

Fax Bid

TO

FROM: JERI KING,
OFFICE OF CONTRACTS

Fax: Pages: 18 - INCLUDING COVER PAGE

Phone Date: 05/22/12

Re: FAX BID SOLICITATION CC: D. WILSON, M. BOWMAN

☒ Urgent

☒ Please Comment

☒ Please Reply

Fax Bid Proposal for the Procurement PIN# 069-12-110-1053

Scope of Work: Implement a Job Training Program for Overaged and Undercredited High School Students.

PERIOD OF PERFORMANCE: Twelve (12) Months from Date of Registration

PLEASE RESPOND AND SUBMIT YOUR BID VIA ****MAIL OR IN PERSON**** TO THIS OFFICE
BEFORE 3:00 PM FRIDAY – JUNE 1, 2012

*OFFICE OF CONTRACTS at 180 WATER STREET 14th FLOOR, NEW YORK, NY 10038

*(OR) BIDS MAYBE **E-MAILED** TO THE ATTENTION OF DONNA WILSON AT wilsond@hra.nyc.gov AND GERALDINE KING AT kingg@hra.nyc.gov

*(OR) BIDS MAYBE **FAXED** 212-331-4352

YOUR BID SUBMISSION MUST INCLUDE PAGES I THRU VI

IF YOU HAVE ANY QUESTIONS REGARDING THIS FAX, PLEASE CALL JERI KING AT (212) 331-3445.

THANK YOU

JERI KING

**HUMAN RESOURCES ADMINISTRATION
OFFICE OF CONTRACTS
180 WATER STREET, 14TH FLOOR
NEW YORK, NEW YORK 10038
TELEPHONE: (212) 331-3445 FAX: (212) 331-5993**

DATE: Friday, May 18, 2012

**OPEN MARKET QUOTATION – INVITATION FOR BID
SERVICE**

PIN 069-12-110-1053

BID OPENING DATE: FRIDAY, JUNE 1, 2012

THE HUMAN RESOURCES ADMINISTRATION OF THE CITY OF NEW YORK hereby invites you to submit a bid for the following: **To Implement a Job Training Program for Overaged and Undercredited High School Students, As Per Letter Dated May 18, 2012.**

The bidder is to state, where indicated below, the unit price or rate, and/or one aggregate price for the whole work described and specified, as required. Such price must include all administrative and overhead cost and profit, including the cost of obtaining required insurance's listed in the General Bid Terms and Condition and Specifications.

YOUR BIDS SHALL BE SUBMITTED TO THE OFFICE OF CONTRACTS OF THE HUMAN RESOURCES ADMINISTRATION, AT 180 WATER STREET, 14TH FLOOR, NEW YORK, NEW YORK 10038, BEFORE 3:00PM

RESERVATIONS:

The City reserves the right to reject any and all bids.

- The bidder and bid are subject to the general bid terms and conditions attached.
- Any changes made by the bidder in the wording of this invitation, including all Specifications, General Bid Terms and Conditions and other attachments may cause its rejection.
- A bid shall not be deemed accepted by the City until receipt by the bidder of the City's duly completed official purchase order in writing and the submission of all documentation and/or information required herein, and the City further reserves the right to rescind such acceptance at any time prior to such receipt by the bidder.

BID

TIME FOR PERFORMANCE: Twelve (12) Months from Date of Registration.

The bidder agrees to complete the required performance within the period specified above. **The Award of the contract shall not exceed \$100,000.00; the small purchase limits.**

EXAMINATION OF GENERAL CONDITIONS, PLANS, SPECIFICATIONS AND SITE:

The bidder represents and warrants that he/she has carefully examined the General Bid Terms and Conditions, Specifications and any other documents, all of which are attached to and make a part of this Invitation for Bid. Furthermore, he/she has visited and examined the site of the proposed work and is fully informed regarding existing conditions, and that, **if his/her Bid is accepted, he/she agrees to comply with and fulfill all of the terms and requirements of the Invitation, General Bid Terms and Conditions, Specifications and City Purchase Order.** As to all representations made in the General Bid Terms and Conditions, the Bidder warrants that they are true.

