



SCHENECTADY COUNTY AIRPORT

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

FFY 2019 Update

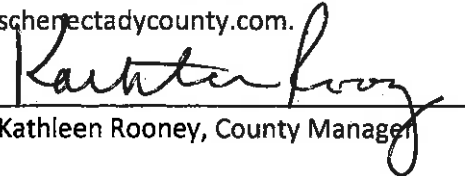
The Schenectady County Airport (County) has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 CFR Part 26. The County has received Federal financial assistance from the Department of Transportation and the Federal Aviation Administration (FAA), and as a condition of receiving this assistance, the County has certified appropriate assurances for continued compliance with 49 CFR Part 26.

It is the policy of the County to ensure that DBEs, as defined in Part 26, have an equal opportunity to receive and participate in DOT/FAA-assisted contracts. It is also the County's policy:

1. To ensure nondiscrimination in the award and administration of DOT/FAA assisted contracts;
2. To create a level playing field on which DBEs can compete fairly for DOT/FAA assisted contracts;
3. To ensure that the DBE Program is narrowly tailored in accordance with applicable law;
4. To ensure that only firms that fully meet 49 CFR Part 26 eligibility standards are permitted to participate as DBEs;
5. To help remove barriers to the participation of DBEs in DOT/FAA assisted contracts; and
6. To assist the development of firms that can compete successfully in the market place outside the DBE Program.

The Affirmative Action Manager has been delegated as the DBE Liaison Officer. In that capacity, the Manager is responsible for implementing all aspects of the DBE program. Implementation of the DBE program is accorded the same priority as compliance with all other legal obligations incurred by Schenectady County, in its financial assistance agreements with the Department of Transportation.

Distribution of this policy statement and program was accomplished by placing it on the county website: schenectadycounty.com.


Kathleen Rooney, County Manager

3/25/19
Date

IDENTIFYING INFORMATION

1. Name of Sponsor: Schenectady County
2. Address of Sponsor: Schenectady County
620 State Street – 2nd Floor
Schenectady, NY 12305
3. Name of Airport: Schenectady County Airport (SCH)
4. Name of Contact Person: Kathleen Rooney, County Manager
Attention: Nikita Hardy, Affirmative Action Manager
5. Telephone Number: 518-388-4233
Website: www.schenectadycounty.com
E-mail: Nikita.Hardy@SchenectadyCounty.com
6. Period covered by Plan: From 10/1/18 through 9/30/19

The overall annual DBE goal in this plan is five percent (5.0 %).

The County has established an overall goal of five percent (5.0 %) for DBE participation in DOT/FAA-assisted contracts, for each 12-month period covered by the plan. (Numeric references below are to sections of the applicable Federal statute, 49 CFR Part 26.)

NONDISCRIMINATION- SECTION 26.7

The County shall never exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by 49 CFR Part 26 on the basis of race, color, sex, or national origin.

In administering its DBE program, the County will not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the DBE program, with respect to individuals of a particular race, color, sex, or national origin.

DBE PROGRAM UPDATES- SECTION 26.21

The County shall continue to carry out this program until all funds from DOT/FAA financial assistance have been expended. The County shall program updates to DOT/FAA as necessary and appropriate to address significant changes in the program.

QUOTAS-SECTION 26.43

The County shall not use quotas in any way in the administration of this DBE program

DBE LIAISON OFFICER (DBELO)- SECTION 26.25

The following individual has been designated as the DBE Liaison Officer for Schenectady County:

Ms. Nikita Hardy
Affirmative Action Manager
620 State Street, 2nd Floor
Schenectady, NY 12305
518-388-4233
Nikita.Hardy@schenectadycounty.com

In that capacity, the DBELO is responsible for implementing all aspects of the DBE program and ensuring that Schenectady County complies with all provision of 49 CFR Part 26. The DBELO has direct, independent access to the County Manager concerning DBE program matters. An organizational chart displaying the DBELO's position in the organization is included in Attachment 2 to this program.

The DBELO is responsible for developing, implementing and monitoring the DBE program, in coordination with other appropriate officials. The DBELO has a staff of 2, consisting of the Affirmative Action Manager and consultant for the airport to assist in the administration of the program. The duties and responsibilities include the following:

1. Gathers and reports statistical data and other information as required by USDOT/FAA.
2. Reviews third party contracts and purchase requisitions for compliance with this program.
3. Works with the appropriate department to set overall annual goals.
4. Ensures that bid notices and requests for proposals are available to DBEs and Non-DBEs.
5. Analyzes the County's progress toward attainment and identifies ways to improve progress.

6. Participates in pre-bid meetings.
7. Advises the County Legislature and County Manager on DBE matters and achievement.
8. Determine contractor compliance with good faith efforts.
9. Provides outreach to DBEs and community organizations to advise them of opportunities.

FEDERAL FINANCIAL ASSISTANCE AGREEMENT- SECTION 26.13

The Authority hereby certifies compliance with the following assurance, applicable to all DOT/FAA assisted contracts and their administration:

Schenectady County shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of any USDOT/FAA-assisted contract or in the administration of its DBE program or the requirements of 49 CFR Part 26. Schenectady County shall take all necessary and reasonable steps under 49 CFR Part 26 to ensure nondiscrimination in the award and administration of USDOT/FAA-assisted contracts. Schenectady County's DBE program, as required by 49 CFR Part 26 and as approved by USDOT/FAA, is incorporated by reference in this agreement. Implementation of this program is a legal obligation and failure to carry out its terms shall be treated as a violation of this agreement. Upon notification to Schenectady County of its failure to carry out its approved program, the Department may impose sanctions as provided for under 49 CFR Part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801 *et seq.*).

DBE FINANCIAL INSTITUTIONS- SECTION 26.27

Schenectady County investigates services offered by financial institutions owned and controlled by socially and economically disadvantaged individuals in the community, to make reasonable efforts to use these institutions, and to encourage prime contractors on USDOT/FAA-assisted contracts to make use of these institutions.

DIRECTORY- SECTION 26.25

The County DBELO maintains a directory identifying all firms eligible to participate as DBEs. The directory lists the firm's name, address, phone number, and the type of work the firm has been certified to perform as a DBE. The Directory shall be updated at least annually and remains available for public viewing at the Schenectady County Purchasing Department, 620 State St, Schenectady, NY 12305 or reached by telephone at (518) 388-4241. The directory can be found in Appendix A.

OVERCONCENTRATION- SECTION 26.33

The County has determined that an overconcentration of DBE's does not exist within the area of the Airport. If an overconcentration is determined at a future date, the DOT/FAA operating administration will be contacted to review the situation.

BUSINESS DEVELOPMENT PROGRAMS- SECTION 26.35

Schenectady County has not established a Business Development Program.

REQUIRED CONTRACT CLAUSES (26.13,26.29)

Contract Assurance

The County will ensure that the following clause is placed in every DOT/FAA-assisted contract and subcontract:

The contractor or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT/FAA assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the recipient deems appropriate.

Prompt Payment

The County shall include the following clause in each DOT/FAA-assisted prime contract:

The prime contractor agrees to pay each subcontractor under this prime contract for satisfactory performance of its contract no later than 30 days from the receipt of each payment the prime contractor receives from the County. The prime contractor agrees further to return retainage payments to each subcontractor within 30 days after the subcontractor's work is satisfactorily completed. Any delay or postponement of payment from the above referenced timeframe may occur only for good cause following written approval of the County. This clause applies to both DBE and non-DBE subcontractors.

This prompt payment clause will apply to all DBE and non-DBE subcontractors on DOT/FAA-assisted contracts, and will be enforced by the Resident Project Representative (RPR). The County may be required to resolve disputes over the holding of certain funds, etc. and assures that payments will be made in a timely fashion. Prime Contractors will be required to provide the RPR with documentation showing that payments to subcontractors have been made within the time limit stated within their contract. Failure to comply will result in the holding of additional monies; until the RPR are assured the payments to subcontractors have been made. Any delay or postponement of payment among parties may take place only for a good cause, with prior written approval from the RPR. It will also be noted in the contract between the County and the Prime Contractor that the Prime Contractor will not be reimbursed for work performed by subcontractors unless and until the Prime Contractor assures the County that the subcontractor has been promptly paid for the work they have performed.

