

**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**

**CONTRACTOR/SUBCONTRACTOR BACKGROUND
QUESTIONNAIRE**

General Information

Federal Identification Number: _____

Name of Firm: _____

Mailing Address:

Actual Location: _____

City: _____ **State:** _____ **Zip code:**

Fax Number: () _____

Telephone Number: () _____

Background Questionnaire

The following section must be fully completed by Bidder or Bidder will be deemed non-responsive. Where appropriate, provide additional details using space provided or by inserting additional sheets following this part. This form must also be completed by any proposed subcontractor if the value of that subcontract will be in excess of \$10,000.

1a. Are you a New York State resident business?	_____ NO _____ YES
1b. Are you registered with the New York State Department of State (DOS) to do business in New York State?	_____ NO _____ YES
If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?	_____ NO _____ YES
2. How many years has your firm been in business?	_____ Years
3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black Hispanic, Asian, Pacific Islander American Indian, Alaskan Native)?)	_____ NO _____ YES
3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)	_____ NO _____ YES
4. How many people are employed by your firm?	_____ Employees

<p>1. Total number of people employed by your firm :</p> <ul style="list-style-type: none"> * Within New York State? * Outside of New York State? * Outside of United States? 	<p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Is your company independently owned and operated?</p>	<p>_____ NO _____ YES (If no, provide details)</p>
<p>7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the firm and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.</p>	
<p>8. Within the past five years has the firm, any affiliate, any predecessor company or entity, owner of 5.0% or more of the firm's shares, director, officer, partner or proprietor been the subject of:</p> <p>a) a judgment of conviction for any business-related conduct constituting a crime under state or federal law?</p> <p>b) a currently pending indictment for any business-related conduct constituting a crime under state or federal law?</p> <p>c) a grant of immunity for any business-related conduct constituting a crime under a state or federal law?</p> <p>d) a federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?</p> <p>e) a civil or criminal investigation of the New York State Ethics Commission involving a violation(s) of Section 73 and Section 74 of the Public Office Law?</p> <p>f) Any bankruptcy proceeding?</p> <p>g) Any suspension or revocation of any business or professional license?</p> <p>h) Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:</p> <ul style="list-style-type: none"> * federal, state or local health laws, rules or regulations * unemployment insurance or workers compensation coverage or claim requirements * ERISA (Employee Retirement Income Security ACT) * federal, state or local human rights laws * federal, state security laws? 	<p>Check any that apply. If "yes", describe using additional pages if necessary)</p> <p>_____ NO _____ YES</p>

<p>i) a grant of immunity for any business-related conduct constituting a crime under a state or federal law?</p> <p>j) a federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?</p> <p>k) any federal determination of a violation of any labor law or regulation, or any OSHA "serious violation"?</p> <p>Was violation willful?</p> <p>l) any state determination of a violation of any labor law or regulation?</p> <p>m) any state determination of a Public work violation?</p> <p>Was violation deemed willful?</p>	<p>(Check any that apply. If "yes", describe using additional pages if necessary)</p> <p>_____ NO _____ YES</p>
<p>n) Has there been a revocation of MBE or WBE certification?</p> <p>o) Was there a rejection of a low bid on a state contract for failure to meet statutory affirmative action or MWBE requirements?</p> <p>p) Has there been a consent order with the NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>9. Does your company retain partnership or reciprocal agreements with hardware and/or software companies, or with associated manufacturers in this industry?</p>	<p>_____ NO _____ YES (If yes, provide details.)</p>
<p>10. List by agency or department all current contracts your firm holds with the State of New York, its departments or political subdivisions, valued in excess of \$100,000:</p>	<p>_____ NO _____ YES (please list on a separate page)</p>
<p>11. List by name all current contracts which your firm holds with governmental entities outside of New York State, valued in excess of \$100,000:</p>	<p>_____ NO _____ YES (please list on a separate page)</p>
<p>12. Your firm is responsible for providing worker's compensation insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you understand this requirement?</p>	<p>_____ NO _____ YES</p>
<p>13. Your firm is responsible for providing disability insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you understand this requirement?</p>	<p>_____ NO _____ YES</p>
<p>14. Does your firm employ any non-U.S. citizens or resident legal aliens?</p>	<p>_____ NO _____ YES</p>
<p>15. If yes, are the forms on file and available for inspection?</p>	<p>_____ NO _____ YES</p>

<p>16. Has any New York State agency, authority, board or other State entity made a finding of non-responsibility regarding the Contractor in the last five years?</p>	<p>_____ NO _____ YES</p>
<p>17. If yes, was the basis for the finding of the Contractor's non-responsibility due to the intentional provision of false or incomplete information required by Executive Order Number 127?</p>	<p>_____ NO _____ YES (If yes, provide details including NYS agency or authority name, year of finding and the basis of the non-responsibility finding.)</p>

(i) **CERTIFICATION**

The undersigned 1) recognizes that this questionnaire is submitted for the express purpose of inducing the New York State Office of Temporary of Disability Assistance to award a contract or approve a subcontract; 2) acknowledges that the Office may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; 3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 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. 1001; 4) states that the information submitted in this questionnaire and any attached pages is true, accurate and complete and 5) acknowledges that submission of false or misleading information will constitute grounds for the Office to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an officer.

Authorized Signature:

Name: _____

Title: _____

Date: _____

Revised August 2003