BID PAGE

SCOPE: Implement Job Training Program

PIN #: 069-12-110-1053

BID DATE: Friday, June 1, 2012

The bidder agrees to fully comply with and complete the required performance described in accordance with the Invitation, Specifications, **Open Market "Invitation for Bid" General Bid Terms and Conditions** and other attached documents, as well as with the City Purchase Order issued upon acceptance of the bid:

PLEASE ENTER BID PRICE FROM APPLICATION PAGE (Page 2 of 2)

For the Hourly Rate of _____ DOLLARS (\$ _____)

The offer made by the foregoing shall be irrevocable for 45 days or such greater period after the date on which the bids are opened.

SIGNATURE(S)

Federal EIN or Social Security No.

Name of Bidder: (Print or Type)

Telephone No.

Fax No.

Complete Address of Bidder (Print or Type)

BY _____

Signature of Person Authorized to Sign the Bid

Print or Type Name and Title of Person Signing

Secretary of Corporate Bidder

NOTE: The affidavit as follows must be made by the person signing the bid and must be subscribed and sworn to before a Notary Public or Commissioner of Deeds.

(Affidavit – If the Bidder is an individual, he must sign and verify the following statement: if the Bidder is a partnership, the statement must be signed and verified by one of the partners: if the Bidder is a corporation the statement must be signed by an officer of the corporation who must state what office he holds)

AFFIDAVIT OF BIDDER

State of New York, County of _____, ss: _____
being duly sworn says, I hereby certify to the truth and accuracy of all figures and answers contained in the foregoing bid. I have knowledge of the several matters therein stated, and are in all respects true.

Signature

Subscribed and sworn to before me

this _____ day of _____ 20____

NOTARY PUBLIC

Robert Doar
Commissioner

Roy A. Esnard
General Counsel

Vincent Pullo
Agency Chief
Contracting Officer

180 Water Street
New York, NY 10038
212 331 3434

May 18, 2012

Dear Applicant:

The Human Resources Administration's ("HRA") Family Independence Administration ("FIA") is requesting applications from vendors interested in implementing a program designed to provide training for jobs in the New York City job market. Training would be provided to overaged and undercredited high school students who are at risk of dropping out of school. An overaged and undercredited student is one who is two or more years behind the expected skills and credit accumulation, when compared to other high school students of the same age.

- Training would be provided to undercredited high school students which may include overaged students who are at risk of dropping out of school and prepare them for the job market. These students would receive training in the skills needed for success in high school, preparation for programs of post-secondary education and vocational training, and skills required to obtain jobs in the job market.
- Training would be provided for twelve (12) months, from September 1, 2012 to August 31, 2013. Training may be divided into a maximum of two eight-week programs of approximately 30 students each.
- In addition to educational support and job readiness training, students should receive stipends of approximately \$7.25 per hour for their work in order to give them more incentive to participate in their career development.
- The selected vendor will identify Temporary Assistance for Needy Family (TANF) eligible candidates and refer them to FIA for eligibility confirmation.
- Candidates will be those students who are two or more years behind their expected age skills and credit accumulation in high school.
- For this program, the vendor must provide services for approximately 60 students. In the future, a new solicitation may expand the program to 100 or more students, provided there is available funding.

- This will be a “small purchase” bid under the rules of the NYC Procurement Policy Board; funding of \$100,000 or less will be available.
- The selected vendor shall implement this job training program consistent with the requirements found in §4606 of the New York State Education Law and 8 NYCRR Part 141.

An award will be made based on the proposal that is the most advantageous to the City. Discretion will be used, and price will be a factor.

