



## Small Purchase Request for Quotation

<b>To:</b>	<b>From:</b> SBP
	2-13 Beach 88 <sup>th</sup> Street
	Rockaway Beach, NY 11693
	(929) 425-6229
<b>Date:</b> October 26, 2016	
<p>SBP is seeking qualification statements and cost proposals to complete full property title and municipal search services for thirty (30) homes throughout Southern Brooklyn and Staten Island, New York. The solicited services are required in the implementation of SBP’s <b>“Project Uplift—A Residential Elevation Pilot Program.”</b></p> <p>The Program is being funded under the NYS Superstorm Sandy Community Development Block Grant-Disaster Recovery (CDBG-DR) Program and involves the structural elevation of thirty (30) homes.</p> <p>The title services being requested include the completion of a comprehensive title report for each property as more fully explained in the “Scope of Work” contained in Attachment A.</p> <p>If interested, please complete the information below, and submit it and other requested information by 5:00 p.m. Monday, November 7th, 2016.</p> <p>The specific requested services and conditions for award of the contract are more fully detailed in Attachment A, (See Page 2). For additional information, contact Steve Doolen at (929) 425-6229 or by email at: <a href="mailto:sdoolen@sbpusa.org">sdoolen@sbpusa.org</a></p>	
<b>Recap of Price Quote</b>	
	<b>Total Cost for Services:</b>

**Additional Information:**

If online price quotes are secured, please provide the name of employee securing the price quote, the date, and the time in this block. Employee must sign the form below. Attach the online price quote.

**Is Vendor a Minority- or Women-Owned Enterprise (y/n):** \_\_\_\_\_

**Signature of Vendor or Employee Securing Online Quote:**

\_\_\_\_\_

**SBP**  
**2-13 BEACH 88<sup>TH</sup> STREET**  
**ROCKAWAY BEACH, NEW YORK 11693**  
**(929) 425-6229**

**ATTACHMENT A**

Request for Statements of Qualifications & Cost Proposals  
Property Title and Municipal Research Services

**Introduction and Overview**

SBP has received U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant–Disaster Recovery (CDBG-DR) funding, under the NYS Superstorm Sandy CDBG-DR Program to complete the **“Project Uplift—A Residential Elevation Pilot Program.”**<sup>1</sup>

Funding will be delivered through the NY Rising Community Reconstruction (NYRCR) Program, within the New York State Governor’s Office of Storm Recovery (GOSR). Accordingly, respondents are obligated to comply with applicable federal and state laws and regulations, as well as with the SBP Procurement Policy and Procedures. In addition, respondents are obligated to comply with all municipal codes, ordinances, and regulations.

Procurement shall only be conducted with responsible vendors who have the technical and financial competence to perform as well as an exemplary record of integrity. Before selecting a vendor, SBP intends to review the federal and state lists of vendors excluded from procurement. Contracts shall not be awarded to debarred, suspended, or ineligible vendors. Accordingly, responses to this Request for Statements of Qualifications and Cost Proposals must include a completed NYS Vendor Responsibility Questionnaire and notarized certification (See Attachment E, Pages 1-10), along with verification that a completed NYS Vendor Responsibility Questionnaire has been filed with the NYS Office of the State Comptroller:

<http://www.osc.state.ny.us/vendrep/>.

Respondents will be reviewed on the basis of their eligibility and ability to complete the project in a manner sensitive to specific requirements and timetables established by federal law. Not all qualified respondents will be selected to provide these services.

SBP will select a qualified firm of the highest quality that employs adequate staff and possesses the financial management capacity to be able to focus immediate attention on this project.

Through its Evaluation Team, SBP will select the respondent whose proposal receives the greatest number of points. The Evaluation Team will only open or evaluate Qualification Statements and Cost Proposals from those firms that it has determined are qualified on the basis of the Technical Factors listed below. After those firms that are qualified have been identified, the Evaluation Team will factor in the cost of the qualified proposals using the formula set forth below under “Selection Process.” The Cost Proposal is included as Attachment C (See Page 9).

---

<sup>1</sup> U.S Department of Housing and Urban Renewal (HUD) Community Development Block Grant-Disaster Recovery (“CDBG-DR”) funds appropriated by the Disaster Relief Appropriations Act (“PL 113-2”).

SBP will enter into a lump sum/not to exceed contract with the selected respondent and reserves the right to negotiate the distribution of the fee. Similarly, SBP reserves the right to reject any and all responses either in whole or in part.