MONITORING AND ENFORCEMENT MECHANISMS- SECTION 26.37

The County shall bring to the attention of the County Legal office any false, fraudulent, or dishonest conduct in connection with the program, so that they can take the steps (e.g., referral to the Department of Justice for criminal prosecution, action under suspension and debarment or Program Fraud and Civil Penalties rules) provided in 26.109. The County's legal department will pursue any necessary legal action with the assistance of the Schenectady County Legal Office. The Legal office is located in the Schenectady County Courthouse, 612 State St, Schenectady, NY 12305, and can be reached by phone at (518) 388-4364.

Any aspect of the DBE program will be complied with using provisions of the New York State Freedom of Information Law. The Law, particularly NYS Public Officers Law Articles 6 and 6-A, allows any person to

examine and copy "records" that are subject to disclosure. Records are not subject to disclosure if they constitute an unwarranted invasion of privacy, are personal and the disclosure would result in personal hardship, or if the disclosure is "of a personal nature reported in confidence to an agency and not relevant to the ordinary work of such agency", and as such, will not be open for examination. Consistent with Federal, State and local laws, no information considered confidential will be disclosed to any persons requesting information.

Prime Contractors will be required to provide the County with documentation authorizing that payments to subcontractors have been made within the time limit stated within their contract. Since the County is required to approve applications for payment, a record of amounts billed to date is available. It will also be noted, in the contract between the County and the Prime Contractor, that the Prime Contractor will not be reimbursed for work performed by subcontractors unless and until the Prime Contractor assures the County that the subcontractor has been promptly paid for the work they have performed.

The County reserves the right to withhold payment to the Prime Contractor until the provisions of the DBE program are complied with. The County Manager, upon recommendation of the DBELO, may stop the work of the Prime Contractor, and charge the Prime Contractor for the cost of the delay, or in the alternative, terminate the contract with the Prime Contractor and replace the Prime Contractor with another contractor and charge the Prime Contractor with the costs of such replacement. The County will enforce these contractual rights in New York State Supreme Court, Schenectady County or in United States District Court in the Northern District of New York.

OVERALL GOALS- SECTION 26.45

Goal Methodology

Amount of Goal

The County of Schenectady overall goal for FFY 2019-2020 (October 1, 2019 – September 30, 2020) is five percent (5.0 %) of the Federal financial assistance we will expend in DOT/FAA-assisted contracts.

Given the amount of DOT/FAA-assisted contracts the County expects to let during this fiscal year, which is approximately \$365,000, means that the County has set an overall goal of expending \$18,250 with DBE's during this fiscal year.

Method

The following is a summary of the method the County used to calculate this goal:

The County, in developing its overall goal and methodology, utilized the suggested procedures contained in Part 26:45 C-1, i.e. using DBE directories and census data/NAICS Codes to establish a base figure goal for Step 1. Also, the suggestions in Part 26:45 D-1 (i) (ii), regarding consideration of additional adjustment factors, including the possibility of information from disparity studies and/or "the current capacity of DBEs to perform work in your DOT/FAA-assisted contracting program, as measured by the volume of work DBE's have performed in recent years" were used as part of this methodology.

Determination of the Market Area of the Study

Based on discussions with the Consulting Engineers, Airport Staff, and reviewing recent project types bid at the Airport, the normal market area for the Airport consists of the counties listed below in Table 1. This is based upon the fact that they substantial majority of contracting dollars have been expended with firms from these counties over the past year (see Table 1 below).

Table 1. Counties in the Airports Local Market

Albany	Saratoga
Schoharie	Montgomery
Fulton	Rensselaer

Determination of the Relevant NAICS Codes

Schenectady County Airport – FY 2019 Estimated Projects

The following are the proposed project/activity types proposed for FY 2019:

Table 2: Proposed FY 2019 Projects – Schenectady County Airport

PROJECT	ACTIVITY	NAICS CODE
(2019-4) Runway Off-Airport Obstruction Removal (Environmental Assessment)	Engineering and Planning	541330 541370

Determination of Relative Availability of DBE's in Market areas, compared to all firms

Table 3: All Firms and DBE's – Schenectady County Airport, by relevant NAICS Codes For FFY2019 Project(s)

NAICS CODE	DBE FIRMS	ALL FIRMS
541330	2	36
541370	2	36
Total	4	72
DBE Base Figure = 4 / 72 = 5.0%		

Sources:

1. New York State New York State Unified Certification Program (<https://nysucp.newnycontracts.com/>)
2. Consultant and County contractors and consultants list (attached).

Determination of the Step 1 DBE Base Figure

The Step 1 DBE Base Figure was derived by dividing the number of total firms by the number of DBE firms as indicated in Table 3 above.

The Step 1 DBE Base Figure for Schenectady County Airport is five percent (5.0 %) using the NAICS code methodology.

Step 2 – Adjustments of the DBE Base Figure

After the Step 1 DBE Base Figure has been developed, the regulations (49 CFR Part 26) require that:

“...additional evidence in the sponsor’s jurisdiction be considered to determine what adjustment, if any, is needed to the base figure in order to arrive at the overall goal”. (26:45(d)).

Adjustment Factors to Consider

The regulations further state that there are many types of evidence that must be considered when adjusting the base figure. This includes:

- (i) The current capacity of DBE’s to perform work in your DOT/FAA-assisted contracting program, as measured by the volume of work DBE’s have performed in recent years.

The historical overall DBE goals accomplished at the Airport in recent years were examined relative to the above consideration. The County is not requesting at adjustment at this time.

Consultations

Evidence from Disparity Studies

There was no disparity study available from which to gather information to adjust the base figure. This was determined by reviewing related websites.

Data on Statistical Disparities Regarding Access to Capital; Employment, Self-Employment, Education, Training and Union Apprenticeship Programs.

No information was available for the region discussing disparities between minorities and non-minorities in accessing financing, bonding, insurance, etc. Several of the agencies mentioned above were contacted to inquire about disparity information.

There were no statistical disparities available grading access to capital, bonding, etc.

Consultations and Public Participation

As indicated in the above detailed excerpt of the Methodology, a resource agencies were consulted in developing the overall goal. This included the DOT/FAA DBE listings.

Consultation discussions were held as follows:

Agency/Organization	Discussion/Information
FAA	Reviewed UCP directory to obtain firms to be Used. No effects of discrimination noted.
Schenectady County	County Affirmative Action provided their database of DBE companies.

Past participation was obtained by consistently making contractors aware (both non-DBE and DBE contractors) of upcoming projects. This is done by submitting request for quotes/request for information to organizations, such as: Schenectady County Affirmative Action, Saratoga County Affirmative Action, Albany County Affirmative Action, New York Asian Business Development Council, Capital District Minority Contractors, Syracuse Builders Exchange, Work In Progress, Eastern Contractors, Browns Letters and Dodge Reports.

Process

The County submits its overall goal to DOT/FAA on August 1 of each year as required by the U.S. Department of Transportation Federal Aviation Administration.

Before establishing the overall goal each year, the County shall consult with the OEODC office of the New York State Department of Transportation website to obtain information concerning the availability of disadvantaged and non-disadvantaged businesses, the effects of discrimination on opportunities for DBEs, and the County's efforts to establish a level playing field for the participation of DBEs.

Following this consultation, the County shall issue a notice of the proposed overall goal, informing the public that the proposed goal and its rationale are available for inspection during normal business hours at the County's main office for 30 days following the date of the notice, and informing the public that the County and DOT/FAA shall accept comments on the goals for 45 days from the date of the notice. The notice must include addresses to which comments may be sent and addresses where the proposal may be reviewed.

The overall goal submission was advertised on _____ in the Schenectady Gazette. A copy of the advertisement is attached as Exhibit 6. No comments have been received to date; therefore, no responses are yet warranted.

The overall goal submission to DOT/FAA shall include a summary of information and comments received during this public participation process and the County's responses. The County shall begin using its overall goal on October 1 of each year, unless directed otherwise by appropriate Federal agencies.

Breakout of Estimated Race-Neutral and Race-Conscious Participation

The County shall meet the maximum feasible portion of its overall goal by using race-neutral means of facilitating DBE participation. The County uses the following race-neutral means to increase DBE participation:

- Divide large projects into multiple contracts to make them more accessible to small businesses;
- Encouraging prime contractors to subcontract appropriate portions of the work scope that might otherwise remain with the prime contractor;
- Simplifying the bonding process to reduce financing costs where appropriate to promote small business participation;
- Ensuring wide distribution of the DBE registry through print and electronic means to the widest feasible universe of potential prime contractors; and
- Assisting DBEs and other small businesses to develop emerging technology such as electronic communications and media.

