## Attachment #9

THE NEW YORK STATE OFFICE OF THE STATE COMPTROLLER REQUIRES THAT THE FOLLOWING INFORMATION BE OBTAINED IN ORDER TO PROCESS YOUR CONTRACT.

1.	CONT	CONTRACTOR NAME:						
2.	FEDER	FEDERAL ID NO. (FEIN) or SOCIAL SECURITY NO.:						
3.	<b>D/B/A</b> –	— <b>Doing Business As</b> (if applicable)	:	COUNTY FILED:				
l.		U USE, OR HAVE YOU USED IN OR D/B/A OTHER THAN WHAT	YEARS, ANY OTHER BUSINESS NAME, FIONS 1-3 ABOVE? Yes No					
	• •	rovide the name(s), FEIN(s) and duch to this response.	/b/a(s) and the address	s for each such company and d/b/a on a separate piece of paper				
·.	WEBSI	TE ADDRESS (if applicable):						
<b>.</b>	Address	s: Street:		City:				
		State: Zip Coo	de:	County:				
<b>.</b>	Teleph	one Number:		8. Fax Number:				
	AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE:			AUTHORIZED CONTACT FOR THE PROPOSED CONTRACT:				
	Name:			Name:				
	Title:			Title:				
	Telepho	ne Number:		Telephone Number:				
	E-Mail:			E-Mail:				
	Fax Nu	nber:		Fax Number:				
0.	Type of	Type of Business: (please check appropriate box and provide additional information):						
	a)	<b>Business Corporation</b>	State of Incorporation	·				
	<b>b</b> )	Sole Proprietor	State/County filed in:					
	c)	General Partnership	State/County filed in:					
	d)	Not-for-Profit Corporation	Charities Registration	or Identification Number:				
	<b>e</b> )	Limited Liability Company (LLC)	Jurisdiction filed in:					
	f)	Limited Partnership	State/County filed in:					
	g)	Individual						
	h)	Other—Specify:	Jurisd	iction Filed (if applicable):				
	STATE F REQUIR	TILED WITH THE NEW YORK STATE	DEPARTMENT OF STA	A COPY OF AUTHORIZATION TO DO BUSINESS IN NEW YORK TE (DOS) OR INDICATE WHY YOU BELIEVE YOU ARE NOT ng for authorization to do business in New York State please provide a				

b)		
c)		
d)		
14. WAVE VOW DEEM CERTIFIED BY THE CHATE OF NEW YORK AS A MINORWAY OWNER.	DIIC	ID ID GG
12. HAVE YOU BEEN CERTIFIED BY THE STATE OF NEW YORK AS A MINORITY-OWNED ENTERPRISE, A WOMEN-OWNED BUSINESS ENTERPRISE OR IN COMPLIANCE WITH FEIT A DISADVANTAGED BUSINESS ENTERPRISE?  Yes No If yes, list the certification:		
13. WITHIN THE PAST FIVE YEARS, HAS THE CONTRACTOR, ANY AFFILIATE <sup>1</sup> , ANY OWNER OR OSTOCKHOLDER (5% OR MORE SHARES) OR ANY PERSON INVOLVED IN THE BIDDING OR CONTR THE SUBJECT OF ANY OF THE FOLLOWING:	OFFIC ACTI	ER OR MAJOR NG PROCESS BEEN
(a) a judgment or conviction for any business related conduct constituting a crime under federal, State or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?	Yes	No
(b) a criminal investigation or indictment for any business related conduct constituting a crime under federal, State or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?	Yes	No
(c) an unsatisfied judgment, injunction or lien for any business related conduct obtained by any federal, State or local government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any federal, State or local government agency?	Yes	No
(d) an investigation for a civil violation for any business related conduct by any federal, State or local agency?	Yes	No
(e) a grant of immunity for any business-related conduct constituting a crime under federal, State or local governmental law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	Yes	No
		No
<ul><li>(f) a federal, State or local government suspension or debarment from the contracting process?</li><li>(g) a federal, State or local government contract suspension or termination for cause</li></ul>	103	110
prior to the completion of the term of a contract?	Yes	No
(h) a federal, State or local government denial of a lease or contract award for non-responsibility?	Yes	No
(i) an administrative proceeding or civil action seeking specific performance or restitution in connection with any federal, State or local contract or lease?	Yes	No
(j) a federal, State or local determination of a willful violation of any public works or labor law or regulation?	Yes	No
(k) a sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?	Yes	No
(l) a consent order with the New York State Department of Environmental Conservation, or a federal, State or local government enforcement determination involving a violation of federal, State or local government laws?	Yes	No
(m) an Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?	Yes	No

