



MWBE Solicitation #R1280 I Plan Web Portal

Contents

Intent, Key Dates, Background, Minimum Qualifications.....	1-2
Evaluation.....	3
General Conditions	6
Submission Procedure	7
Reference Documents	7
Insurance Requirements	11-15
Iran Divestment Act Compliance Rider.....	18-19
Doing Business Data Form	20

INTENT, KEY DATES, BACKGROUND, MINIMUM QUALIFICATIONS

The New York City Department of Education (NYCDOE) on behalf of the Division of School Leadership (“DSL”) is seeking proposals from qualified organizations experienced in and capable of providing hosting, support and development for the existing web-based iPlan Portal.

Portal revisions are required by state and federal mandates under Every Student Succeeds Act (ESSA) and Title 1. It is a collaborative online educational planning and progress-monitoring tool for Central offices, School Leadership and District

Leadership teams at approximately 1800 schools and administrative offices in more than 1,350 buildings throughout the five boroughs.

Key Events and Dates

Key Events and Dates		
Event	Date	Time
Bid Release	8/12/2025	
Contractor Question Submission End Period	8/26/2025	5:00 PM EST
Authorized Answers Issuance	9/12/2025	
Proposal Due Date	9/30/2025	4:00 PM EST
Please note: Proposal responses received after the proposal due date and time will <u>not</u> be accepted.		

Question and Answer

Any inquiry regarding this solicitation must be made in writing. No telephone calls will be accepted regarding this solicitation. All questions must be submitted in the format below.

ID #	Page Reference	Section or Category	Question
1			
2			
3			

All Questions and Proposals must be submitted via electronic mail to:

Charles Blair
 NYC Dept. of Education
E-mail: cblair@schools.nyc.gov

Proposal questions may be submitted at any time to the e-mail address prior to the deadline for submitting written questions.

The deadline for submitting questions on this Proposal is **no later than 5:00P.M. EST, [August 26, 2025]**. Proposers are advised that the NYCDOE will not respond to inquiries received after this date. All queries will be addressed in the written Q&A document, which will be published on or about **[September 12, 2025]**.

Proposers should not rely on any representations, statements, or clarifications *not* made in this proposal or a formal addendum. Notwithstanding the foregoing, if the NYCDOE issues an addendum, **proposers shall rely on the information contained in such addendum.**

Minimum Qualifications

Proposers must submit supporting documentation with their responses that prove Minimum Qualification Requirements have been met. Proposals that fail to meet all minimum qualifications will not be considered and will be found non-responsive.

- Proposer(s) must be certified as a Minority/Women-owned Business Enterprise (MWBE) by NYC Small Business Services upon date of the award. NYC M/WBE Certification MUST be maintained/not expired 6 months after the candidate submission date.
- Proposer(s) must be a for-profit entity. Individuals are not eligible to submit proposals for this solicitation.
- Proposer (s) must subcontract no more than 40% of the total contract value, if subcontracting is required.

The entity submitting the proposal must meet **all** minimum qualifications as stated herein. Proposals that fail to meet **all** minimum qualifications **will not** be considered.

Award Methodology:

Proposals will be accepted from firms actively engaged in providing the services specified in this solicitation. DOE reserves the right, before making an award, to take any action necessary to determine a bidder's fitness, reliability and ability to perform the services requested by the DOE.

All proposals received by the due date and time and at the location specified in this solicitation will be evaluated to determine whether the proposing entity meets the Minimum Qualification Requirements. Submissions that fail to show that the Minimum Qualification Requirements are met will not receive further consideration. Proposers must submit supporting documentation with their responses which are required by the Minimum Qualification Requirements.

- i. The DOE reserves the right to interview a short list of vendors based on the initial scoring whose proposals scored highest evaluation.
- ii. An Evaluation Committee, consisting of at least three (3) DOE employees, will evaluate proposals.
- iii. Vendors will be evaluated without consideration to the order the proposal was submitted.
- iv. The DOE reserves the right to request additional information from the proposer(s) before final approval of a selected vendor, conduct interviews and/or to request that proposers make presentations, as DOE deems applicable and appropriate.
- v. The DOE reserves the right to verify professional references and reject any vendor who receives poor reviews or who provides inaccurate or inconsistent information.
- vi. The DOE reserves the right to award a contract on the basis of an initial proposal received, without discussions: therefore, the proposer's initial proposal should contain its best programmatic and price terms.
- vii. Upon contract award, the vendor will be notified. The vendor will then be responsible for preparing the project of the assignment and for ensuring that the resources are ready to start on the time, date, location and other pertinent information specified by the DOE.

Evaluation

Contract will be awarded to the responsive and responsible proposer who offers the best value to the DOE's needs as described below and determined to be the most advantageous to the City based upon the "Best Value Method" taking into consideration the criteria which is set forth in this solicitation. Below is the criteria which will be used to evaluate responses which meet the Minimum Qualifications:

Criteria	Percentage
Price	50%
Program Plan	30%
Organizational Capacity	10%
Demonstrates Effectiveness	10%
Total	100%

Evaluation Methodology

Program Plan

The Program Plan must be a clear, detailed, rational, and concise description of the overall program content, structure and methodology on how the Proposer's program will provide the services required in the Scope of Services listed below.

The Program Plan must show a clear understanding of the services required in this Proposal and demonstrate how the proposed plan will meet the goals and objectives of the Proposal. The proposal must contain a work plan indicating approximate dates and frequency of the services you will provide. Also, the proposal must include how the proposer assesses and reports its success in providing these services.

