



LOWER MANHATTAN DEVELOPMENT CORPORATION  
STANDARD BUSINESS BACKGROUND QUESTIONNAIRE

**INSTRUCTIONS**

- This Questionnaire shall be completed on behalf of the Firm by an individual who is knowledgeable about the past and present operations of the firm and its policies.
- Firms intending to bid as joint venturers should submit a separate Questionnaire for each joint venturer.
- Whenever more space is needed to answer any question, or you wish to give further explanation, complete by attaching extra pages.
- All questions must be answered. If a particular question does not apply, the response must state "Not Applicable" ("NA").
- Any suits, liens, judgments, litigation, violations, and administrative or court actions under appeal must be disclosed.

**NOTE:** Please indicate whether you believe that any of the information supplied herein is confidential and should be exempt from disclosure under the New York Freedom of Information Law: \_\_\_\_\_yes, \_\_\_\_\_no. If you checked "yes" you must identify the information you feel is confidential by placing an asterisk in front of the appropriate question number(s) and attach an additional sheet(s) explaining the basis for such claim(s).

**DEFINITIONS**

For purposes of this Questionnaire, the following terms shall have the following meanings:

- A. "Affiliate" shall mean any person or entity that is directly or indirectly controlled by the person or entity to which the question relates, or any person or entity that 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.
- B. "Principal" shall mean any person who is or has been, within the past five (5) years, either an owner of five percent (5%) or more of the firm's shares, one of the firm's five (5) largest shareholders or a director, officer, partner or proprietor of the Firm.
- C. "Key Person" shall mean any individual, not identified in this Questionnaire as a Principal, who participates in policy making, financial decisions, or the Firm's operations in relation to the LMDC project.

**GENERAL INFORMATION**

- LEGAL NAME OF FIRM (hereafter, the "Firm") \_\_\_\_\_  
 DBA NAME, IF ANY \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX NO. (\_\_\_\_) \_\_\_\_\_  
 ACTUAL LOCATION \_\_\_\_\_  
 FIRM HEADQUARTERS (if different) \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ WEB SITE \_\_\_\_\_
- CONTACT NAME FOR QUESTIONNAIRE \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_
- TYPE OF FIRM (check only one)  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  JOINT VENTURE  LLC  LLP
- HOW MANY YEARS HAS THE FIRM BEEN IN BUSINESS? \_\_\_\_\_ UNDER THE SAME NAME? \_\_\_\_\_ FORMER NAME(S): \_\_\_\_\_
- 4a. WAS THE FIRM PURCHASED AS AN EXISTING BUSINESS BY ITS PRESENT OWNER(S) NO  YES  (IF YES PROVIDE INFORMATION)  
 DATE PURCHASED \_\_\_/\_\_\_/\_\_\_ PREVIOUS OWNER(S) NAME(S): \_\_\_\_\_
- WHAT IS THE FIRM'S BONDING RANGE? \$ \_\_\_\_\_ SINGLE PROJECT \$ \_\_\_\_\_ AGGREGATE (ALL PROJECTS)
- ARE YOU CERTIFIED MBE \_\_\_\_\_ WBE \_\_\_\_\_ IF SO, BY WHOM? \_\_\_\_\_

**OWNERSHIP, MANAGEMENT, AFFILIATION**

7. **Principals:** Identify each person who is, or has been within the past five (5) years, an owner of five percent (5.0%) or more of the Firm's shares, or one of the five (5) largest shareholders or a director, an officer, a partner or a proprietor. Fill in name, % owned, office held and indicate by Y or N whether the individual is a director, officer, partner or Key Person:

| FIRST NAME | MI | LAST NAME | DATE OF BIRTH | % OWNED | DIRECTOR (Y OR N) | OFFICER (Y OR N) | TITLE | PARTNER (Y OR N) | KEY PERSON (Y OR N) |
|------------|----|-----------|---------------|---------|-------------------|------------------|-------|------------------|---------------------|
|            |    |           |               |         |                   |                  |       |                  |                     |
|            |    |           |               |         |                   |                  |       |                  |                     |
|            |    |           |               |         |                   |                  |       |                  |                     |
|            |    |           |               |         |                   |                  |       |                  |                     |
|            |    |           |               |         |                   |                  |       |                  |                     |

8. **Key Persons:** Identify any individual, not listed in your answers to question 7 and identified as a Principal, who participates in policy making, financial decisions or the Firm's operations in relation to the LMDC project:

| FIRST NAME | MI | LAST NAME | DATE OF BIRTH | TITLE |
|------------|----|-----------|---------------|-------|
|            |    |           |               |       |
|            |    |           |               |       |
|            |    |           |               |       |
|            |    |           |               |       |
|            |    |           |               |       |

9. **Ownership of Other Firms:** Identify any other firms in which, now or in the past five (5) years, the Firm or any Principals or Key Persons, either owned or owns five percent (5.0%) or more of the shares of, or was or is one of the five (5) largest shareholders, a director, officer, partner or proprietor of such other firm:

| FEDERAL ID NO. | % OWNED | FIRM/COMPANY NAME | FIRM/COMPANY ADDRESS |
|----------------|---------|-------------------|----------------------|
|                |         |                   |                      |
|                |         |                   |                      |
|                |         |                   |                      |
|                |         |                   |                      |
|                |         |                   |                      |

10. **Affiliates:** Identify any Affiliate not listed in your answers to question 9.

| FEDERAL ID NO. | COMPANY NAME | ADDRESS |
|----------------|--------------|---------|
|                |              |         |
|                |              |         |
|                |              |         |
|                |              |         |