The County estimates that, in meeting its overall goal of 5%, 0% shall be attained from race-neutral participation and 5% through race-conscious measures. The percentages are determined by reviewing measures taken to implement the County's use of DBE contractors in the past.

One of the reasons for the future attainment of race-neutral means is that the County intends to provide information on how to become a DBE. The intent is to make more contractors aware of this program and increasing the amount of DBE's available. The County is also in the process of reviewing steps to initiate an outreach program to encourage the certification of more DBE contractors and to set up joint ventures.

The County shall adjust the estimated breakout of race-neutral and race-conscious participation as needed to reflect actual DBE participation (see 26.51(f)) and shall track and report race-neutral and race-conscious participation separately. For reporting purposes, race-neutral DBE participation includes, but is not necessarily limited to, the following:

- DBE participation through a prime contract a DBE obtains through customary competitive procurement procedures;
- DBE participation through a subcontract on a prime contract that does not carry a DBE goal;
- DBE participation on a prime contract exceeding a contract goal; and
- DBE participation through a subcontract from a prime contractor that did not consider a firm's DBE status in making the award.

CONTRACT GOALS- SECTION 26.51

The County shall use contract goals to meet any portion of the overall goal the County does not project being able to meet using race-neutral means. Contract goals are established so that, over the period to which the overall goal applies, they will cumulatively result in meeting any portion of its overall goal that is not projected to be met through the use of race-neutral means.

The County shall establish contract goals only on those DOT/FAA-assisted contracts that have potential for subcontracting. Contract goals shall continue to be stated as a percentage of the total contract amount.

GOOD FAITH EFFORTS- SECTION 26.53

The County shall continue to treat bidder compliance with good faith effort requirements as a matter of bid responsiveness.

Each solicitation for which a contract goal has been established shall require the bidders/offers to submit the following information within 72 business hours from the bid opening:

- The names and addresses of DBE firms that will participate in the contract;
- A description of the work that each DBE will perform;
- The dollar amount of the participation of each DBE firm participation
- Written and signed documentation of commitment to use a DBE subcontractor whose participation it submits to meet a contract goal;
- Written and signed confirmation from the DBE that it is participating in the contract as provided in the prime contractor's commitment; and
- If the contract goal is not met, evidence of good faith efforts.

The designated RPR for each particular DOT/FAA-assisted project is responsible for determining whether a bidder/offeror who has not met the contract goal has documented sufficient good faith efforts to be regarded as responsive.

We will ensure that all information is complete and accurate and adequately documents the bidder/offeror's good faith efforts before we commit to the performance of the contract by the bidder/offeror.

Administrative reconsideration

Within ten (10) days of being informed by the County that it is not responsive, because it has not documented sufficient good faith efforts, a bidder/offeror may request administrative reconsideration. Bidder/offeror should make this request in writing to the County Attorney's office and County Managers Office.

Notification should be sent to:

Attn: Kathleen A. Rooney
County Office Building
620 State Street, 6th Floor
Schenectady, NY 12305

Attn: Christopher H. Gardner
County Office Building
620 State Street, 6th Floor
Schenectady, NY 12305

The reconsideration official will not have played any role in the original determination that the bidder/offeror did not make document sufficient good faith efforts.

As part of this reconsideration, the bidder/offeror will have the opportunity to provide written documentation or argument concerning the issue of whether it met the goal or made adequate good faith efforts to do so. The bidder/offeror will have the opportunity to meet in person with our reconsideration official to discuss the issue of whether it met the goal or made adequate good faith efforts to do so. The County Attorney shall send the bidder/offeror a written decision on reconsideration, explaining the basis for finding that the bidder did or did not meet the goal or make adequate good faith efforts to do so. The result of the reconsideration process is not administratively appealable to the Department of Transportation.

Good Faith Efforts when a DBE is replaced on a contract

The RPR shall require a contractor to make good faith efforts to replace a DBE that is terminated or has otherwise failed to complete its work on a contract with another certified DBE, to the extent needed to meet the contract goal. The RPR shall require the prime contractor to notify the DBELO immediately of the DBE's inability or unwillingness to perform and provide reasonable documentation.

In this situation, the DBELO shall require the prime contractor to obtain our prior approval of the substitute DBE and to provide copies of new or amended subcontracts, or documentation of good faith efforts. If the contractor fails or refuses to comply in the time specified, our contracting office will issue an order stopping all or part of payment/work until satisfactory action has been taken. If the contractor still fails to comply, the contracting officer may issue a termination for default proceeding.

COUNTING DBE PARTICIPATION- SECTION 26.55

Schenectady County is a non-certifying member of the New York Unified Certification Program (UCP). The New York UCP will use the certification standards of Subpart D of Part 26 to determine the eligibility of firms to participate as DBEs in USDOT/FAA-assisted contracts. To be certified as a DBE, a firm must meet all certification eligibility standards. Certifying New York UCP members make all certification decisions based on the facts as a whole.

For information about the certification process or to apply for certification, firms should contact:

John Cisneros, Supervisor
Office of Civil Rights
50 Wolf Rd.
Albany, NY 12232
518-417-6631
518-457-1675
<https://nysucp.newnycontracts.com>

The Uniform Certification Application form and documentation requirements are found in Appendix B to this program.

Personal Net Worth

If, for any reason, a DBE is required to submit information to verify their certification eligibility, as well as "no change" information, a Personal Net Worth Statement will be required. As the County relies on NYSDOT's certification of DBE's, the County will use NYSDOT's Personal Net Worth Statement, which is included as Appendix C.

The County shall require all disadvantaged owners of applicants and of currently certified DBEs, whose eligibility under Part 26 is in need of review, to submit a statement of personal net worth at the time of their updated period.

Process

Any firm not already certified as an eligible DBE, that desires to participate as a DBE for purposes of this Program, will be required to complete and submit an Application for Disadvantaged Business Enterprise Certification to NYSDOT or other governmental agencies meeting the requirements of 49 CFR 26.

Any firms that desire to participate as a joint venture DBE will, in addition, be required to complete a joint venture application. The joint venture application must be signed and notarized by an authorized representative of the firm.

A copy of the required application(s) must accompany the DBE participation information submitted to the DBELO by applicants.

For information about the certification process or to apply for certification, firms should contact our DBELO. Any certification/decertification procedures will be handled by the DBELO, who will be in contact with the NYSDOT. If a DBE firm's certification is denied or decertified, the firm may not reapply until 12 months have passed from our action.

Although the County does not have their own certification/decertification policy, they do rely on NYSDOT's procedures. NYSDOT's certification procedure is noted above. NYSDOT's decertification procedure includes issuing a letter to the DBE firm noting their intent to decertify. The firm is given a period of time to appeal the decision. If NYSDOT does decertify the firm, an appeal can be made to USDOT.

Unified Certification Program

At this time, the County requires that a DBE firm be certified by a governmental agency. As the County contracts NYSDOT with any certification matters, the County also intends to implement the Unified Certification Program (UCP) to be adopted by NYSDOT in the near future. At this time, no progress has been made on the UCP. Once the DBE Place was approved for the particular entities that would be relying on the UCP, the process began to start organizing the program. The NYSDOT Office of Equal Opportunity Development and Compliance stated that they are in the process of holding organizational meetings to process the components of the UCP. Once the program has been established and is in place, the County will gather information and implement.

Certification of Appeals

Any firm or complaint may appeal our decision in a certification matter to NYSDOT. Such appeals may be sent to:

Department of Transportation Office of Civil Rights
Certification Appeals Branch
400 7th Dt., SW, Room 2104
Washington, DC 20590

The County will promptly implement any DOT certification appeal decisions affecting the eligibility of DBEs for our DOT/FAA-assisted contracting.

"Recertifications"

The County shall review the eligibility of DBEs that were certified under former Part 23, to make sure that they meet the standards of Subpart D of part 26. We will complete this review no later than three years from the most recent certification date of each firm.

