You have selected the For-Profit Construction questionnaire, commonly known as the “CCA-2,” which may be printed and completed in this format or, for your convenience, may be completed online using the [New York State VendRep System](http://www.osc.state.ny.us/vendrep/).

|  |
| --- |
| **COMPLETION & CERTIFICATION** |
| The person(s) completing the questionnaire must be knowledgeable about the vendor’s business and operations. An owner or owner’s official representative authorized to legally bind the Reporting Entity, must certify the truth of the questionnaire answers. |

|  |
| --- |
| **NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)** |
| The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us) or call 866-370-4672. |

|  |
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| **DEFINITIONS** |
| All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” found at <http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf>. These terms may not have their ordinary, common, or traditional meanings. Each vendor must 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" existing at the time of certification. |

|  |
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| **RESPONSES** |
| Every question must be answered fully. Each response must provide **all** relevant information to appropriately explain the answer. If you have concerns as to the legal requirements behind your answers, please seek clarification from your counsel. However, information regarding a determination or finding made in error which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity, is not required to be identified. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN). |

| BUSINESS ENTITY INFORMATION | | | | | |
| --- | --- | --- | --- | --- | --- |
| Legal Business Name | | | EIN | | |
| Address of the Principal Place of Business (street, city, state, zip code) NO P.O. Boxes | | | New York State Vendor Identification Number | | |
| Telephone        ext. | Fax | |
| Website (include all) | | |
| Authorized Contact for this Questionnaire | | | | | |
| Name | | | Telephone        ext. | Fax | |
| Title | | | Email | | |
| Additional Business Entity Identities: If applicable, list any other DBA, Trade Name, Former Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed and the status (active or inactive). | | | | | |
| Type | Name | EIN | State or County where filed | | Status |
|  |  |  |  | |  |
|  |  |  |  | |  |

| I. BUSINESS CHARACTERISTICS | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.0 | Business Entity Type – Check appropriate box and provide additional information: | | | | | | |
|  | a)  Corporation (including PC) | | Date of Incorporation |  | | | |
|  | b)  Limited Liability Company (LLC or PLLC) | | Date Organized |  | | | |
|  | c)  Limited Liability Partnership | | Date of Registration |  | | | |
|  | d)  Limited Partnership | | Date Established |  | | | |
|  | e)  General Partnership | | Date Established  County (if formed in NYS) |  | | | |
|  | f)  Sole Proprietor | | How many years in business? |  | | | |
|  | g)  Other | | Date Established |  | | | |
| If Other, explain: | | | | | | | |
| 1.0 Was the Business Entity formed in New York State? | | | | | | Yes  No | |
| If “No,” indicate jurisdiction where the Business Entity was formed: | | | | | | | |
|  | United States | State |  | | | | |
|  | Other | Country |  | | | | |
| 1.2 Is the Legal Business Entity publicly traded? | | | | | | Yes  No | |
| If “Yes,” provide the CIK code or Ticker Symbol: | | | | | | | |
| 1.3 Is the Business Entity currently registered to do business in New York State?  Note: Select “Not Required” if the Business Entity is a Sole Proprietor or General Partnership | | | | | | Yes  No  Not Required | |
| If “No,” explain why the Business Entity is not required to be registered to do business in New York State: | | | | | | | |
| 1.4 Is the responding Business Entity a Joint Venture? Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for each Business Entity comprising the Joint Venture. | | | | | | Yes  No | |
| 1.5 If the Business Entity’s Principal Place of Business is not in New York State, does the Business Entity maintain an office in New York State?  (Select “N/A” if Principal Place of Business is in New York State.) | | | | | | Yes  No  N/A | |
| If “Yes,” provide the address and telephone number for one office located in New York State. | | | | | | | |
| 1.6 Is the Business Entity a New York State certified Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business, New York State Small Business, or federally certified Disadvantaged Business Enterprise? | | | | | | Yes  No | |
| If “Yes,” check all that apply:  New York State certified Minority-Owned Business Enterprise (MBE)  New York State certified Women-Owned Business Enterprise (WBE)  New York State certified Service-Disabled Veteran-Owned Business (SDVOB)  New York State Small Business  Federally certified Disadvantaged Business Enterprise (DBE) | | | | | | | |
| 1.7 Identify **each person** or Business Entity that is or has been within the past five (5) years, a Business Entity Official, or a Principal Owner of 5.0% or more of the Reporting Entity’s shares; or one of the five largest shareholders, if applicable. *(Attach additional pages if necessary.)*  Joint Ventures: Provide information for all firms involved.  Each Business Entity identified as a Principal Owner must also submit a Vendor Responsibility Questionnaire.  (Add additional sheets if necessary.) For each person, include name, title, date of birth, percentage of ownership, and employment status. For each Business Entity that is a Principal Owner, include name, address, EIN, and percentage of ownership.  If there is no person or Business Entity that owns 5% or more of the Reporting Entity, check here: | | | | | | | |
| Name *(For each person,* ***include a middle initial)*** | | | Title | Date of Birth | Percentage of ownership (Enter 0%, if not applicable) | | Employment status with the firm |
|  | | |  |  |  | | Current  Former  N/A |
|  | | |  |  |  | | Current  Former  N/A |
|  | | |  |  |  | | Current  Former  N/A |
|  | | |  |  |  | | Current  Former  N/A |
| Name of Each Business Entity owning 5% or more of Reporting Entity | | | Address | EIN | Percentage Ownership | | |
|  | | |  |  |  | | |
|  | | |  |  |  | | |
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|  | | |  |  |  | | |

