     principal owners or officers     affiliate

EIN/SSN/TIN \_\_\_\_\_

judicial disciplinary proceedings with respect to any professional license held

administrative disciplinary proceedings with respect to any professional license held

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of action \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if attaching additional information

Corresponds to Question 18.

Name \_\_\_\_\_ EIN/TIN/SSN \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Fax number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Check if attaching additional information

Corresponds to Question 19.

19a. Reason for exemption from income taxes \_\_\_\_\_

Check if attaching additional information

19b. Submitting vendor failed to file:

Federal taxes     State taxes     NYC taxes     Other

If "State" is checked, and other than N.Y., name State \_\_\_\_\_

If "Other" is checked, specify \_\_\_\_\_

Taxes were not filed for tax years

19\_\_\_\_     20\_\_\_\_     20\_\_\_\_     20\_\_\_\_     20\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

Question 19 continued.

19c. **Submitting vendor** failed to pay:

- Federal taxes
- State taxes
- NYC taxes
- Other NYC charges

If "State" is checked, and other than N.Y., name State \_\_\_\_\_

If "Other NYC charges" is checked, specify \_\_\_\_\_

Taxes were not paid for tax years:

- 19\_\_\_\_\_
- 20\_\_\_\_\_
- 20\_\_\_\_\_
- 20\_\_\_\_\_
- 20\_\_\_\_\_

Check if attaching additional information

Corresponds to Question 20.

audits revealed **material weaknesses** in:

- system of internal controls
- compliance with contractual agreements
- compliance with laws and regulations

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if attaching additional information

Provide a detailed response to all questions checked "YES" from pages one–six. If you need more space to respond, photocopy the corresponding section's pages, check the box that additional information is attached, and attach the photocopied page to this questionnaire.

**CERTIFICATION**

**A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING VENDOR NON-RESPONSIBLE WITH RESPECT TO THE VENDEX SUBMISSION, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.**

I, \_\_\_\_\_ serving as \_\_\_\_\_ for \_\_\_\_\_,  
Name Title Submitting Vendor's Name

I hereby certify that:

- I have not altered the substance of this questionnaire in any manner;
- I have read and understand all of the items contained in the foregoing 19 pages of this questionnaire and the following \_\_\_\_\_ pages of attachments;
- I have supplied full and complete responses to each item therein to the best of my knowledge, information and belief;
- I understand that the New York City will rely on the information supplied in this questionnaire as an inducement to enter into a **contract** with the **submitting vendor**;
- I understand that at the time of execution of any **contract** with New York City, the **submitting vendor** will be required to certify that the information I have supplied remains accurate, and I further understand that I may provide to the VENDEX unit, in writing, any change(s) in the information provided in this questionnaire at the time of any change in the circumstances;
- I will notify the VENDEX unit in writing of all **subcontractors** engaged pursuant to each resulting **contract** valued at one hundred thousand dollars (\$100,000) or more;
- The **submitting vendor** was not founded or established and is not operated in a manner to evade the application or defeat the purpose of Section 6-116.2, subdivision (b) of the New York City Administrative Code, and is not the successor, assignee or **affiliate** of an **entity** which is ineligible to bid or propose on contracts or against which a proceeding to determine eligibility to bid or propose on contracts or against which a proceeding to determine eligibility to bid or propose on contracts is pending.

I further certify as to the following ongoing obligations of the **submitting vendor**:

- The New York City Administrative Code provides that the **submitting vendor** shall update the information provided in this questionnaire by submitting a current questionnaire every three years, to be provided no later than the date of award of any **contract** subsequent to the expiration of the three year period;
- The **submitting vendor** is required to certify, at the time of any future award, that the information previously submitted in its most recent **VENDEX** submission is full, complete and accurate, except as to any changed information the **submitting vendor** provides at that time and, as to that information, the **submitting vendor** shall be required to certify that it is full, complete and accurate.

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date