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**RED+F QUALIFICATION QUESTIONNAIRE**

**INFORMATION TO BE FURNISHED BY A CONTRACTOR**

**(Note: The term Contractor also refers to Consultants.) 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. State or country under whose laws Contractor is organized and year organized:  
\_\_\_\_\_

- E. Number of employees - Company wide \_\_\_\_\_ Local office \_\_\_\_\_

- F. 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? \_\_\_\_\_

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G. Contractor's mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Contractor's street address (complete only if different than "G"): \_\_\_\_\_  
\_\_\_\_\_

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

J. Contractor's telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_

K. Does the Contractor own or rent office space? Please provide the details:  
\_\_\_\_\_

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**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>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><input type="checkbox"/> NO                      YES <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><input type="checkbox"/> NO                      YES <input type="checkbox"/></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

D. In the past seven (7) years, have any bankruptcy proceedings been initiated by or against the Contractor (whether or not closed) or is any bankruptcy proceeding pending by or against the Contractor regardless of the date of filing?

NO      YES

E. In the past five (5) years, have there been any judgments or tax liens of \$100,000 or more, including but not limited to judgments based on taxes owed, fines and penalties assessed by a government agency against Contractor at any time?

NO      YES

F. During the past five (5) years, has the Contractor failed to file any applicable federal, state or local tax return?

NO      YES

G. Does any principal owner or officer of the Contractor, or any member of his/her immediate family, have an ownership interest in any entity that holds the title or lease to any real property used by the Contractor?

NO      YES

H. Does Contractor share office space, staff, equipment, or expenses with any other entities? If "YES", please provide details.

NO      YES

I. Contractor is required to provide a list of contracts as requested in (1) and (2) below. For each of the contracts listed in (1) and (2) below, Contractor shall provide a brief description of the work performed, the contract number, the dollar amount at award and at completion, date completed, and the name and telephone number of the owner's representative:

(1) List all contracts completed during the last three (3) years that are relevant to the type of work you expect to perform at NYULH. If more than three (3) contracts have been completed in the past three (3) years, list the last three (3) contracts completed here and attach additional pages for the remainder.

a. Brief description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative  
\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

b. Brief description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative:  
\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

c. Brief description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative:  
\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

(2) List each contract completed by Contractor during the last three (3) years for which liquidated damages or penalty provisions were assessed against Contractor for failure to complete the work on time or for any other reason. Contractor is required to provide an explanation of the circumstances for each contract.

a. Brief description of work performed: \_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative:  
\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

b. Brief description of work performed: \_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative:  
\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

c. Brief description of work performed: \_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative:  
\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

If none of the above situations occurred during the last three (3) years, state "NONE" here: \_\_\_\_\_

J. Furnish the following information for each contract for which, during the last three (3) years, the Contractor was:

- (1) Terminated for default; or
- (2) Sued to compel performance; or
- (3) Sued to recover damages, including, without limitation, upon an alleged breach of contract, misfeasance, error or omission or other alleged failure on Contractor's part to perform as required by the contract; or
- (4) Called upon a surety to perform the work; or
- (5) 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; or
- (6) Required to draw on a letter of credit in lieu of a performance bond.

a. Brief description of work performed: \_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_

Name/Telephone number and email address of company and Owner's Representative:  
\_\_\_\_\_

If none of the above situations occurred during the last three (3) years, state "NONE" here: \_\_\_\_\_

**PART VI. ANNUAL REVENUE LAST 3 YEARS:**

A. Annual average revenues of firm for last 3 years:

- 1. Hospital, medical research, etc.: \_\_\_\_\_
- 2. Work performed in NYC: \_\_\_\_\_

Check which borough(s) you've worked in:

- Manhattan
- Brooklyn
- Queens
- Bronx
- Staten Island

- 3. Work performed in Nassau & Suffolk: \_\_\_\_\_

B. New awards list the value and billing amount of new contracts awarded to your firm for the last 5 years:

	Contract Awards \$	Billings
Current Year 20 _____	\$ _____	\$ _____
Previous Year 20 _____	\$ _____	\$ _____
Two Years Prior 20 _____	\$ _____	\$ _____
Three Years Prior 20 _____	\$ _____	\$ _____
Four Years Prior 20 _____	\$ _____	\$ _____

**PART VII. BACKGROUND:**

A. Indicate if your business qualifies as one of the following?

- Minority Business Enterprise       Disadvantaged Business Enterprise   
Woman-owned Business Enterprise       Business Enterprise

B. Governmental Certification

Expiration Dates

State of \_\_\_\_\_  
City of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Dormitory Authority
- Port Authority of NY/NJ
- School Construction Authority
- Health & Hospitals
- Other \_\_\_\_\_

Attach a copy of your current certification.

C. List any licenses your company holds. Attach a separate sheet if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PART VIII. SAFETY:**

A. Worker's Compensation Carrier: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_

B. Experience Modification Rate (EMR). OSHA Recordable and Lost Time information

List your firm's EMR for the three most recent years:

Current \_\_\_\_\_

Previous \_\_\_\_\_

Two years prior \_\_\_\_\_

C. Please use your OSHA 300&300A logs (or insurance loss runs) to complete this section (*please attach OSHA 300A form*)

	One Year Prior	Two Years Prior	Three Years Prior
1. Number of lost workday cases incl. restricted days	_____	_____	_____
2. Number of OSHA recordable (Columns G, H, I, J from 300A form)	_____	_____	_____
3. Number of fatalities	_____	_____	_____

D. Total employee hours worked

One Year Prior	Two Years Prior	Three Years Prior
_____	_____	_____

E. Name of insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact name: \_\_\_\_\_





**RED+F QUALIFICATION QUESTIONNAIRE**

**PART X –AFFIDAVIT OF NO CHANGE**

(If applicable, complete and submit **two** original, signed, notarized affidavits of no change.)

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, 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. The firm is the Bidder/Proposer/Contractor for Contract \_\_\_\_\_. I am duly authorized to sign this Affidavit of No Change on behalf of said firm and duly signed this document pursuant to said authorization.
3. The Bidder/Proposer/Subcontractor previously submitted a RED+F Qualification Questionnaire within one (1) year prior to the date hereof, to NYU Langone Health (NYULH).
4. Attached is an accurate and true copy of such previously submitted RED+F Qualification Questionnaire.
5. I hereby certify that there has been no material change in the information specified on such attached RED+F Qualification Questionnaire, except as follows (attach additional sheet as required):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I acknowledge and understand that the previously submitted RED+F Qualification Questionnaire includes provisions which are deemed included in the Contract if awarded to the firm.

Bidder/Proposer/Contractor must sign here: \_\_\_\_\_  
Dated: \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Notary Public)  
Notary Public \_\_\_\_\_ County  
My commission expires: \_\_\_\_\_