



**Subcontractor Pre-qualification Questionnaire**

Business Applicant Name \_\_\_\_\_ TIN \_\_\_\_\_

D/B/A or Trade Name (if any) \_\_\_\_\_

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

Mailing address (if different) \_\_\_\_\_

Delivery address (if different) \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Email address \_\_\_\_\_

**1. Experience and Reference Verification:** List a minimum of five (5) projects, two (2) of which should be of a minimum value of \$3 million each and completed in the last five (5) years. Provide verifiable references.

**Firm's Trade Specialty:**

Plumbing	<input type="checkbox"/>	Mechanical Systems	<input type="checkbox"/>	General Construction	<input type="checkbox"/>
Asbestos Abatement	<input type="checkbox"/>	Electrical Systems	<input type="checkbox"/>	Sub-Specialties: _____ Roofing	<input type="checkbox"/>
Lead Abatement	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	Brickwork	<input type="checkbox"/>
				Controlled Inspection	<input type="checkbox"/>
				Air Monitoring	<input type="checkbox"/>

**PROJECT EXPERIENCE LIST**

	Client Company/Agency/Authority and Project Name	Prime or Sub Contractor (P or S)	Description of Work	\$ Value of Firm's Contract	Client Reference Contact Name, Title and Telephone Number
1					
2					
3					
4					
5					

**2. Capacity:**

Provide a letter on surety letterhead confirming potential bonding capacity for:

Single contracting limit: \$ \_\_\_\_\_

Aggregate bonding limit: \$ \_\_\_\_\_

Surety Company Name: \_\_\_\_\_

Letter attached: Yes  No

**3. Financial Strength and Stability:**

(a) Provide a current (within the last 12 months) CPA-audited or -reviewed financial statement to demonstrate the following criteria:

- Current ratio (current assets/ current liabilities)
- Debt to equity ratio.

(b) Pre-qualification requires business credit lines with a minimum total of \$200,000.00. Provide details below supporting your firm's credit information

- Alternative or equivalent measures may be considered.

Name and address of lending institution	Amount of Credit Line	% Credit Remaining

**4. Firm Staffing / Size**

Please list the number of:

Supervisory staff: \_\_\_\_\_

Trades persons: \_\_\_\_\_

Administrative staff: \_\_\_\_\_

**4. NYC VENDEX and Business Integrity:**

The Mayor's Office of Contract Services (MOCS) may review data contained in the NYC Vendex system as part of its review of this application. Visit the MOCS website at: <http://www.nyc.gov> and search for "Vendex."

As part of Pre-Qualification, the submittal of a Vendex questionnaire to the Mayor's Office of Contract Services (MOCS) is required.

- a. Does your firm presently have a Vendex questionnaire submitted to MOCS less than three (3) years old? If "no", a new application to Vendex and Notification to CM is required.  Yes  No
- b. Have there been changes to your business since you filed the Vendex questionnaire? If "yes", an amended questionnaire to Vendex with notification to CM is required.  Yes  No
- c. If Vendex filing is current, is a Certification of No Change attached to this application?  Yes  No

Date submitted to MOCS: \_\_\_\_\_

**INFORMATION REGARDING OWNERSHIP, MANAGEMENT AND AFFILIATION:**

5. Identify each person who is, or has been within the past five years, an owner of 5% or more of the firm's shares, a director, an officer, a partner or the proprietor.

Name	Date of Birth	Percent owned	Director (Y or N)	Owner (Y or N)	Title	Partner

**For purposes of questions 6 through 10 of this Questionnaire, the following terms shall have the following meanings:**

"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 enumerated in Items 5. above had 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.

**Answer questions 6, 7, and 8 for each individual who participates in policy making, financial decisions, or the firm's operations in relation to the NYCHA project:**

6. List any other firm(s) in which the individual owns or has owned 5.0% or more within the past five years.

INDIVIDUAL	FIRM NAME	FIRM ADDRESS	FIRM FEDERAL TIN	% OWNED

7. Identify any affiliates of the individual(s) or firms identified in question 7 above that are not listed in the answer to question 7.

INDIVIDUAL	AFFILIATE	AFFILIATE ADDRESS	AFFILIATE FEDERAL TIN

8. For any individual, firm or affiliate identified in questions 7 and 8 above, (a) list and describe all judgments, liens or claims over \$25,000 filed against the individual, firm or affiliate and remaining undischarged or unsatisfied for more than 90 days; and (b) list and describe all liquidated damages 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 NYCHA, or could have a material adverse financial impact on the individual, firm or affiliate.

INDIVIDUAL, FIRM OR AFFILIATE	LIENS OR CLAIMS	LIQUIDATED DAMAGES

**9.** Within the past five years has any individual, firm or affiliate identified in questions 5 through 8 above been the subject of any of the following (respond to each question and describe in detail the circumstances of each affirmative answer; attach additional pages if necessary):

(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
(e)	a rejection of any bid for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	NO	YES
(f)	a rejection of any proposed subcontract for lack of qualifications, responsibility or because of the 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)	default on a public contract?		
(j)	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
(k)	an OSHA Citation and Notification of Penalty containing a violation classified as serious?	NO	YES
(l)	an OSHA Citation and Notification of Penalty containing a violation classified as willful?	NO	YES
(m)	citation of a violation of State Labor Law 220 or Davis Bacon?	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)	a consent order with the NYS Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal or state environmental laws?	NO	YES
(p)	any bankruptcy proceeding?	NO	YES
(q)	any suspension or revocation of any business or professional license or dissolution by governmental proclamation?	NO	YES
(r)	any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:		
	· federal, state or local health laws, rules or regulations?	NO	YES
	· unemployment insurance or workers compensation coverage or claim requirements?	NO	YES
	· ERISA (Employee Retirement Income Security Act)?	NO	YES
	· federal, state or local human rights laws?	NO	YES
	· federal or state security laws?	NO	YES
	· tax laws?	NO	YES
(s)	denial of application for a professional or trade license?	NO	YES

