

### **NOTICE TO PROPOSERS**

Enclosed herewith please find the following forms:

- Vendor Responsibility Questionnaire (pages 2-7)
- Certificate of No Change (page 8)
- Statement of Non-Collusion (pages 9-10)
- Minority Business Enterprise/Women Business Enterprise (MBE/WBE) Utilization Plan (pages 11-12)
- Service Disabled Veteran-Owned Businesses (SDVOB) Utilization Plan (pages 13-14)
- Offerer's Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j(3) and §139-j (6)(b) (page 15)
- Offerer's Certification of Compliance with State Finance Law §139-k (5) (page 16)
- Offerer's Disclosure of Prior Non- Responsibility Determinations (pages 17-18)

All applicable forms must accompany the firm's proposal. We will not consider proposals from firms that do not fully complete the applicable forms and include them with their proposals. If you have questions regarding how to fill out these forms, please contact the designated contact person(s) listed in the RFP.

### **BPCA PERMISSIVE CONTACTS POLICY:**

Pursuant to State Finance Law, §139-j and 139-k, this solicitation, RFP, or Invitation for Bids includes and imposes certain restrictions on communications between Battery Park City Authority and its subsidiaries and affiliates and an Offerer (Contractor/Consultant or their representative) during the procurement process. An Offerer/bidder (or its representative) is restricted from making contacts from the earliest notice of intent to solicit offers [i.e. from Contract Reporter ad publication] through final award and approval of the Procurement Contract by BPCA ("Restricted Period") to other than **designated staff** unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law § 139-j(3)(a). The designated staff contact person is identified in this solicitation. BPCA employees are also required to obtain and record certain information when contacted during the restricted period, and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award, and in the event of two findings within a 4 year period, the Offerer/bidder will be debarred from obtaining governmental Procurement Contracts.



**Standard Vendor Responsibility Questionnaire / No Change Forms**

**Instructions**

In your packet you have 2 forms:

- The Standard Vendor Responsibility Questionnaire (Consisting of 4 pages and a Certification page)

and

- The Certificate of No Change (1 page)

The Standard Vendor Responsibility Form should be filled out by someone in your firm who knows about tax filings, prior findings of non-responsibility by a governmental authority, etc., and can certify the accuracy of all information requested in the form (such as legal status, tax status, and debarment status).

You must answer every question on the questionnaire.

NOTE: You may fill out the "Certificate of No Change" form instead ONLY if your firm has submitted the Vendor Responsibility form to Battery Park City Authority already during this calendar year. If this is the first time your firm is proposing to do work for Battery Park City Authority this year, then you must fill out the entire Vendor Responsibility Questionnaire.



**Standard Vendor Responsibility Questionnaire**

**1. LEGAL BUSINESS NAME:**

**2. FEDERAL EMPLOYER ID NO. (FEIN):**

**3. D/B/A — Doing Business As (if applicable):**  
**COUNTY FILED:**

**4. WEBSITE ADDRESS (if applicable):**

**5. PRINCIPAL PLACE OF BUSINESS ADDRESS:**

**6. TELEPHONE:**            **ext.**            **7. FAX:**

**8. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE:**

**Name:**  
**Title:**  
**Telephone Number:**  
**Fax Number:**  
**E-mail:**

**9. TYPE OF BUSINESS:** (please check appropriate box and provide additional information):

- |   |  |
|---|--|
| a) <input type="checkbox"/> Corporation                     | <b>State of Incorporation:</b>             |
| b) <input type="checkbox"/> Sole Proprietor                 | <b>State/County filed in:</b>              |
| c) <input type="checkbox"/> General Partnership             | <b>State/County filed in:</b>              |
| d) <input type="checkbox"/> Not-for-Profit Corporation      | <b>Charities Registration Number:</b>      |
| e) <input type="checkbox"/> Limited Liability Company (LLC) | <b>Jurisdiction filed:</b>                 |
| f) <input type="checkbox"/> Limited Partnership             | <b>State/County filed in:</b>              |
| g) <input type="checkbox"/> Other — Specify:                | <b>Jurisdiction filed (if applicable):</b> |

**10. IF NOT INCORPORATED OR FORMED IN NEW YORK STATE, PLEASE PROVIDE A CURRENT CERTIFICATE OF GOOD STANDING FROM YOUR STATE OR APPLICABLE LOCAL JURISDICTION.**

**11. LIST NAME AND TITLE OF EACH PRINCIPAL, OWNER, OFFICER, MAJOR STOCKHOLDER (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), DIRECTOR AND MEMBER, as applicable:**

- a)
- b)
- c)
- d)
- e)
- f)
- g)
- h)

**12. AUTHORIZED CONTACT FOR THE PROPOSED CONTRACT:**

**Name:**  
**Title:**  
**Telephone Number:**            **Fax Number:**  
**E-mail:**



**Standard Vendor Responsibility Questionnaire (continued)**

**VENDOR FEIN:**

**13. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, OR D/B/A OTHER THAN WHAT IS LISTED IN QUESTIONS 1-3 ABOVE?**

Yes  No

If yes, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such company and d/b/a on a separate piece of paper and attach to this response.

