



RED+F SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE

INFORMATION TO BE FURNISHED BY A CONTRACTOR

(Note: The term Contractor also refers to Subcontractors.) All questions on this questionnaire must be answered; do not leave blanks – where appropriate, state “None” or “Not Applicable” (N/A). If additional space is required to fully respond to any questions, please add sheets to this questionnaire and reference the questions/answers appropriately.) NYULH reserves the right to inquire further with respect to any matter in this questionnaire or otherwise to determine the suitability of Contractor to receive an award of a contract.

PART I. IDENTITY OF CONTRACTOR:

- A. Contractor’s full legal name: _____
- B. Tax ID Number (“TIN”), Employer Identification Number (“EIN”) and Social Security Number (“SSN”), as applicable: _____
Dun & Bradstreet DUNS (DUNS) # (unique nine digit number) _____
- C. Contractor’s form of legal entity (corporation, joint venture, sole proprietorship, etc.): _____

If the Contractor is a Joint Venture, or Partnership, please list all partner firms and/or parties to the Joint Venture below. All partners and/or parties listed are also required to individually complete a separate RED+F Qualification Questionnaire.

(1) Partner/Party Name _____

TIN, EIN, or SSN _____

DUNS # _____

Percentage of Ownership: _____

(2) Partner/Party Name: _____

TIN, EIN or SSN: _____

DUNS # _____

Percentage of ownership: _____

D. Type of work or services performed: _____

E. State or country under whose laws Contractor is organized and year organized:

F. Number of employees - Company wide _ Local office

G. Does the Contractor now use or, in the past ten (10) years has it used, TIN, EIN, doing business as or “DBA”, name, trade name or abbreviation other than the Contractor’s name or TIN, or EIN number listed in Part I.B. above? _____

H. Contractor's mailing address: _____

I. Contractor's street address (complete only if different than "G"): _____

J. Has contractor changed its address in the past five (5) years and, if so, what was the firm's prior address(es)? _____

K. Contractor's telephone number: _____ Fax number: _____
Email address: _____

L. Does the Contractor own or rent office space? Please provide the details:

PART II. IDENTITY OF PERSON COMPLETING THIS QUESTIONNAIRE:

A. Name: _____

B. Employer/Title: _____

C. Telephone number: _____ Fax number _____

D. Email address: _____ Mobile number _____

PART III. CONTRACTOR REPRESENTATIONS: If for any reason a representation on this questionnaire is not accurate and complete as of the time Contractor signs this form, Contractor must identify the provision and explain the reason in detail on a separate sheet. Absent such an explanation, Contractor represents that the following statements are complete and accurate.

The following questions apply to: i) Contractor, Contractor's parent, subsidiaries and affiliates of Contractor (if any); ii) any joint venture (including its individual members) and any other form of partnership (including its individual members) which includes Contractor or Contractor's parent, subsidiaries, or affiliates of Contractor, iii) Contractor's directors, officers, principals, managerial employees, and any person or entity with a 10% or more interest in Contractor, iv) any legal entity, controlled, or 10% or more of which is owned, by Contractor, or by any director, officer, principal, managerial employee of Contractor, or by any person or entity with a 10% or more interest in Contractor. (If the answer to any question is "YES," Contractor must provide all relevant information on a separate sheet annexed hereto).

Please check this box if a separate sheet is attached:

<p>(1) Within the past five (5) years, has Contractor been declared not responsible to receive a public or private contract?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(2) Has Contractor been debarred, suspended, or otherwise disqualified from bidding, proposing, or contracting?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(3) Is there a proceeding pending relating to Contractor's responsibility, debarment, suspension, or qualification to receive a public or private contract?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(4) Within the past five (5) years, has Contractor defaulted on a contract or been terminated for cause on a public or private contract?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(5) Has a public or private entity requested or required enforcement of any of its rights under a surety agreement on the basis of Contractor's default or in lieu of declaring Contractor in default?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(6) Within the past five (5) years, has the Contractor been required to engage the services of an Integrity Monitor in connection with the award of or in order to complete, any public or private contract?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(7) Within the past five (5) years, have Contractor's safety practices/procedures been evaluated and ruled as less than satisfactory by a public or private entity?</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>
<p>(8) Has Contractor's Workers Compensation Experience Rating (also known as the Experience Modification Rate or EMR) been 1.2 or greater at any time in the last five (5) years? If "yes", please explain.</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p>

PART IV. QUESTIONS WHICH MUST BE ANSWERED BY “YES” or “NO”: (In the event of a “YES,” Contractor must provide all relevant information on a separate sheet annexed hereto.)

