# Form Instructions Responsibility Determination Internal Background Investigation Questionnaire

**Purpose:** To satisfy Responsibility Determination Compliance requirements for a Company or Individual entering into a contract under \$100,000, land sale, lease, license, permit, NYCIDA project, or Build NYC project with NYCEDC. The NYCEDC Project Manager should contact the Contracts Department to determine what forms are required.

**To Be Completed By:** the Company

- 1. Click Here to Start
- 2. Fill out the form. The document must be signed and notarized by the Company or Individual that NYCEDC is doing business with.
- 3. Return the ORIGINAL documents to the NYCEDC Project Manager.
- 4. The NYCEDC Project Manager must submit the documents along with the **Responsibility Determination (RD) Request Memorandum** to the Contracts Department.

Contact: Regina McCrory (212-312-3594), David Lowenthal (212-312-3886), or John Gawarecki-Maxwell (212-3123578) if assistance with the questionnaire is needed.



# Internal Background Investigation Questionnaire

THIS FORM IS FOR:

Contracts under \$100,000, Land Sales, Leases, Licenses, Permits, NYCIDA Projects, Build NYC and any Discretionary Reviews

New York City Economic Development Corporation • New York City Industrial Development Agency One Liberty Plaza, New York, NY 10006

### INSTRUCTIONS FOR COMPLETING NYCEDC INTERNAL BACKGROUND INVESTIGATION QUESTIONNAIRE

- 1. Please submit, with this Questionnaire, the organizational documents for the submitting business entity.
- 2. For purposes of completing this Questionnaire, the following defined terms shall have the meanings given to them below (unless provided otherwise with respect to specific questions in the Questionnaire):
  - "Affiliate" A Person is "affiliated with" or an "affiliate" of another Person if the Person controls, is controlled by or is under common control with that other Person.
  - "Applicant" The submitting business entity.
  - "Control" A Person controls another Person if the Person (i) owns ten percent (10%) or more of the voting interest or has a ten percent (10%) or greater ownership interest in that other Person or (ii) directs or has the right to direct the management or operations of that other Person or (iii) is a member of that other Person's Board of Directors\*.
  - "Executive Officer" Any individual who serves as chief executive officer, chief financial officer, or chief operating officer of the Applicant, by whatever titles known, and all other executive officers of Applicant.
  - "Family Member" With respect to a particular Person, includes spouse, domestic partner, children, grandchildren, parents, parents-in-law, brothers, sisters, brothers-in-law, sisters-in-law, and all family members living in the same household as such Person (except if such individuals are minors).
  - "Person" Any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity.
  - "Principal" each of the following Persons is a Principal of the Applicant and must be identified in Section B, Part I on page 2 of the Questionnaire.
    - Executive Officers
    - Persons that "Control" the Applicant
    - For Limited Liability Companies, <u>ALL</u> members
    - For Partnerships, <u>ALL</u> general partners and <u>ALL</u> partners performing on the contract or able to bind the Partnership

Three Principals must be disclosed OR 100% of ownership must be accounted for

\*For a not-for-profit corporation, ONLY the Chairperson of the Board of Directors and any director who is also an employee of Applicant needs to be considered for purposes of determining "Control" under this clause (iii).

# SECTION A

The following questionnaire is to be completed by Persor New York City Industrial Development Agency.	ns desiring to do business with the New Y	ork City Economic Development C	orporation or the		
This form may be duplicated for additional space. PLEASE COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY.					
Refer to attached instruction sheet for specific instructions and definitions of terms required to complete this Questionnaire.					
BUSINESS NAME:	EIN/SSN:				
BUSINESS ADDRESS:					
	City	State	Zip Code		
BUSINESS TELEPHONE:	TYPE OF ENTITY:				
BUSINESS E-MAIL:					

# SECTION B

I. PRINCIPALS OF APPLICANT

PRINCIPAL NAME	TITLE	HOME ADDRESS	PERCENTAGE OF VOTING INTEREST	PERCENTAGE OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER/EMPLOYER IDENTIFICATION NUMBER
(1)						
(2)						
(3)						
(4)						
(5)						

SECTION B (Continued)

#### PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES" ON THE FOLLOWING PAGE

#### NO YES

- 1. Does the Applicant or any Principal have any Affiliates? If yes, please identify the Affiliates, with SSN/EIN and respective addresses, and describe the nature of the affiliation, on the following page.
- 2. In the past 7 years, has the Applicant, any Principal, or any entity affiliated with the Applicant (each of the foregoing individually, a "Subject Person" and collectively, the "Subject Persons") been adjudicated bankrupt or placed in receivership, filed bankruptcy, or is any Subject Person currently the subject of any bankruptcy or similar proceedings? If yes, please explain on the following page.
- 3. In the past 5 years, has any Subject Person been a plaintiff or defendant in any civil proceeding (including any court and federal, state and local regulatory agency proceedings) other than a domestic relations proceeding (e.g., divorce, separation, support, alimony, maintenance, adoption, custody)? If yes, please identify all adjudicated, settled and pending lawsuits on the following page.
- 4. In the past 5 years, has any Subject Person identified in Section B:
  - been disqualified as a bidder, or defaulted or terminated, on a permit, license, concession, franchise, lease, or other agreement with the City of New York or any governmental agency? If yes, please explain on the following page.
  - failed to file any required tax returns or to pay any applicable federal, state, or New York City taxes or other assessed New York
    City charges or fines, including but not limited to water and sewer charges and administrative fees? If yes, please explain on the
    following page.
- 5. In the past 10 years, has any Subject Person used an EIN, SSN, name, trade name, or abbreviation other than the name or number provided in response to Section A or Section B of this Questionnaire or provided in response to question 1 above, as the case may be? If yes, please specify on the following page.
- 6. In the past 5 years, has any Subject Person, Affiliate, or any managerial employee of Applicant:
  - been the subject of any criminal investigation and/or civil anti-trust investigation (by any federal, state or local prosecuting or investigative agency) and/or investigation by any governmental agency (including, but not limited to federal, state and local regulatory agencies)? If yes, please explain on the following page.
  - had any judgment, injunction or sanction obtained against it in any judicial or administrative action or proceeding other than a
    domestic relations proceeding or motor vehicle proceeding? If yes, please explain on the following page.
- 7. In the past 10 years, has any Subject Person, any Affiliate, or any managerial employee of Applicant been convicted, after trial or by plea, of any criminal offense and/or are there any felony or misdemeanor charges pending against any of them? If yes, please explain on the following page.

Section B (Continued)					
INDICATE QUESTION #	BELOW PROVIDE A DETAILED EXPLANATION TO ALL QUESTIONS CHECKED "YES". IF YOU NEED MORE SPACE, PHOTOCOPY THIS PAGE AND ATTACH IT TO THIS QUESTIONNAIRE.				

Section	on C – IDENTIFICAT	TION OF PROPERTY	'INTERESTS					
1.	. <u>Identify Project Property</u> :							
	Block & Lot(s): _							
	Street Address:				•			
	Borough of				i			
2.	ownership intere	st and which are lo	ment(s) hereto, if an cated in the City of wer surcharges, wate	New York, together	with a statement a ssments due and o	is to each such p	roperty of any cu	have an rrent arrears
PF	ROPERTY OWNER	BOROUGH	BLOCK/LOT	STREET /	ADDRESS	DATE OF PURCHASE	AMOUNT OF ARREARS	TYPE OF ARREARS

NO	YES		PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES" ON THE FOLLOWING PAGE
NO	TES	•	
		3.	In the past 5 years, has any Subject Person or any Family Member, been a former owner of the Project Property?
		4.	Is any Subject Person or any Family Member a tenant of the City of New York? If yes, please list below; Agency, Borough, Block, Lot, Account Number, Monthly Rent, and Current Balance.
		5.	Has any Subject Person or any Family Member previously purchased property from the City of New York? If yes, please list below; Agency, Borough, Block, Lot, Sale Date, Parcel Number, and Closing Date.
		6.	Does any Subject Person or any Family Member have a mortgage with the City of New York? If yes, please list below; Agency, Borough, Block, Lot, Account Number, Principal Amount, Monthly Installment, and Current Balance.
		7.	Does any Principal of the Applicant, or any Family Member of the Applicant, have an ownership interest in any entity that holds the title or lease to any real property used by the Applicant in the New York City metropolitan area?
		8.	Is any Subject Person or any Family Member an employee of the City of New York, any agency of the City of New York or New York City Economic Development Corporation?

SECTION C (Continued)

Section C (Continued)				
INDICATE QUESTION #	BELOW PROVIDE A DETAILED EXPLANATION TO ALL QUESTIONS CHECKED "YES". IF YOU NEED MORE SPACE, PHOTOCOPY THIS PAGE AND ATTACH IT TO THIS QUESTIONNAIRE.			
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CERTIFICATION
A FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE OR ANY FALSE INFORMATION WILLFULLY OR FRAUDULENTLY SUBMITTED IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE APPLICANT NOT RESPONSIBLE WITH RESPECT TO THE PRESENT PROJECT OR FUTURE PROJECTS INVOLVING THE NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION, THE NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY, AND THE CITY OF NEW YORK AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.
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Name of Applicant
Signature of Authorized Person
Print Name and Title of Authorized Person
Date