

DORMITORY AUTHORITY – STATE OF NEW YORK

DASNY VENDOR QUESTIONNAIRE

**Title of Project:** \_\_\_\_\_ **Project No:** \_\_\_\_\_ 9999

**A. Instructions**

1. The Contractor shall submit this form within three (3) days after low bidder notification.
2. The Design Professional shall submit this form as part of the Request for Proposal.
3. Provide information consistent with, and as stated, in the NYS Vendor Responsibility Questionnaire submitted at time of bid, or within the Request for Proposal.
4. Respond to and answer all questions. Attach additional pages if more space is needed.
5. Sign and have notarized the CERTIFICATION (on page 5).
6. Indicate, by placing an asterisk by the question, whether any information provided herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

**B. General Information**

1. Firm Name \_\_\_\_\_ TIN \_\_\_\_\_
2. Firm Address \_\_\_\_\_
3. Officer's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No \_\_\_\_\_
4. Owner or Lessee and Address of all premises to be used to provide services to the Project
  - a. Name \_\_\_\_\_ Address \_\_\_\_\_
  - b. Name \_\_\_\_\_ Address \_\_\_\_\_
  - c. Name \_\_\_\_\_ Address \_\_\_\_\_
  - d. Name \_\_\_\_\_ Address \_\_\_\_\_
  - e. Name \_\_\_\_\_ Address \_\_\_\_\_

**C. Financial Information**

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1. When providing copies of the firm’s recent annual financial statement, include the auditor’s report and accompanying footnotes, if any.
2. Identify below any other person or entity guaranteeing the performance of, or otherwise providing financial assistance to the firm and describe the form of assistance and list the name and federal tax identification number (TIN) of each person or entity

FORM OF ASSISTANCE	INDIVIDUAL	COMPANY NAME	TIN	ADDRESS

**D. Ownership, Management and Affiliation Information:**

*The following terms shall apply to all questions in Section D:*

*“Affiliate” shall mean any person or entity which is directly or indirectly controlled by the person or entity to which the question relates, or any person or entity which directly or indirectly controls such person or entity. For purposes of this definition, control means the power to direct the management of the firm, person or other entity, whether through ownership of shares, the right to designate the Board of Directors, contract or otherwise.*

*“Predecessor Company or Entity” shall mean any entity in which any person or entity, identified in the NYS Vendor Responsibility Questionnaire, has an ownership or other interest.*

*“Principal” shall mean any person who is or has been, within the past five years, either an owner of five percent (5%) or more of the firm’s shares, one of the firm’s five largest shareholders or a director, officer, partner or proprietor of the firm.*

1. Within the past five years has the firm, any affiliate of the firm, any predecessor company or entity, or any principal of the firm, been the subject of any of the following, (describe in detail the circumstances of each affirmative answer):
  - a. A suspension or debarment by a local government entity?  NO  YES
  - b. A rejection of a low bid on a local or federal government contract for failure to meet statutory affirmative action or minority/women business enterprise requirements?  NO  YES
  - c. Any dissolution by government proclamation?  NO  YES
  - d. A denial of application for a professional or trade license?  NO  YES

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Identify in questions 2, 3 and 4 below, each individual who participates in policy making, financial decisions, or the firm’s operations in relation to the Project.

2. List any firm in which the individual owns or has owned 5.0% or more within the past five years.

INDIVIDUAL	FIRM NAME	FIRM ADDRESS	TIN	% OWNED

3. Identify any affiliate of the individual or firm identified in question 2.

INDIVIDUAL	AFFILIATE	AFFILIATE ADDRESS	TIN

4. For any individual, firm or affiliate identified above, (a) list and describe all judgments, liens or claims over \$25,000 filed against the individual, firm or affiliate and state remaining undischarged or unsatisfied amounts for more than 90 days; and (b) describe and state all liquidated damages amounts assessed. Also list any litigation currently pending against the individual, firm or affiliate if the judgment sought relates to the type of work to be performed for the Project, or could have a material adverse financial impact on the individual, firm or affiliate.