If you wish to be considered for this project, please complete the attached application and forward to the address below no later than **Friday, June 1, 2012 at 3:00 p.m.**

Donna Wilson, Director
Bid Administration and Purchasing
Office of Contracts
180 Water Street, 14th Floor
New York, NY 10038

Your interest in providing these services is appreciated. Thank you.

Sincerely,


Donna Wilson

cc: R. Esnard
V. Pullo
M. Ahern
S. Webley
D. Tolbert

**HUMAN RESOURCES ADMINISTRATION
FAMILY INDEPENDENCE ADMINISTRATION
OFFICE OF EMPLOYMENT AND CONTRACT SERVICES**

APPLICATION FOR JOB TRAINING PROGRAM

Name of Organization: _____

Mailing Address _____

Contact Person: _____

Phone Number: _____

Fax: _____

Email Address: _____

1. Are you available over the next twelve (12) months to assist the Human Resources Administration (HRA) in providing the following services?

- Implementing a program designed to provide job training to high school students at risk of dropping out of school.
- Provide additional skills the student needs to be successful in high school.
- Preparing student for programs of post-secondary education, vocational training and skills required to obtain jobs in the job market.

YES ☐ **NO** ☐

If NO, STOP. We need assistance over the next 12 months. However, please send your resume with a cover letter if you are interested in future projects with HRA.

2. Do you have at least one (1) year experience running a youth program that provides a mix of educational and vocational training to high school students at risk?

YES ☐ **NO** ☐

If YES, please describe the program offered and your success rate in the proposal narrative.

3. Do you have experience connecting at risk high school students to employment once vocational training has been completed, preferably placing participants in growing industries, such as the "green" jobs sector?

YES ☐ **NO** ☐

If YES, please describe in the proposal.

Job Training Program**PIN 069-12-110-1053****Bid Due Date: Friday, June 1, 2012**

4. Do you have experience working with TANF eligible youth, and/or students that are over-aged and under-credited and are at risk of dropping out of high school?

YES ☐ NO ☐

If YES, describe your experience working with this population.

If NO, STOP. The selected vendor is required to have experience working with this population. However, please send your resume with a cover letter if you are interested in future projects with HRA.

5. Do you have the ability to start the program immediately, given the short period of performance?

YES ☐ NO ☐

If NO, STOP. You are not eligible for the project. However, please send your resume with a cover letter if you are interested in future projects with HRA.

6. Proposal Narrative: Please attach a detailed proposal and budget (including student costs) describing your program and how it will meet the needs of this solicitation.

Budget assumptions:

- Proposed amount covers student stipend and program related costs;
- Two separate eight week session;
- 30 students in each cohort for a total of 60; and
- Students receive a stipend of \$7.25 per hour.

Item	Amount
Student Stipend (state assumptions on hours worked per week)	
Program Staffing (please itemize)	
Non-Staff costs (please itemize)	
Total (not to exceed \$100,000)	

Authorized Representative:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

OFFICE OF CONTRACTS
OPEN MARKET QUOTATION
SCHEDULE OF INSURANCES & OTHER REQUIREMENTS

TYPE	COVERAGE	APPLICABLE	
GENERAL LIABILITY	\$1,000,000 COMBINED LIMIT AT A MINIMUM	☒ YES	☐ NO
WORKERS' COMPENSATION	STATUTORY	☒ YES	☐ NO
DISABILITY BENEFITS	STATUTORY	☒ YES	☐ NO
MOTOR VEHICLE	\$1,000,000 COMBINED SINGLE LIMIT	☒ YES	☐ NO
FIDELITY BOND	<u>N/A</u>	☐ YES	☒ NO

BIDDER MUST SUPPLY DOCUMENTARY PROOF, IN THE FORM OF A CERTIFICATE, BINDER OR POLICY, FOR ALL THE SCHEDULED COVERAGES WITHIN TEN (10) CONSECUTIVE BUSINESS DAYS FROM NOTIFICATION. FAILURE TO DO SO, CONSTITUTES GROUNDS FOR REJECTION AND SUBJECTS BIDDER TO LIABILITY FOR THE DIFFERENCE BETWEEN ITS BID PRICE AND THE PRICE OF THE CONTRACT, AS ULTIMATELY LET.