Respondents will not be reimbursed for costs incurred in the preparation of its response to this solicitation.

The funding level anticipated is \$10,000.

### **Background**

SBP has been awarded \$8,062,234.66 in CDBG-DR funding to implement the “Project Uplift” Program. The purpose of the program is to provide direct CDBG-DR financial assistance to low/moderate income homeowners to cover 100% of the cost (less any benefits already received) to elevate their homes above the minimum base flood elevation (BFE). The purpose of the project is to make these low/moderate income households more resilient in future storm events. It is anticipated that a total of 30+ homes will be elevated.

The requested services are being procured to ensure adherences to U.S. Department of Housing and Urban Development’s Community Development Block Grant-Disaster Recovery guidelines and regulations and federal law

### **Scope of Work**

The scope of work includes the following:

1. Completion of Property Title Report. The selected respondent will be required to complete a full title and municipal search for each residential property that will be served by SBP through Project UPLIFT.
2. Required Contents of the Report. Each report must include a written analysis of the status of title to real property, including:
  - A property description;
  - Names of titleholders and how title is held (joint tenancy, etc.);
  - Encumbrances (mortgages, liens, deeds of trusts, recorded judgments), and real property taxes due.
  - Forty (40) years of deed ownership;
  - Deed covenants & restrictions;
  - Outstanding water bills
  - Current certificate of occupancy;
  - FDNY violations
  - Department of Buildings violations and open permits;
  - Outstanding Emergency Repair charges;
  - Department of Transportation sidewalk violations;
3. Recordation of Restrictive Covenant. The successful respondent will be required to file and record a restrictive covenant detailing the property’s mandatory flood insurance requirements with the appropriate County Clerk’s office at SBP’s request for each residential property SBP served through Project UPLIFT.

4. Submission of Deliverables. The selected respondent will have ten (10) business days from the date of the written request to provide SBP with the one hard copy and one digital copy of the requested full title and municipal report. The selected respondent will have five (5) business days from the date of the written request to provide a receipt of filing and recording of a requested restrictive covenant.

It is the intent of SBP to select one (1) respondent/consultant to provide the needed marketing services.

#### **Deadlines and Completion Date**

All responses must be delivered **in a sealed envelope** to SBP, Inc. in accordance with Attachment B, (See Page 8). Proposals are due at **5:00 p. m EST, on Monday, November 7<sup>th</sup>, 2016.**

SBP reserves the right to extend receipt of submissions beyond the stated deadline.

#### **Submittal Content.**

Respondents must supply **one (1) hard copy and one (1) electronic copy in pdf (via email to Mr. Steve Doolen at the email address provided below)** of its submission prior to the stated deadline to the attention of:

Mr. Steve Doolen  
SBP  
2-13 Beach 88<sup>th</sup> Street  
Rockaway Beach, New York 11693  
Email Address: [sdoolen@sbpusa.org](mailto:sdoolen@sbpusa.org)

#### **Required Contents of Submission.**

The Qualifications Statement/Cost Proposal must contain the following information and documentation:

- **Firm.** Respondent's legal structure, areas of expertise, length of time in business, number of employees and detailed contact information for the person authorized to contractually obligate the respondent and for the person administratively responsible for the Proposal.
- **Subconsultants.** Identify any subconsultants, including a summary of the organization, experience and technical skills that will be assigned to the project. Respondent shall not employ, contract with, or use the services of any consultant for the work of this Contract (except such third parties which may be used by the respondent in the normal course of business, such as couriers, imaging services, etc.) without obtaining the prior written approval of GOSR.
- **Disclosure.** Disclose all allegations or claims of substandard work, unethical or illegal practices or debarment or suspension from State- or Federally-funded projects, and provide documentation as to the resolution of these matters. Respondent must not be suspended or debarred from participation in State- or Federally-funded projects. Include completed NYS Vendor Responsibility Questionnaire, with notarized certification. <http://www.osc.state.ny.us/vendrep/>. (See Attachment D).
- **Relevant Experience.** Previous projects that demonstrate relevant experience and identify clients for whom respondent has provided similar work in the past five (5) years. For each project described, provide current contact information for the individual with whom respondent worked.