11. Identify the name and types of any professional or occupational license(s) (e.g., attorney, CPA, architect, engineer, securities, insurance, etc.) ever held by the Firm, Principal or Key Person and provide the information below.

| TYPE OF LICENSE | LICENSING AUTHORITY | INDIVIDUAL NAMED ON LICENSE | LICENSE NUMBER | DATE HELD FROM (MO/YR TO MO/YR) |
|-----------------|---------------------|-----------------------------|----------------|---------------------------------|
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |
|                 |                     |                             |                |                                 |

12. Are any persons identified in your answers to questions 7, 8, or 10:

- (a) Present or past employees of the LMDC No\_\_\_\_\_ Yes\_\_\_\_\_
- (b) Related by kinship or marriages to any present or past employees of the LMDC? No\_\_\_\_\_ Yes\_\_\_\_\_

If you answered "yes" to questions 12(a) or 12(b), provide name(s) of such individual(s) and indicate his or her relationship to the current/former LMDC employee.

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**FINANCIAL INFORMATION**

13. Attach a copy of the Firm's most recent audited annual financial statement, include (if any) the auditor's report and accompanying footnotes.

14. For the purpose of this contract, is any other person or entity guaranteeing the performance of, or otherwise providing financial assistance to, your Firm? If so, describe the form of assistance and list the name(s) and federal tax identification number(s) ("TIN") of each person or entity:

| FORM OF ASSISTANCE | INDIVIDUAL | COMPANY NAME | FEDERAL TIN | ADDRESS |
|--------------------|------------|--------------|-------------|---------|
|                    |            |              |             |         |
|                    |            |              |             |         |
|                    |            |              |             |         |
|                    |            |              |             |         |
|                    |            |              |             |         |

**OTHER INFORMATION**

15. For the Firm or any individual, firm or Affiliate identified in questions 7 through 10 above; (a) list and describe all judgments, liens or claims over \$25,000 filed against the Firm, individual, firm or Affiliate and remaining undischarged or unsatisfied for more than ninety (90) days; and (b) list and describe all liquidated damages assessed. Also list any litigation currently pending against the Firm, individual, firm, or Affiliate, if the judgment sought relates to the type of work to be performed for the LMDC, or could have a material adverse financial impact on the Firm, individual, firm or Affiliate.

| INDIVIDUAL, FIRM OR AFFILIATE | LIENS, CLAIMS, LITIGATION INDEX/DOCKET NO. | LIQUIDATED DAMAGES |
|-------------------------------|--|--------------------|
|                               |  |                    |
|                               |  |                    |
|                               |  |                    |
|                               |  |                    |

16. Within the past five (5) years has the Firm, Principal, Key Person, or Affiliate 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) any felony or misdemeanor charges pending that were filed either before or during their employment or affiliation with the Firm? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (e) a Federal or state suspension or debarment? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (f) a finding of non-responsibility by any government agency? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (g) a denial or revocation of prequalification? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (h) a voluntary exclusion from bidding/contracting agreement? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (i) any administrative or civil action seeking specific performance or restitution on any public works contract except any disputed work proceeding? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (j) an OSHA Citation and Notification of Penalty containing a violation classified as serious? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (k) an OSHA Citation and Notification of Penalty containing a violation classified as willful? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (l) a prevailing wage or supplement payment violation? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (m) a state labor law violation deemed willful? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (n) any other federal or state citations, notices, violation orders, pending administrative hearings or proceedings or determinations of a violation of any labor law or regulation? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (o) any criminal investigation, felony indictment or conviction concerning formation of, or any business association with, any allegedly false or fraudulent women's, minority or disadvantaged business enterprise? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (p) any denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (q) rejection of a low bid on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (r) 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\_\_\_\_\_
  - (s) 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\_\_\_\_\_
    - Federal, state or local environmental 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\_\_\_\_\_
    - a request to withdraw a bid submitted to a public owner or any claim of an error on a bid submitted to a public owner? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (t) any bankruptcy or reorganization proceeding? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (u) any suspension or revocation of any business or professional license, certificates or certifications? No\_\_\_\_\_ Yes\_\_\_\_\_
  - (v) a denial of application an for a professional or trade license? No\_\_\_\_\_ Yes\_\_\_\_\_

17. Within the past five (5) years has the Firm, Principal, or Key Person (respond to each question and 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 Firm, Affiliate, Principal or Key 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\_\_\_

18. Within the past five (5) years, has the Firm ever:

- (a) failed to file any required tax returns or failed to 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? No\_\_\_ Yes\_\_\_
- (b) had, or does it presently have, any delinquent Federal, state or New York City taxes outstanding? No\_\_\_ Yes\_\_\_

If you answered "yes" to questions 18(a) or 18(b), supply details.

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19. Provide any supplemental information the Firm desires to have considered as part of its response to this Questionnaire.

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**CERTIFICATION**

The undersigned recognizes that this Questionnaire is submitted for the express purpose of inducing the LMDC to award a contract or approve a subcontract; acknowledges that the LMDC may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; authorizes the LMDC, the United States Department of Housing and Urban Development, or their agents to contact any entity named in this Questionnaire and any attachments for the purposes of verifying the information supplied; acknowledges that the intentional submission of false or misleading information may constitute a felony under New York Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 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. Section 1001; and represents that the information submitted in this Questionnaire and any attached pages is true, accurate and complete.

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

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Title

\_\_\_\_\_  
Commission Expiration Date