THE INSURANCE DOCUMENT(S) MUST SHOW AT MINIMUM, POLICY NUMBER, EXPIRATION DATE, AMOUNT OF COVERAGE AND THE **CITY OF NEW YORK HUMAN RESOURCES ADMINISTRATION AS ADDITIONAL INSURED PARTY, AS WELL AS CERTIFICATE HOLDER, WHEN APPLICABLE.**

VENDOR QUALIFICATIONS: COMPLETE PAGE IV

LIQUIDATED DAMAGES: N/A

WAGE RATES: N/A

BIDDER'S REFERENCES

PROSPECTIVE BIDDER'S MUST FILL OUT THIS REFERENCE PAGE IN DETAIL

NAME OF BIDDER: _____

PROCUREMENT/PIN: 069-12-110-1053

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH YOUR BID:

1. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON:

TELEPHONE NO. _____ FAX NO. _____

SCOPE OF WORK _____

ADDRESS OR LOCATION WHERE SERVICES WERE PERFORMED:

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

2. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON:

TELEPHONE NO. _____ FAX NO. _____

SCOPE OF WORK _____

ADDRESS OR LOCATION WHERE SERVICES WERE PERFORMED:

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

3. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON:

TELEPHONE NO. _____ FAX NO. _____

SCOPE OF WORK _____

ADDRESS OR LOCATION WHERE SERVICES WERE PERFORMED:

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

IMPORTANT NOTICE
TO ALL PROSPECTIVE BIDDERS

In the event that you are determined by the Department of Social Services (Department) to be the lowest responsible bidder, as provided in this solicitation within ten (10) days of notification thereof you must supply all documentation or information required pursuant to the solicitation including confirmation of required insurance coverage's set forth in the solicitation package in such form as may be satisfactory to the Department.

Failure to comply with the provisions of the notice shall constitute grounds for rejection of your bid, and you shall be liable for and shall agree to pay on demand the difference between your bid price and the price of the contract as ultimately let, including the cost of such relating.

**CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION**

**OFFICE OF CONTRACTS
180 WATER STREET, 14TH FLOOR
NEW YORK, NEW YORK 10038
ATTENTION: BID ADMINISTRATION**

**** ANY QUESTIONS PLEASE CONTACT GERALDINE KING AT (212) 331-3445 ****

TEMP ID: 069-12-110-1053

BID DATE: FRIDAY, JUNE 1, 2012

BID TIME: 3:00 PM

ATTACHMENTS – 2-CONTRACTS

AFFIRMATION

The undersigned proposes or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not be declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending, relating to the responsibility or qualification of the proposer or bidder to receive public contracts except _____.

Full name of Proposer or Bidder: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CHECK ONE BOX AND INCLUDE APPROPRIATE NUMBER

- ☐ A: Individual or Sole Proprietorship
SOCIAL SECURITY NUMBER:

--	--	--	--	--	--	--	--	--	--

- ☐ B: Partnership, Joint Venture or other incorporated
Organization
EMPLOYER IDENTIFICATION NUMBER:

--	--	--	--	--	--	--	--	--	--

- ☐ C: Corporation
EMPLOYER IDENTIFICATION NUMBER:

--	--	--	--	--	--	--	--	--	--

{ } **CERTIFIED
WOMEN BASED ENTERPRISE**

{ } **CERTIFIED
MINORITY VENDOR**

{ } **CERTIFIED
NON-PROFIT ENTERPRISE**

{ } **CERTIFIED
LOCALLY BASE ENTERPRISE**

BY: _____
SIGNATURE

TITLE

***Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on city contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder's disqualification. Social Security Number will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of Identifying of business which seek City Contracts.**

**OFFICE OF PURCHASING & MATERIALS MANAGEMENT
OFFICE OF CONTRACTS**

IMPORTANT NOTICE TO ALL PROSPECTIVE BIDDERS

PIN: 069-12-110-1053

BID DATE: FRIDAY, JUNE 1, 2012

SCOPE: To Implement a Job Training Program for Overaged and Undercredited High School Students.

