

**Qualification Statement Form Q-5**  
**VENDEX Questionnaires**

## BUSINESS ENTITY QUESTIONNAIRE

The Vendor Information Exchange System (VENDEX) questionnaires have been developed to collect information from vendors who wish to do business with the City. This information is collected to ensure that the City obeys the mandate of the New York City Charter to do business only with responsible vendors.

All questions on these questionnaires must be answered and the answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire. Refer to the booklet "A Vendor's Guide To VENDEX" for specific instructions for completing this questionnaire and for a definition of terms. Terms or phrases which are defined are written in **bold** face throughout the questionnaire. If you have not received a copy of this booklet or if you have additional questions that the booklet does not answer, contact the VENDEX Unit at 212-788-0010. **COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD.**

### COMPLETE THIS BOX

New York City Agency \_\_\_\_\_ PIN \_\_\_\_\_

Bureau/Division \_\_\_\_\_

Name of Business \_\_\_\_\_  
Submitting the Questionnaire

Type of Submission: (Check one)  
 1.  Fully Completed Questionnaire  
 2.  Changed Questionnaire  
 3.  Affidavit of No Change (Complete and submit page 1 and 27 only)

If 2. or 3. checked, provide submission date of fully completed questionnaire \_\_\_\_/\_\_\_\_/\_\_\_\_

EIN/SSN \_\_\_\_\_ (Check one)  
 Prime contractor       Subcontractor  
 Entity related to prime (e.g. Parent)

Name (Questionnaire or Affidavit of No Change completed by)	Title	Date

### FOR AGENCY USE ONLY – THIS SECTION MUST BE FULLY COMPLETED WHETHER OR NOT THIS VENDOR WAS RECOMMENDED FOR AWARD

VNC # \_\_\_\_\_

Vendor Recommended For Award: \_\_\_\_\_ EIN/SSN \_\_\_\_\_

(Enter N/A if no solicitation) Business entity name

Is the business submitting this questionnaire related to this vendor?

- No (ie: unsuccessful bidder/proposer)  
 Yes (ie: questionnaire completed in response to Question 6d or 9)

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

Questionnaire submitted in response to:  Bidder's List       Invitation for Bids  
 RFP-attach       RFQ for Pre-qualified List  
 Price Proposal Form       Sole Source

Contract amount \$ \_\_\_\_\_

Agency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Number of Principal/Business Entity Questionnaires attached \_\_\_\_\_

Number of Questionnaires for subcontractors attached \_\_\_\_\_

1. Submitting business name \_\_\_\_\_

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

Business address \_\_\_\_\_ (1A)

City/state/zip \_\_\_\_\_

Main business telephone ( ) \_\_\_\_\_

Check one  Own  Rent  Rent with option to buy (1B)

Local New York City address \_\_\_\_\_ (1C)  
(if different)

City/state/zip \_\_\_\_\_

Local business telephone ( ) \_\_\_\_\_

Fax number ( ) \_\_\_\_\_ (1D)

Number of employees now working in New York City:  
(check one) (1E)

0 (No NYC presence)  10 - 19  50 - 99  450 or more

1 - 9  20 - 49  100 - 449

Annual gross revenue \_\_\_\_\_ (1F)  
(check one)

\$0 - 49,999  \$625,000 - 849,999  \$2,000,000 - 2,499,999

\$50,000 - 99,999  \$850,000 - 999,999  \$2,500,000 - 4,999,999

\$100,000 - 499,999  \$1,000,000 - 1,499,999  \$5,000,000 or more

\$500,000 - 624,999  \$1,500,000 - 1,999,999

Dun and Bradstreet number (if any) \_\_\_\_\_ (1G)

Other credit service name and number \_\_\_\_\_ (1H)

2.  No  Yes

Does this business now, or has it in the past 10 years, used an EIN, SSN, name, trade name or abbreviation other than the name or number listed in Question 1?

If 'yes', provide details on Page 10, Section 2.

3. When did this business move to its current address? \_\_\_\_\_

(month, day, year)

No  Yes

Has this business been at its current address less than 5 years?  
List all other **business addresses and phone numbers** used by this business within the last 5 years on Page 10, Section 3.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

4. Date this business was formed \_\_\_/\_\_\_/\_\_\_ (4A)

Type of organization (check one) (4B)

**Joint Venture**  Sole Proprietorship

Business Corporation

State in which business was incorporated \_\_\_\_\_ (4C)

General Partnership  Limited Partnership

County where partnership certificate/agreement filed \_\_\_\_\_ (4D)

State where partnership certificate/agreement filed \_\_\_\_\_ (4E)

Other \_\_\_\_\_

Type of business (check one) (4F)

Construction  Distribution  Commercial Service

Manufacturing  Retail  Professional Service

Other \_\_\_\_\_

No  Yes Are there any counties in New York State, other than the county listed above, in which this business has filed a Certificate of Incorporation, a Certificate of Doing Business, or the equivalent? If 'yes', list all such New York counties on Page 11, Section 4G. (4G)

5.  No  Yes a. Does this business **share** office space, staff, equipment or expenses with any other business or not-for-profit organization? If 'yes', provide details for each such instance on Page 11, Section 5A.

No  Yes b. Will this business use or occupy any real property, other than the addresses listed in response to Questions 1 and 3B., to carry out the terms of this contract? If 'yes', provide details on Page 11, Section 5B.

