



Corporate Partnering Questionnaire

Private Vendor Information			
Legal Business Name:			
DBA, if any:			
Employer Identification Number (EIN):			
Address of Principal Place of Business:			
Street Address	City	State	Zip
If address is other than NY, provide NY office address:			
Street Address	City	State	Zip
Mailing address:			
Street Address	City	State	Zip
Phone:		Email:	
Website:			
Name of Authorized Contact:			
Title of Authorized Contact:			
Phone:		Email:	

Type of Private Vendor – Corp., PC, LLC, LLP,			
Date Incorporated, Organized, Registered, Established:			
State:		County:	
Is Private Vendor registered with the Dept. of State to do business in NY?		Yes	No
Charities Registration Number?	Yes	#	None, Exempt
DUNS (Dun & Bradstreet) number?	Yes	#	None
Is Private Vendor registered as a sales tax vendor in NY?		Yes	No
Is Private Vendor a certified Minority and Women Business Enterprise?		Yes	No
Is Private Vendor a Service Disabled Veteran Owned Business?		Yes	No
Is Private Vendor a NYS registered small business?		Yes	No

Is Private Vendor's principal place of business owned, rented (list landlord), other?

List board members, officers, trustees, executive management and key employees with their contact information (attach separate page if necessary):			
Name:		Title:	
Phone:		Email:	
Business:		Address:	
Name:		Title:	
Phone:		Email:	
Business:		Address:	
Name:		Title:	
Phone:		Email:	
Business:		Address:	

Does Private Vendor have Affiliate(s)/Joint Venture(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, list for each affiliate(s)/joint venture(s) the following: name; EIN, relationship with Private Vendor, primary business activity; key personnel; percentage of ownership of Private Vendor, officers, directors or principal owners that the affiliate(s)/joint venture(s) has in common with Private Vendor (attach a separate sheet if needed.)			
Name:		EIN:	
Relationship with Private Vendor:			
Primary Business Activity:			
Key Personnel:			
Percentage of ownership of Private Vendor:			
Officers, directors or principal owners in common:			
Name:		EIN:	
Relationship with Private Vendor:			
Primary Business Activity:			
Key Personnel:			
Percentage of ownership of Private Vendor:			
Officers, directors or principal owners in common:			

Contract History	
1. Integrity – Contract Bidding – Within the past 5 years has Private Vendor:	
been in any way disqualified from government procurement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been subject to denial or revocation of a government prequalification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been denied a contract or had a bid rejected based on a find of non-responsibility by a government entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
agreed to a voluntary exclusion from bidding/contracting with a government entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>

requested withdrawal of a bid submitted to a government entity, or made any claim of error on a bid to a government entity? Yes No

If yes, explain:

2. Integrity – Contract Award – Within the past 5 years has Private Vendor:

been found to have been in breach of any contract? Yes No

been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any contract? Yes No

entered into a formal monitoring agreement as a condition of an award of a government contract? Yes No

defaulted on an award? Yes No

If yes, explain:

Business Licenses and Certifications

1. Please list all relevant current license and certifications for Private Vendor’s Executive Management and Key Individuals.

2. Has Private Vendor or its affiliate(s)/joint venture(s) had a revocation, suspension or disbarment of any professional permit or license? Yes No

If yes, explain:

Leadership Integrity

1. Has any board member, officer, trustee, member of executive management or key employee, with respect to business related conduct, with the past 5 years, been:

sanctioned relative to a professional license or permit? Yes No

subject to investigation for civil or criminal conduct? Yes No

subject to an indictment, judgment or conviction of any business related conduct constituting a crime including, but not limited to; fraud, coercion, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness? Yes No

convicted of a felony or misdemeanor for any crime that relates to truthfulness whether or not related to a business related activity? Yes No

debarred from any government contracting process? Yes No

If yes, explain:

Legal Proceedings – Has Private Vendor or affiliate(s)/joint venture(s), or any directors, officers, principal or managerial employee of Private Vendor, or an entity who has a greater than 10% interest in Private Vendor, within the last 5 years:	
been the subject of an investigation, fine or been charged or convicted of a criminal offense by a government agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been convicted or pled “nolo contendere” to a misdemeanor or felony in any federal, state or local court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
received an OSHA citation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
had any NYS Labor Law violation deemed willful?	Yes <input type="checkbox"/> No <input type="checkbox"/>
entered into a consent Order with DEC, the EPA or any other government agency regarding an environmental violation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been the subject of an indictment, grant of immunity, judgment of conviction for conduct constituting a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide disposition or current status of above proceedings:	

Financial and Organizational Capacity – Has Private Vendor or its affiliate(s)/joint venture(s):	
received any formal unsatisfactory performances from any government entity on any contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
had liquidated damages assessed over \$25,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
had any liens, claims or judgments over \$15,000 filed against Private Vendor which are undischarged or were unsatisfied over 120 days within the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

been subject to a bankruptcy proceeding within the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
failed to pay any tax returns required by state or federal law within the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
failed to pay any unemployment insurance within the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
had any government audits within the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, attach an explanation of the issues, the business and government entities involved, relevant dates, any remedial or corrective action taken and the current status of the matter.	

Relevant Experience – Please provide no less than three customer contacts as references:

Community Involvement – Please list any community involvement that Private Vendor is currently involved with regarding disabled individuals.

Partnership with NYSID Member – Has Private Vendor identified a NYSID member agency with whom it wishes to partner? Yes No <input type="checkbox"/>
If yes, please name:

Private Vendor consents to the jurisdiction of the courts of the state of New York and to the jurisdiction of any federal court located within Albany, NY for any and all actions arising out of its corporate partner membership in NYSID.

Private Vendor represents and warrants that it understands that it has a duty to notify NYSID should there be any changes in the information provided to the above questions.

NYSID reserves the right to terminate Private Vendor’s Corporate Partner Membership Agreement in the event Private Vendor intentionally submits false or misleading information.

ALL INFORMATION CONTAINED HEREIN WILL BE USED FOR NYSID OPERATIONAL PURPOSES ONLY.

Sworn to before me this

Printed Name of Owner/Officer

_____ day of _____ ;

Signature of Owner/Officer

Notary Public

Title

Name of Business

Street Address

City, State Zip