**14. WITHIN THE PAST FIVE (5) YEARS, HAS THE VENDOR, ANY PRINCIPAL, OWNER, OFFICER, MAJOR STOCKHOLDER (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE<sup>1</sup> OR ANY PERSON INVOLVED IN THE BIDDING, CONTRACTING OR LEASING PROCESS BEEN THE SUBJECT OF ANY OF THE FOLLOWING:**

(a) a judgment or conviction for any business related conduct constituting a crime under federal, state or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?  Yes  No

(b) a criminal investigation or indictment for any business related conduct constituting a crime under federal, state or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?  Yes  No

(c) an unsatisfied judgment, injunction or lien for any business related conduct obtained by any federal, state or local government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any federal, state or local government agency?  Yes  No

(d) an investigation for a civil or criminal violation for any business related conduct by any federal, state or local agency?  Yes  No

(e) a grant of immunity for any business-related conduct constituting a crime under federal, state or local governmental law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?  Yes  No

(f) a federal, state or local government suspension or debarment from the contracting process?  Yes  No

(g) a federal, state or local government contract suspension or termination for cause prior to the completion of the term of a contract?  Yes  No

<sup>1</sup>"Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.



**Standard Vendor Responsibility Questionnaire (continued)**

**VENDOR FEIN:**

- (h) a federal, state or local government denial of a lease or contract award for non-responsibility?  Yes  No
- (i) an administrative proceeding or civil action seeking specific performance or restitution in connection with any federal, state or local contract or lease? **Yes** **No**
- (j) a federal, state or local determination of a willful violation of any public works or labor law or regulation? **Yes** **No**
- (k) a sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license? **Yes** **No**
- (l) a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws? **Yes** **No**
- (m) an Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful? **Yes** **No**
- (n) a rejection of a bid on a New York State contract or a lease with the State for failure to comply with the MacBride Fair Employment Principles? **Yes** **No**
- (o) a citation, violation order, pending administrative hearing or proceeding or determination issued by a federal, state or local government for violations of:
  - health laws, rules or regulations  Yes  No
  - unemployment insurance or workers' compensation coverage or claim requirements **Yes** **No**
  - ERISA (Employee Retirement Income Security Act) **Yes** **No**
  - human rights laws **Yes** **No**
  - federal U.S. Citizenship and Immigration Services laws **Yes** **No**
  - Sherman Act or other federal anti-trust laws **Yes** **No**
- (p) entered into an agreement to a voluntary exclusion from contracting with a federal, state or local governmental entity?  Yes  No
- (q) a denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status? **Yes** **No**
- (r) a rejection of a low bid on a federal, state or local contract for failure to meet statutory affirmative action or Minority or Women's Business Enterprise or Disadvantaged Business Enterprise status requirements on a previously held contract?  Yes  No
- (s) a finding of non-responsibility by an agency or authority due to a violation of State Finance Law §139-j?  Yes  No

**FOR EACH YES ANSWER TO QUESTIONS 14 a-s, PROVIDE DETAILS ON ADDITIONAL SHEETS REGARDING THE FINDING, INCLUDING BUT NOT LIMITED TO CAUSE, CURRENT STATUS, RESOLUTION, ETC.**



**Standard Vendor Responsibility Questionnaire (continued)**

**VENDOR FEIN:**

**15. DURING THE PAST THREE YEARS, HAS THE VENDOR FAILED TO:**

- (a) **FILE RETURNS OR PAY ANY APPLICABLE FEDERAL, STATE OR LOCAL GOVERNMENT TAXES?**

Yes  No

If yes, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount the company failed to file/pay and the current status of the liability:

- (b) **FILE RETURNS OR PAY NEW YORK STATE UNEMPLOYMENT INSURANCE?**

Yes  No

If yes, indicate the years the company failed to file/pay the insurance and the current status of the liability:

**16. HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE**

**VENDOR OR ITS' AFFILIATES WITHIN THE PAST SEVEN YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES, REGARDLESS OF THE DATE OF FILING?**

Yes  No

If yes, indicate if this is applicable to the submitting vendor or one of its affiliates:

If it is an affiliate, include the affiliate's name and FEIN:

Provide the court name, address and docket number:

Indicate if the proceedings have been initiated, remain pending or have been closed:

If closed, provide the date closed:

- 17. DOES VENDOR HAVE THE FINANCIAL RESOURCES NECESSARY TO FULFILL THE REQUIREMENTS OF THE PROPOSED CONTRACT?**

Yes  No



**Standard Vendor Responsibility Questionnaire (continued)**

**VENDOR FEIN:**

State of )  
) ss:  
County of )

**CERTIFICATION:**

The undersigned, personally and on behalf of the vendor identified in questions 1-3 above, does hereby state and certify to Battery Park City Authority – State of New York that the information given above is true, accurate and complete. It is further acknowledged that Battery Park City Authority – State of New York will rely upon the information contained herein and in any attached pages for purposes of evaluating our company for vendor's responsibility for contract award and Battery Park City Authority – State of New York may, in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein. It is further acknowledged that intentional submission of false or misleading information may constitute a felony under Penal Law Section 175.35 or may constitute a misdemeanor under Penal Law Sections 175.30, or 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in a denial of contract award or contract termination.

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Signature of Officer**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Typed Copy of Signature**

\_\_\_\_\_  
**City, State, Zip**

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



**Certificate of No Change**

STATE OF ( )

COUNTY OF ) ss.:

The undersigned, being duly sworn, deposes and says:

1. I am \_\_\_\_\_, the \_\_\_\_\_ (title) of \_\_\_\_\_ (hereinafter the "Contractor"), which is currently submitting an amendment to a State Contract.

2. Contractor previously submitted the completed Battery Park City Authority Standard Vendor Responsibility Questionnaire, dated \_\_\_\_\_ in connection with another State Contract.

3. Attached is an accurate and true copy of such previously submitted Standard Vendor Responsibility Questionnaire.

4. I hereby certify that with the exception of the information specified in Question 12, and as changed herein, there has been no material change in the information pertaining to the Contractor specified on such attached Questionnaire.

**AUTHORIZED CONTACT FOR THE PROPOSED CONTRACT:**

**Name & Title:**

**Telephone Number:**

**Email:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE





**Statement of Non-Collusion**

- I. By submission of this Proposal, Proposer and each person signing on behalf of Proposer certifies, (and in the case of a joint Proposal each party thereto certifies) as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:
  - A) The prices in this Proposal have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor.
  - B) Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly to any other Proposer or to any competitor.
  - C) No attempt has been made or will be made by Proposer to induce any other person, partnership, firm or corporation to submit or not to submit a Proposal for the purpose of restricting competition.
- II. A Proposal shall not be considered for award nor shall any award be made where sub-paragraphs IA, IB, and IC above have not been complied with provided however, that if in any case Proposer cannot make the foregoing certification and the Proposer shall so state and shall furnish with its Proposal a signed statement which sets forth in detail the reasons therefore. Where sub-paragraphs IA, IB, and IC above have not been complied with, Proposal shall not be considered for award nor shall any award be made unless the Authority determines that such disclosure was not made for the purpose of restricting competition.  
The fact that a Proposer (a) has published price lists, rates, or tariffs covering items Being procured, (b) has informed prospective customers of proposed or pending Publication of a new or revised price lists for such item, or (c) has sold the same items To other customers at the same prices being proposed, does not constitute, without more, a disclosure within the meaning of paragraph A above.
- III. This Proposal, if made by a corporate Proposer, shall be deemed to have been authorized by the board of directors of the Proposer and such authorization shall be deemed to include the signing and submission of the Proposal and the inclusion thereof of the statement of non-collusion as the act and deed of the corporation.

(Insert Name of Proposer and **Sign Below**)

**By:** \_\_\_\_\_

(PRINT Full legal name of person, firm, partnership, or corporation)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
**Corporate I.D. Number**

\_\_\_\_\_  
**Federal I.D. Number**

\_\_\_\_\_  
**Date**



Statement of Non-Collusion (continued)

Statement of Non-Collusion Continued

If the Proposer is an **individual**, the Proposer's legal residence is as follows:

\_\_\_\_\_  
Street Address City State

If Proposer is a **Firm or Partnership**, complete the following:

NAME OF MEMBERS OR PARTNERS	LEGAL RESIDENCE
_____	_____
_____	
_____	
_____	
_____	
_____	

If Proposer is a **Corporation**, complete the following:

NAMES OF ALL OFFICERS

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Title



**Minority Business Enterprise/Women Business Enterprise (MBW/WBE) Utilization Plan**

Please fill out utilization plan for MBE/WBE(s) participation and use the same form for all additional MBE/WBE Firms.