Scope of Services

The Program Plan must demonstrate how the organization will:

Collaborate in envisioning required future developments of the site as well as implementing changes and updates that streamline the workflows for the userbase and all administrative tasks such as but not limited to user provisioning, content management, document templates development, user roles, etc.

Support I Plan's annual cycle central, district, and school workflows for improvement beginning in April, when content from the previous school year's documents is rolled over into the new year's plans.

Prepare to implement new features and tools into iPlan to satisfy mandates from local, state, and federal education agencies.

Ensure that the Plan Portal meets WCAG (Web Content Accessibility Guidelines) 2.0 AA standards.

Update and ensure the iPlan Portal App must be available via all browsers, desktop, and mobile devices

Outgoes the online CEP (Comprehensive Education Planning) and other documents into a PDF format.

Enable all plans and abbreviated abstracts to be posted directly on iPlan in a HTML format in-line with accessibility and translation requirements with an available PDF version to download.

Update the existing content management system for customization of modular templates to create documents hosted on the Portal and managed by DOE web admins.

Allow DOE web admins to build documents fully and autonomously from year to year, as well as being able to manage creating and organizing documents for future years.

Include common editing and reviewing features like current document development platform.

Continue to maintain a full dashboard that allows DOE web admins to download all data necessary to generate custom reports on content contained within all planning documents on the school, district, and central levels.

Create an intuitive, user-friendly dashboard where end users can check off boxes for each field, they wish to generate a report on and have the Portal generate an excel spreadsheet with the data for those selected fields.

Creating a suite of features should also be extended to document workflow statuses, section completion, and individual question.

Develop a communication system that allows administrators to communicate user-specific messages/emails to targeted and systemwide users.

Develop school and district workspaces that can be accessed by leadership teams as they develop their comprehensive education plans. The workspace should include the ability to host and develop documents, graphs, charts, links, and recordings.

Develop a webpage navigation framework to allow users to navigate to any section or document through on-demand menus and a streamlined user interface.

Develop a commenting system that highlights text and refer to the selected text within their document comments in an excerpt, allowing comments to point to things specifically in line.

Develop a system and structure to indicate to users' specific information or incomplete document sections upon document submission or other workflow step in the CEP annual cycle.

Reconfigure and update the Portal to allow for new features and documents and the ability to gauge specific page/feature usage (IE, activity around Annual Goal completion as one example).

Develop a framework to allow the ability for admins to pre-populate or ingest data to specific fields/questions/tables from existing data sources as needed within school and district documents.

Please note: Proposer must include in the proposal whether or not Proposer will be using an automobile during the provision of services. If applicable, evidence of the appropriate motor vehicle liability insurance coverage will be required.

Organizational Capacity

In this section, Proposer must show evidence of adequate human, organizational, technical, and professional resources, and abilities to meet the needs of this Proposal. Organizational capacity shall include compliance with NYCDOE and other relevant administrative and operating policies and procedures, in addition to the capacity to provide services. Include, but do not limit to the following:

An organizational chart of the overall company responding to this Proposal. Include subcontractor(s) information, if any, within the organizational chart. Be sure to designate information as subcontractor titles and not as the submitting organization's personnel.

A program specific organizational chart showing the specific titles and, if available, employees who will be slated to work on this project. Also, if applicable, include an approximate percentage of the award that will be allotted to any subcontractor(s) contributing to work on the program.

Resumes and, if applicable, copies of appropriate licenses/certifications of key personnel who will provide the proposed services. Include information for all subcontractors, if any, who will be working on the program within the Program.

Your organization's maximum capacity, in terms of number of schools and districts or staff that your organization can provide services to within a school year and/or summer, based on current staffing levels. Personnel available for the various components of proposed services, such as speakers, consultants, on-site mentors, and workshop presenters who are not full-time employees.

The organization provides examples of how they have resources or staff available that can provide a continuum of services should staff assigned to the project or a task is no longer available.

Demonstrated Effectiveness

Proposer shall include a description of all prior experience in the execution of the proposed services or similar services and, in addition to the information submitted to meet the required Proposal Minimum Qualifications. Include: Details of Proposer's background, qualifications, and experience in providing these specific or related services.

Details on the methods used and objectives, and the results obtained by those methods. Provide objective data, if available. (The NYCDOE reserves the right to verify any experience presented.) Any experience working in public schools or with a public school system. Proposer must submit two (2) letters of reference from organizations that have paid the proposer directly for the same or similar services as detailed in this Proposal. Each reference must state the date(s), location(s), and description of the service(s) provided.

If any, list of government contracts, including with the NYCDOE, awarded to the proposer in the past three (3) years. The NYCDOE reserves the right to verify a proposer's performance in the execution of such contracts. Experience in reviewing, utilizing or updating existing Cloud-based code. Maintain consistent site performance throughout the year, as well as handling peak activity periods and supporting the performance of the portal during those times. Respond to and follow up with end user admins at DOE for support and assistance with technical issues beyond the scope of website administration.

Appendix F: Pricing Form

Proposers must complete the line-item pricing form in accordance with the instructions in Appendix F.

The Pricing Form requires unit prices. Unit prices must include all of the costs associated with the services in the proposal for which a Proposer will be charging the NYCDOE. Proposers will not be able to invoice for items not included on the finalized budget.

Any materials offered through this contract must be ancillary to the services provided.

Unit prices for Cloud-based hosting and management are to be incorporated and clearly stated in the Pricing Form.