INDIVIDUAL, FIRM OR AFFILIATE	LIEN OR CLAIM AMOUNT	LIQUIDATED DAMAGES AMOUNT

5. Within the past five years has any individual, firm or affiliate identified above been the subject of any of the following (describe in detail the circumstances of each affirmative answer):

- a. A judgment of conviction for any business-related conduct constituting a crime under state or federal law?  NO  YES
- b. A criminal investigation or indictment for any business-related conduct constituting a crime under state or federal law?  NO  YES
- c. A grant of immunity for any business-related conduct constituting a crime under state or federal law?  NO  YES
- d. A federal, state or local suspension or debarment?  NO  YES

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- e. A rejection of any bid for lack of qualifications, responsibility or submission of an informal, non-responsive or incomplete bid?  NO  YES
- f. A rejection of any subcontract for lack of qualifications, responsibility or submission of any informal, non-responsive or incomplete bid?  NO  YES
- g. A denial or revocation of pre-qualification?  NO  YES
- h. A voluntary exclusion from bidding or contracting agreement?  NO  YES
- i. Any administrative proceeding or civil action seeking specific performance or restitution in connection with any public works contract except any disputed work proceeding?  NO  YES
- j. An OSHA Citation and Notification of Penalty containing a violation classified as serious?  NO  YES
- k. An OSHA Citation and Notification of Penalty containing a violation classified as willful?  NO  YES
- l. A prevailing wage or supplement payment violation?  NO  YES
- m. A state Labor Law violation deemed willful?  NO  YES
- n. Any other federal, state or local citations, Notices, violation orders, pending administrative hearings or proceedings, or determinations of a violation of any labor law or regulation?  NO  YES
- o. Any criminal investigation, felony indictment or conviction concerning information of, or any business association with, any allegedly false or fraudulent women's, minority or disadvantaged business enterprise?  NO  YES
- p. Any denial, decertification, revocation or forfeiture of women's business enterprise, minority business enterprise or disadvantaged business enterprise status?  NO  YES
- q. Rejection of a low bid on a local, state or federal contract for failure to meet statutory affirmative action or minority/women business enterprise requirements?  NO  YES
- r. A consent order with the NYS Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of the federal or state environmental laws?  NO...  YES
- s. Any bankruptcy proceeding?  NO  YES
- t. Any suspension or revocation of any business or professional license or dissolution by governmental proclamation?  NO  YES
- u. Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:
- i. Federal, state or local health laws, rules or regulations?  NO  YES
  - ii. Unemployment insurance or workers compensation coverage or claim requirements?  NO  YES
  - iii. ERISA (Employee Retirement Income Security Act)?  NO  YES
  - iv. Federal, state or local human rights laws?  NO  YES
  - v. Federal or state security laws?  NO  YES
  - vi. Tax laws?  NO  YES
- v. Denial of application for a professional or trade license?  NO  YES
- w. A determination of non-responsibility under State Finance Law § 139-j and § 139-k?  NO  YES
- x. A monitorship, or any type of oversight or review, by an Independent Private Sector Inspector General ("IPSIG") or similar entity, whether appointed by a court, by an administrative body, or pursuant to an agreement with a public agency or authority?  NO  YES

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6. Within the past five years, has the firm, affiliate, predecessor company or entity, principal, or manager or individual who participates in policy making, financial decisions, or the firm’s operations in relation to the Project (describe in detail the circumstances of each affirmative answer):
- a. Filed or submitted to any government agency, employee or representative any document that the person knew to contain a false statement or false information?  NO  YES
  - b. Falsified any business record?  NO  YES
  - c. Given or offered to give money or any thing of value or any benefit to any labor official or public servant with intent to influence that person’s official acts, duties or decisions as a labor official or public servant?  NO  YES
  - d. Given or offered to give money or any thing of value or any benefit to any official or employee of a business with intent to induce that person or employee to engage in unethical or illegal business practices?  NO  YES
  - e. Agreed with any person to submit a proposal, price or bid below prevailing market rate?  NO  YES
  - f. Been sued or paid a settlement of claim related to the performance of professional services?  NO  YES

**E. Certification**

The undersigned recognizes that the DASNY Vendor Questionnaire is submitted for the express purpose of inducing the Dormitory Authority - State of New York to award a contract or approve a subcontract; acknowledges that the Dormitory Authority may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. Section 1001; and states that the information provided herein and any attached pages is true, accurate and complete.

Officer’s Signature: \_\_\_\_\_

Officer’s Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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