In the event that your organization does not submit a bid for the above referenced contract, you are required to complete the questionnaire provided below if you wish to remain on the active bidders' list of the Human Resources Administration (HRA). Please forward your responses to: Office of Contracts, 180 Water Street, 14th floor, New York, NY 10038.

Failure to respond to this request may result in the removal of the name of your organization from HRA's Bidders' List. Please telephone (212) 331-3445 if you have any questions concerning the questionnaire. Thank you for your cooperation.

REASONS FOR NOT SUBMITTING A BID (CHECK APPROPRIATE BOXES)

- ☐ 1. Work or service requested not performed by the company.
Please indicate your organization's type of work or service performed.
- ☐ 2. Bid request received too late. Insufficient time to plan, estimate and submit a bid.
- ☐ 3. Too busy to consider bidding on this contract.
- ☐ 4. Unable to meet specifications/other considerations in this proposal.
- ☐ 5. Specifications unclear, or improper and inappropriate.
- ☐ 6. Unwilling to accept liability, responsibility, or assessments for liquidated damages.
- ☐ 7. Unable to meet insurance requirements.
- ☐ 8. Unable to meet bonding requirements.
- ☐ 9. Unable to bid on all components (i.e., all locations)
- ☐ 10. Previous unfavorable experience with City contracts/work. Please explain:

☐ 11. Other (Specify): _____

Submitted by: _____

Federal ID #: _____

(Organization Name) _____

(Organization Address) _____

(Prepared by) _____

(PLEASE PRINT)

TELEPHONE #: _____ - _____



Doing Business Data Form

To be completed prior to distribution	
Agency: _____	Transaction ID: _____
Check One: ☐ Proposal ☐ Award	Transaction Type (check one): ☐ Concession ☐ Contract ☐ Economic Development Agreement ☐ Franchise ☐ Grant ☐ Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- ☐ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☐ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type)
 ☐ Sole Proprietor ☐ Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former COO: _____ on date: _____

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

**DOING BUSINESS ACCOUNTABILITY PROJECT
QUESTIONS AND ANSWERS ABOUT THE DOING BUSINESS DATA FORM**

What is the purpose of this Data Form?

To collect accurate, up-to-date identification information about entities that have business dealings with the City of New York in order to comply with Local Law 34 of 2007 (LL 34), the recently passed campaign finance reform law. LL 34 limits municipal campaign contributions from principal officers, owners and senior managers of these entities and mandates the creation of a *Doing Business Database* to allow the City to enforce the law. The information requested in this *Data Form* must be provided, regardless of whether the entity or the people associated with it make or intend to make campaign contributions. No sensitive personal information collected will be disclosed to the public.

Why have I received this Data Form?

The contract, franchise, concession, grant or economic development agreement you are proposing on, applying for or have already been awarded is considered a business dealing with the City under LL 34. No proposal or application will be considered and no award will be made unless this Data Form is completed. Most transactions valued at more than \$5,000 are considered business dealings and require completion of the *Data Form*. Exceptions include transactions awarded on an emergency basis or by publicly advertised, non-pre-qualified competitive sealed bid. Other types of transactions that are considered business dealings include real property and land use actions with the City.

What entities will be included in the Doing Business Database?

Entities that hold \$100,000 or more in grants, contracts for goods or services, franchises or concessions (\$500,000 or more for construction contracts), along with entities that hold any economic development agreements or pension fund investment contracts, are considered to be doing business with the City for the purposes of LL 34 and will be included in the *Doing Business Database*. Because all of the business that an entity does or proposes to do with the City will be added together, the Data Form must be completed for all covered transactions even if an entity does not currently do enough business with the City to be listed in the Database.