Contract Term

Initial Term (3 years) - The Agreement will commence on or about 07/01/2026 (Commencement Date).

Extension Terms – At its sole option, DOE may choose to extend the Agreement for two (2) additional one (1) year terms. If DOE chooses to exercise such options, DOE will provide the Contractor notice in writing of its intention at least 30 days before the termination of the current term.

This is a requirements contract and is intended to cover, during the period of the contract, the requirements for developing, monitoring, maintaining, posting, revising, and hosting for “iPlan” delivered to various locations throughout the Board of Education of the City of New York.

The successful proposer will be required to perform all the deliverables described within the proposal blank for all components. Proposals for portions of any of the components will not be accepted.

The estimated start date of the awarded contract will be July 2026.

General Conditions

- i. Contractor(s) will comply with the terms and conditions of contract with DOE.
- ii. The agency has implemented a not-to-exceed hourly rate for each position.
- iii. The award will be made at the rate agreed upon, quoted and/or specified for each position.
- iv. All proposers are on notice that this procurement is subject to New York City Office of the
- v. Comptroller Directive 31: By submitting a proposal, the proposer agrees, if selected for award, to comply with the Directive in all respects, and provide any pricing and timecard information to DOE upon its request. This includes, but is not limited to, calculation of its mark-up for labor and/or material. See Directives:
<https://comptroller.nyc.gov/services/for-city-agencies/comptrollers-directives-and-memoranda/directives-and-memoranda/>
- vi. DOE reserves the right not to award any contracts.
- vii. DOE reserves the right to award to multiple vendors.
- viii. DOE reserves the right to award the positions to the same vendor or any combination of vendors.
- ix. Contractors must respond to at least one position through this solicitation to be considered for award.
- x. Contractors responding to this solicitation must have their candidate(s) available for an interview for the evaluation process.
- xi. DOE reserves the right to conduct interviews for at least three (3) perspective candidate(s) per position through this solicitation.
- xii. DOE reserves the right and has the option to conduct an interview by telephone and/or in person for selected, qualified and proposed candidates only, as determined by DOE after initial technical scoring.
- xiii. Changes in staff (replacements) MUST be pre-approved by DOE and available no more than two weeks after the request. The replacement consultant(s) MUST meet the specifications of the position as stated in this solicitation. The consultant will be supplied at the same or mutually agreed upon (lower) hourly rate.
- xiv. All approved hourly rates for consultant replacement(s), are subject to DOE approval with a written confirmation and start date from the DOE Budget and Invoicing Unit.
- xv. DOE reserves the right to decrease the bill rate(s), based on the financial and/or economic needs of the City with a thirty (30) day notice.
- xvi. DOE reserves the right to utilize consultant hours at DOE’s discretion. It is the assumption that a consultant will work five (5) day work week at seven (7) hours per day unless otherwise agreed.
- xvii. During the course of this contract, positions may be eliminated. DOE reserves the right to increase or decrease the quantity of position assignments required. DOE reserves all rights in determining which consultant from the selected vendor, will work on what assignment and in what order.
- xviii. DOE shall enter Consultants into the CyberShift system for timekeeping purposes. The system is based on actual time entered by the consultant and is to be utilized by all consultants for invoicing and payment purposes at the contracted rate(s). Each consultant’s hours must be worked within the scheduled daily work hours, identified in Cybershift and agreed upon by the Project Manager.
- xix. Overtime work, outside of the daily work hours/schedule, may be required on an as needed basis as determined by the DOE Project Manager and is based on the financial and/or economic needs of the city. The consultant will be compensated for any final approved overtime worked and identified in CyberShift at the approved bill rate.

- xx. Monthly payments will be automatically calculated based upon the actual number of work hours completed, identified and approved on the Time Sheet from the CyberShift System.
- xxi. DOE reserves the right to cancel the contract(s), resulting from this solicitation, anytime during the life of the contract for any reason that benefits the agency's needs.
- xxii. If a contract is canceled, the consultant will be paid at the hourly rate for any services rendered satisfactorily performed and approved by DOE's designee. After cancellation of contract, DOE will not be responsible for any Contractors' rights to lost profits.
- xxiii. In case a contract is terminated during the first 12 months of the contract award, the Agency reserves the right to award the next highest scored proposer of the original proposal submissions.
- xxiv. If it is determined that false or inaccurate information has been submitted by a Contractor with regard to a proposed candidate(s), the Agency may disqualify the candidate from further consideration for any targeted assignments and reserve the option to disqualify the Contractor.
- xxv. If at any time during the course of the contract DOE or the City of New York finds any type of misrepresentation to violate the contract/award on the original vendor's part, DOE has the right to reject and refuse payment or compensation for any completed/approved work.
- xxvi. DOE does not pay for and must not be billed for the following holidays: New Year's Day, Martin Luther King Day, President's Day (Washington's Birthday), Memorial Day, Independence Day, Labor Day, Columbus Day, Election Day, Veterans' Day, Thanksgiving Day, Christmas Day
- xxvii. **Please note: If the awarded NYC Certified MWBE prime vendor plans to subcontract a portion of the contract to other firms, whether or not MWBE certified, the maximum percentage allowed for subcontracting as stipulated in this contract is 40%. If the subcontracting percentage exceeds 40%, the prime vendor will be disqualified, and the DOE will not move forward with the award.**

Proposals will be accepted from firms actively engaged in providing the services specified in this solicitation. DOE reserves the right, before making an award, to take any action necessary to determine a proposer's fitness, reliability, and ability to perform the services requested by the DOE.

