September 25, 2014

Please note that effective, September 25, 2014, the VENDEX questionnaires are now fillable. **YOU WILL STILL NEED TO COMPLETE, PRINT AND SUBMIT THE PAPER COPIES.**

These include the:

- Vendor Questionnaire
- Principal Questionnaire
- Certification of No Change

Please be advised that certain fields require certain types of entry, e.g.:

- Date fields require entries to match: MM/DD/YYYY
- Telephone/Fax fields require entries to match: XXX-XXX-XXXX or (XXX) XXX-XXXX
- EIN/TIN/SSN fields require 9 digits and no dashes
- SSN only fields require entries to match XXX-XX-XXXX

Please also note that not all the fields will match the underlying formatting due to the limitations of the form, but ALL information will be able to be inputted. If you have any questions or concerns with the form, please email us at VENDEXFEEDBACK@cityhall.nyc.gov and we will get back to you as soon as possible.

**PLEASE NOTE THAT ALTHOUGH THE FORMS ARE FILLABLE, YOU WILL STILL NEED TO COMPLETE, PRINT AND SUBMIT THE PAPER COPIES.**

Thank you for your kind consideration.
The Vendor Information Exchange System (VENDEX) includes two questionnaires – the vendor questionnaire and the principal questionnaire. These have been developed to collect information from vendors who wish to do business with New York City, to ensure that New York City obeys the mandate in its charter to do business only with responsible vendors.

Questionnaires may be obtained in paper format from the VENDEX Unit (212-341-0933) or downloaded from the NYC website at http://www.nyc.gov/vendex.

Questionnaires must be completed in paper format. All questions must be answered. A response of “Not Applicable (N/A)”, or the equivalent, is not acceptable. Answers must be typewritten or printed in ink. If more space is needed to respond, photocopy the corresponding section’s page, check the box that additional information is attached, and attach the photocopied page to the questionnaire.

The publication “Vendor’s Guide to VENDEX” provides assistance and explanation for the questionnaires, including definitions of terms or phrases written in bold face throughout the questionnaires. If you have not obtained a copy of this publication, please download a copy from the New York City web site, or contact the VENDEX Unit at 212-341-0933. All forms must be sent to MOCS: 253 Broadway, 9th Floor; New York, New York 10007. If you have questions, contact the VENDEX Unit at 212-341-0933.

Name of submitting vendor ________________________________

Submitting vendor’s EIN/SSN/TIN ____________________________

Type of submission: (Check one)

1. [ ] Full questionnaire
2. [ ] Changed questionnaire

If checked, provide submission date of last full questionnaire: _____/_____/_____

Name of person completing this principal questionnaire ________________________________

Employer/Title ________________________________

Telephone Number (_____)(_____)_____ - _____ Fax Number (_____)(_____)_____ - _____

Email address ________________________________

The disclosure of the social security number is mandatory under the right granted New York City by the Tax Reform Act of 1976 and will be used for the purpose of tax administration. The number may also be used for general identification purposes. If you do not consent to such additional use for general identification purposes, please check here [ ]

Provide a detailed response for all questions answered with information and/or “YES” in the question’s corresponding section starting on page four of this questionnaire.
### 1. Principal owner or officer's name

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Date of birth: __/__/__
- Home address: 
  - Street/P.O. Box/Apt Number: 
  - Floor #/Suite: 
  - City/State/Zip Code: 

- Primary place of business address:
  - Street/P.O. Box/Apt Number: 
  - Floor #/Suite: 
  - City/State/Zip Code: 

- Business telephone: (____) _____ - _____
- Business fax number: (____) _____ - _____
- Business email address: 

### 2. State all positions (with dates) held with submitting vendor during the past five (5) years

<table>
<thead>
<tr>
<th>Position held</th>
<th>Dates held</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Check if more than three (3) positions were held, and attach list of titles and dates held

### 3. Do you hold a ten (10) percent or greater ownership interest in the submitting vendor?

- Yes [ ]
- No [ ]

### 4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the submitting vendor?

- Yes [ ]
- No [ ]

### 5. Within the past three (3) years, have you been a principal owner or officer of any entity other than the submitting vendor?

- Yes [ ]
- No [ ]

### 6. Has New York City awarded any contracts to an entity listed in response to Question 5 while you were a principal owner or officer?

- Yes [ ]
- No [ ]

Provide a detailed response for all questions answered with information and/or “YES” in the question’s corresponding section starting on page four of this questionnaire.
7. At any time during the past five (5) years, have you, and/or any entity in which you have been a principal owner or officer, been subject to any of the following actions, whether pending or completed:

   a. [ ] No [ ] Yes debarred from bidding on any government contract?
   
   b. [ ] No [ ] Yes found non-responsible on any government contract?
   
   c. [ ] No [ ] Yes declared in default and/or terminated for cause on any contract, and/or had any contract canceled for cause?
   
   d. [ ] No [ ] Yes determined to be ineligible to bid or propose on any contract?
   
   e. [ ] No [ ] Yes suspended from bidding on any government contract?
   
   f. [ ] No [ ] Yes received an overall unsatisfactory performance rating from any government agency on any contract or agreement?

8. Do you presently serve, or have you within the past five (5) years served, as:

   a. [ ] No [ ] Yes an elected or appointed official or officer?
   
   b. [ ] No [ ] Yes a full or part-time employee in a New York City agency or as a consultant to any New York City agency?
   
   c. [ ] No [ ] Yes an officer of any political party organization in New York City, whether paid or unpaid?
   
   d. [ ] No [ ] Yes as a consultant or advisor to a New York City agency that is or was involved in the solicitation, negotiation, operation and/or administration of contracts on which the submitting vendor will work during this three year VENDEX cycle?