- **Approach and Methodology.** Respondent’s understanding of the scope, including a work plan to complete the requested services.
- **Ability to Conform to SBP’s Timeline.** Describe firm’s workload and the impact on its current capacity to perform services on this project, and describe specifically how the firm will comply with the required delivery schedule set forth in Attachment B.
- **Commitment to Comply with All Applicable Federal, State, and Local Regulations, including Minority and Women-Owned Business Enterprise (M/WBE).** Provide an assurance and commitment to comply with all applicable Federal, State, and local regulations, including, as described below, M/WBE obligation. This is a factor for firm selection, and respondents who demonstrate a commitment to comply will receive the most points (as described herein under “Selection Process”).
- **Submission of Attachment F, MWBE Utilization Plan.** All respondents must complete and submit a proposed MWBE Utilization Plan (See Attachment E) as part of its response to this solicitation. Failure to submit the required plan will result in the submission being deemed nonresponsive and not considered for selection.
- **Costs.** Complete the Cost Proposal (See Attachment C) by providing a breakdown of the price for completing the project.

**Attachments.** Resumes and material helpful to the technical evaluation may also be attached (short project descriptions, brochures, etc.).

**Selection Process**

Responses will be evaluated and scored in accordance with the Evaluation Criteria. After evaluation of the Statement of Qualifications, Cost Proposals will be scored for cost.

During or after the review of responses, SBP may submit written questions and requests for clarification, and may conduct interviews. Respondents must comply with the Deadline Schedule (Attachment B), which may be adjusted if necessary.

SBP shall evaluate each respondent in terms of:

<b>Technical Factors</b>	<b><u>Maximum Points</u></b>
1. Relevant Experience	20
2. Approach and Methodology	20
3. Staffing Plan	20
4. Ability to Conform to SBP’s Timeline	10
5. Commitment to Comply with all Applicable Federal, State and Local Regulations including M/WBE	10
6. <b>Total Technical Factors</b>	<b>80</b>
7. <b>Total Cost Factors</b>	<b>20</b>
$\frac{\text{Lowest Proposal}}{\text{More Expensive Proposal}} \times \text{Total Possible Price Points} = \text{Points allocated to a more expensive proposal}$	
8. <b>Maximum Points</b>	<b>100</b>

SBP will conduct a technical evaluation of the non-cost elements as described herein. No more than 80 technical total points will be awarded to any proposal.

- SBP will weigh the technical and cost evaluation results of each submittal as two (2) components, which together will have a maximum total score of 100 points.

After evaluation of selected Technical Proposals and Cost Proposals, the SBP reserves the right to award without delay.

SBP will issue a Letter of Intent to Award and a Notice to Proceed when costs are negotiated and accepted and a contract to complete the project is executed.

### **Specific Legal Obligations**

#### **Procurement**

In accordance with Section 104-b(2)(f) and Section 139-j(2)(a), SBP must identify the individual responsible for purchasing and the individual who is the sole point of contact during the procurement.

#### **The Procurement Coordinator is:**

Steve Doolen

SBP

In accordance with State Finance Law §§ 139-j and 139-k, this solicitation imposes restrictions on communications between SBP, GOSR, and respondents during the procurement. Respondent is restricted from making contact from the earliest notice of intent to solicit offers through final award and approval of the contract (the restricted period) with SBP's staff other than the Procurement Coordinator, unless it is a contact included among expressly provided statutory exceptions set forth in State Finance Law § 139-j(3)(a).

SBP employees also are required to obtain certain information when contacted during the restricted period and make a determination of responsibility of the respondent pursuant to these two statutes. Certain findings of non-responsibility can result in the rejection for contract award and in the event of two (2) findings within a four-year period the respondent is debarred from obtaining governmental procurement contracts.

#### **Diversity and Income Requirements**

##### ***Minority and Women Owned Businesses (M/WBE)***

SBP is committed to awarding a contract(s) to firms that will provide high quality services and that are dedicated to diversity and to containing costs. SBP strongly encourages respondents that are certified by New York State, any other city or state, or the federal government, as M/WBE firms, as well as respondents that are not yet certified but have applied for certification, to submit responses to this solicitation. All New York State-certified M/WBE firms submitting proposals to this solicitation should be registered as such with the New York State Department of Economic Development. For M/WBE firms that are not certified but have applied for certification, Respondents must provide evidence of filing including filing date.

SBC is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (M/WBE Regulations) for all New York State funded contracts as defined therein, with a value in excess of \$25,000. SBP strongly encourages joint ventures of M/WBE firms with majority firms and

M/WBE firms with other M/WBE firms. For purposes of this solicitation, SBP hereby establishes an overall goal of 30% for M/WBE participation, 15% for minority-owned business enterprises (MBE) and 15% for women-owned business enterprises (WBE).