<sup>&</sup>lt;sup>1</sup> "Affiliate" meaning: (a) any entity in which the contractor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the contractor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a contractor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

(n)	a rejection of a bid on a New York State contract or a lease with the State for	failure
to co	omply with the MacBride Fair Employment Principles?	

Yes No

(o) a citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of:			
- federal, State or local health laws, rules or regulations	Yes	No	
- unemployment insurance or workers' compensation coverage or claim requirements		No	
	Yes	No	
	Yes	No	
- USCIS (U.S. Citizenship and Immigration Services) and Alienage laws	Yes	No	
- Sherman Act or other federal anti-trust laws	Yes	No	
(p) an agreement for a voluntary exclusion from contracting with a federal,			
State or local governmental entity?	Yes	No	
(q) a denial, decertification, revocation or forfeiture of Women's Business Enterprise,			
Minority Business Enterprise or Disadvantaged Business Enterprise status?	Yes	No	
(r) a rejection of a low bid on a federal, State or local contract for failure to meet statutory affirmative action or Minority or Women's Business Enterprise			
	Yes	No	
(s) a finding of non-responsibility by an agency or authority due to a violation of State Finance Law 139-j?	Yes	No	
(t) a bankruptcy proceeding	Yes	No	
14. DURING THE PAST 3 YEARS, HAVE YOU FAILED TO: (a) FILE RETURNS OR PAY ANY APPLICABLE FEDERAL, STATE OR LOCAL GOVERNMENT TAXES?	Yes	No	
If yes, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount you failed to file/pay and the	currei	nt status	of the liability:
(b) PAY NEW YORK STATE UNEMPLOYMENT INSURANCE?  If yes, indicate the years you failed to file/pay the insurance and the current status of the liability:	Yes	No	
15. DO YOU HAVE THE FINANCIAL RESOURCES NECESSARY TO FULFILL THE REQUIRMENTS OF CONTRACT?	THE Yes		OSED
14 WANT THE PROPERTY AND COLORS AND THE OF PERSONS OF PERSONS AND	LCS		
16. HAVE THERE BEEN ANY COMPLAINTS OR REPORTS OF DEVIATION WITHIN THE PAST 3 YEAR PERFORMANCE ISSUES ARISING OUT OF YOUR CONTRACTS WITH ANY FEDERAL, STATE OR LOC	RS FC	AGENC	
PERFORMANCE ISSUES ARISING OUT OF YOUR CONTRACTS WITH ANY FEDERAL, STATE OR LOC	S FC	AGENC	
PERFORMANCE ISSUES ARISING OUT OF YOUR CONTRACTS WITH ANY FEDERAL, STATE OR LOC 17. IF A NOT-FOR-PROFIT ORGANIZATION, ARE YOU UP TO DATE IN FILING REQUIRED REPORTS STATE ATTORNEY GENERAL'S CHARITIES BUREAU PURSUANT TO EPTL §8-1.4 AND NEW YORK ST	RS FC CAL A Yes WIT	AGENC No TH THE EEXEC	Y? NEW YORK

State of	) )ss:		
County of	)		
CERTIFICATION:			
political subdivisions to agencies and political s acknowledges that inter		d of a contract or approval of a subco s which it may choose, verify the tru information may be punished as a cri	
Name of Business		Signature of Officer or Individu	al
Address		Typed Copy of Signature	
City, State, Zip		Title	
Principal place of busin	ness if different from address listed above (	include complete address):	
			-
			-
Sworn to before me this day of, 20	s 0		
Notary Public Registration No: State:			