| II. AFFILIATE and JOINT VENTURE RELATIONSHIPS | | | | |
| --- | --- | --- | --- | --- |
| 2.0 Are there any other construction-related firms in which, now or in the past five years, the submitting Business Entity or any of the individuals or business entities listed in question 1.7 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?  If yes, identify below and if there is more than one, *attach additional pages with required information.* | | | | Yes  No |
| Firm/Company Name | Firm/Company EIN  (If available) | | Firm/Company’s Primary Business Activity | |
|  |  | |  | |
| Firm/Company Address | | | | |
| Explain relationship with the firm and indicate percent of ownership, if applicable (enter N/A, if not applicable): | | | | |
| Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting Business Entity has in common with the disclosed firm(s)? | | | | Yes  No |
| Individual’s Name *(Include middle initial)* | | Position/Title with Firm/Company | | |
| 2.1 Does the Business Entity have any construction-related affiliates not identified in the response to question 2.0 above?  If yes, identify below and if there is more than one, *attach additional pages with the required information.* | | | | Yes  No |
| Affiliate Name | Affiliate EIN (If available) | | Affiliate’s Primary Business Activity | |
| Affiliate Address | | | | |
| Explain relationship with the affiliate and indicate percent of ownership, if applicable *(enter N/A, if not applicable)*: | | | | |
| Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting Business Entity has in common with the disclosed affiliate(s)? | | | | Yes  No |
| Individual’s Name *(Include middle initial)* | | Position/Title with Firm/Company | | |
| 2.2 Has the Business Entity participated in any construction-related Joint Ventures within the past three (3) years?  If yes, identify below and if there is more than one, *attach additional pages with the required information.* | | | | Yes  No |
| Joint Venture Name | Joint Venture EIN (If available) | | Identify parties to the Joint Venture | |

| III. CONTRACT HISTORY | |
| --- | --- |
| 3.0 Has the Business Entity completed any construction contracts? | Yes  No |
| *If “Yes,” list the ten most recent construction contracts the Business Entity has completed for government clients using Attachment A – Completed Construction Contracts, found at* [*www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.doc*](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.doc)*.*  *At the Business Entity’s option, it may include construction contracts completed for private clients. If less than ten, include most recent subcontracts on projects up to that number.* | |
| 3.1 Does the Business Entity currently have uncompleted construction contracts? | Yes  No |
| *If “Yes,” list all current uncompleted construction contracts for government clients by using Attachment B – Uncompleted Construction Contracts, found at* [*www.osc.state.ny.us/vendrep/documents/questionnaire/ac3295s.doc*](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3295s.doc)*.*  *Note: Ongoing projects must be included. At the Business Entity’s option, it may include construction contracts uncompleted for private clients.* | |

| 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 suspended or debarred from any government contracting process or been disqualified on any government procurement? | Yes  No |
| 4.1 Been subject to a denial or revocation of a government prequalification? | Yes  No |
| 4.2 Had any bid rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid? | Yes  No |
| 4.3 Had a proposed subcontract rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid? | Yes  No |
| 4.4 Had a bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract? | Yes  No |
| 4.5 Agreed to a voluntary exclusion from bidding/contracting with a government entity? | Yes  No |
| 4.6 Requested or been permitted 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, affiliate, predecessor company or 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 to explain each “YES” response. | |

| 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, including arbitration, seeking specific performance or restitution (except any disputed work proceeding) in connection with any government contract? | Yes  No |
| 5.2 Entered into a formal monitoring agreement, integrity agreement, consent decree, or stipulation, settlement as specified by, or agreed to with, any government entity? | Yes  No |
| 5.3 Had its surety called upon to complete any contract whether government or private sector? | Yes  No |
| 5.4 Forfeited all or part of a standby letter of credit in connection with any government contract? | Yes  No |
| For each “Yes,” provide an explanation of the issue(s), the Business Entity, affiliate, predecessor company or 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 to explain each “YES” response. | |

| 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, Service-Disabled Veteran-Owned Business 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 affiliate, predecessor company or 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 to explain each “YES” response. | |