Submission Procedure

Proposals for this solicitation are due by September 30, 2025, at 4:00 PM EST. DOE will not accept any proposals after the due date and time.

All Proposals must be submitted via electronic mail as Adobe Acrobat pdf format or Microsoft Word (Office 2013 or better) and emailed to cblair@schools.nyc.gov

Include: **Email Subject Line: # R1280 – MWBE I Plan Web Portal – Submission**

Required Proposal Content:

- 1) Organizational Cover Letter/Background
- 2) Signature Page
- 3) Resumes
- 4) NYC MWBE Certification

Reference Documents

The following documents should be compiled now for expediency, but do not need to be submitted until you are notified of potential award:

- 1) Insurance Certificate or Certification by Insurance Broker form
- 2) Tax Affirmation Form
- 3) Iran Divestment Act Compliance Rider

- 4) Doing Business Data Form
- 5) Equal Employment Opportunities “Workforce Profile Form” and Policy Statement
- 6) Copy of W9
- 7) IRS 147C Letter, which can be requested from the Internal Revenue Service (IRS)
- 8) PASSPort Online Disclosures, NYS Application for Authority, EFT

PETS – PERSONNEL ELIGIBILITY TRACKING SYSTEM

This is the DOE’s web-based database that allows the Contractor or DOE Staff to enter Contractor Staff information into a roster (the “PETS Roster”) in order to monitor the fingerprinting status of each Contractor Staff member.

All Contractor “Staff” must undergo fingerprinting and a background check by the DOE Office of Personnel Investigation Unit. Staff shall include any and all of Vendor’s, or its subcontractors’ (if any), employees, officers, directors, members, partners, agents, or consultants who, at any time during the Term of the agreement, have direct contact with Students; or work in or visit a location during times that Students are present unless such contact is only on an incidental and supervised basis; or provide online services to Students and have contact with Students via telephone, email or internet; or have regular access to Students’ confidential information and data. Vendors shall also include any Staff who becomes affiliated with Vendor or its Subcontractors after execution of the Agreement and who applies to the aforementioned criteria.

Contractors or the DOE have an obligation to enter Contractor staff information into the PETS roster before staff starts providing services and staff security clearance must be verified as a condition of employment/acceptance of award in Tier II and update PETS roster as new staff members are hired and as staff status changes.

Once a consultant is nominated for a position in the PETS Roster by the Contractor, the Consultant will receive an email with instructions to log into the Applicant Gateway. The Consultant must complete, and e-sign all required forms in Applicant Gateway, print out the Fingerprint Referral Form and schedule an appointment through the IdentoGo website with the NYCDOE provided Service Code.

Organizational Cover Letter/Background:

The proposer **MUST** submit a detailed profile of their organization, maximum of four (4) pages. The Cover Letter of the proposal should clearly specify that the Proposer is not raising any exceptions to the terms and conditions mentioned in this solicitation.

At a minimum, include:

- Company history
- Size of workforce
- Management information
- Financial stability/ability to perform the services outlined in this Solicitation
- Major success stories,
- Listing of major clients of the organization is relevant to the required services.

Attach or Provide Information Below or on separate sheet

Signature Page

The Contractor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Proposal (including any Questions/Answers or Addendums), the GSA Contract and that all information provided is complete, true and accurate.

The Authorized User will not be held liable for any cost incurred by the Contractor for work performed in the preparation of a response to this Proposal or for any work performed prior to the formal execution of an Authorized User Agreement. Responses to the Proposal must be received as specified in Key Dates and Events. Contractor assumes all risks for timely, properly submitted deliveries of this Proposal response. A Contractor is strongly encouraged to arrange for delivery of Proposal responses prior to the date of the Proposal opening. LATE PROPOSAL RESPONSES may be rejected. The time received of Proposal responses will be determined by the clock at the Authorized User's location.

Contractor's Federal Tax Identification Number	DOE Vendor Identification Number (if have one)
Legal Business Name of Company Responding (must match the OGS Centralized Contract):	
D/B/A – Doing Business As (if applicable):	
GSA Contract Number:	
Contractor's Signature:	Printed or Typed Name:
Title:	Date:
Contractor's Email:	Contractor's Phone Number:
<input type="checkbox"/> CONTRACTOR DECLINES TO RESPOND TO THE PROPOSAL for the following reasons:	
<input type="checkbox"/> Insurance Affirmation: All insurance forms as per Lot requirements have been provided to OGS and are up to date.	
<input type="checkbox"/> Additional Incentives	

Signature Page (continued)

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT

STATE OF }
 } SS.:
COUNTY OF }

On the _____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he maintains an office at _____, and further that:

[Check One]

- ☐ If an individual): he executed the foregoing instrument in his/her name and on his/her own behalf.
- ☐ If a corporation): he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
- ☐ If a partnership): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
- ☐ If a limited liability company): he is a duly authorized member of _____ LLC, the limited liability company described in said instrument; that he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public
Registration No.

Insurance Requirements & Certificate of Insurance Sample

Insurance Requirements

Upon award the Contractor shall not commence performing services under this Contract unless all insurance required by the Contract is in effect. The Contractor shall ensure continuous insurance coverage in the manner, form, and limits required by this Contract.

Contractor shall maintain Commercial General Liability Insurance covering Contractor as Named Insured and the City of New York (the "City") and the Board of Education of the City School District of the City of New York, together with their respective officials and employees, as Additional Insureds in the amount of at least \$1,000,000 per occurrence for bodily injury (including death) and property damage, \$1,000,000 for personal and advertising injury, and an aggregate limit of at least \$2,000,000. Such insurance shall protect the Board, the City and Contractor from claims that may arise from any of the operations under this Agreement. Coverage under this insurance shall be at least as broad as that provided by the most recently issued Insurance Services Office ("ISO") Form CG 00 01. There is no obligation that ISO Form CG 00 01 itself be used, provided the alternative form contained in its policy provides coverage at least as broad as the specified form.

1. Such Commercial General Liability Insurance shall name the City of New York, and the Board of Education of the City of New York, together with their respective officials and employees, as Additional Insureds with coverage at least as broad as the most recently issued ISO Form CG 20 10 or CG 20 26. There is no obligation that ISO Form CG 20 10 or CG 20 26 itself be used, provided that the alternative provision or endorsement contained in its policy provides coverage at least as broad as the specified form.
2. All required insurance policies shall be maintained with companies that may lawfully issue the required policy and have an A.M. Best rating of at least A-/VII, a Standard & Poor's rating of at least A, a Moody's Investors Service rating of at least A3, a Fitch Ratings rating of at least A-, or a similar rating by any other nationally recognized statistical rating organization acceptable to the City Corporation Counsel, unless prior written approval is obtained from the City Corporation Counsel.
3. Contractor shall not obtain or use any insurance policy(ies) or contract(s) for purposes of this Agreement that contains any endorsement exclusions relating to an additional insured's negligence, relating to the maintenance, use and operation of an additional insured's realty or personality, or relating to any other activities by an additional insured that arise from, or in the context of, this Agreement.
4. All insurance policies shall be primary (and non-contributing) to any insurance or self-insurance maintained by the City or DOE.
5. Certificates of Insurance or certified copies of policies for insurance required in this Article must be submitted to and accepted by the Board prior to or upon execution of this Agreement. All such Certificates of Insurance shall be accompanied by the required additional insured endorsements and a duly executed "Certification by Insurance Broker or Agent" in the form available at: https://infohub.nyced.org/docs/default-source/default-document-library/procurement-insurance_certification_by_broker_form.pdf?sfvrsn=52b89163_2. In lieu of submitting a Certificate of Insurance, the Contractor may submit a copy of a required policy as certified by an authorized representative of the issuing insurance carrier. The Board's receipt of such proof of insurance shall be a condition precedent to any payment by the Board to the Contractor under this Agreement.
6. Contractor shall provide the Board and the New York City Law Department with a copy of any policy required under this Article upon the demand for such policy by the Board or the New York City Law Department.
7. Insurance coverage in the amounts provided for herein shall not constitute a limit of Contractor's liability and shall not relieve Contractor for any liability that might exceed such amounts, nor shall the Board or the City be precluded from taking such other actions as are available to the Board and/or City under any other provisions of this Agreement or otherwise.
8. Whenever notice of loss, damage, occurrence, accident, claim or suit is required under the Commercial General Liability policy, Contractor shall provide the insurer with timely notice thereof on behalf of the Board and the City of New York. Such notice shall be given even where Contractor may not have coverage under such policy (for example, where one of Contractor's employees was injured). Such notice shall expressly specify that "this notice is being given on behalf of the City of New York, and the Board of Education of the City School District of the City of New York, including their respective officials and employees, as Additional Insureds" and contain the following information: the number of the insurance policy; the name of the named insured; the date and location of the damage, occurrence, or

accident; the identity of the persons or things injured, damaged, or lost; and the title of the claim or suit, if applicable. Contractor shall simultaneously send a copy of such notice to the City of New York c/o Insurance Claims Specialist, Affirmative Litigation Division, New York City Law Department, 100 Church Street, New York, New York 10007 and the Chancellor and/or their designee. If Contractor fails to comply with the requirements of this paragraph, Contractor shall indemnify the Board and City, including their respective officials and employees, for all losses, judgments, settlements and expenses, including reasonable attorneys' fees, arising from an insurer's disclaimer of coverage citing late notice by or on behalf of the Board and City, including their respective officials and employees.

Insurance Policy Deductibles or Retentions

Any deductibles or retentions in excess of \$5,000 shall be disclosed by the Contractor and shall be subject to advance written approval by the Chancellor or designee. Any deductible or retention amounts elected by the Contractor and/or imposed by the Contractor's insurer(s) shall be the sole responsibility of the Contractor. The Contractor shall be permitted to provide insurance of any type required under this Contract by means of a self-insurance program (or make use of any self-insured retention) only in the event (a) such program provides the BOE and the City, including their respective officials and employees, with all rights that would be provided by traditional insurance required by this Contract including, but not limited to, the defense obligations that insurers are required to undertake in liability policies, and (b) such self-insurance program is approved in advance by the Chancellor or designee. If the Contractor desires to provide any such insurance by means of a self-insurance program, the Contractor shall submit a statement satisfactory to the Chancellor or designee, signed by a party authorized to bind the Contractor and acknowledged by a notary public, by which the Contractor (i) affirms that such self-insurance program provides at least the same level of coverage as required by this Contract, (ii) agrees to assume responsibility for satisfying all obligations of the self-insurance program if such program for any reason fails to do so, and (iii) provides the BOE with the name and address of the office or official of its self-insurance program who is responsible for satisfying the self-insurance obligations. The foregoing requirements for advance approval include, but are not limited to, the Contractor's formation of, and/or participation in, any other alternative risk management arrangement(s) as a substitute for a traditional insurance policy(ies). In addition, the Contractor must provide the BOE Contract Manager with a written set of detailed rules and procedures for the BOE and/or the City to file a claim(s) and to obtain coverage under any risk retention fund(s) and/or any other alternative risk management arrangement(s) including, but not limited to, any required claim form(s), contact information, and any information required to be submitted with a claim(s). The Contractor's rules and procedures for submitting a claim(s) and obtaining coverage under any risk retention fund(s) and/or any other alternative risk management arrangement(s) shall be subject to approval by the Chancellor or Designee. Approval of any proposed self-insurance program, other alternative risk management arrangement(s) and the rules and procedures for submitting a claim(s) and obtaining coverage is at the sole discretion of the BOE. As determined by the Chancellor or Designee, any unreasonable failure and/or refusal by the Contractor and/or its agent(s) to accept and process a claim(s) from the BOE, the City and/or their agent(s) and/or any unreasonable disclaimer(s) of coverage by the Contractor and/or its agent(s) shall entitle the BOE to deduct from any compensation due and owing to the Contractor the amounts, as determined by the BOE and/or the City, of any and all resulting losses, damages, expenses (including, but not limited to, reasonable attorney fees), claims, demands, judgments, suits, allegations, liabilities, settlements and/or other costs that the BOE and/or the City, including their respective officials and employees, shall incur regarding any affected claim(s) and/or denial of coverage. The foregoing provisions shall apply equally to any subcontractor(s).

This is a **sample certificate**. As applicable, upon contract award, obtain an original certificate from your insurance broker and submit. The City of New York and the Board of Education of the City School District of the City of New York must be included as additional insured, not merely as certificate holders.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		Clear	Save	DATE (MM/DD/YYYY)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED		INSURERS AFFORDING COVERAGE		NAIC #	
		INSURER A:			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
COVERAGES					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
ITEM NO.	DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
1	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADJUTORY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
2	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
3	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
4	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
5	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS BELOW OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

The Board of Education of the City School District of the City of New York and the City of New York, including their respective officials and employees are additional insured.

CERTIFICATE HOLDER	CANCELLATION
City of New York Board of Education of the City School District of the City of New York 52 Chambers Street New York, NY 10007	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

Certification by Insurance Broker Form

CERTIFICATES OF INSURANCE

Instructions to The New York City Board of Education

All certificates of insurance (except certificates of insurance solely evidencing Workers' Compensation Insurance, Employer's Liability Insurance, and/or Disability Benefits Insurance) must be accompanied by one of the following:

(1) The Certification by Insurance Broker or Agent on the following page setting forth the required information and signatures.

- OR -

(2) A copy of the complete insurance policy(ies) as certified by an authorized representative of the issuing insurance carrier. If any policy is not available at the time of submission, certified binders may be submitted until such time as the policy is available, at which time the Contractor shall submit a certified copy of the policy.

Certification by Insurance Broker Form (continued)

NEW YORK CITY BOARD OF EDUCATION
CERTIFICATION BY INSURANCE BROKER OR AGENT

The undersigned insurance broker or agent represents to the New York City Board of Education and the City of New York that the attached Certificate of Insurance is accurate in all material respects.

[Name of broker or agent (typewritten)].

[Address of broker or agent (typewritten)]

[Email address of broker or agent (typewritten)]

[Phone number/Fax number of broker or agent (typewritten)]

[Signature of authorized official, broker, or agent]

[Name & title of authorized official, broker, or agent (typewritten)]

State of)

) ss.:

County of)

Sworn to before me this ____ day of _____ 20__

NOTARY PUBLIC FOR THE STATE OF _____

PASSPort Online Disclosures, NYS Application for Authority, EFT

PASSPort: All organizations intending to do business with the City of New York must complete an online disclosure process to be considered for a contract. In anticipation of awards, companies must create online accounts in the new Procurement and Sourcing Solutions Portal (PASSPort) and file all disclosure information (*formerly known as Vendor Information Exchange System (VENDEX) Forms or Certificate of No Change*). For additional information, email the PASSPort support team at help@mocs.nyc.gov.

NYS Division of Corporation Registration/NYS Application for Authority enrollment through the NYS Division of Corporations, State Records and UCC via <https://www.dos.ny.gov/corps/buscorp.html>

Enroll for Direct Deposit (“EFT”) Payments (Awarded vendor) via: <https://www1.nyc.gov/site/finance/about/doing-business-with-nyc-direct-deposit-program.page>

Pricing Sheet

Complete Financial Submission sheet (Attachment F)

Proposal

- Proposal MUST be restricted to a maximum of 15 pages.
- Proposals must clearly demonstrate the vendor's meets DOE's requirements.
- When a Contractor submits resources for the project team, it will be assumed that those resources have agreed, prior to the Proposal submission, to perform the services.

Reference Form

Provide a minimum of **two (2)** references. At least one reference must be from within the last 24 months. Those providing references must have first-hand knowledge of the vendor's ability to perform the type of services requested in this solicitation. DOE will contact these references and document the results of these contacts. If the DOE cannot contact at least one (1) reference (after repeated attempts), the candidate will be made ineligible for evaluation / selection

	Reference #1	Reference #2
Name		
Company		
Title		
Phone Number		
Email		
Project Details		

Tax Affirmation

AFFIRMATION

The undersigned prospective awardee/contractor affirms and declares that said prospective awardee/contractor is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not been declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the prospective awardee/contractor to receive public contracts.

Full name of prospective awardee/contractor _____

Address _____

City _____ State _____

Zip _____

CHECK ONE AND INCLUDE APPROPRIATE NUMBER:

() A Individual or Sole Proprietorship

SOCIAL SECURITY NUMBER _____

() B Partnership, Joint Venture or other unincorporated organization

Employer Identification Number _____

() C Corporation

Employer Identification Number _____

By: _____

Signature

Title

(Must be signed by an officer or duly authorized representative.)

If a corporation, place seal here:

Under the Federal Privacy Act the furnishing of a Social Security Number by prospective awardees/contractor on City contracts is voluntary. Failure to provide a Social Security Number will not result in disqualification. Social Security Numbers will be used to identify prospective awardees/contractor to ensure their compliance with law and regulation and to assist the City in enforcement these laws and regulations.

Iran Divestment Act Compliance Rider

NEW YORK CITY CONTRACTORS

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law ("SFL") §165-a and General Municipal Law ("GML") §103-9. The Iran Divestment Act, with certain exceptions prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in

investment activities in the energy sector of Iran if:

- (a) the person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- (b) The person is a financial institution that extends twenty million dollars or more in credit to another person for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award, nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder's certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case-by-case basis if:

- (1) The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012) the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran: or
- (2) The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

Iran Divestment Act Compliance Rider (continued)

BIDDER'S CERTIFICATION OF COMPLIANCE WITH
IRAN DIVESTMENT ACT

Pursuant to General Municipal Law §103-9, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

[Please Check One]

BIDDER'S CERTIFICATION

☐ By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.

☐ I am unable to certify that my name and the name of the bidder/proposer DOE's does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot certify.

Dated: _____, New York
_____, 20

SIGNATURE _____

NAME _____

TITLE _____

State of)

) ss.:

County of)

Sworn to before me this _____ day of _____ 20__

NOTARY PUBLIC FOR THE STATE OF _____

Doing Business Data Form

Complete and Attach Doing Business Data Form, which can be downloaded from:
[Doing-business-data-form-Standard.PDF](#)

For more information about NYC Doing Business Accountability, please visit the link below:

Information Link:

<https://www.nyc.gov/site/mocs/opportunities/dba.page>

Sample:

NYC Mayor's Office of Contract Services

Doing Business Data Form

To be completed by the City agency prior to distribution Agency _____ Transaction ID _____

Check One Transaction Type (check one)

☐ Proposal ☐ Award ☐ Concession ☐ Economic Development Agreement ☐ Franchise ☐ Grant ☐ Pension Investment Contract ☐ Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPORT registration or VENDEX requirements.**

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@mocs.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Entity Information *If you are completing this form by hand, please print clearly.*

Entity EIN/TIN _____ Entity Name _____

Filing Status (Select One)

☐ Entity has never completed a Doing Business Data Form. Fill out the entire form.

☐ Change from previous Data Form dated _____ Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.

☐ No Change from previous Data Form dated _____. Skip to the bottom of the last page.

Entity is a Non-Profit ☐ Yes ☐ No

Entity Type ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type) ☐ Sole Proprietor ☐ Other (specify) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Provide your e-mail address in order to receive notices regarding this form by e-mail.

Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the Doing Business Database, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer ☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former CEO _____ on date _____

Chief Financial Officer (CFO) or equivalent officer ☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former CFO _____ on date _____

Chief Operating Officer (COO) or equivalent officer ☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former COO _____ on date _____

1/2018 For information or assistance, please contact the Doing Business Accountability Project at DoingBusiness@mocs.nyc.gov or 212-788-8104.

Principal Owners

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

☐ The entity is not-for-profit ☐ The entity is an individual ☐ No individual or organization owns 10% or more of the entity

Other (explain) _____

Individual Owners (who own or control 10% or more of the entity)

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

Organization Owners (that own or control 10% or more of the entity)

Organization Name _____

Organization Name _____

Organization Name _____

Remove the following previously-reported Principal Owners

Name _____ Removal Date _____

Name _____ Removal Date _____

Name _____ Removal Date _____

Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI _____ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

Remove the following previously-reported Senior Managers

Name _____ removal date _____

Name _____ removal date _____

Certification

I certify that the information submitted on these two pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name _____ Title _____

Entity Name _____ Work Phone # _____

Signature _____ Date _____

Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project.

Standard Form

EQUAL EMPLOYMENT OPPORTUNITIES “WORKFORCE PROFILE FORM”:

Awardees who seek to do business with the Department of Education on contracts above \$100,000 must have in place an acceptable written Equal Opportunity Policy Statement and/or Affirmative Action Plan (AAP). If such a plan is not already on file with the Office of Equal Opportunity (OEO). Vendor/contractor's proposal may be deemed unresponsive and rejected if an Affirmative Action Plan is not received **within twelve (12) calendar days** from the date of potential award notification.

1. **Vendors with less than 50 employees** submit only an Equal Opportunity Policy Statement and Workforce Profile Form (visual below).
2. **Vendors with 50 or more employees**, you must submit an Affirmative Action Plan and Workforce Profile Form (below). The Affirmative Action Plan should address:
 - Policy Statement
 - Purpose of Plan
 - Overall Implementation of Policy
 - Administrative Responsibility
 - Role of Equal Employment Opportunity
 - Workforce Analysis Including Salaries
 - Hiring Procedures and Standards
 - Training for Job Advancement
 - Underutilization
 - Employment Goals and Timetables
 - Sexual Harassment Prevention Policy
 - Disabled Veterans Policy
 - Vietnam Era Veterans Policy
 - Other Applicable Statutes and Regulations
 - OFCCP Audits

[illegible]

Complete and Attach W9 (New Vendors, only), which can be downloaded from:

- <https://comptroller.nyc.gov/services/for-businesses/nyc-comptrollers-office-vendor-forms-w9-and-w8/>
- Example can be seen below

DO NOT SUBMIT TO THE IRS - SUBMIT FORM TO THE NEW YORK CITY AGENCY 18/14 REVISION	THE CITY OF NEW YORK SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION													
TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.														
Part I: Vendor Information														
1. Legal Business Name: (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C -or- Social Security Administration Records, Social Security Card)		2. If you use DBA, please list below:												
3. Entity Type (Check one only): <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Non-Profit Corporation</td> <td><input type="checkbox"/> Corporation/ LLC</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> City of New York Employee</td> <td><input type="checkbox"/> Individual/ Sole Proprietor</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Joint Venture</td> <td><input type="checkbox"/> Partnership/ LLC</td> <td><input type="checkbox"/> Single Member LLC (Individual)</td> <td><input type="checkbox"/> Resident/Non-Resident Alien</td> <td><input type="checkbox"/> Non-United States Business Entity</td> <td><input type="checkbox"/> Estate</td> </tr> </table>			<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Corporation/ LLC	<input type="checkbox"/> Government	<input type="checkbox"/> City of New York Employee	<input type="checkbox"/> Individual/ Sole Proprietor	<input type="checkbox"/> Trust	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership/ LLC	<input type="checkbox"/> Single Member LLC (Individual)	<input type="checkbox"/> Resident/Non-Resident Alien	<input type="checkbox"/> Non-United States Business Entity	<input type="checkbox"/> Estate
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Corporation/ LLC	<input type="checkbox"/> Government	<input type="checkbox"/> City of New York Employee	<input type="checkbox"/> Individual/ Sole Proprietor	<input type="checkbox"/> Trust									
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership/ LLC	<input type="checkbox"/> Single Member LLC (Individual)	<input type="checkbox"/> Resident/Non-Resident Alien	<input type="checkbox"/> Non-United States Business Entity	<input type="checkbox"/> Estate									
Part II: Taxpayer Identification Number & Taxpayer Identification Type														
1. Enter your TIN here: (DO NOT USE DASHES) <table style="width: 100%; border: 1px solid black; height: 20px;"></table>														
2. Taxpayer Identification Type (check appropriate box): <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Employer ID Number (EIN)</td> <td><input type="checkbox"/> Social Security Number (SSN)</td> <td><input type="checkbox"/> Individual Taxpayer ID Number (ITIN)</td> <td><input type="checkbox"/> N/A (Non-United States Business Entity)</td> </tr> </table>			<input type="checkbox"/> Employer ID Number (EIN)	<input type="checkbox"/> Social Security Number (SSN)	<input type="checkbox"/> Individual Taxpayer ID Number (ITIN)	<input type="checkbox"/> N/A (Non-United States Business Entity)								
<input type="checkbox"/> Employer ID Number (EIN)	<input type="checkbox"/> Social Security Number (SSN)	<input type="checkbox"/> Individual Taxpayer ID Number (ITIN)	<input type="checkbox"/> N/A (Non-United States Business Entity)											
Part III: Vendor Addresses														
1. 1099 Address:	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country												
2. Account Administrator Address:	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country												
3. Billing, Ordering & Payment Address:	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country												
Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)														
Exemption Code for Backup Withholding		Exemption Code for FATCA Reporting												
Part V: Certification														
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, and 2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.														
Sign Here: <table style="width: 100%; font-size: 0.8em;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 20%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 40%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Phone Number</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center; font-size: 0.7em;">Print Preparer's Name</td> <td style="text-align: center; font-size: 0.7em;">Phone Number</td> <td style="text-align: center; font-size: 0.7em;">Contact's E-Mail Address:</td> </tr> </table>						Signature	Phone Number	Date	Print Preparer's Name	Phone Number	Contact's E-Mail Address:			
Signature	Phone Number	Date												
Print Preparer's Name	Phone Number	Contact's E-Mail Address:												
FOR SUBMITTING AGENCY USE ONLY														
Submitting Agency Code:	Contact Person:													
Contact's E-Mail Address:	Telephone Number: ()													
Payee/Vendor Code:														
DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST ATTACH COMPLETED W-9 FORMS TO THEIR FMS DOCUMENTS.														

IRS 147C Letter, which can be requested from the Internal Revenue Service (IRS):

- Example can be seen below:



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0435250061
Dec. 11, 2009 LTR 147C 0
95-6006143 000000 00
Input Op: 0435250061 00004220
BODC: TE

SAMPLE OF IRS FORM 147C LETTER



001203

Employer Identification Number: 95-6006143

Dear Taxpayer:

We received your request of Dec. 02, 2009, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 95-6006143. Please keep this number. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at www.irs.gov or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you. You also may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Attach NYC Department of Small Business Services (SBS) MWBE Certificate:

- M/WBE Certification MUST be maintained/not expires 6 months after the submission date.
- Example can be seen below



careers
businesses
neighborhoods

M/WBE Certificate

This certificate acknowledges that this company has met the criteria as established by the M/WBE Program at the NYC Department of Small Business Services and is therefore certified as a Minority and Woman-owned Business Enterprise (M/WBE).

Certificate Number

Expires on

5/30/2023

A handwritten signature in black ink, reading "Bill de Blasio".

Bill de Blasio, Mayor

A handwritten signature in black ink, reading "Gregg Bishop".

Gregg Bishop, Commissioner