For firms that were certified or reviewed and found eligible under Part 26, the County shall again review their eligibility prior to their three-year anniversary date. These reviews will include the review of their existing certifications, as well as any pertinent information found to be required at the time of re-evaluation, as well as the requirement of filing a new application to certify continued eligibility.

"No change" Affidavits and Notices of Change

The County requires all DBEs to inform us, in a written affidavit, of any change in its circumstances affecting its ability to meet size, disadvantaged status, ownership or control criteria of 49 CFR Part 26 or of any material changes in the information provided with the DBE submission.

The County also requires all owners of all DBEs doing business with the County to submit, on the anniversary date of the certification, a "no change" affidavit meeting the requirements of 26.83 (j). The text of this affidavit is the following:

I swear (or affirm) that there have been no changes in the circumstances of [name of DBE firm] affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR part 26. There have been no material changes in the information provided with [name of DBE]'s application for certification, except for any changes about which you have provided written notice to the County under 26.83(i). [Name of firm] meets Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (as defined by SBA rules) over the firm's previous three fiscal years do not exceed \$16.6 million.

The County shall require DBEs to submit, with an affidavit, documentation of the firm's size and gross receipts.

The County shall notify all currently used DBE firms of these obligations in writing prior to certification expiration date. This notification shall inform DBEs that to submit the "no change" affidavit, their owners must swear or affirm that they meet all regulatory requirements of Part 26, including personal net worth. Likewise, if a firm's owner knows or should know that he or she, or the firm, fails to meet a part 26 eligibility requirement (e.g., personal net worth), the obligation to submit a notice of change applies.

Information Collection and Reporting

Bidders List

The County shall maintain a bidders list, consisting of information about all DBE and non-DBE firms that bid or quote on DOT/FAA-assisted contracts. The purpose of this requirement is to allow use of the bidder's list approach to calculating overall goals. The bidders list will include the name, address, DBE/non-DBE status, age, and annual gross receipts of firms. This bidders list is included in Appendix A.

The County shall collect this information by requiring prime bidders to report the names/addresses, and possibly other information, of all firms who quote to them on subcontracts. Information received by interested DBEs will also be added to this list.

Monitoring Payments to DBEs

The County shall require prime contractors to maintain records and documents of payments to DBEs for three years following the performance of the contract. These records will be made available for inspection upon request by any authorized representative of the County or DOT. This reporting requirement also extends to any certified DBE subcontractor.

The County shall keep a running tally of actual payments to DBE firms for work committed to them at the time of the contract award.

The County shall perform interim audits of contract payments to DBEs. The audit will review payments to DBE subcontractors to ensure that the actual amount paid to the DBE subcontractors equals or exceeds the dollar amounts stated in the schedule of DBE participation.

Reporting to DOT

The County shall report DBE participation to DOT by submitting the DOT Form 4630 annually. A sample of this form can be found in Appendix D.

Confidentiality

The County shall safeguard from disclosure to third parties information that may reasonably be regarded as confidential business information, consistent with Federal, State and Local law, including but not limited to the NYS Freedom of Information Act and related statutes. Notwithstanding any contrary provisions of state or local law, we will not release personal financial information submitted in response to the personal net worth requirement to a third party (other than DOT) without the written consent of the submitter.

APPENDIX A
CONTRACTORS AND BIDDERS LIST

Contractors / Consultants Data Sheet												
Expertise	Company	Address			City	State	Phone	Contact		Certification		
		Street						Name	Email	DBE	MBE	WBE
Archeological	Harten Archeological Associates	915 Broadway			Albany	New York	518-427-0382					X
Archeological	Werner Archeological Consulting, LLC	241 Concord Hill Drive			Altamont	New York	518-869-1313			X		
Consulting	Larsen Engineers	700 West Metro Park			Rochester	New York	585-272-7310			X	X	
Consulting	Prudent Engineering	950 New Loudon Road, Suite 103			Latham	New York	518-782-7000			X	X	
Consulting	Popli Design Group	7 South Washington Street			Binghamton	New York	607-238-1810			X	X	
Earthwork	Boland's Excavating and Topsoil	1403 Milburn Drive			Conklin	New York	607-775-5030	Jamin Boland				
Electrical	Baseline Airport Lighting, Inc.	111 Liberty Lane			Barnveld	New York	315-725-8585	Jim King	baselinekingcorp@gmail.com			
Electrical	LaCorte Companies, Inc.	630 7th Avenue			Troy	New York	518-286-6000					X
Electrical	Stirling Electric, Inc.	500 South Street			Rensselaer	New York	518-463-4451					X
Environmental	Fitzgerald & Halliday	72 Cedar Street			Hartford	Connecticut	860-247-7200			X		X
Fencing	Bruce Fence Co. Inc.	1161 New Loudon Road			Cohoes	New York	518-783-8792	Mark Bruce Sr.	mark@brucefence.com			
Fencing	Hastie Fence Inc.	44 Ramah Circle South			Agawam	New York	802-683-9176	David Cooper	perimeters@nyfairpoint.net			
Fencing	New York State Fence Inc.	858 Manitou Road			Hilton	New York	585-392-3222	Janice Schupp	janice@schupps.com			X
Fiber Optic	Schupp's Line Construction	25 Walker Way			Albany	New York	518-464-9005			X		X
Geotechnical	Nature's Way Environmental	3553 Crittenden Road			Alden	New York	716-937-6527					
Hydroseeding	Clover-Leaf Nurseries Inc.	52 East Elmwood Road			Albany	New York	518-465-6074					
Material Testing	Construction Technologies, LLC	4 Williams Street			Ballston Lake	New York	518-399-1848	Tom Joslin	constructiontech@live.com		X	
Material Testing	CME Associates	439 North Pearl Street			Albany	New York	518-432-5820					
Material Testing	Atlantic Testing Laboratories	22 Corporate Drive			Clifton Park	New York	518-383-9144					
Material Testing	QCOA Laboratories	877 Route 4 South			Schuylerville	New York	518-372-4067	Tod Kobik	tkobik@qcoalabs.com			
Pavement Markings	Hi-Lite Airfield Services	18249 Hi-Lite Drive			Adams Center	New York	315-583-6111	Jake Belcher	jake.belcher@hi-lite.com		X	
Pavement Markings	Straight Line Industries, Inc.	5 Arrowhead Lane			Cohoes	New York	518-220-2000					X
Pavement Markings	Citymark Striping, LLC	70 Tiroll Street			Albany	New York	518-489-0676					
Prime Contractor	Callanan Industries, Inc.	8 Southwoods Boulevard			Albany	New York	518-374-2222	Buck Helwig	bhelwig@callanan.com			
Prime Contractor	Kubricky Construction Corp.	2022 Western Avenue			Albany	New York	518-608-0053					
Prime Contractor	Rifenburg Construction	141 Washington Avenue Extension			Albany	New York	518-456-5606					
Prime Contractor	DiFiore Construction	155 Pool Street			Rochester	New York	585-235-2310					
Prime Contractor	DeSignore Blacktop Paving, Inc.	42 Brick Church Road			Troy	New York	518-279-1642					
Prime Contractor	Casale Construction Services, Inc.	551 Main Avenue			Wyantskill	New York	518-283-0834				X	
Prime Contractor	Donnelly Construction, Inc.	155 Route 67			Mechanicville	New York	518-664-9435				X	
Prime Contractor	Pike Construction Inc.	125 Wold Road			Albany	New York	518-446-0431					
Surveying	S.Y. Kim Land Surveyor, P.C.	260 Osborne Road			Albany	New York	518-785-3969				X	
Surveying	Ryan Biggs Clark Davis Engineering and Surveying	257 Ushers Road			Clifton Park	New York	315-685-1839					X
Surveying	M.J. Engineering and Land Surveying	1533 Crescent Road			Clifton Park	New York	518-371-0799				X	
Trucking	CA Kenfield Trucking and Excavation	2301 Batter Street			Pattersonville	New York	518-864-5777					X
Trucking	Apollo Trucking Inc	953 Maple Avenue			Schenectady	New York	518-376-5201			X	X	

APPENDIX B
NYSDOT DBE CERTIFICATION APPLICATION

**INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE)
PROGRAM UNIFORM CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.

- (4) Give the date on which you and/or each other owner took ownership of the firm.

- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.

- (6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.

- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.

- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.

- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.

- (2) Check the appropriate box that indicates whether at present, or at any time in the past:

- (a) your firm has been a subsidiary of any other firm;
- (b) your firm consisted of a partnership in which one or more of the partners are other firms;
- (c) your firm has owned any percentage of any other firm; and
- (d) your firm has had any subsidiaries of its own.

- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
 - (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
 - (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
 - (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
 - (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
 - (6) Office management;
 - (7) Marketing and sales;
 - (8) Purchasing of major equipment;
 - (9) Signing company checks (for any purpose); and
 - (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
 - (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
 - (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.
- C. Indicate your firm's inventory in the following categories:**
- (1) **Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
 - (2) **Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
 - (3) **Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
 - (4) **Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.
- D. Does your firm rely on any other firm for management functions or employee payroll?**
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.
- E. Financial Information**
- (1) **Banking Information:**
 - (a) State the name of your firm's bank.
 - (b) Give the main phone number of your firm's bank branch.
 - (c) Give the address of your firm's bank branch.
 - (2) **Bonding Information**
 - (a) State your firm's Binder Number.
 - (b) State the name of your firm's bond agent and/or broker.
 - (c) Give your agent's/broker's phone number.
 - (d) Give your agent's/broker's address.
 - (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.
- F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:**
State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.
- G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:**
Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.
- H. List current licenses/permits held by any owner or employee of your firm.**
List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.
- I. List the three largest contracts completed by your firm in the past three years, if any.**
List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.
- J. List the three largest active jobs on which your firm is currently working.**
For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.
- AFFIDAVIT & SIGNATURE**
Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

NEW YORK STATE DEPARTMENT OF TRANSPORTATION

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

Is there an easier way to apply?

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.

Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/index/tableofsize.html> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		Yes, on ____ / ____ / ____ State: _____ No
	8(a)	⊗ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
SDB		

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? Yes, on ____ / ____ / ____ No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:	
--	--

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:		
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail:		(7) Website <i>(if have one)</i> :		
(8) Street address of firm <i>(No P.O. Box)</i> :	City:	County/Parish:	State:	Zip:
(9) Mailing address of firm <i>(if different)</i> :	City:	County/Parish:	State:	Zip:

B. Business Profile

(1) Describe the primary activities of your firm:		(2) Federal Tax ID (if any):	
(3) This firm was established on ____ / ____ / ____		(4) I/We have owned this firm since: ____ / ____ / ____	
(5) Method of acquisition <i>(check all that apply)</i> : <div style="display: flex; justify-content: space-between;"> Started new business Bought existing business Inherited business Secured concession </div> <div style="display: flex; justify-content: space-between;"> Merger or consolidation Other <i>(explain)</i> </div>			
(6) Is your firm "for profit"? Yes No		⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.	

(7) Type of firm <i>(check all that apply)</i> : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____		
(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain: _____		
(9) Number of employees:	Full-time _____	Part-time _____ Total _____
(10) Specify the gross receipts of the firm for the last 3 years:	Year _____	Total receipts \$ _____
	Year _____	Total receipts \$ _____
	Year _____	Total receipts \$ _____

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, identify: Other Firm's name: _____ Explain nature of shared facilities: _____		
(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(b) consisted of a partnership in which one or more of the partners are other firms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(c) owned any percentage of any other firm? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(d) had any subsidiaries? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each <i>(attach extra sheets, if needed)</i> :		
	<u>Name</u>	<u>Address</u>
		<u>Type of Business</u>
1.		
2.		
3.		

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, then list <i>(attach extra sheets, if needed)</i> :					
	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.					
2.					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address <i>(street and number)</i> : _____ City: _____ State: _____ Zip: _____		
(5) Gender: Male Female	(6) Ethnic group membership <i>(Check all that apply)</i> : Black Hispanic Native American Asian Pacific Subcontinent Asian Other <i>(specify)</i> _____	
(7) U.S. Citizen: Yes No		
(8) Lawfully Admitted Permanent Resident: Yes No		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:												
(3) Percentage owned:	<table style="margin: auto;"> <tr> <th>Type</th> <th>Dollar Value</th> </tr> <tr> <td>Cash</td> <td>\$</td> </tr> <tr> <td>Real Estate</td> <td>\$</td> </tr> <tr> <td>Equipment</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> </table>	Type	Dollar Value	Cash	\$	Real Estate	\$	Equipment	\$	Other	\$		
Type	Dollar Value												
Cash	\$												
Real Estate	\$												
Equipment	\$												
Other	\$												
(4) Familial relationship to other owners:													
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">(5) Shares of Stock:</th> <th style="width: 15%;"><u>Number</u></th> <th style="width: 15%;"><u>Percentage</u></th> <th style="width: 15%;"><u>Class</u></th> <th style="width: 15%;"><u>Date acquired</u></th> <th style="width: 20%;"><u>Method Acquired</u></th> </tr> <tr> <td colspan="6" style="height: 40px;"></td> </tr> </table>		(5) Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>						
(5) Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>								
(6) Does this owner perform a management or supervisory function for any other business? Yes No If Yes, identify: Name of Business: _____ Function/Title: _____													
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? Yes No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____													

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)</i>	
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No If Yes, explain <i>(attach additional sheets if needed)</i> :	

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas *(If more than two persons, attach a separate sheet):*

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____
(c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) **Bonding Information:** If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1. _____					
2. _____					
3. _____					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1. _____					
2. _____					
3. _____					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1. _____			
2. _____			
3. _____			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1. _____			
2. _____			
3. _____			

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

New York State Department of Transportation

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I, _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

- ☐ Female ☐ Black American ☐ Hispanic American ☐ Native American
☐ Asian- Pacific American ☐ Subcontinent Asian American
☐ Other (specify) _____

New York State Department of Transportation

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 Million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE:

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

**INSTRUCTIONS FOR COMPLETING THE NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE FOR PROFIT CONSTRUCTION**

Please Read Before Completing Questionnaire

- Complete all sections of the Questionnaire.
- Submit this form as required by the contracting agency after being announced the low bidder for any competitively bid contract, or when proposed for subcontract work. If you have submitted one within six (6) months of the bid date with any contracting agency, as long as the information remains unchanged and accurate, you may submit a complete certified copy of that form, together with an Affidavit of No Change, to the Agency with which you are bidding. A contracting agency may require additional information deemed necessary for its review. 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.
- For each "Yes" answer in Sections IV, V, VI, VII, VIII and IX, add additional explanatory material. For question 7.2, if your firm has OSHA citations, attach copies of each citation.
- A certified annual financial statement, including Accountant's Review Report and Accompanying Notes, will be acceptable in lieu of completing the financial disclosure forms in the questionnaire.
- If you wish material in this Questionnaire to be held as confidential and exempt from disclosure under Freedom of Information, place an asterisk in front of all information you do not want disclosed to outside sources.
- This Questionnaire is generally valid for one calendar year, unless major changes have occurred (firm purchased by another business, bankruptcy, etc.), in which case re-submittal is required.
- Submit completed questionnaires marked "CONFIDENTIAL" to:

NEW YORK STATE DEPARTMENT OF TRANSPORTATION
CONTRACT MANAGEMENT BUREAU
50 WOLF ROAD, 1st FLOOR, SUITE 1CM
ALBANY, NY 12232
(518) 457-1564

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

BUSINESS ENTITY INFORMATION				
<u>Legal Business Name*</u>			<u>EIN</u>	
Complete Address of the <u>Principal Place of Business</u>			Phone Number	Fax Number
E-mail		Website		
Authorized Contact for this Questionnaire				
Name			Phone Number	Fax Number
Title			E-mail	
Additional <u>Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years, the state or county where filed and the status (active or inactive).				
Type <small>(DBA, Trade Name, Other)</small>	Name	EIN	State or County where filed	Status <small>(ACTIVE OR INACTIVE)</small>
SELECT				SELECT
SELECT				SELECT

I. BUSINESS CHARACTERISTICS		
1.0 <u>Business Entity Type</u> -		
a) <input type="checkbox"/> <u>Corporation</u> (including <u>P.C.</u>)	Date of Incorporation	
b) <input type="checkbox"/> <u>Limited Liability Company (LLC or PLLC)</u>	Date Organized	
c) <input type="checkbox"/> <u>Limited Liability Partnership</u>	Date of Registration	
d) <input type="checkbox"/> <u>Limited Partnership</u>	Date Established	
e) <input type="checkbox"/> <u>General Partnership</u>	Date Established	County (if formed in NYS)
f) <input type="checkbox"/> <u>Sole Proprietor</u>	How many years in business?	
g) <input type="checkbox"/> Other	Date Established	
If Other, explain:		
1.1 Was the <u>Business Entity</u> formed in New York State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No" indicate jurisdiction where the <u>Business Entity</u> was formed:		
United States <input type="checkbox"/> State		
Other <input type="checkbox"/> Country		

*All under lined terms are defined in the "New York State Vendor Responsibility Definitions List", which can be found at:

<http://www.osc.state.ny.us/vendrep/documents/definitions.pdf>

Note: These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" as it existed at the time of certifications.