| VII. LEGAL PROCEEDINGS/GOVERNMENT INVESTIGATIONS  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:   1. An indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime; or 2. 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, Service-Disabled Veteran-Owned Business, or a Disadvantaged Business Enterprise? | Yes  No |
| 7.2 Received any OSHA citation, which resulted in a final determination classified as serious or willful? | Yes  No |
| 7.3 Had a government entity find a willful prevailing wage or supplemental payment violation? | Yes  No |
| 7.4 Had a New York State Labor Law violation deemed willful? | Yes  No |
| 7.5 Entered into a consent order, monitoring agreement or other type of oversight with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement entity involving a violation of federal, state or local environmental laws? | Yes  No |
| 7.6 Other than previously disclosed, been the subject of any citations, notices or violation orders; a pending administrative hearing, proceeding or determination of a violation of:   * Federal, state or local health laws, rules or regulations; * Federal, state or local environmental laws, rules or regulations; * Unemployment insurance or workers compensation coverage or claim requirements; * Any labor law or regulation, which was deemed willful; * Employee Retirement Income Security Act (ERISA); * Federal, state or local human rights laws; * Federal, state or local security laws; * Federal, state, or local tax laws? | Yes  No |
| For each “Yes,” provide an explanation of the issue(s), the Business Entity, affiliate, predecessor company or 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 to explain each “YES” response.  Note: Information regarding a determination or finding made in error, which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity, is not required. | |

| 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 currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the Business Entity with any government entity been: | |
| --- | --- |
| 8.0 Sanctioned relative to any business or professional permit and/or license? | Yes  No  N/A |
| 8.1 Suspended, debarred or disqualified from any government contracting process? | Yes  No  N/A |
| 8.2 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  N/A |
| 8.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:   1. Any business-related activity, including but not limited to theft, 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 2. 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 | Yes  No  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 to explain each “YES” response. | |

| IX. FINANCIAL AND ORGANIZATIONAL CAPACITY | | | | |
| --- | --- | --- | --- | --- |
| 9.0 Within the past five (5) years, has the Business Entity or any affiliate received any formal unsatisfactory performance assessment(s) from any government entity on any contract? | | | | Yes  No |
| If “Yes,” provide an explanation of the issue(s), the Business Entity or affiliate 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 below or attach additional sheets with numbered responses to explain the “Yes” response. | | | | |
| 9.1 Within the past five (5) years, has the Business Entity or any affiliate had any liquidated damages assessed over $25,000 for any reason, including failure to meet Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business, or Disadvantaged Business Enterprise goals? | | | | Yes  No |
| If “Yes,” provide an explanation of the issue(s), the name of the Business Entity or affiliate involved, the relationship to the submitting Business Entity, relevant dates, the contracting party involved, the amount assessed and the current status of the issue(s), and the balance of the assessment not yet paid. Provide answer below or attach additional sheets with numbered responses. | | | | |
| 9.2 Within the past five (5) years, has the Business Entity or any affiliate had any liens, claims or judgments over $25,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 90 days? (*Note: Including but not limited to tax warrants or liens. Do not include UCC filings.)* | | | | Yes  No |
| If “Yes,” provide an explanation of the issue(s), the name of the Business Entity or affiliate involved, the relationship to the submitting Business Entity, relevant dates, the Lien holder or Claimants’ name(s), the amount of the lien(s), the current status of the issue(s), and the balance of the lien, claim or judgment not yet paid. Provide answer below or attach additional sheets with numbered responses. | | | | |
| 9.3 In the last seven (7) years, has the Business Entity or any affiliate, or official initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? | | | | Yes  No |
| If “Yes,” provide the name of the Business Entity, affiliate or official involved, the relationship to the submitting Business Entity, 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 to explain the YES response. | | | | |
| 9.4 What is the Business Entity’s Bonding Capacity? | | | | |
| a. Single Project | | b. Aggregate (All Projects) | | |
| 9.5 List Business Entity’s 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 Business Entity’s 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 Business Entity’s most recent annual financial statement and accompanying notes or complete Attachment C – Financial Information, found at [www.osc.state.ny.us/vendrep/documents/questionnaire/ac3296s.xls](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3296s.xls).  *(This information must be attached.)* | | | | |

| 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).  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. | Yes  No |
| *If “Yes,” indicate the question number(s) and explain the basis for the claim.* | | |

# Authorizee

| **XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE** | | | |
| --- | --- | --- | --- |
| Name | Telephone | | Fax |
|  |  | ext. |  |
| Title | Email | | |

# Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or federal law, as well as a finding of non-responsibility, contract suspension or contract termination.

It being acknowledged and agreed that all responses included in this questionnaire are to the knowledge, information and belief of the Business Entity, the undersigned certifies under penalties of perjury that they:

**The undersigned certifies that he/she:**

* are knowledgeable about the submitting Business Entity's business and operations;
* have legal authority to bind the Business Entity;
* have read and understand all of the questions contained in the questionnaire, including all definitions;
* have not altered the content of the questionnaire in any manner;
* have reviewed and/or supplied full and complete responses to each question;
* have provided true, accurate and complete responses, including all attachments, if applicable;
* understand that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
* are under an 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 government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

|  |  |
| --- | --- |
| Signature of Owner/Official |  |
| Printed Name of Signatory |  |
| Title |  |
| Name of Business |  |
| Address |  |
| City, State, Zip |  |
| Date |  |