**Contractor Information**

Project Name:	Project No.:	Site #:	Date:
Name of Contractor:			
Address:	Work to Begin:	Work to be Completed:	
	Is your Firm an	MBE	WBE <input type="checkbox"/>
CONTACT PERSON:	Phone #:	Fax #:	
FEDERAL I.D. NO:	Tax I.D.:		

**MBE/WBE Information**

Sub-Contractor or Vendor:	Federal I.D. #:	Tax I.D. #:
Name:	Work to Begin:	
Address:		
Phone #:	Fax #:	Work to be Completed:
Contact Person:		
	Is this Firm an	MBE <input type="checkbox"/> WBE
Total Percent of Contract Holder %	Trade:	
Scope of Work to be done by MBE/WBE:		

**MBE/WBE Information**

Sub-Contractor or Vendor:	Federal I.D. #:	Tax I.D. #:
Name:	Work to Begin:	
Address:		
Phone #:	Fax #:	Work to be Completed:
Contact Person:		
	Is this Firm an	MBE <input type="checkbox"/> WBE
Total Percent of Contract Holder %	Trade:	
Scope of Work to be done by MBE/WBE:		



**Minority Business Enterprise/Women Business Enterprise (MBW/WBE) Utilization Plan (continued)**

The Minimum MBE/WBE Business Participation Goal Expected for your Firm is as Follows:	Workforce Percentages set for this project is as Follows:
Trade(s)	Trade(s)
Minority Owned Business %	Minority Workforce %
Women Owned Business %	Female Workforce %

Please attach copies of the most recent New York State Certification Letters for all MBE/WBE Firms Listed on this Utilization Plan. If there are any changes in the information on this plan you must immediately re-submit this plan with the most recent date.



**Service Disabled Veteran Owned Businesses (SDVOB) Utilization Plan**

Please fill out utilization plan for SDVOB(s) participation and use the same format for all additional SDVOB sub-contractors.

**Contractor Information**

CONTRACTOR:	DATE:
NAME:	
ADDRESS:	
CONTACT PERSON:	PHONE #:
FEDERAL I.D. NO:	FAX#:

**SDVOB Information**

SUB-CONTRACTOR:	FEDERAL I.D.#:
NAME:	WORK TO BEGIN:
ADDRESS:	
PHONE #:	TO FINISH ON:
CONTACT PERSON:	
ESTIMATED % OF CONTRACT TO BE AWARDED TO SDVOB:	
SCOPE OF WORK TO BE DONE BY SDVOB:	

**SDVOB Information**

SUB-CONTRACTOR:	FEDERAL I.D.#:
NAME:	WORK TO BEGIN:
ADDRESS:	
PHONE #:	TO FINISH ON:
CONTACT PERSON:	
ESTIMATED % OF CONTRACT TO BE AWARDED TO SDVOB:	
SCOPE OF WORK TO BE DONE BY SDVOB:	



**Service Disabled Veteran Owned Businesses (SDVOB) Utilization Plan (continued)**

**Workforce Percentage Information**

TRADE(S)	
MINORITY WORKFORCE:	%
FEMALE WORKFORCE	%



**Offerer's Affirmation of Understanding of and Agreement pursuant to  
State Finance Law §139-j(3) and §139-j(6)(b)**

Offerer affirms that it understands and agrees to comply with the procedures of Battery Park City relative to permissible Contacts as required by State Finance Law §139-j(3) and §139-j(6)(b).

By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_(Signature)

Name: \_\_\_\_\_  
(Printed)

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

Contractor Name: \_\_\_\_\_  
(Company)

Contractor Address: \_\_\_\_\_



**Offerer's Certification Of Compliance With State Finance Law §139-k(5)**

*I certify that all information provided to Battery Park City Authority, its subsidiaries and affiliates with respect to State Finance Law §139-k is complete, true and accurate.*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_(Signature)

Name: \_\_\_\_\_  
(Printed)

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

Contractor Name: \_\_\_\_\_  
(Company)

Contractor Address: \_\_\_\_\_





**Offerer Disclosure of Prior Non-Responsibility Determinations**

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

\_\_\_\_\_

Address:

\_\_\_\_\_

Name and Title of Person Submitting this Form:

\_\_\_\_\_

Project Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please check box):

No  Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please check box):

No  Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please check box):

No  Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)



**Offerer Disclosure of Prior Non-Responsibility Determinations (continued)**

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

6. If yes, please provide details below:

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding:

(Add additional pages as necessary)

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

By: \_\_\_\_\_

Date:

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

(Print)

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