

Subcontractor Pre-qualification Questionnaire

Business Applicant Name _____ TIN _____

D/B/A or Trade Name (if any) _____

Number of years in business as D/B/A or Trade Name (if any) _____

Business address _____

Mailing address (if different) _____

Delivery address (if different) _____

Phone # _____ Fax # () _____ Website: _____

Contact Person _____ Title _____ Email address _____

1. Experience and Reference Verification: List a minimum of five (5) projects, two (2) of which should be of a minimum value of \$3 million each and completed in the last five (5) years. Provide verifiable references.

Firm's Trade Specialty:

Plumbing

Mechanical Systems

General Construction

Asbestos Abatement

Electrical Systems

Sub-Specialties: _____ Roofing Brickwork

Lead Abatement

Other (specify)

Controlled Inspection Air Monitoring

PROJECT EXPERIENCE LIST

	Client Company/Agency/Authority and Project Name	Prime or Sub Contractor		Firm's Contract Value \$	Client Reference Contact Name, Title and Telephone Number
1	- -				
2	- -				
3	- -				
4	- -				
5	- -				

2. Submit any and all written evaluations from clients and/or agencies for projects listed above.

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

2. Capacity:

Provide a letter on surety letterhead confirming potential bonding capacity for:

Single contracting limit: \$ _____

Aggregate bor_____

Surety Company Name: _____

Letter attached Yes No

3. Financial Strength and Stability:

a) Provide the last three calendar years and any current year interim statements of CPA-audited or reviewed financial statements which must include all schedules and "Notes to Financial Statements" and which must demonstrate the following criteria:

- Current ratio (current assets/ current liabilities)
- Debt to equity ratio.

(b) Pre-qualification requires business credit lines with a minimum total of \$200,000.00. Provide details below supporting your firm's credit information

- Alternative or equivalent measures may be considered.

Name and address of lending institution	Amount of Credit Line	% Credit Remaining

4. NYC VENDEX and Business Integrity:

The Mayor's Office of Contract Services (MOCS) may review data contained in the NYC Vendex system as part of its review of this application.

Visit the MOCS website at: <http://www.nyc.gov> and search for "Vendex."

As part of Pre-Qualification, the submittal of a Vendex questionnaire to the Mayor's Office of Contract Services (MOCS) is required.

a. Does your firm presently have a Vendex questionnaire submitted to MOCS less than three (3) years old? If "no", a new application to Vendex and Notification to CM is required.

Yes No.

Date submitted to MOCS: _____

b. Have there been changes to your business since you filed the Vendex questionnaire? If "yes", an amended questionnaire to Vendex with notification to CM is required.

Yes No.

c. If Vendex filing is current, is a Certification of No Change attached to this application?

Yes No.

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

5. Apprentice Programs:

Firm must demonstrate participation in a New York State approved apprenticeship program that has at least one graduate. If yes, supply supporting documentation. Examples of supporting documentation are: a letter from the New York State Department of Labor stating that your firm has participated in an approved apprentice program that has met the criteria listed above; or, a letter from a union of which your firm is a signator or a copy of a signed union contract. Apprenticeship programs must be appropriate to the work to be performed under the proposed categories of work.

Yes No

6. Safety:

(a) **Workers Compensation Experience Information:** List the Interstate Workers Compensation Experience Modification Rate (EMR).

Alternative or equivalent measures may be considered.

Year	Workers Compensation Insurance Carrier	Policy Number	EMR

In addition to listing your EMR information in the above chart, also provide this information on your insurance carrier or broker's letterhead.

Verification Provided Yes No

7. Licenses:

If the work of this subcontractor requires a New York City, State, or Federal license or certification under governing law, provide copies of all required licenses.