No  Yes c. Does any **principal owner or officer** of this business, as listed below in response to Question 6d, or any member of their **immediate family**, have an ownership interest in any business that holds the title or lease to any real property used by this business in the New York metropolitan area? If 'yes', provide details for each such instance on Page 11, Section 5C.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

6.  No  Yes

a. Is this business entity listed on any national or regional stock exchange or on Nasdaq?  
If 'yes', provide

\_\_\_\_\_  
Name of stock exchange

(6A)

\_\_\_\_\_  
Listing on exchange

b. Check which of the following ethnic groups controls 51 percent or more of this business. (Check only one.)

- Asian  Asian and Black (6B)
- Black  Asian and Hispanic
- Caucasian (not Chassidic)  Asian, Black and Hispanic
- Chassidic  Black and Hispanic
- Hispanic
- Aleut, Eskimo or American Indian

c. Check which of the following gender groups controls 51 percent or more of this business. (Check only one.)

- Male  Female (6C)

d. **LIST ALL PRINCIPAL OWNERS AND OFFICERS OF THIS BUSINESS ON PAGE 12, SECTION 6D.** (Refer to "A Vendor's Guide To VENDEX" for instructions in completing this section and guidance regarding additional questionnaires that must be completed)

No  Yes

e. Does any individual or other business have the right to acquire ownership of the submitting business's stock within one year, pursuant to any stock option, warrant or right, or other similar arrangement, which if exercised, would constitute 10% of the outstanding stock when combined with such individual's or business's current holdings? If 'yes', provide details for each such individual or business on Page 13, Section 6E.

No  Yes

f. Has this business pledged or hypothecated 10 percent or more of its stock to another business or individual to guarantee payment for a debt or obligation? If 'yes', provide details on Page 13, Section 6F.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7.  No       Yes      a. Is there any individual(s) now serving in a managerial or advisory capacity to this business, whether or not as a **principal owner or officer**, who now serves, or within the past 5 years has served as:

- an elected or appointed official or officer (do not, however, include any individual who served solely as an unpaid member of one or more advisory committee(s) to a **New York City agency**);
- a full or part-time employee in a **New York City agency** if such employee had policy-making responsibility in his/her position;
- an officer of any political party organization in New York City, whether paid or unpaid?

If 'yes', provide details for each such individual on Page 14, Section 7A.

No       Yes      b. Is there any individual(s) now serving in a management or advisory capacity to this business, whether or not as a **principal owner or officer**, who serves or has served as a consultant or advisor to a **New York City agency** performing services related to the solicitation of, negotiation for, or operation/administration of the proposed contract? Your answer should include all attorneys, engineers, architects and all others who meet the terms of the question. If 'yes', provide details for each such individual on Page 14, Section 7B.

Refer to the definitions of **control** and **affiliate** in "A Vendor's Guide to VENDEX" and check yes only if this business controls one or more other businesses that are not **affiliates**.

8.  No       Yes      Does this business **control** one or more other businesses? If 'yes', provide details on Page 15, Section 8.

9.  No       Yes      Does this business have one or more **affiliates**, and/or is it a subsidiary of, or **controlled** by, any other business? If 'yes', provide details on Page 16, Section 9.

10.  No       Yes      Has New York City awarded any contracts to this business in the past 3 years? If 'yes', no other details are required.

11.  No       Yes      Has this business, or any **affiliated** business listed in response to Question 9, been a subcontractor on any contract with any **New York City agency** in the past 3 years? If 'yes', provide details on Page 17, Section 11.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**12. NOTE:** An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a **government agency**. In the past 5 years, has this business and/or any **affiliated** business listed in response to Question 9:

- No     Yes    a. been debarred by any **government agency** from entering into contracts with that agency? If 'yes', provide details for each such instance on on Page 18, Section 12A.
- No     Yes    b. been found not responsible by any **government agency**, and/or been a respondent before any type of New York City **Board of Responsibility**, and/or been the subject of a hearing before the New York City Office of Administrative Trials and Hearings (OATH), and/or is any such hearing now pending? If 'yes', provide details for each such instance on Page 18, Section 12B.
- No     Yes    c. been declared in default and/or terminated for cause on any contract, and/or had any contract cancelled for cause? If 'yes', provide details for each such instance on Page 18, Section 12C.
- No     Yes    d. been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? If 'yes', provide details for each such instance on Page 18, Section 12D.
- No     Yes    e. been suspended by any **government agency** from entering into any contract with it, and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contracts? If 'yes', provide details for each such instance on Page 18, Section 12E.

**13.**  No     Yes    In the past 3 years, has this business ever been unable to execute a contract with a **government agency** because it could not or did not provide the required security, including bid, payment, or performance bonds or any alternative deemed acceptable by the agency letting the contract? If 'yes', provide details for each such instance on Page 19, Section 13.

**14.**  No     Yes    In the past 5 years, has this business or any **affiliated** business listed in response to Question 9 had any judgment or injunction obtained against it in any judicial action or proceeding, initiated by any **government agency**, elected official or the New York City Council, and/or is any such action or proceeding now pending; and/or has it been in default at any time in the past year on any obligation to, or subject to any unsatisfied judgment, injunction or lien obtained by a **government agency**, including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any **government agency**? If 'yes', provide details for each such obligation, judgment, injunction or lien on Page 19, Section 14.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

15.  No  Yes Has this business or any **affiliated** business listed in response to Question 9 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago, and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'yes', provide details for each such instance on Page 20, Section 15.

