



DON TODD ASSOCIATES, INC.
Project and Construction Management Services

Subcontractor Pre-qualification Questionnaire						Date Submitted	
Business Applicant Name						TIN	
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
<p>1. Experience and Reference Verification: Prime Contractor - List a minimum of five (5) projects, two (2) of which should be a minimum value of \$3 million each as a prime contractor and completed in the last five (5) years. Provide verifiable references. Subcontractors - List a minimum of three (3) largest accounts or contracts completed in last three (3) years.</p>							
Firms Trade Specialty:	Plumbing		Mechanical Systems		General Construction		<i>Sub-Specialties:</i>
	Asbestos Abatement		Electrical Systems				Roofing
	Lead Abatement		Other (specify)				Controlled Inspection
PROJECT EXPERIENCE LIST							
	Client Company / Agency / Authority and Project Name	Prime or Sub Contractor	Description of Work	Date Completed	Firm's Contract Value \$	Client Reference Contact Name, Title and Telephone Number	
1							

2						
3						
4						
5						

Provide responses to all questions. Attached additional sheet(s) of paper to this application as needed to respond fully to all questions.

1a. Does your firm currently or in the last five (5) years had a contract directly with NYCHA	Yes	No
1b. Is your firm currently a subcontractor of a contractor that contracts directly with NYCHA	Yes	No

2. Capacity

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

Single Contracting Limit: \$		Aggregate bonding limit: \$	
Surety Company Name:		Letter attached	Yes No

3. Financial Strength and Stability:

- (a) Provide a current (within the last 12 months) CPA-audited or –reviewed financial statement to demonstrate the following criteria:
 - Current ratio (current assets/current liabilities)
 - Debt to equity ratio.

- (b) Pre-qualification requires business credit lines to support award values. 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 (MOCSA) 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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date Submitted:	
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.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
c. If Vendex filing is current, is a Certification of No change attached to this application?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Provide answers 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 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.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

6. Safety:

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

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	
▪ Does your firm currently have a Corporate Safety Plan		Yes		No
▪ NYC Site Safety Manager		Yes		No
▪ NYC Site Safety Coordinator		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.

Is your firm authorized to do business in New York State		Yes		No
--	--	-----	--	----

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

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

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

9. Significant personnel:

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

Name	Title	Ownership

10. Firm Staffing / Size

Please list the number of:

Supervisory Staff:	
Trades persons:	
Administrative staff:	

Provide any additional information relevant to principals or owners work experience, education or certifications that may reflect favorable merits towards your pre-qualification.

Provide a response to all questions. Attached 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. Attached 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 MARK OR 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):

<input type="checkbox"/>	ASIAN / PACIFIC – ASIANS AND PACIFIC ISLANDER AMERICAN PERSONS HAVING ORIGINS IN ANY OF THE FAR EAST COUNTRIES SOUTHEAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS.	<input type="checkbox"/>	HISPANIC – HISPANIC PERSON OF MEXICO, PUERTO RICAN, DOMINICAN, CUBAN, CENTRAL AMERICA OR SOUTH AMERICAN DESCENT, OF EITHER INDIAN OR HISPANIC ORIGIN, REGARDLESS OF RACE
<input type="checkbox"/>	BLACK – BLACK PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS	<input type="checkbox"/>	NATIVE AMERICAN – NATIVE AMERICAN OR ALASKAN NATIVE PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA
<input type="checkbox"/>	HASIDIC JEWS	<input type="checkbox"/>	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	SMALL BUSINESS ENTERPRISE (SBE)		Yes		No
WOMEN-OWNED BUSINESS ENTERPRISE		Yes		No	RESIDENT OWNED BUSINESS (ROB)		Yes		No

Provide a response to all questions. Attached 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 DON TODD ASSOCIATES, INC.

I,		,	being duly sworn, state that I am	
	(Name, print)			(Title)

of	
	(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 DON TODD ASSOCIATES, INC. may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application. I recognized that all the information submitted is for the express purpose of inducing DON TODD ASSOCIATES, INC. to pr-qualify a contractor and does not assure that it will be deemed qualified. I authorize DON TODD ASSOCIATES, INC. to contact any entity named in the application for the purposes of verifying the information supplied by the applicant.

--	--

(Signature)	(Date)
-------------	--------

Sworn to before 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:

DON TODD ASSOCIATES, INC.
Attn: Stephen Clarke
Executive Vice President
Cherry Tree Corporate Center
535 Route 38 East, Suite 170
Cherry Hill, NJ 08002

Email: sclarke@dta.com

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