**New York Law and Venue**

This contract shall be construed under the laws of the State of New York. All claims, actions, proceedings, and lawsuits brought in connection with, arising out of, related to, or seeking enforcement of this contract shall be brought in the Supreme Court of the State of New York, Richmond County.

**Attachment B  
Deadline Schedule**

<b>A. Date for Issuance of Solicitations:</b>	<b>October 26<sup>th</sup>, 2016</b>
<b>B. Date for Questions from Respondents:</b>	<b>October 31<sup>th</sup>, 2016</b>
<b>C. Date for Response to Respondents' Questions:</b>	<b>November 1<sup>st</sup>, 2016</b>
<b>D. Date for Submission of Responses:</b>	<b>November 4<sup>th</sup>, 2016</b>
<b>E. Date for Evaluation of Responses:</b>	<b>November 7<sup>th</sup>, 2016</b>
<b>F. Date for Notice of Contract Award with Draft Contract:</b>	<b>November 8<sup>th</sup>, 2016</b>
<b>H. Date for Execution of Contract with Notice to Proceed:</b>	<b>November 9<sup>th</sup>, 2016</b>
<b>I. Date for Receipt of Deliverable:</b>	<b>November 23<sup>rd</sup>, 2016</b>

SBP reserves the right to modify this timeline as necessary.

**One (1) hard copy** of the Statement of Qualifications and Cost Proposal shall be submitted, signed in the original, and received and date stamped by SBP on or before **5:00 p.m. EST, Monday, November 7th, 2016**. An electronic signed copy shall be submitted to Steve Doolen via his email address on or before **5:00 p.m. EST, Monday, November 7th, 2016**.

Respondent is responsible for meeting all deadlines.

Any respondent requiring reasonable accommodation to participate in this procurement process is asked to contact Mr. Steve Doolen (929) 425-6229 at least five (5) days prior to the deadline for submission.

**Attachment C  
Cost Proposal**

**This Attachment C must be completed and submitted as part of the submission of your statement of qualifications and cost proposal to SBP.**

<b>PROPERTY TITLE &amp; MUNICIPAL RESEARCH SERVICES</b>			
<b>DIRECT LABOR</b>			
<b>Position</b>	<b>Hourly Rate</b>	<b>Estimated Hours</b>	<b>Estimated Cost</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>Total Direct Labor</b>			
<b>SUBCONTRACTORS</b>			
<b>Subcontractor</b>	<b>Service to be Provided</b>	<b>Estimated Cost</b>	
1.			
2.			
3.			
4.			
5.			
<b>Total Subcontracts</b>			
<b>OTHER DIRECT COSTS</b>			
1.			
2.			
3.			
4.			
5.			
6.			
<b>Total Other Direct Costs</b>			
<b>TOTAL COST FOR SERVICES:</b>			

**Attachment D**  
**NYS Vendor Responsibility Questionnaire**  
**(Please See Following Pages 1-10)**

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

**COMPLETION & CERTIFICATION**

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

**NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)**

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us) or call 866-370-4672.

**DEFINITIONS**

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at [www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf). These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

**RESPONSES**

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

**REPORTING ENTITY**

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

**ASSOCIATED ENTITY**

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

**STRUCTURE OF THE QUESTIONNAIRE**

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

<b>I. LEGAL BUSINESS ENTITY INFORMATION</b>			
<u>Legal Business Entity Name</u> <sup>2</sup>		<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		<u>New York State Vendor Identification Number</u>	
		Telephone  ext.	Fax
Email:		Website:	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u> )		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company</u> ( <u>LLC</u> or <u>PLLC</u> )		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u> )		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No,' indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States			
<input type="checkbox"/> Other			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**2All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at**

**[www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf)**

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

<b>I. LEGAL BUSINESS ENTITY INFORMATION</b>		
If “Yes,” provide <u>CIK Code</u> or Ticker Symbol		
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If “Yes,” Enter <u>DUNS</u> Number		
1.4 If the <u>Legal Business Entity</u> ’s <u>Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select “N/A,” if <u>Principal Place of Business</u> is in New York State.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If “Yes,” provide the address and telephone number for one office located in New York State.		
1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u> (MBE), <u>Women-Owned Business Enterprise</u> (WBE), <u>New York State Small Business</u> (SB) or a federally certified <u>Disadvantaged Business Enterprise</u> (DBE)? If “Yes,” check all that apply: <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> <u>New York State Small Business</u> (SB) <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.6 Identify <u>Officials</u> and <u>Principal Owners</u> , if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.		
Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**II. REPORTING ENTITY INFORMATION**