16.  No  Yes In the past 5 years, has this business, any of its **owners or officers** listed in Section 6d, or any **affiliated** business listed in response to Question 9:

No  Yes a. had any permit, license, concession, franchise or lease terminated for cause or revoked? If 'yes', provide details for each such termination or revocation on Page 20, Section 16A.

No  Yes b. been disqualified for cause as a bidder on any permit, license, concession, franchise or lease? If 'yes', provide details for each such instance on Page 20, Section 16B.

17.  No  Yes In addition to the information provided in response to Questions 12 through 16, in the past 5 years, has this business and/or any of its **owners and/or officers** listed in Section 6d and/or any **affiliated** business listed in response to Question 9, been the subject of a criminal **investigation** and/or a civil anti-trust **investigation** by any federal, state or local prosecuting or investigative **agency**? And/or, in the past 5 years, has any **owner and/or officer** of any **affiliated** business listed in response to Question 9 been the subject of a criminal **investigation** and/or a civil anti-trust **investigation** by any federal, state or local prosecuting or investigative **agency**, where such **investigation** was related to activities performed at, for, or on behalf of an **affiliated** business listed in response to Question 9? If 'yes', provide details for each such **investigation** on Page 21, Section 17.

18.  No  Yes In addition to the information provided in response to Questions 12 through 17, in the past 5 years, has this business and/or any of its **owners and/or officers** listed in Section 6d and/or any **affiliated** business listed in response to Question 9 been the subject of an **investigation** by any **government agency**, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any **owner and/or officer** of an **affiliated** business listed in response to Question 9 been the subject of an **investigation** by any **government agency**, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an **affiliated** business listed in response to Question 9? If 'yes' provide details for each such **investigation** on Page 22, Section 18.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.



- 19.** Has any current or former director, **owner or officer** as listed in Section 6d, or managerial employee of this business, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
- No     Yes    a. any felony charge pending? If 'yes', provide details for each such charge on Page 23 and check Section 19A.
  - No     Yes    b. any misdemeanor charge pending? If 'yes', provide details for each such charge on Page 23 and check Section 19B.
  - No     Yes    c. in the past 10 years, been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? If 'yes' provide details for each such conviction on Page 23 and check Section 19C.
  - No     Yes    d. in the past 5 years, been convicted, after trial or by plea, of a misdemeanor? If 'yes', provide details for each such conviction on Page 23 and check Section 19D.

- 20.** Has this business, or any **affiliated** business listed in response to Question 9:
- No     Yes    a. any felony charge pending? If 'yes', provide details for each such charge on Page 24 and check Section 20A.
  - No     Yes    b. any misdemeanor charge pending? If 'yes', provide details for each such charge on Page 24 and check Section 20B.
  - No     Yes    c. any administrative charge pending? If 'yes', provide details for each such charge on Page 24 and check Section 20C.
  - No     Yes    d. in the past 10 years, been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? If 'yes', provide details for each such conviction on Page 24 and check Section 20D.
  - No     Yes    e. in the past 5 years, been convicted, after trial or by plea, of a misdemeanor? If 'yes', provide details for each such conviction on Page 24 and check Section 20E.
  - No     Yes    f. in the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? If 'yes', provide details for each such occurrence on Page 24 and check Section 20F.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

21.  No  Yes In the past 5 years, has this business or any of its **owners or officers** listed in Section 6d, or any other **affiliated** business listed in response to Question 9 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? If 'yes', provide details for each such instance on Page 25, Section 21.

22.  No  Yes Did anyone other than this business's employees, help this business prepare its bid or proposal or provide any assistance undertaken for the purpose of obtaining this contract? Provide information on, but do not limit yourself to, individuals or firms who provided technical assistance, such as consultants and/or attorneys, and individuals or firms who provided advocacy, representation, lobbying, or other non-technical assistance, such as expeditors, lobbyists, and/or architecture and engineering firms. If 'yes', provide details for each such individual or firm on Page 25, Section 22.

23.  No  Yes For the past 5 tax years, has this business failed to file any required tax returns or failed to 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? If 'yes', provide details for each such year on Page 25, Section 23.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 2.**

Other name, trade name or abbreviation \_\_\_\_\_  
\_\_\_\_\_

Other EIN/SSN \_\_\_\_\_

Dates in use \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Other name, trade name or abbreviation \_\_\_\_\_  
\_\_\_\_\_

Other EIN/SSN \_\_\_\_\_

Dates in use \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Other name, trade name or abbreviation \_\_\_\_\_  
\_\_\_\_\_

Other EIN/SSN \_\_\_\_\_

Dates in use \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Section 3.**

(Check one)  Current  Former

Street address \_\_\_\_\_ Phone \_\_\_\_\_

City/state/zip \_\_\_\_\_

(Check one)  Current  Former

Street address \_\_\_\_\_ Phone \_\_\_\_\_

City/state/zip \_\_\_\_\_

(Check one)  Current  Former

Street address \_\_\_\_\_ Phone \_\_\_\_\_

City/state/zip \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 4G.**

Certification Type \_\_\_\_\_ County \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Certification Type \_\_\_\_\_ County \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 5A.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Check item(s) shared:     Space     Staff     Equipment     Expenses

Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Check item(s) shared:     Space     Staff     Equipment     Expenses

**Section 5B.**

Lessor/owner of property \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Named business or individual is:     Lessor     Owner

Lessor/owner of property \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Named business or individual is:     Lessor     Owner

**Section 5C.**

Individual name \_\_\_\_\_  
 Title in business \_\_\_\_\_ Nature of Relationship \_\_\_\_\_  
 Relationship is with:     Lessor     Owner

Individual name \_\_\_\_\_  
 Title in business \_\_\_\_\_ Nature of Relationship \_\_\_\_\_  
 Relationship is with:     Lessor     Owner

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 6D.**

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

If business:  For Profit  Not-For-Profit

Title \_\_\_\_\_ If partner:  General  Limited

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

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone (\_\_\_\_\_) \_\_\_\_\_ Percent of ownership \_\_\_\_\_

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

If business:  For Profit  Not-For-Profit

Title \_\_\_\_\_ If partner:  General  Limited

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

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone (\_\_\_\_\_) \_\_\_\_\_ Percent of ownership \_\_\_\_\_

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

If business:  For Profit  Not-For-Profit

Title \_\_\_\_\_ If partner:  General  Limited

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

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone (\_\_\_\_\_) \_\_\_\_\_ Percent of ownership \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 6E.**

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ (if individual)

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ (if individual)

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ (if individual)

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

**Section 6F.**

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ (if individual)

Percent pledged \_\_\_\_\_

Transaction date \_\_\_/\_\_\_/\_\_\_

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ (if individual)

Percent pledged \_\_\_\_\_

Transaction date \_\_\_/\_\_\_/\_\_\_

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ (if individual)

Percent pledged \_\_\_\_\_

Transaction date \_\_\_/\_\_\_/\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 7A.**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Title in business \_\_\_\_\_

City Agency or Political Party Organization \_\_\_\_\_

Title in Agency or Organization \_\_\_\_\_

Check one:  Present City employee or official  Former

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Title in business \_\_\_\_\_

City Agency or Political Party Organization \_\_\_\_\_

Title in Agency or Organization \_\_\_\_\_

Check one:  Present City employee or official  Former

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Title in business \_\_\_\_\_

City Agency or Political Party Organization \_\_\_\_\_

Title in Agency or Organization \_\_\_\_\_

Check one:  Present City employee or official  Former

**Section 7B.**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Title in business \_\_\_\_\_

Check one:  Present City consultant or advisor  Former

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Title in business \_\_\_\_\_

Check one:  Present City consultant or advisor  Former

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 8.**

Name of business \_\_\_\_\_ EIN \_\_\_\_\_

For Profit       Not-For-Profit

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone \_\_\_\_\_ Type of business \_\_\_\_\_

Name of business \_\_\_\_\_ EIN \_\_\_\_\_

For Profit       Not-For-Profit

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone \_\_\_\_\_ Type of business \_\_\_\_\_

Name of business \_\_\_\_\_ EIN \_\_\_\_\_

For Profit       Not-For-Profit

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone \_\_\_\_\_ Type of business \_\_\_\_\_

Name of business \_\_\_\_\_ EIN \_\_\_\_\_

For Profit       Not-For-Profit

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business telephone \_\_\_\_\_ Type of business \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.



**Section 9.**

Use this box for **Affiliated** entities only.

**Principal owners and officers** must be listed for each **affiliated** entity.

For Profit       Not-For-Profit

NAME OF BUSINESS \_\_\_\_\_ EIN \_\_\_\_\_

Stock exchange name (if any) \_\_\_\_\_ Exchange listing \_\_\_\_\_

Business address \_\_\_\_\_  
City/state/zip

Business telephone \_\_\_\_\_ Type of business \_\_\_\_\_

Principal name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Principal's business telephone \_\_\_\_\_ City/state/zip  
 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Principal's business telephone \_\_\_\_\_ City/state/zip  
 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Principal's business telephone \_\_\_\_\_ City/state/zip  
 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Principal's business telephone \_\_\_\_\_ City/state/zip  
 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Use this box for **controlling** entities only. Any business which owns 10% or more of the submitting business's stock must complete a Business Entity Questionnaire.

For Profit       Not-For-Profit

NAME OF BUSINESS \_\_\_\_\_ EIN \_\_\_\_\_

Stock exchange name (if any) \_\_\_\_\_ Exchange listing \_\_\_\_\_

Business address \_\_\_\_\_  
City/state/zip

Business telephone \_\_\_\_\_ Type of business \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 11.**

Subcontractor \_\_\_\_\_ EIN \_\_\_\_\_

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

Prime contractor telephone (\_\_\_\_) \_\_\_\_\_

City Agency \_\_\_\_\_ Contract # \_\_\_\_\_

Contract start date \_\_\_/\_\_\_/\_\_\_ Subcontract amount \$ \_\_\_\_\_

Subcontractor \_\_\_\_\_ EIN \_\_\_\_\_

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

Prime contractor telephone (\_\_\_\_) \_\_\_\_\_

City Agency \_\_\_\_\_ Contract # \_\_\_\_\_

Contract start date \_\_\_/\_\_\_/\_\_\_ Subcontract amount \$ \_\_\_\_\_

Subcontractor \_\_\_\_\_ EIN \_\_\_\_\_

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

Prime contractor telephone (\_\_\_\_) \_\_\_\_\_

City Agency \_\_\_\_\_ Contract # \_\_\_\_\_

Contract start date \_\_\_/\_\_\_/\_\_\_ Subcontract amount \$ \_\_\_\_\_

.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 12.**The following refers to Section:     12A     12B     12C     12D     12E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Date of action: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract # \_\_\_\_\_

Agency name and address \_\_\_\_\_

Agency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for action \_\_\_\_\_

The following refers to Section:     12A     12B     12C     12D     12E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Date of action: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract # \_\_\_\_\_

Agency name and address \_\_\_\_\_

Agency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for action \_\_\_\_\_

The following refers to Section:     12A     12B     12C     12D     12E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Date of action: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract # \_\_\_\_\_

Agency name and address \_\_\_\_\_

Agency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for action \_\_\_\_\_

The following refers to Section:     12A     12B     12C     12D     12E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Date of action: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract # \_\_\_\_\_

Agency name and address \_\_\_\_\_

Agency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for action \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 13.**

Title of bid or proposal \_\_\_\_\_  
(description of contract)

Contracting agency \_\_\_\_\_ Date of bid/proposal \_\_\_\_/\_\_\_\_/\_\_\_\_

Title of bid or proposal \_\_\_\_\_  
(description of contract)

Contracting agency \_\_\_\_\_ Date of bid/proposal \_\_\_\_/\_\_\_\_/\_\_\_\_

Title of bid or proposal \_\_\_\_\_  
(description of contract)

Contracting agency \_\_\_\_\_ Date of bid/proposal \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 14.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Government agency \_\_\_\_\_

Date of obligation \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of obligation \$ \_\_\_\_\_

Check applicable box:  default  judgment/injunction  lien  taxes owed

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Government agency \_\_\_\_\_

Date of obligation \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of obligation \$ \_\_\_\_\_

Check applicable box:  default  judgment/injunction  lien  taxes owed

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Government agency \_\_\_\_\_

Date of obligation \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of obligation \$ \_\_\_\_\_

Check applicable box:  default  judgment/injunction  lien  taxes owed

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 15.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Court name \_\_\_\_\_ Date of filing \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Docket number \_\_\_\_\_ Date discharged \_\_\_\_\_ <sup>City/state/zip</sup> /\_\_\_\_/\_\_\_\_

**Section 16A.**

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_ Date of termination or revocation \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify what was terminated or revoked and the reason \_\_\_\_\_

\_\_\_\_\_

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_ Date of termination or revocation \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify what was terminated or revoked and the reason \_\_\_\_\_

\_\_\_\_\_

**Section 16B.**

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_ Date of disqualification \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for disqualification \_\_\_\_\_

\_\_\_\_\_

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_ Date of disqualification \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for disqualification \_\_\_\_\_

\_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.

**Section 17.**

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire..

**Section 18.**

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Business/individual name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.







**Section 21.**

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

Date of hearing \_\_\_\_/\_\_\_\_/\_\_\_\_ Court or Administrative tribunal \_\_\_\_\_

Address of court/tribunal \_\_\_\_\_  
City/state/zip

Index/docket or reference number \_\_\_\_\_

Reason for Sanction \_\_\_\_\_

Result of Sanction \_\_\_\_\_ Date \_\_\_\_\_

**Section 22.**

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

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Check one:     Consultant       Attorney       Expediter       Lobbyist  
                   Other \_\_\_\_\_

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

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Check one:     Consultant       Attorney       Expediter       Lobbyist  
                   Other \_\_\_\_\_

**Section 23.**

Taxes were not filed for tax years:                    19 \_\_\_\_    19 \_\_\_\_    19 \_\_\_\_    19 \_\_\_\_    19 \_\_\_\_

Taxes were not paid for tax years:                    19 \_\_\_\_    19 \_\_\_\_    19 \_\_\_\_    19 \_\_\_\_    19 \_\_\_\_

Explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy this page and attach it to the questionnaire.



**AFFIDAVIT OF NO CHANGE**

Complete this affidavit only when a VENDEX Business Entity Questionnaire (revised January 1992) has been previously completed and submitted.

Business name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Current proposal/bid submitted to \_\_\_\_\_  
New York City Agency

I, \_\_\_\_\_,  
Print name

of \_\_\_\_\_,  
Print name of business entity

affirm that the above referenced VENDEX Questionnaire was submitted

to \_\_\_\_\_ on \_\_\_\_\_  
New York City Agency Date

and was true as signed, and that since the above date nothing has occurred which changed in any way any response to that Questionnaire. I also understand that it is my responsibility as prime contractor to notify the Agency in writing of all subcontractors engaged pursuant to the current contract.