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

EIN:

I. BUSINESS CHARACTERISTICS

1.2 Is the <u>Business Entity</u> currently registered to do business in New York State? <i>Note: Select "Not Required" if the <u>Business Entity</u> is a <u>Sole Proprietor</u> or <u>General Partnership</u></i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
If "No," explain why the <u>Business Entity</u> is not required to be registered to do business in New York State:		
1.3 Is the responding <u>Business Entity</u> a <u>Joint Venture</u>? <i>Note: If the submitting <u>Business Entity</u> is a <u>Joint Venture</u>, also submit a separate questionnaire for each <u>Business Entity</u> comprising the <u>Joint Venture</u>.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4 If the <u>Business Entity</u>'s <u>Principal Place of Business</u> is not in New York State, does the <u>Business Entity</u> maintain an office in New York State? <i>(Select "N/A" if <u>Principal Place of Business</u> is in New York State.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," provide the address and telephone number for one office located in New York State.		
1.5 Is the <u>Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u>, or <u>Women-Owned Business Enterprise</u>, or <u>New York State Small Business</u>, or federally certified <u>Disadvantaged Business Enterprise</u>?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," check all that apply: <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> New York State <u>Small Business</u> <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)		
1.6 Identify each person who is, or has been within the past five (5) years, a <u>Business Entity Official</u> or <u>Principal Owner</u> of 5.0% or more of the firm's shares, or one of the five largest shareholders or a director, an officer, a partner or a proprietor. <u>Joint Ventures</u>: Provide information for all firms involved. <i>(Attach additional pages if necessary.)</i>		
Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i> Employment Status with the Firm <input type="checkbox"/> Current <input type="checkbox"/> Former
		<input type="checkbox"/> Current <input type="checkbox"/> Former
		<input type="checkbox"/> Current <input type="checkbox"/> Former
		<input type="checkbox"/> Current <input type="checkbox"/> Former

II. AFFILIATE and JOINT VENTURE RELATIONSHIPS

2.0 Are there any other <u>construction</u>-related firms in which, now or in the past five years, the submitting <u>Business Entity</u> or any of the individuals listed in question 1.6 either owned or owns 5.0% or more of the shares of, or was or is one of the five largest shareholders or a director, officer, partner or proprietor of said other firm?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Firm/Company Name	Firm/Company EIN <small>(If Available)</small>	Firm/Company's Primary Business Activity

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR PROFIT CONSTRUCTION (CCA-2)

EIN:

II. AFFILIATE and JOINT VENTURE RELATIONSHIPS		
Firm/Company Address		
Explain relationship with the firm and indicate percent ownership, if applicable (enter N/A, if not applicable):		
Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting <u>Business Entity</u> has in common with this <u>affiliate</u> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name	Position/Title with Firm/Company	
2.1 Does the <u>Business Entity</u> have any <u>construction</u> -related <u>affiliates</u> not identified in the response to 2.0 above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliate Name	Affiliate EIN (if available)	Affiliate's Primary Business Activity
Affiliate Address		
Explain relationship with the affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable):		
Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting <u>Business Entity</u> has in common with this firm?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name	Position/Title with Firm/Company	
2.2 Has the <u>Business Entity</u> participated in any <u>construction Joint Ventures</u> within the past three (3) years? <i>Attach additional pages if necessary.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Venture Name	Joint Venture EIN (if available)	Identify parties to the Joint Venture

III. CONTRACT HISTORY
3.0 List the ten most recent <u>construction</u> contracts the <u>Business Entity</u> has completed using Attachment A – Completed Construction Contracts, found at http://www.osc.state.ny.us/vendrep/documents/attachmenta.doc . If less than ten, include most recent subcontracts on projects up to that number.
3.1 List all current uncompleted <u>construction</u> contracts by using Attachment B – Uncompleted Construction Contracts, found at http://www.osc.state.ny.us/vendrep/documents/attachmentb.doc .

IV. INTEGRITY – CONTRACT BIDDING	
Within the past five (5) years, has the Business Entity, an affiliate or any predecessor company or entity:	
4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Had any bid rejected by a <u>government entity</u> for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a proposed subcontract rejected by a <u>government entity</u> for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Had a low bid rejected on a <u>government contract</u> for failure to make <u>good faith efforts</u> on any <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or <u>Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

EIN:

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the Business Entity, an affiliate or any predecessor company or entity:

4.5 Agreed to a voluntary exclusion from bidding/contracting with a government entity? ☐ Yes ☐ No

4.6 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity? ☐ Yes ☐ No

For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, project(s), relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.

V. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:

5.0 Defaulted on or been suspended, cancelled or terminated for cause on any contract? ☐ Yes ☐ No

5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution (except any disputed work proceeding) or requiring the Business Entity to enter into a formal monitoring agreement in connection with any government contract? ☐ Yes ☐ No

5.2 Had its surety called upon to complete any contract whether government or private sector? ☐ Yes ☐ No

For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity/owners involved, project(s), contract number(s), relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.

VI. CERTIFICATIONS/LICENSES

Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:

6.0 Had a revocation or suspension of any business or professional permit and/or license? ☐ Yes ☐ No

6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or a federal certification of Disadvantaged Business Enterprise status, for other than a change of ownership? ☐ Yes ☐ No

For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:

7.0 Been the subject of a criminal investigation, whether open or closed, or an indictment for any business-related conduct constituting a crime under local, state or federal law? ☐ Yes ☐ No

7.1 Been the subject of:
(i) An indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime; or
(ii) Any criminal investigation, felony indictment or conviction concerning the formation of, or any business association with, an allegedly false or fraudulent Minority-Owned Business Enterprise, Women-Owned Business Enterprise, or a Disadvantaged Business Enterprise? ☐ Yes ☐ No

7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful? ☐ Yes ☐ No

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

EIN:

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:

7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Had a New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Entered into a consent order with the New York State Department of Environmental Conservation, or a <u>federal</u> , state or local government enforcement determination involving a violation of <u>federal</u> , state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6 Other than previously disclosed, been the subject of any <u>citations</u> , <u>notices</u> , <u>violation orders</u> , pending administrative hearings or proceedings or determinations of a violation of: <ul style="list-style-type: none"> ▪ <u>Federal</u>, state or local health laws, rules or regulations; ▪ <u>Federal</u>, state or local environmental laws, rules or regulations; ▪ Unemployment insurance or workers compensation coverage or <u>claim</u> requirements; ▪ Any labor law or regulation, which was deemed willful; ▪ Employee Retirement Income Security Act (ERISA); ▪ <u>Federal</u>, state or local human rights laws; ▪ <u>Federal</u>, state or local security laws? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>For each "Yes," provide an explanation of the issue(s), the <u>Business Entity</u> involved, the relationship to the submitting <u>Business Entity</u>, the <u>government entity</u> involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.</i></p>	

VIII. LEADERSHIP INTEGRITY

If the Business Entity is a Joint Venture Entity, answer "N/A - Not Applicable" to questions in this section.