What individuals will be included in the Doing Business Database?

The principal officers, owners and certain senior managers of entities listed in the *Doing Business Database* are themselves considered to be doing business with the City and will also be included in the *Database*.

- Principal Officers are the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Operating Officer (COO), or their functional equivalents. See the *Data Form* for examples of titles that apply.
- Principal Owners are individuals who own or control 10% or more of the entity. This includes stockholders, partners and anyone else with an ownership or controlling interest in the entity.
- Senior Managers include anyone who, either by job title or actual duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any contract, concession, franchise, grant or economic development agreement with the City. At least one Senior Manager must be listed on the *Data Form* will be considered incomplete.

I provided some of this information on the VENDEX Questionnaire; do I have to provide it again?
Although the *Doing Business Data Form* and the VENDEX Questionnaire request some of the same information, they serve entirely different purposes. In addition, the *Data Form* requests information concerning senior managers, which is not part of the VENDEX Questionnaire.

My organization is proposing on a contract with another firm as a Joint Venture that does not exist yet; how should the Data Form be completed?

A joint venture that does not yet exist must submit *Data Forms* from each of its component firms. If the joint venture receives the award, it must then complete a form in the name of the joint venture.

Will the information on this Data Form be available to the public?

The names and titles of the officers, owners and senior managers reported on the Data Form will be made available to the public, as will information about the entity itself. However, personal identifying information, such as home address, home phone and date of birth, will not be disclosed to the public, and home address and phone number information will not be used for communication purposes.

No one in my organization plans to contribute to a candidate; do I have to fill out this Data Form?

Yes. All entities are required to return this Data Form with complete and accurate information, regardless of the history or intention of the entity or its officers, owners or senior managers to make campaign contributions. The *Doing Business Database* must be complete so that the Campaign Finance Board can verify whether future contributions are in compliance with the law.

I have already completed a Doing Business Data Form; do I have to submit another one?

Yes. An entity is required to submit a *Doing Business Data Form* each time it proposes on or enters a transaction considered business dealings with the City. However, the Data Form has both a No Change option, which only requires an entity to report its EIN and sign the last page, and a Change option, which allows an entity to only fill in applicable information that has changed since the previous completion of the Data Form. No entity should have to fill out the entire Data Form more than once.

How does a person remove him/herself from the Doing Business Database?

Any person who believes that s/he should not be listed may apply for removal from the Database by submitting a Request for Removal. Reasons that a person would be removed include his/her no longer being the principal officer, owner or senior manager of the entity, or the entity no longer being in business. Entities may also update their database information by submitting an update form. Both of these forms are available online at www.nyc.gov/moca (once there, click MOCS Programs) or by calling 212-788-8104.

How long will an entity and its officers, owners and senior managers remain listed on the Doing Business Database?

- Contract, Concession and Economic Development Agreement holders: generally for the term of the transaction, plus one year.
- Franchise and Grant holders: from the commencement or renewal of the transaction, plus one year.
- Pension Investment contracts: from the time of presentation on an investment opportunity or the submission of a proposal, whichever is earlier, until the end of the contract, plus one year.
- Line Item and discretionary appropriations: from the date of budget adoption until the end of the contract, plus one year.
- Contract proposers: for one year from the proposal date or date of public advertisement of the solicitation, whichever is later.
- Franchise and Concession proposers: for one year from the proposal submission date.

For information on other transaction types, contact the Doing Business Accountability Project.

What are the new campaign contribution limits for people doing business with the City?

Contributions to City Council candidates are limited to \$250 per election cycle; \$320 to Borough President candidates; and \$400 to candidates for citywide office. Please contact the NYC Campaign Finance Board for more information at www.nycffb.info, or 212-306-7100.

The Data Form is to be returned to the contracting agency.

If you have any questions about the Data Form please contact the Doing Business Accountability Project at 212-788-8104 or DoingBusiness@cityhall.nyc.gov.