

**NEW YORK CITY SCHOOL CONSTRUCTION AUTHORITY**

**Solicitation:** \_\_\_\_\_  
**Project Description:** \_\_\_\_\_  
**Contract Administrator:** \_\_\_\_\_

**Doing Business Data Form – Contract Proposers**

A Doing Business Data Form must be completed by any bidder/consultant submitting bid/proposal for this solicitation.

**The submission of a Data Form that is not accurate and complete may result in appropriate sanctions.**

This Data Form requires information to be provided on your principal officers, owners and senior managers.

The name, employer, and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public.

This Data form is separate from the City's VENDEX requirements.

**General instruction for Sections 2, 3, and 4:**

**Title:** The actual office title held by the officer, owner, or manager.

**Employer (if not vendor):** If the individual is not employed by the vendor, list his/her employer's name

**Certification:**

Fill out the certification box on the last page completely, and return the completed Data Form, in a separate envelope, to the SCA along with your bid/proposal. If you have questions regarding this solicitation, please contact the Contract Administrator listed above at the phone or fax number identified in the Invitation for Bid letter.

For questions regarding your firm's Prequalification, please call (718) 472-8777, or if you have questions regarding the Business Accountability Project, please call (212) 788-8104 or go to [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov).

**NOTE:** Under the Federal Privacy Act the furnishing of Social Security Numbers is voluntary. Failure to provide an SSN will not result in any vendor's disqualification. SSNs will not be disclosed to the public. SSN will be used to: identify a vendor's officers, owners and managers; assist the City in enforcement of Local Law 34 by ensuring that it is applied only to those individuals intended to be covered; and provide the City a means of identifying individuals whose names are not required to be listed in the *Doing Business Database*.

**Section 1: Vendor Information**

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

Vendor EIN: \_\_\_\_\_

Vendor Filing Status (select one):

- New Vendor/Full Data Form. *Fill out the entire form.*
- Change from Previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the person(s) who no longer hold positions with the vendor.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

**Vendor Type:**  Corporation (any type)  Partnership (any type)  Sole Proprietor

Other (specify): \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Main Phone #: \_\_\_\_\_

Vendor is a Non-Profit:  Yes  No

Vendor Main E-mail: \_\_\_\_\_

**Section 2: Principal Officers**

Please fill in the required identification information for each officer listed below. If the vendor has no such officer or its equivalent, please check the Position does not exist box. If the vendor is filling a Change Data Form and the person listed is replacing someone who was previously disclosed, please check the 'The person above replaced' box and fill in the name of the person being replaced so his/her name can be removed from the Doing Business Database, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer** This position does not exist

The highest ranking officer or manager, such as the CEO, President or Executive Director; or, if those positions do not exist, the Chairperson of the Board.

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

Office Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer (if not vendor): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

 The person above replaced: \_\_\_\_\_ On date: \_\_\_\_\_**Chief Financial Officer (CFO) or equivalent officer** This position does not exist

The highest ranking financial officer, such as the CFO, Treasurer, Comptroller, Financial Director, or VP for Finance.

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

Office Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer (if not vendor): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

 The person above replaced: \_\_\_\_\_ On date: \_\_\_\_\_**Chief Operating Officer (COO) or equivalent officer** This position does not exist

The highest ranking operational officer, such as the COO, Chief Planning Officer, Director of Operations, or VP for Operations.

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

Office Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer (if not vendor): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

 The person above replaced: \_\_\_\_\_ On date: \_\_\_\_\_



**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means **own or control 10% or more of the vendor**. If no individual owners exist, please check the appropriate box to indicate why, and skip to the next page. If the vendor is owned by other companies, those companies do not need to be listed. If the vendor is filling a Change Data Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No owner holds 10% or more shares in the entity

Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the vendor):**

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

Employer (if not vendor): \_\_\_\_\_

Office Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

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

Employer (if not vendor): \_\_\_\_\_

Office Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

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

Employer (if not vendor): \_\_\_\_\_

Office Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

**To list more Principal Owners, please attach additional pages.**

**Section 4: Senior Contract Managers**

Please fill in the required identification information for all senior management managers who oversee any of the vendor's contracts with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting, or administration of any contract with the City. You must list at least one Senior Manager or your Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the vendor is filling a Change Data Form, list any individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Contract Managers:**

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

Employer (if not vendor): \_\_\_\_\_

Office Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

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

Employer (if not vendor): \_\_\_\_\_

Office Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

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

Employer (if not vendor): \_\_\_\_\_

Office Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

**Remove the following previously-reported Senior Contract Managers:**

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal date: \_\_\_\_\_

**To list more Senior Contract Managers, please attach additional pages**

**I certify that the information submitted on these four pages and \_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the vendor being found non-responsible and therefore denied awards for future City contracts.**

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

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

Vendor name: \_\_\_\_\_

Title: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Return the completed Data form, in a separate envelope, to the contracting agency along with your proposal.