To the best of your knowledge after diligent inquiry, in connection with the business of Contractor or any other firm which is related to Contractor by any degree of common ownership, control, or otherwise, do any of the following statements apply to: i) Contractor, Contractor’s parent, subsidiaries and affiliates of Contractor (if any); ii) any joint venture (including its individual members) and any other form of partnership (including its individual members) which includes Contractor or Contractor’s parent, subsidiaries, or affiliates of Contractor; iii) Contractor’s directors, officers, principals, managerial employees, and any person or entity with a 10% or more interest in Contractor; iv) any legal entity controlled, or 10% or more of which is owned, by Contractor, or by any director, officer, principal, managerial employee of Contractor, or by any person or entity with a 10% or more interest in Contractor:

<p>A. Within the past ten (10) years, has been convicted of or pleaded nolo contendere to (1) any felony or (2) a misdemeanor related to truthfulness in connection with business conduct.</p>	<p><input type="checkbox"/> NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>B. Is currently disqualified from selling or submitting bids/proposals to or receiving awards from or entering into any contract with any federal, state or local government agency, any public authority or any other public entity.</p>	<p>NO YES</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>C. Has within a ten (10) year period preceding the date of this Questionnaire been convicted of or had a civil judgment rendered against it for or in relation to: (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; (ii) collusion with another person or entity in connection with the submission of bid/proposals; (iii) violation of federal or state antitrust statutes or False Claims Acts; or (iv) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements) or receiving stolen property.</p>	<p>NO YES</p>

PART V. ADDITIONAL QUESTIONS: In the event of a “Yes”, Contractor must provide all relevant information on a separate sheet annexed hereto.

A. List the name, title, and home and business address of each person or legal entity which has a 10% or more ownership or control interest in Contractor:

Name: _____

Title: _____

Home address: _____

Business address: _____

B. List the name, title, and home and business address of each director and principal officer of Contractor:

Name: _____

Title: _____

Home address: _____

Business address: _____

C. In the past ten (10) years, has Contractor entered into a consent decree, deferred prosecution agreement or a non-prosecution agreement?

NO

YES

PART VIII. SAFETY:

- A. Worker's Compensation Carrier: _____
Policy Expiration Date: _____
- B. Experience Modification Rate (EMR): Submit a letter from your Insurance Agent, Broker or Consultant, verifying your firm's EMR as listed below and describe any incidents that have occurred that may adversely impact your rating.

List your firm's EMR for the three most recent years. If your firm does not qualify for an EMR, please submit three (3) years of currently valued, hard copy loss runs.

Current _____

Previous _____

Two years prior _____

- C. OSHA Recordable and Lost Time information:(applicable to firms with 10 or more employees.)

	Number of lost workday cases incl. restricted days	One Year Prior	Two Years Prior	Three Years Prior
1.		_____	_____	_____
2.	Number of OSHA recordable	_____	_____	_____
3.	Number of fatalities	_____	_____	_____
4.	Total employee hours worked	One Year Prior	Two Years Prior	Three Years Prior
		_____	_____	_____

- D. Submit a copy of your OSHA 300A forms verifying the above information.

Name of insurance company: _____

Address: _____

Telephone: _____ Contact name: _____

**NYU LANGONE HEALTH RED+F
SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE
PART IX – AFFIDAVIT AND ACKNOWLEDGEMENT**

STATE OF _____)
) SS: _____
COUNTY OF _____)

On the _____ day of _____, 201____, before me personally came and appeared _____ by me known to be said person, who swore under oath as follows:

1. I am _____ of _____.
(Print name and title) (Print name of firm)
2. I am duly authorized to sign this RED+F Qualification Questionnaire on behalf of said firm and duly signed this document pursuant to said authorization.
3. The answers to the questions set forth in the RED+F Qualification Questionnaire and, except as set forth in the stated exceptions in Part III, the representations set forth in this questionnaire, are true, accurate and complete. I authorize NYU Langone Health to verify any such information and to conduct any background checks it deems appropriate.
4. I acknowledge and understand that the RED+F Qualification Questionnaire includes provisions which are deemed included in the contract if awarded to the firm.

Signature

Sworn to and subscribed to before me
this _____ day of _____, 20____.

Notary Public _____ County

My commission expires: