



# STV Construction Inc.

## Sub-contractor Prequalification Questionnaire

Business Applicant Name \_\_\_\_\_ TIN \_\_\_\_\_

D/B/A or Trade Name (if any) \_\_\_\_\_

Years in business under present name: \_\_\_\_\_

Type of Organization:  Corporation

State and Date of Incorporation: \_\_\_\_\_

Limited Liability Company (LLC)

State and Date Formed: \_\_\_\_\_

Partnership

General  Limited  Limited Liability (LLP)

County/State where partnership agreement filed: \_\_\_\_\_

Sole Proprietorship

Other

Under what other names has your company operated? \_\_\_\_\_

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.

<b>Firm's Trade Specialty:</b>	Plumbing <input type="checkbox"/>	Mechanical Systems <input type="checkbox"/>	General Construction <input type="checkbox"/>
	Asbestos Abatement <input type="checkbox"/>	Electrical Systems <input type="checkbox"/>	Sub-Specialties: _____ Roofing <input type="checkbox"/>
	Lead Abatement <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Brickwork <input type="checkbox"/>
			Controlled Inspection <input type="checkbox"/>
			Air Monitoring <input type="checkbox"/>

**PROJECT EXPERIENCE LIST**

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

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:**

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

Single contracting limit: \$ \_\_\_\_\_

Aggregate bonding limit: \$ \_\_\_\_\_

Surety Company Name: \_\_\_\_\_

Letter attached: Yes  No

(b) Attach a Work in Progress Schedule

Provide a complete work-in-progress schedule for all work under contract, showing % complete, notice of any claims in progress, resolved, or anticipated.

**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 with a minimum total of \$200,000.00. Provide details below supporting your firm's credit information

- Provide a letter from financial institution regarding line of credit
- Alternative or equivalent measures may be considered.

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

(c) List three supplier references for work completed in the last two years:

Firm/ Products Supplied

Contact Person/ Title

Telephone Number

**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.	<input type="checkbox"/>	No.	<input type="checkbox"/>	Date Submitted to MOCS: _____
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- 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.	<input type="checkbox"/>	No.	<input type="checkbox"/>
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- c. If Vendex filing is current, is a Certification of No Change attached to the application?
 

Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>
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**5. Apprentices 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.

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**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 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 AWARDED 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.

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

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

**HASIDIC JEWS**

**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 RCB : 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 (WBE)  YES  NO RESIDENT OWNED BUSINESS (ROB)  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 STV Construction, Inc.

I, \_\_\_\_\_, being duly sworn, state that I am \_\_\_\_\_ 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 STV Construction, Inc. 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 STV Construction, Inc. to pre-qualify a contractor and does not assure that it will be deemed qualified. I authorize STV Construction, 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 me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Notary Public

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

**MAIL APPLICATION TO:**  
**STV Construction, Inc.**  
225 Park Avenue South  
New York, New York 1003  
**Dennis K. Nazzaro**  
**Tel: (212) 614-3491**

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