Within the past five (5) years has any individual previously identified or any individual having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the Business Entity with New York State been subject to:

8.0 A <u>sanction</u> imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 A criminal <u>investigation</u> , whether open or closed, or an indictment for any business-related conduct constituting a crime under local, state or <u>federal</u> law?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 Misdemeanor or felony charge, indictment or conviction for: <ul style="list-style-type: none"> (i) Any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price-fixing or collusive bidding; or (ii) Any crime, whether or not business-related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 A <u>debarment</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

For each "Yes," provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

EIN:

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY

9.0 Within the past five (5) years, has the <u>Business Entity</u> or any <u>affiliate</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," provide an explanation of the issue(s), the <u>Business Entity</u> involved, the relationship to the submitting <u>Business Entity</u>, the <u>government entity</u> involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</i>		
9.1 Within the past five (5) years, has the <u>Business Entity</u> or any <u>affiliate</u> had any <u>liquidated damages</u> assessed over \$25,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," provide an explanation of the issue(s), the <u>Business Entity</u> involved, the relationship to the submitting <u>Business Entity</u>, relevant dates, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</i>		
9.2 Within the past five (5) years, has the <u>Business Entity</u> or any <u>affiliate</u> had any <u>liens, claims or judgments</u> (not including UCC filings) over \$25,000 filed against the <u>Business Entity</u> which remain undischarged or were unsatisfied for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," provide an explanation of the issue(s), the <u>Business Entity</u> involved, the relationship to the submitting <u>Business Entity</u>, relevant dates, the Lien holder or Claimants' name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</i>		
9.3 In the last seven (7) years, has the <u>Business Entity</u> or any <u>affiliate</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," provide the <u>Business Entity</u> involved, the relationship to the submitting <u>Business Entity</u>, the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.</i>		
9.4 What is the <u>Business Entity's</u> Bonding Capacity?		
a. Single Project		b. Aggregate (All Projects)
9.5 List <u>Business Entity's</u> Gross Sales for the previous three (3) Fiscal Years:		
1st Year (Indicate year) Gross Sales	2nd Year (Indicate year) Gross Sales	3rd Year (Indicate year) Gross Sales
9.6 List <u>Business Entity's</u> Average Backlog for the previous three (3) fiscal years: (Estimated total value of uncompleted work on outstanding contracts)		
1st Year (Indicate year) Amount	2nd Year (Indicate year) Amount	3rd Year (Indicate year) Amount
9.7 Attach <u>Business Entity's</u> annual <u>financial statement</u> and accompanying notes or complete Attachment C – Financial Information, found at http://www.osc.state.ny.us/vendrep/documents/attachmenc.xls		

X. FREEDOM OF INFORMATION LAW (FOIL)

10.0 Indicate whether any information provided herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). <i>Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL. Attach additional pages if necessary.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for the claim.		

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR PROFIT CONSTRUCTION (CCA-2)**

EIN:

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____, 20____;

Notary Public

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT A - COMPLETED CONSTRUCTION CONTRACTS**

EIN:

Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontractson projects up to that number.						
1.	Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed
	Contract Person					
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable	
2.	Agency/Owner			Award Date	Amount	Date Completed
	Contract Person	Telephone No.	Design Architect and/or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable	
3.	Agency/Owner			Award Date	Amount	Date Completed
	Contract Person	Telephone No.	Design Architect and/or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable	
4.	Agency/Owner			Award Date	Amount	Date Completed
	Contract Person	Telephone No.	Design Architect and/or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable	
5.	Agency/Owner			Award Date	Amount	Date Completed
	Contract Person	Telephone No.	Design Architect and/or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable	
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable	Award Date	Amount	Date Completed
	Contract Person	Telephone No.	Design Architect and/or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT A - COMPLETED CONSTRUCTION CONTRACTS**

EIN:

Question 3-0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontracts on projects up to that number.						
6. Agency/Owner				Award Date	Amount	Date Completed
Contact Person		Telephone No.	Design Architect and/or Design Engineer			
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
7. Agency/Owner				Award Date	Amount	Date Completed
Contact Person		Telephone No.	Design Architect and/or Design Engineer			
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
8. Agency/Owner				Award Date	Amount	Date Completed
Contact Person		Telephone No.	Design Architect and/or Design Engineer			
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
9. Agency/Owner				Award Date	Amount	Date Completed
Contact Person		Telephone No.	Design Architect and/or Design Engineer			
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
10. Agency/Owner				Award Date	Amount	Date Completed
Contact Person		Telephone No.	Design Architect and/or Design Engineer			
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT B - UNCOMPLETED CONSTRUCTION CONTRACTS
 EIN:

Question 3.1: List all current uncompleted construction contracts.							
1.		Agency/Owner	Award Date	Amount	Date Completed		
Contact Person		Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable			
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount			
2.		Agency/Owner	Award Date	Amount	Date Completed		
Contact Person		Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable			
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount			
3.		Agency/Owner	Award Date	Amount	Date Completed		
Contact Person		Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable			
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount			
4.		Agency/Owner	Award Date	Amount	Date Completed		
Contact Person		Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable			
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount			

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT B - UNCOMPLETED CONSTRUCTION CONTRACTS**

EIN:

Question 3.1: List all current uncompleted construction contracts.						
5. Agency/Owner		Award Date		Amount		Date Completed
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount		
6. Agency/Owner		Award Date		Amount		Date Completed
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount		
7. Agency/Owner		Award Date		Amount		Date Completed
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount		
8. Agency/Owner		Award Date		Amount		Date Completed
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount		

FIN:

Page 3 of 3

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT C – FINANCIAL INFORMATION

FIN:
As of Date:

ASSETS

Current Assets			
1.	<u>Cash</u>	\$	
2.	<u>Accounts receivable – less allowance for doubtful accounts</u>	\$	
	Retainers included in accounts receivable		
	Claims included in accounts receivable not yet approved or in litigation		
	Total accounts receivable		0.00
3.	<u>Notes receivable -- due within one year</u>	\$	
4.	<u>Inventory – materials</u>	\$	
5.	<u>Contract costs in excess of billings on uncompleted contracts</u>	\$	
6.	<u>Accrued income receivable</u>		
	Interest		
	Other (list)		
	Total accrued income receivable	\$	0.00
7.	<u>Deposits</u>		
	Bid and plan		
	Other (list)		
	Total deposits	\$	0.00
8.	<u>Prepaid expenses</u>		
	Income Taxes		
	Insurance		
	Other (List)		
	Total prepaid expenses	\$	0.00
9.	<u>Other current assets</u>		
	(List)		
	Total other current assets	\$	0.00
10.	<u>Total current assets</u>	\$	0.00

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT C – FINANCIAL INFORMATION

EIN:

11.	<u>Investments</u>		
	Listed securities present market value	\$	
	Unlisted securities present value		
	Total investments	\$	0.00
12.	<u>Fixed Assets</u>		
	Land		
	Building and improvements		
	Leasehold improvements		
	Machinery and equipment		
	Automotive equipment		
	Office furniture and fixtures		
	Other (list)		
	Total	\$	0.00
	Less: accumulated depreciation		
	Total fixed assets net	\$	0.00
13.	<u>Other Assets</u>		
	Loans receivable		
	officers		
	employees		
	shareholders		
	Cash surrender value of officers' life insurance		
	Organization expense – net of amortization		
	Notes receivable – due after one year		
	Other (list)		
	Total Other Assets	\$	0.00
14.	<u>TOTAL ASSETS</u>	\$	0.00

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT C – FINANCIAL INFORMATION**

EIN:

LIABILITIES

<u>Current Liabilities</u>		
15. Accounts payable	\$	
16. Loans from shareholders – due within one year		
17. Notes payable – due within one year		
18. Mortgage payable – due within one year		
19. Other payables – due within one year (List)	\$	
20. Total other payables – due within one year		0.00
21. Billings in excess of costs and estimated earnings		
Accrued expenses payable		
Salaries and wages		
Employees' benefits		
Insurance		
Other		
22. Total accrued expenses payable		0.00
Dividends payable		
23. Income taxes payable		
State		
Federal		
Other		
24. Total income taxes payable		0.00
Total Current Liabilities	\$	0.00
25. Deferred Income Taxes		
Payable		
State		
Federal		
Other		
Total deferred income taxes	\$	0.00

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT C – FINANCIAL INFORMATION

EIN:

26.	<u>Long Term Liabilities</u> Loans from shareholders – due after one year Notes payable – due after one year Mortgage – due after one year Other payables – due after one year (List)			
27.	Total long term liabilities <u>Other Liabilities</u> (List)	\$	0.00	
28.	Total other liabilities <u>TOTAL LIABILITIES</u>	\$	0.00	\$ 0.00
<u>NET WORTH</u>				
29.	Net Worth (if proprietorship or partnership)	\$		
30.	Stockholders' Equity Common stock issued and outstanding Preferred stock issued and outstanding Retained earnings Total			\$
31.	Less: Treasury Stock TOTAL STOCKHOLDERS EQUITY			
32.	TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	\$		\$ 0.00
		\$		\$ 0.00

APPENDIX C
PERSONAL NET WORTH FORM

NEW YORK STATE DEPARTMENT OF TRANSPORTATION
Contract Audit Bureau DBE Certification Team
50 Wolf Road, 1st Floor South
Albany, New York 12232



STATEMENT OF PERSONAL NET WORTH

As of _____, 20__

Complete this form for: (1) each socially disadvantaged owner; (2) each socially disadvantaged limited and general partner whose combined interest totals 51% or more; or (3) each socially disadvantaged stockholder whose combined interest totals 51% or more of voting stock.

