



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 Instructions 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.

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 filing 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) 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) 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) 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 below 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 filing 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: _____

To list more Principal Owners, please attach additional pages.



Section 4: Senior Contract Managers

Please fill in the required identification information for all senior 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 over the solicitation, letting, or administration of any contract with the City. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the vendor is filing 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.