Do you certify that the submitting business entity was not founded or established or 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 is pending?  No  Yes

Sworn to before me \_\_\_\_\_ Submitted by \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

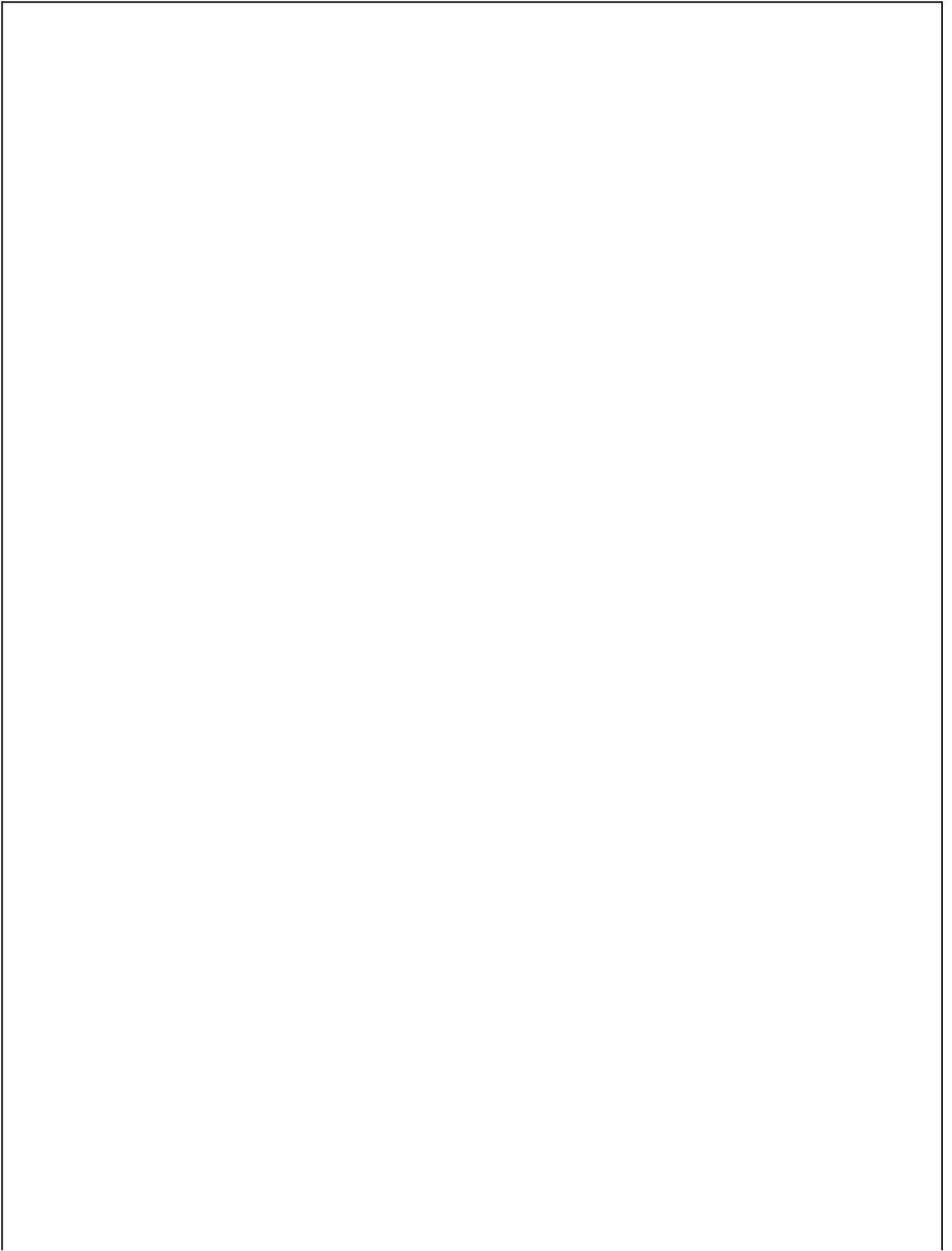
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Title

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date business began in New York City\*

\*Refer to "A Vendor's Guide to VENDEX".



## PRINCIPAL QUESTIONNAIRE

The Vendor Information Exchange System (VENDEX) questionnaires have been developed to collect information from vendors who wish to do business with the City. This information is collected to ensure that the City obeys the mandate of the New York City Charter to do business only with responsible vendors.

All questions on these questionnaires must be answered and the answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire. Refer to the booklet "A Vendor's Guide To VENDEX" for specific instructions for completing this questionnaire and for a definition of terms. Terms or phrases which are defined are written in **bold face** throughout the questionnaire. If you have not received a copy of this booklet or if you have additional questions that the booklet does not answer, contact the VENDEX Unit at 212-788-0010. **COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD.**

New York City Agency \_\_\_\_\_

Bureau/Division \_\_\_\_\_

Business Submitting \_\_\_\_\_ EIN/SSN \_\_\_\_\_  
the Business Entity Questionnaire

Type of Submission:

(Check one)

1.  Fully Completed Questionnaire
2.  Changed Questionnaire

If 2. checked, provide submission date of fully completed questionnaire \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Principal Questionnaire completed by)	Title	Date
---------------------------------------------	-------	------

1. Principal name \_\_\_\_\_ SSN \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Business address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Telephone \_\_\_\_\_

Other present address(es) \_\_\_\_\_

City/state/zip \_\_\_\_\_

Telephone \_\_\_\_\_

List of other addresses and telephone numbers attached

**2. Positions held in submitting business and starting date of each (check all applicable)**

- |                                                  |                |                                      |                |
|--------------------------------------------------|----------------|--------------------------------------|----------------|
| <input type="checkbox"/> President               | ____/____/____ | <input type="checkbox"/> Treasurer   | ____/____/____ |
| <input type="checkbox"/> Chairman of Board       | ____/____/____ | <input type="checkbox"/> Shareholder | ____/____/____ |
| <input type="checkbox"/> Chief Exec. Officer     | ____/____/____ | <input type="checkbox"/> Secretary   | ____/____/____ |
| <input type="checkbox"/> Chief Financial Officer | ____/____/____ | <input type="checkbox"/> Partner     | ____/____/____ |
| <input type="checkbox"/> Vice President          | ____/____/____ | <input type="checkbox"/> _____       | ____/____/____ |
- (Other)

3.  No  Yes

Do you have an equity interest in the business submitting the questionnaire?