**10.** Within the past five years has the firm, any affiliate, any predecessor company or entity, any principal, or any manager or individual who participates in policy making, financial decisions, or the firm's operations in relation to NYCHA (respond to each question and describe in detail the circumstances of each affirmative answer; attach additional pages if necessary):

(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 with respect to his or her 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

**11. Apprentices Programs:**

Firm must demonstrate participation in a New York State approved apprenticeship program that has at least one graduate. If yes, supply supporting documentation. Examples of supporting documentation are: a letter from the New York State Department of Labor stating that your firm has participated in an approved apprentice program that has met the criteria listed above; or, a letter from a union of which your firm is a signator or a copy of a signed union contract. Apprenticeship programs must be appropriate to the work to be performed under the proposed categories of work.

Yes  No

**12. Safety:**

(a) **Workers Compensation Experience Information:** List the Interstate Workers Compensation Experience Modification Rate (EMR).

Alternative or equivalent measures may be considered.

Year	Workers Compensation Insurance Carrier	Policy Number	EMR

In addition to listing your EMR information in the above chart, also provide this information on your insurance carrier or broker's letterhead.

Verification Provided Yes  No

**13. Licenses:**

If the work of this subcontractor requires a New York City, State, or Federal license or certification under governing law, provide copies of all required licenses.

**14. Trade Union Affiliation:**

List any trade union affiliations your firm may have:


**15. Enterprise Programs:**

**IT IS THE OBJECTIVE OF NEW YORK CITY HOUSING AUTHORITY (NYCHA) TO ENSURE THAT ALL BUSINESSES HAVE AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL ASPECTS OF NYCHA'S PROCUREMENT OF ALL GOODS AND SERVICES WITHOUT REGARD TO RACE, COLOR, RELIGION, MILITARY SERVICE, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, OR SEXUAL ORIENTATION OF THE OWNERS, PARTNERS OR STOCKHOLDERS. FURTHER, NYCHA IS COMMITTED TO ACHIEVE MAXIMUM PARTICIPATION OF MINORITY, WOMEN, AND SMALL BUSINESS ENTERPRISES (MWSBEs) IN NYCHA PROCESS OF AWARDING CONTRACTORS FOR GOODS AND SERVICES.**

PLEASE CHECK HERE IF THE FOLLOWING DOES NOT APPLY TO YOUR BUSINESS

1 IS THE BUSINESS AT LEAST FIFTY-ONE (51%) OWNED, CONTROLLED AND OPERATED BY (or in case of publicly owned business at least fifty-one of the stock is owned by) CITIZENS OR PERMANENT RESIDENT ALIENS WHO ARE (Please Check All That Apply):

**ASIAN / PACIFIC** - ASIANS AND PACIFIC ISLANDERS AMERICAN PERSONS HAVING ORIGINS IN ANY OF THE FAR EAST COUNTRIES. SOUTH EAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS.

**HISPANIC** - HISPANIC PERSONS OF MEXICO, PUERTO RICAN, DOMINICAN, CUBAN, CENTRAL AMERICA OR SOUTH AMERICAN DESCENT, OF EITHER INDIAN OR HISPANIC ORIGIN, REGARDLESS OF RACE

**BLACK** - BLACK PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS

**NATIVE AMERICAN** - NATIVE AMERICAN OR ALASKIAN NATIVE PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA

**HASIDIC JEWS**

**WOMEN**

2 CERTIFIED AS MBE, WBE, SBE OR ROB : IS THE BUSINESS CERTIFIED AS ANY OF THE FOLLOWING TYPES OF BUSINESS BY A NEW YORK STATE GOVERNMENT AGENCY OR AUTHORITY ? IF YES, ATTACH COPIES OF ALL SUCH CERTIFICATIONS.

MINORITY - OWNED BUSINESS ENTERPRISE (MBE)    YES     NO     SMALL BUSINESS ENTERPRISE (SBE)    YES     NO

WOMEN - OWNED BUSINESS ENTERPRISE (WBE)    YES     NO     RESIDENT OWNED BUSINESS (ROB)    YES     NO

A material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval thereby precluding the business applicant from performing work for TDX Construction Corporation.

I, \_\_\_\_\_, being duly sworn, state that I am \_\_\_\_\_ of \_\_\_\_\_,  
(Name, print) (Title) (Business Applicant name)

and that I have read and understood the questions contained in this application. I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful. I acknowledge that TDX Construction Corporation may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application. I recognize that all the information submitted is for the express purpose of inducing TDX Construction Corporation to pre- qualify a contractor and does not assure that it will be deemed qualified. I authorize TDX Construction Corporation to contact any entity named in the application for the purposes of verifying the information supplied by the applicant.

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

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

\_\_\_ Notary Public

Completed applications, with supporting documentation, are required for your firm to be considered for the pre-qualification list.

**MAIL APPLICATION TO:**  
**TDX Construction Corporation**  
**345 Seventh Avenue, 12th Floor New York, NY 10001**  
**Attn: Robert Buxbaum**