Name _____ Business Phone: _____

Residence Address _____ Residence Phone: _____

City, State & Zip Code _____

Business Name of Applicant _____

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____ (Describe in Section 7)
Savings Accounts	\$ _____	Notes Payable to Bank and Others	\$ _____ (Describe in Section 2)
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____ (Describe in Section 7)
Accounts & Notes Receivable	\$ _____	Mon. Payments \$ _____	
Life Insurance-Cash Surrender Value Only..	\$ _____ (Complete Section 8)	Installment Account (Other)	\$ _____ Mon. Payments \$ _____
Stocks and Bonds	\$ _____ (Describe in Section 3)	Loan on Life Insurance	\$ _____
Real Estate	\$ _____ (Describe in Section 4)	Mortgages on Real Estate	\$ _____ (Describe in Section 4)
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____ (Describe in Section 6)
Other Personal Property	\$ _____ (Describe in Section 5)	Other Liabilities	\$ _____ (Describe in Section 7)
Other Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provisions for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed. Do NOT include your primary residence.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage balance			
Amount of Payment per month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency. Ownership interest in affiliate firms must be included. Use attachments if necessary).

--

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, and to what property, if any, a tax lien attaches).

--

Section 7. Other Liabilities. (Describe in detail. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

--

Section 8. Life Insurance held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

--

I authorize the New York State Department of Transportation to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the New York State Department of Transportation Disadvantaged Business Enterprise Program.

Print Name: _____

Social Security Number: _____

Signature: _____

Date: _____

Title: _____

I swear that the foregoing statements and attachments are true and accurate. I understand that any misrepresentation in the Statement of Personal Net Worth will be grounds for terminating DBE certification status with the New York State Department of Transportation. I further understand that any misrepresentation made in this Statement of Personal Net Worth is subject to both the civil and criminal laws of the State of New York and may also be referred to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

SWORN BEFORE ME

This _____ day of _____ 20 _____

Signature: _____

Name: _____

Signature of Notary Public

Date: _____

APPENDIX D
DBE REPORTING

REPORT OF DBE GOAL ACCOMPLISHMENTS

OMB No.: 2105-0510

1. Name of Sponsor _____
 2. Name of Airport _____
 3. Name of Preparer _____ Telephone No. () _____
 4. Goal Period: From _____ to _____ 5. Approved Overall DBE Goal _____ %
 6. AIP Project No.(s) _____

	(a) Number	(b) \$Value
7. Total Prime Contracts Awarded to all Contractors.....	_____	_____
8. Total Prime Contracts Awarded to DBE's.....	_____	_____
9. Total Subcontracts Awarded to DBE's by non-DBE Prime Contractors.....	_____	_____
10. Total Prime and Subcontracts Awarded to DBE's (Sum of Items 8. and 9.).....	_____	_____
11. 10(b) divided by 7(b) = _____ % = Actual DBE Participation		

12. DBE Prime and Subcontract Awards by Type of Work:

		Number		\$ Value	
		Women	Total DBE	Women	Total DBE
(a)	Professional/Consultant Services				
(1)	Engineering.....	_____	_____	_____	_____
(2)	Architectural.....	_____	_____	_____	_____
(3)	Consultants.....	_____	_____	_____	_____
(4)	Testing.....	_____	_____	_____	_____
(5)	Other.....	_____	_____	_____	_____
(b)	Construction				
(1)	Grading/Drainage.....	_____	_____	_____	_____
(2)	Paving.....	_____	_____	_____	_____
(3)	Structures/Building.....	_____	_____	_____	_____
(4)	Landscaping.....	_____	_____	_____	_____
(5)	Electrical.....	_____	_____	_____	_____
(6)	Trucking.....	_____	_____	_____	_____
(7)	Painting.....	_____	_____	_____	_____
(8)	Fencing.....	_____	_____	_____	_____
(9)	Other.....	_____	_____	_____	_____
(c)	Supplies				
(1)	Electrical.....	_____	_____	_____	_____
(2)	Other.....	_____	_____	_____	_____
(d)	Equipment				
(1)	Leasing.....	_____	_____	_____	_____
(2)	Purchasing.....	_____	_____	_____	_____

13. DBE Prime and Subcontract Awards by Disadvantaged Group:

	Number	\$ Value
Black Americans.....	_____	_____
Hispanic Americans.....	_____	_____
Native Americans.....	_____	_____
Asian-Indian Americans.....	_____	_____
Asian-Pacific Americans.....	_____	_____
Women (that are not included above).....	_____	_____
Other Disadvantaged.....	_____	_____
Total DBE.....	_____	_____

The Public reporting burden for this collection of information is estimated to average one hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to OMB and the DOT at the following addresses:

Office of Management and Budget
 Paperwork Reduction Project (2105-0510)
 Washington, DC 20503

and

U.S. DOT/OST/OSDBU, S-12
 400 Seventh Street, S.W.
 Washington, DC 20590

DOT Form 4630 must be submitted annually by each sponsor having an approved DBE program. The form should be submitted to the FAA Regional Civil Rights Staff with the updated DBE goal information. The form should reflect contract awards that were made during the period covered by the sponsor's previously approved overall DBE goal. For some sponsors, this period may be the Federal fiscal year, while for others, a different 12-month period. Sponsors of more than one airport should submit a separate report for each obligated location.

Use this form to report all FAA-assisted contract awards covered by the DBE program, including professional and consultant services, construction, supplies, and vehicles and equipment.

DO NOT REPORT: (1) FAA-assisted contracts to purchase land; (2) Non-Federal contracts (those not assisted by the FAA's Airport Improvement Program (AIP)); (3) AIP grant funds used for "force account" or for other noncontractual work.

While land purchases are not reported, all other contracts let under land acquisition projects, such as for appraisal and survey, are to be reported.

When the dollar value of a contract is requested, report the Federal (FAA) share only; do not include any state or local matching funds. Round all values to the nearest dollar.

1. Name of the sponsor
2. Name of the Airport
3. Name and telephone number of the person who prepared the report.
4. The beginning and ending dates of the goal period for which the report is submitted.
5. The sponsor's approved overall DBE goal for the period indicated in item 4.
6. The AIP project number(s) for the prime and subcontracts reported in item 7 and item 9.
7. The total number and dollar value of all prime contracts awarded during the goal period.
8. The number and dollar value of prime contracts reported in item 7 that were awarded to DBE's.
9. The total number and dollar value of subcontracts awarded to DBE's by non-DBE prime contractors during the goal period. Report only those subcontracts actually executed during the goal period, regardless of when the prime contract was awarded.
10. This is the sum of the prime and subcontracts to DBE's reported in items 8 and 9.
11. Divide the dollar value in 10(b) by the dollar value in 7(b) to obtain the actual DBE percentage participation for the goal period.
12. This is a breakout of the prime and subcontracts reported in item 10 by type of work performed by the DBE's. Indicate number and dollar value of awards to women-owned firms under category designated "Women". Indicate number and value of awards to all DBE firms, including women-owned, under category designated "Total DBE". If the contract involves more than one type of work, report only the predominant type based on cost.
13. This is a breakout of the prime and subcontract awards to DBE's reported in item 10 by the disadvantaged group of the firms' owners. The category "Other Disadvantaged" refers to DBE's owned and operated by individuals who have been determined by the sponsor on a case-by-case basis to be socially and economically disadvantaged. The definitions of the disadvantaged groups are found in 49 CFR 23.62, as amended on October 21, 1987 and May 23, 1988. In the case of split ownership by two or more disadvantaged individuals, the DBE participation should be reported for the group which owns the largest share. If the ownership is equal, the DBE participation should be reported for the group which is listed first on the form.