If 'yes', provide details on Page 6, Section 3.

4.  No  Yes

Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

If 'yes', provide details on Page 6, Section 4.

5.  No  YesWithin the past 3 years, have you been a **principal owner or officer** of any business or not-for-profit organization other than the one submitting the questionnaire?

If 'yes', provide details on Page 6, Section 5.

6.  No  YesHas New York City awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a **principal owner or officer**?

If 'yes', provide details on Page 6, Section 6.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a **government agency**. In the past 5 years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a **principal owner or officer**:

- No  Yes      a. been debarred by any **government agency** from entering into contracts with that agency?  
If 'yes', provide details for each such instance on Page 7 and check Section 7A.
- No  Yes      b. been found not responsible by any **government agency**; and/or been a respondent before any type of New York City **Board of Responsibility**, and/or been the subject of a hearing before the New York City Office of Administrative Trials and Hearings (OATH); and/or is any such hearing now pending?  
If 'yes', provide details for each such instance on Page 7 and check Section 7B.
- No  Yes      c. been declared in default and/or terminated for cause on any contract, and/or had any contract cancelled for cause?  
If 'yes', provide details for each such instance on Page 7 and check Section 7C.
- No  Yes      d. been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
If 'yes', provide details for each such instance on Page 7 and check Section 7D.
- No  Yes      e. been suspended by any **government agency** from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contracts?  
If 'yes', provide details for each such instance on Page 7 and check Section 7E.

8.  No  Yes      Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'yes', provide details for each such instance on Page 7, Section 8.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.



9.  No  Yes

a. Is there any felony charge pending against you?  
If 'yes', provide details for each such charge on Page 8 and check Section 9A.

 No  Yes

b. Is there any misdemeanor charge pending against you?  
If 'yes', provide details for each such charge on Page 8 and check Section 9B.

 No  Yes

c. Is there any administrative charge pending against you?  
If 'yes', provide details for each such charge on Page 8 and check Section 9C.

 No  Yes

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?  
If 'yes', provide details for each such conviction on Page 8 and check Section 9D.

 No  Yes

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
If 'yes', provide details for each such conviction on Page 8 and check Section 9E.

 No  Yes

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
If 'yes', provide details for each such occurrence on Page 8 and check Section 9F.

10.  No  Yes

a. In addition to the information provided in response to Questions 7 through 9, in the past 5 years, have you been the subject of a criminal **investigation** and/or a civil anti-trust **investigation** by any federal, state or local prosecuting or investigative **agency** and/or the subject of an **investigation** where such **investigation** was related to activities performed at, for, or on behalf of the submitting business entity and/or an **affiliated** business listed in response to Question 5?  
If 'yes', provide details for each such investigation on Page 9, Section 10A.

 No  Yes

b. In addition to the information provided in response to Questions 7 through 9, in the past 5 years, has any business or organization listed in response to Question 5, been the subject of a criminal **investigation** and/or a civil anti-trust **investigation** and/or any other type of investigation by any **government agency**, including but not limited to federal, state, and local regulatory agencies while you were a **principal owner or officer**?  
If 'yes', provide details for each such investigation on Page 10, Section 10B.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

11.  No  Yes

In the past 5 years, have you or this business, or any other **affiliated** business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? If 'yes', provide details for each such instance on Page 11, Section 11.

12.  No  Yes

Do you presently serve, or have you within the past 5 years served as:

- an elected or appointed official or officer (do not, however, include positions in which you served solely as an unpaid member of one or more advisory committee(s) to a **New York City agency**);
- a full or part-time employee in a **New York City agency** with policy-making responsibility in your position;
- an officer of any political party or organization in New York City, whether paid or unpaid?

If 'yes', provide details for each such instance on Page 11, Section 12.

13.  No  Yes

For the past 5 tax years, have you failed to file any required tax returns or failed to 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?

If 'yes', provide details for each such year on Page 11, Section 13.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 3.**

Total percent of stock you hold \_\_\_\_\_ Purchase date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (If sole proprietorship, enter 100%)

**Section 4.**

Loan Amount \_\_\_\_\_  Lease Amount \_\_\_\_\_  
 Guarantee Amount \_\_\_\_\_  \_\_\_\_\_ Amount \_\_\_\_\_  
 (Other)  
 Security Amount \_\_\_\_\_  \_\_\_\_\_ Amount \_\_\_\_\_  
 (Other)

**Section 5.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 For Profit  Not-For-Profit Telephone \_\_\_\_\_  
 Your title \_\_\_\_\_  
 Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
 Affiliated from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 For Profit  Not-For-Profit Telephone \_\_\_\_\_  
 Your title \_\_\_\_\_  
 Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
 Affiliated from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 For Profit  Not-For-Profit Telephone \_\_\_\_\_  
 Your title \_\_\_\_\_  
 Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
 Affiliated from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 6.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 Business name \_\_\_\_\_ EIN \_\_\_\_\_  
 Business name \_\_\_\_\_ EIN \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 7.**