9. During the past five (5) years, have you failed to:

   a. [ ] No [ ] Yes file any applicable federal, state or New York City tax returns?
   
   b. [ ] No [ ] Yes pay any applicable federal, state or New York City taxes or other assessed New York City charges, including but not limited to water and sewer charges?
Provide details to questions answered “yes” in the corresponding section below.

<table>
<thead>
<tr>
<th>Corresponds to Question 3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total percentage of stock owned: ___________________</td>
</tr>
<tr>
<td>(if sole proprietorship, enter 100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corresponds to Question 4. (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Loan amount $ __________</td>
</tr>
<tr>
<td>□ Guarantee amount $ __________</td>
</tr>
<tr>
<td>□ Security amount $ __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corresponds to Question 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of entity of which you are/were a principal owner or officer</td>
</tr>
<tr>
<td>____________________________</td>
</tr>
<tr>
<td>Address ____________________________</td>
</tr>
<tr>
<td>EIN/TIN _______________</td>
</tr>
<tr>
<td>Your title ____________________________</td>
</tr>
<tr>
<td>Associated from <em><strong>/</strong></em>/____ to <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>□ Check if attaching additional information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corresponds to Question 6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of entity that received the contract</td>
</tr>
<tr>
<td>____________________________</td>
</tr>
<tr>
<td>EIN/TIN _______________</td>
</tr>
<tr>
<td>□ Check if attaching additional information</td>
</tr>
</tbody>
</table>
Corresponds to Question 7. (Use this box for only one action. For each additional action, photocopy this page, complete the information and attach to this questionnaire.)

The following refers to section:  

<table>
<thead>
<tr>
<th>7a</th>
<th>7b</th>
<th>7c</th>
<th>7d</th>
<th>7e</th>
<th>7f</th>
</tr>
</thead>
</table>

Action applies to:

- [ ] You (as **principal owner** or **officer**)  
- [ ] Entity. If checked, name ________________________________  

**Entity’s EIN/TIN** ________________

Your title (as **principal owner** or **officer**) (while action was underway)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action is:</strong></td>
<td></td>
</tr>
</tbody>
</table>
[ ] Pending  
[ ] Completed |
| **Date of action** | From ____/____/____ To ____/____/____  
[ ] Still ongoing |
| **Name of agency initiating action** |  |
| **Contract number** | ________________ |
| **Reason for action** |  |

[ ] Check if attaching additional information

Corresponds to Question 8. (check all that apply)

8a.  
- [ ] elected official  
- [ ] elected officer  
- [ ] appointed official  

**Name of agency where you serve(d)** ________________________________  

**Date started** ____/____/____ **Date completed** ____/____/____  
[ ] Still Serving  

[ ] Check if attaching additional information

8b.  
- [ ] Full time employee  
- [ ] Part time employee  
- [ ] Consultant to NYC **agency**  

**Name of agency where you work(ed)** ________________________________  

**Date started** ____/____/____ **Date completed** ____/____/____  
[ ] Still Serving  

[ ] Check if attaching additional information

8c.  
- [ ] paid officer  
- [ ] unpaid officer  

**Name of political party or organization** ________________________________  

**Date started** ____/____/____ **Date completed** ____/____/____  
[ ] Still Serving  

[ ] Check if attaching additional information

8d.  
**Individual** serves/served New York City **agency** as  
- [ ] consultant  
- [ ] advisor  

**Employee/advisor’s name** ________________________________  

**SSN** ________________________________ **Date of Birth** ____/____/____  

**Name of NYC **agency**** ________________________________  

[ ] Check if attaching additional information

Provide a detailed response to all questions checked “YES” from pages one - three. If you need more space to respond, photocopy the corresponding section’s page, check the box that additional information is attached, and attach the photocopied page to this Questionnaire.
Corresponds to Question 9.

9a. You failed to file

|   | Federal taxes | State taxes | N.Y. City taxes | Other |

If "State" is checked, and other than N.Y., name State _______________________

If "Other" is checked, specify _______________________

Taxes were not filed for tax years:

|   | 19_ | 20_ | 20_ | 20_ | 20_ |

☐ Check if attaching additional information

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9b. You failed to pay:

|   | Federal taxes | State taxes | N.Y. City taxes | Other NYC charge |

If "State" is checked, and other than N.Y., name State _______________________

If "Other NYC charge(s)" is checked, specify _______________________

Taxes were not paid for tax years:

|   | 19_ | 20_ | 20_ | 20_ | 20_ |

☐ Check if attaching additional information
CERTIFICATION

THE PRINCIPAL QUESTIONNAIRE MUST BE CERTIFIED BY THE PRINCIPAL COMPLETING THE QUESTIONNAIRE. A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING VENDOR NON-RESPONSIBLE WITH RESPECT TO THE VENDEX SUBMISSION AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _______________________________ serving as _______________________________ for _______________________________,

Name                                                Title

being duly sworn, certify that:

• I have not altered the substance of this questionnaire in any manner;
• I have read and understand all of the items contained in the foregoing 6 pages of this questionnaire and the following _____ pages of attachments;
• I supplied full and complete responses to each item therein to the best of my knowledge, information and belief;
• I understand that New York City will rely on the information supplied in this questionnaire as an inducement to enter into a contract with the submitting vendor;
• I understand that at the time of execution of any contract with New York City, the submitting vendor will be required to certify that the information I have supplied remains accurate, and I further understand that I may provide to the VENDEX unit, in writing, any change(s) in the information provided in this questionnaire at the time of any change in the circumstances;
• I have read the vendor questionnaire submitted by the submitting vendor, and the answers thereto, and that, to the best of my knowledge, information and belief, those answers are full, complete and accurate.

Sworn to before me this ______ day of ________________________, 20____;

Notary Public

Print name

Signature /

Date