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

8. Within the past five (5) years has the firm :

- (a) been cited for violatuions of Labor Law 220 or Davis Bacon wage violations? Yes No If yes, please explain
- (b) been cited by OSHA or other safety violations? Yes No If yes, please explain
- (c) been defaeulted on any contract? Yes No If yes, please explain
- (d) been suspended, disqualified, or barred from bidding with any owner/.agencies? Yes No If yes, please explain

9. Significant personnel:

List the principals, owners, and other key personnel of the firm:

Name	Title	Ownership %

10. Firm Staffing / Size

State your project work load and manpower availability for an anticipated project start date of Spring 2009

Please list the number of employees for the following positions:

Supervisory staff: _____

Trades persons: _____

Administrative staff: _____

Please list the names of Key Supervisory Staff and the number of years of employment with your company

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

11. Trade Union Affiliation:

List any trade union affiliations your firm may have:

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

12. Enterprise Programs:

IT IS THE OBJECTIVE OF NEW YORK CITY HOUSING AUTHORITY (NYCHA) TO ENSURE THAT ALL BUSINESSES HAVE AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL ASPECTS OF NYCHA'S PROCUREMENT OF ALL GOODS AND SERVICES WITHOUT REGARD TO RACE, COLOR, RELIGION, MILITARY SERVICE, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, OR SEXUAL ORIENTATION OF THE OWNERS, PARTNERS OR STOCKHOLDERS. FURTHER, NYCHA IS COMMITTED TO ACHIEVE MAXIMUM PARTICIPATION OF MINORITY, WOMEN, AND SMALL BUSINESS ENTERPRISES (MWSBES) IN NYCHA PROCESS OF AWARDING CONTRACTORS FOR GOODS AND SERVICES.

PLEASE CHECK HERE IF THE FOLLOWING DOES NOT APPLY TO YOUR BUSINESS

1 IS THE BUSINESS AT LEAST FIFTY-ONE (51%) OWNED, CONTROLLED AND OPERATED BY (or in case of publicly owned business at least fifty-one of the stock is owned by) CITIZENS OR PERMANENT RESIDENT ALIENS WHO ARE (Please Check All That Apply):

ASIAN / PACIFIC - ASIANS AND PACIFIC ISLANDERS AMERICAN PERSONS HAVING ORIGINS IN ANY OF THE FAR EAST COUNTRIES. SOUTH EAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS.

BLACK - BLACK PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS

HASIDIC JEWS

HISPANIC - HISPANIC PERSONS OF MEXICO, PUERTO RICAN, DOMINICAN, CUBAN, CENTRAL AMERICA OR SOUTH AMERICAN DESCENT, OF EITHER INDIAN OR HISPANIC ORIGIN, REGARDLESS OF RACE

NATIVE AMERICAN - NATIVE AMERICAN OR ALASKIAN NATIVE PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA

WOMEN

2 CERTIFIED AS MBE, WBE, SBE OR ROB : IS THE BUSINESS CERTIFIED AS ANY OF THE FOLLOWING TYPES OF BUSINESS BY A NEW YORK STATE GOVERNMENT AGENCY OR AUTHORITY ? IF YES, ATTACH COPIES OF ALL SUCH CERTIFICATIONS.

MINORITY - OWNED BUSINESS ENTERPRISE (MBE)

YES

NO

YES

NO

WOMEN - OWNED BUSINESS ENTERPRISE (WBE)

YES

NO

YES

NO

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.

A material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval thereby precluding the business applicant from performing work for HAKS.

I, _____, being duly sworn, state that I am _____ of _____,
(Name, print) (Title) (Business Applicant name)

and that I have read and understood the questions contained in this application. I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful. I acknowledge that HAKS may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application. I recognize that all the information submitted is for the express purpose of inducing HAKS to pre-qualify a contractor and does not assure that it will be deemed qualified. I authorize HAKS to contact any entity named in the application for the purposes of verifying the information supplied by the applicant.

(Signature) (Date)

Sworn to before me this _____ day of _____, 2008.

Notary Public

Completed applications, with supporting documentation, are required for your firm to be considered for the pre-qualification list.

**MAIL APPLICATION TO:
HAKS
40 Wall Street, 11th Floor
New York, NY 10005
Attention Jeff Terzakis
V.P. Construction Management
212-747- 1997 ext. 522**

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