The following refers to Section:     7A     7B     7C     7D     7E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Your title \_\_\_\_\_ Date of Action: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Agency \_\_\_\_\_ Contract# \_\_\_\_\_

Reason for action \_\_\_\_\_

The following refers to Section:     7A     7B     7C     7D     7E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Your title \_\_\_\_\_ Date of Action: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Agency \_\_\_\_\_ Contract# \_\_\_\_\_

Reason for action \_\_\_\_\_

The following refers to Section:     7A     7B     7C     7D     7E

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Your title \_\_\_\_\_ Date of Action: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Agency \_\_\_\_\_ Contract# \_\_\_\_\_

Reason for action \_\_\_\_\_

**Section 8.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Court \_\_\_\_\_ Filing date \_\_\_/\_\_\_/\_\_\_

Court address \_\_\_\_\_  
City/state/zip

Index or docket number \_\_\_\_\_ Date discharged \_\_\_/\_\_\_/\_\_\_

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Court \_\_\_\_\_ Filing date \_\_\_/\_\_\_/\_\_\_

Court address \_\_\_\_\_  
City/state/zip

Index or docket number \_\_\_\_\_ Date discharged \_\_\_/\_\_\_/\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 9.**

The following refers to Section:  9A  9B  9C  9D  9E  9F

Date of charges \_\_\_\_/\_\_\_\_/\_\_\_\_

Court \_\_\_\_\_

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

Docket number \_\_\_\_\_ Nature of charges \_\_\_\_\_ City/state/zip

Result of charges \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following refers to Section:  9A  9B  9C  9D  9E  9F

Date of charges \_\_\_\_/\_\_\_\_/\_\_\_\_

Court \_\_\_\_\_

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

Docket number \_\_\_\_\_ Nature of charges \_\_\_\_\_ City/state/zip

Result of charges \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following refers to Section:  9A  9B  9C  9D  9E  9F

Date of charges \_\_\_\_/\_\_\_\_/\_\_\_\_

Court \_\_\_\_\_

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

Docket number \_\_\_\_\_ Nature of charges \_\_\_\_\_ City/state/zip

Result of charges \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following refers to Section:  9A  9B  9C  9D  9E  9F

Date of charges \_\_\_\_/\_\_\_\_/\_\_\_\_

Court \_\_\_\_\_

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

Docket number \_\_\_\_\_ Nature of charges \_\_\_\_\_ City/state/zip

Result of charges \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 10A.**

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_

City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 10B.**

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_  
City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_  
City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Business name \_\_\_\_\_ EIN \_\_\_\_\_

Agency \_\_\_\_\_

Agency address \_\_\_\_\_  
City/state/zip

Agency contact \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of investigation \_\_\_\_\_

Result of investigation \_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

**Section 11.**

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

Date of hearing \_\_\_\_/\_\_\_\_/\_\_\_\_ Court or Administrative tribunal \_\_\_\_\_

Address of court/tribunal \_\_\_\_\_  
City/state/zip

Index/docket or reference number \_\_\_\_\_

Reason for Sanction \_\_\_\_\_

Result of Sanction \_\_\_\_\_ Date \_\_\_\_\_

**Section 12.**

Title in business \_\_\_\_\_

City agency name \_\_\_\_\_

Title in City agency \_\_\_\_\_

Title in business \_\_\_\_\_

City agency name \_\_\_\_\_

Title in City agency \_\_\_\_\_

Title in business \_\_\_\_\_

City agency name \_\_\_\_\_

Title in City agency \_\_\_\_\_

**Section 13.**

Taxes were not filed for tax years 19\_\_ 19\_\_ 19\_\_ 19\_\_ 19\_\_

Taxes were not paid for tax years 19\_\_ 19\_\_ 19\_\_ 19\_\_ 19\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.



**CERTIFICATION**

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state that I have read and understand all the items contained in the foregoing 11 pages of this questionnaire and the following \_\_\_\_\_ pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the Agency in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the City will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

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

\_\_\_\_\_  
Name of submitting business

by

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

**AFFIDAVIT OF NO CHANGE**

Complete this affidavit only when a VENDEX Principal Questionnaire (revised January 1992) has been previously completed and submitted.

(Check one)

- Type of Previous Submission: 1.  Fully Completed Questionnaire
- 2.  Changed Questionnaire

If 2. checked, provide submission date of fully completed Questionnaire \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Business name \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Current proposal/bid submitted to \_\_\_\_\_  
New York City Agency

I, \_\_\_\_\_,  
Print name

of \_\_\_\_\_,  
Print name of business entity

affirm that the above referenced VENDEX Questionnaire was submitted

to \_\_\_\_\_ on \_\_\_\_\_  
New York City Agency Date

and was true as signed, and that since the above date nothing has occurred which changed in any way any response to that Questionnaire.

Sworn to before me

Submitted by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Print Name

Signature

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

\_\_\_\_\_  
Title

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

Principal SSN \_\_\_\_\_

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Principal SSN \_\_\_\_\_

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Principal SSN \_\_\_\_\_

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