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

*Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)*

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF "REPORTING ENTITY" AND "ORGANIZATIONAL UNIT" FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

*Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)*

**IDENTIFYING INFORMATION**

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes  No

If "Yes," enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.  
*For each person, include name and title. Attach additional pages if necessary.*

Name	Title

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**INSTRUCTIONS FOR SECTIONS III THROUGH VII**

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

<b>III. LEADERSHIP INTEGRITY</b>	
<i>Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:</i>	
3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each “Yes” or “Other” explain:	
<b>IV. INTEGRITY – CONTRACT BIDDING</b>	
<i>Within the past five (5) years, has the reporting entity:</i>	
4.0 Been <u>suspended or debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

<b>V. INTEGRITY – CONTRACT AWARD</b> <i>Within the past five (5) years, has the reporting entity:</i>	
5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

<b>VI. CERTIFICATIONS/LICENSES</b> <i>Within the past five (5) years, has the reporting entity:</i>	
6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

<b>VII. LEGAL PROCEEDINGS</b> <i>Within the past five (5) years, has the reporting entity:</i>	
7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY**

8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**IX. ASSOCIATED ENTITIES**

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.  
(See definition of "associated entity" for additional information to complete this section.)*

9.0 Does the Reporting Entity have any Associated Entities?

Note: All questions in this section must be answered if the Reporting Entity is either:

- An Organizational Unit; or
- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies).

If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.

Yes  No

9.1 Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:

- a) Any business-related activity; or
- b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?

Yes  No

If "Yes," provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).

9.2 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over \$50,000?

Yes  No

If "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant's name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

9.3 Within the past five (5) years, has any Associated Entity:

a) Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?

Yes  No

b) Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?

Yes  No

c) Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?

Yes  No

d) Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of \$500,000?

Yes  No

e) Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?

Yes  No

f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity?

Yes  No

g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?

Yes  No

For each "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

<b>X. FREEDOM OF INFORMATION LAW (FOIL)</b>	
<p>10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).</p> <p>Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.</p>	<p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>If “Yes,” indicate the question number(s) and explain the basis for the claim.</p>	

<b>XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE</b>		
Name	Telephone	Fax
	ext.	
Title	Email	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**Certification**

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

**The undersigned certifies that he/she:**

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official

Printed Name of Signatory

Title

Name of Business

Address

City, State, Zip

---



---



---



---



---



---

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

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

**ATTACHMENT E**  
**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** This form is submitted at the time of bid or RFP submittal or contract execution or within a reasonable time thereafter as outlined in procurement submission instructions. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

<b>Subrecipient Name:</b>		<b>Project Name:</b>	
<b>Offeror's Name:</b>		<b>Federal ID Number:</b>	
<b>Address:</b>		<b>Contract Number (if applicable):</b>	
<b>City State &amp; Zip Code:</b>		<b>Phone:</b>	
<b>Location of Work:</b>			

<i>MWBE Target Goal</i>			<i>Proposed MWBE Participation</i>		
<i>Category</i>	<i>Percentage</i>	<i>Amount</i>	<i>Category</i>	<i>Percentage</i>	<i>Amount</i>
<b>MBE:</b>	%	\$	<b>MBE:</b>	%	\$
<b>WBE:</b>	%	\$	<b>WBE:</b>	%	\$
<b>Totals:</b>	%	\$	<b>Totals:</b>	%	\$

1. Certified M/WBE Subcontractors/Suppliers Information:		Classification NYS-ESD Certified (Choose One Only)		Federal ID No. :	Detailed Description of Work:	Dollar Value of Subcontractors Supplies/Services	Intended performance dates on each component of the contract
		MBE	WBE				
A	Name:						
	Address:						
	Email:						
	Phone:						
B	Name:						
	Address:						
	Email:						
	Phone:						
C	Name:						
	Address:						
	Email:						
	Phone:						
D	Name:						
	Address:						
	Email:						
	Phone:						

<b>Contractor Use:</b>
Name of Preparer:
Name of Approver:
Authorized Signature:
Date:
Email:
Phone: