Enclosed is the required Vendor Responsibility Questionnaire for this procurement. Completion of this questionnaire is mandatory, however vendors may elect to complete this questionnaire either in an electronic format located at: https://portal.osc.state.ny.us/wps/portal or in its hard copy format attached. Please note that a completed online questionnaire will only need to be updated (or “no change” selected) for any future New York State bid solicitations that your company answers. If you choose to complete the enclosed questionnaire, this will be accepted for this solicitation only and a new questionnaire will need to be completed and submitted to each agency for each solicitation that your company answers in the future. The University at Albany encourages completion of the online version whenever possible. Please note that should your company decide to utilize the online version, there is a one page signature form enclosed at the end of this questionnaire that informs the University that you have elected to complete this questionnaire online and therefore you will not be submitting the enclosed hardcopy as part of your submittal. Vendors must complete this signature page and include it with their submittal in order for their bid to be complete and considered responsive.
INSTRUCTIONS: Please complete this form and answer every question. A "YES" answer to any question requires a written explanation either within this questionnaire or attached hereto and submitted on company letterhead signed by an officer of the company. Any contractor recommended for award at the University at Albany will be required to have this form on file prior to the award date. Companies are responsible for updating information in their Responsibility Questionnaire as changes occur. Please contact the Office of the State Comptroller at 866-370-4672 or ciohelpdesk@osc.state.ny.us for a NYS Vendor ID.

Contractors are invited to complete this form on-line at https://portal.osc.state.ny.us/wps/portal.

I. BUSINESS ENTITY INFORMATION

NYS Vendor ID: __________________________ (Please contact the Office of the State Comptroller at 866-370-4672 or ciohelpdesk@osc.state.ny.us for a NYS Vendor ID)

Legal Business Entity Name __________________________ EIN __________

Address of the Principal Place of Business/Executive Office __________________________

Phone Number __________________________ Fax Number __________________________ Website __________________________

Authorized Contact for this Questionnaire __________________________ Title __________________________

Phone Number __________________________ Fax Number __________________________ Email __________________________

Are you certified as a (please check all that apply):  
☐ Federally Certified Disadvantaged Business Enterprise  ☐ New York State Small Business

☐ New York State Minority Owned Business Enterprise  ☐ New York State Women Owned Business Enterprise  ☐ Minority Community Based Organization

If applicable, list any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive). Attach additional pages, if necessary.

Type _______ Name __________________________ EIN __________ State/County where filed __________________________ Status _______

II. REPORTING ENTITY INFORMATION If the Reporting Entity is a Legal Business Entity, please proceed directly to Section III. If the Reporting Entity is an Organizational Unit within and operating under the authority of a Legal Business Entity, please answer all questions in this Section II before proceeding to Section III. A Legal Business Entity is a Business Entity registered with the IRS and assigned a Federal Employment Identification Number. If the Reporting Entity is a Legal Business Entity, please enter Legal Business Entity information for the remainder of the questionnaire. If the Reporting Entity is an Organizational Unit, please enter Organizational Unit information for the remainder of the questionnaire.

2.0 Name, Primary Place of Business and Telephone Number of Reporting Entity: __________________________

________________________________________

2.1 Describe the Relationship between the Reporting Entity and the Legal Business Entity and Attach an Organizational Chart: __________________________

2.2 Does the Reporting Entity have a DUNS Number?  ☐ Yes  ☐ No  Enter DUNS Number: __________________________

2.3 Provide the name and title of the designated manager(s) responsible for the business of the Reporting Entity. Attach additional pages, if necessary.

Name __________________________ Title __________________________ Name __________________________ Title __________________________
III. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the Business Entity or any Affiliate or any predecessor company or entity:

3.0 defaulted on or been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding? □ Yes  □ No

3.1 been subject to an administrative proceeding or civil action seeking specific performance or restitution (except any disputed work proceeding) or requiring the Business Entity to enter into a formal monitoring agreement in connection with any government contract? □ Yes  □ No

3.2 entered into a formal monitoring agreement as a condition of a contract award from a government entity? □ Yes  □ No

3.3 had its surety called upon to complete any contract whether government or private sector? □ Yes  □ No

For each “Yes” answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.

IV. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

An affiliate is any business entity that either controls your business or is controlled by your business. Control is when 50% (5% for construction) or greater ownership is held by the business or its principal owners and officers or when the affiliate can direct operations, including amending corporate documents, notwithstanding ownership percentage of the other business or can exercise voting rights for the board of directors.

4.0 Are there any other firms in which now or in the past five years, the submitting Business Entity or any of the individuals listed in question 5.10 either owned or owns 5.0% or more of the shares of, or was or is a director, officer, partner or proprietor of said other firm? □ Yes  □ No  If yes, please fill in the information requested below. Attach additional pages, if necessary.

Firm/Company Name ________________________________ Firm/Company EIN (If available) ________________________________

Firm/Company’s Primary Business Activity ________________________________

Firm/Company Address __________________________________________________________

Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable): __________________________________________________________

4.1 Does the Business Entity have any Affiliates? □ Yes  □ No  If yes, please fill in the information requested below. Attach additional pages, if necessary

Affiliate Name ________________________________ Affiliate EIN ________________________________ Affiliate’s Primary Business Activity ________________________________

Explain relationship with the Affiliate and indicate percent ownership, if applicable:

Are there any shareholders, directors, officers, owners, partners, Business Entity Officials, proprietors or Principal Owners that the submitting Business Entity has in common with this Affiliate? □ Yes  □ No  □ Not Required  If yes, please fill in the information requested below. Attach additional pages, if necessary

Individual’s Name ________________________________ Position/Title with Affiliate ________________________________

4.2 Has the Business Entity participated in any Joint Ventures within the past three (3) years? (Attach additional pages if needed) □ Yes  □ No

Joint Venture Name: ________________________________ Joint Venture EIN (if available): ________________________________ Identify parties to Joint Venture: ________________________________

Joint Venture Name: ________________________________ Joint Venture EIN (if available): ________________________________ Identify parties to Joint Venture: ________________________________
V. BUSINESS CHARACTERISTICS

5.0 Business Entity Type – Please select the appropriate business type and provide additional information:

- Corporation (including PC)  Date of Incorporation
- Limited Liability Partnership  Date of Registration
- Limited Liability Co. (LLC or PLLC)  Date Organized
- Limited Partnership  Date Established
- General Partnership  Date Established
- Sole Proprietor  Years in business?
- Other  Date Established

If Other, explain:

5.1 Was the Business Entity formed in New York State?  Yes  No  If No, indicate jurisdiction where the Business Entity was formed and attach a Certificate of Good Standing from the applicable jurisdiction or provide an explanation if a Certificate is not available:

5.2 Is the Business Entity currently registered to do business in New York State with the Department of State?  Yes  No  Not Required  If No, explain why the Business Entity is not required to be registered to do business in New York State with the Department of State. Attach additional pages, if necessary.

5.3 Is the Business Entity registered as a Sales Tax Vendor with the New York State Department of Taxation and Finance?  Yes  No  Not Required  If No, explain and provide detail, such as "not required", "application in process", or other reasons for not being registered. Attach additional pages, if necessary.

5.4 Is the Business Entity publicly traded?  Yes  No  CIK Code or Ticker Symbol

5.5 Is the responding Business Entity a Joint Venture?  Yes  No  If the submitting Business Entity is a Joint Venture, also submit a separate form for each Business Entity comprising the Joint Venture.

5.6 Does the Business Entity have an active Charities Registration Number?  Yes  No  Enter Number  If Exempt/Explain:  
If an application is pending attach a copy of the application and enter date of application: Date of Application:

5.7 Does the Business Entity have a DUNS Number?  Yes  No  Enter DUNS Number:

5.8 Is the Business Entity's principal place of business in New York State?  Yes  No  If 'No', does the Business Entity maintain an office in New York State?  Yes  No  Provide the address and telephone number for one New York Office:

5.9 Is the Business Entity's principal place of business/Executive Office:  Owned  Rented  Landlord Name (if "rented")

If other, provide explanation

Is space shared with another Business Entity?  Yes  No  Name and address of other Business Entity

Rev 08/29/12
V. BUSINESS CHARACTERISTICS (CONTINUED)

5.10 Identify each person who is, or has been within the past five (5) years a Business Entity Official or Principal Owner of 5.0% or more of the firm’s shares, or a director or trustee, an officer, key employee, a partner, or a proprietor. Joint Ventures: Provide information for all firms involved. Attach additional pages if necessary

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>% Ownership</th>
<th>Employment Status</th>
<th>Current</th>
<th>Former</th>
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VI. CERTIFICATIONS/LICENSES

Within the past five (5) years, has the Business Entity or any Affiliate or any predecessor company or entity:

6.0 had a revocation, suspension or disbarment of any business or professional permit and/or license? □ Yes □ No

6.1 had a denial, decertification, revocation or forfeiture or New York State certification of Minority Owned Business Enterprise, Women Owned Business Enterprise or a Federal certification of Disadvantaged Business Enterprise status, for other than a change of ownership? □ Yes □ No

For each “Yes” answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.

VII. LEADERSHIP INTEGRITY (Note: If the Business Entity is a Joint Venture, answer ‘Not Required’ to questions 7.0 through 7.5)

Within the past five (5) years, has any current or former Business Entity official or any individual previously identified, any Business Entity Leader, Key Employee not previously identified or any individual having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to:

7.0 a sanction imposed relative to any business or professional permit and/or license? □ Yes □ No □ Not Required

7.1 an investigation, whether open or closed, or an indictment by any government entity for a civil or criminal violation for any business related conduct constituting a crime under local, state or federal law? □ Yes □ No □ Not Required

7.2 an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness? □ Yes □ No □ Not Required

7.3 a misdemeanor or felony charge, indictment or conviction for any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding? □ Yes □ No □ Not Required

7.4 a misdemeanor or felony charge, indictment or conviction for any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny? □ Yes □ No □ Not Required

7.5 Suspended, debarred, or disqualified from any government contracting process? □ Yes □ No □ Not Required

For each “Yes” answer provide an explanation of the issue(s), the individual involved, the governmental entity involved, the relationship to the submitting Business Entity, relevant dates any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.
VIII. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the Business Entity or any Affiliate or any predecessor company or entity:

8.0 been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, debarment for a violation of NYS Workers’ Compensation, Prevailing Wage or Procurement Lobbying Law?  □ Yes  □ No

8.1 been subject to a denial or revocation of a government prequalification?  □ Yes  □ No

8.2 been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?  □ Yes  □ No

8.3 agreed to a voluntary exclusion from bidding/contracting with a government entity?  □ Yes  □ No

8.4 initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?  □ Yes  □ No

8.5 had any bid rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?  □ Yes  □ No

8.6 had a low bid rejected on a government contract for failure to make good faith efforts on any Minority Owned Business Enterprise, Women Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?  □ Yes  □ No

8.7 had a proposed subcontractor rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?  □ Yes  □ No

For each “Yes” answer above provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved, projects(s) and any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY

9.0 Within the past five years, has the Business Entity or an Affiliate received an unsatisfactory performance assessment(s) from a government entity on a contract?  □ Yes  □ No

If “Yes”, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved, and any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.

9.1 Within the past five (5) years, has the Business Entity or any Affiliate had any liquidated damages assessed over $25,000?  □ Yes  □ No

If “Yes”, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the contracting party involved, the amount assessed and the current status of the issue(s). Attach additional sheets with numbered responses.

9.2 Within the past five (5) years, has the Business Entity or any Affiliate had any liens, claims or judgments (not including UCC filings) over $25,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 90 days?  □ Yes  □ No

If “Yes” provides an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant’s name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Attach additional sheets with numbered responses.

9.3 Including UCC filings within the past five (5) years, has the Business Entity or any Affiliate had any liens, claims or judgments over $15,000 filed against the Business Entity that remain undischarged or were unsatisfied for more than 120 days?  □ Yes  □ No

If “Yes” provides an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant’s name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Attach additional sheets with numbered responses.
IX. FINANCIAL AND ORGANIZATIONAL CAPACITY (CONTINUED)

9.4 During the past three (3) years has the Business Entity or any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws? □ Yes □ No
If “Yes” provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Attach additional sheets with numbered responses.

9.5 Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending? □ Yes □ No
If “Yes” provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as “Initiated,” “Pending” or “Closed”. Attach additional sheets with numbered responses.

9.6 During the past three (3) years has the Business Entity or any Affiliates failed to file or pay any New York State unemployment insurance returns? □ Yes □ No
If “Yes” provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.

9.7 During the past three (3) years has the Business Entity or any Affiliates had any governmental audits? □ Yes □ No
If “Yes”, did any audit reveal material weaknesses in the Business Entity’s system of internal controls? □ Yes □ No
For each “Yes” answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.

9.8 What is the Business Entity’s Bonding Capacity? Single Project _________ Aggregate (All Projects) _________ N/A ________

9.9 List the Entity’s gross sales for the last three (3) Fiscal Years. 20___: $________; 20___: $________; 20___: $________

9.10 Estimate total value of uncompleted work on outstanding contracts. 20___: $________; 20___: $________; 20___: $________

9.11 Attach annual financial statements and notes thereto or complete Attachment C found at: http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3296s.pdf

X. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity or any Affiliate, or any predecessor company or entity:

10.0 been the subject of a civil or criminal violation, an investigation, whether open or closed, or an indictment by any government entity for a civil or criminal violation or any business-related conduct constituting a crime under local, state or federal law? □ Yes □ No

10.1 been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime? □ Yes □ No

10.2 been the subject any criminal investigation, felony indictment or conviction concerning the formation of, or any business association with an allegedly false or fraudulent Minority Owned Business Enterprise, Women Owned Business Enterprise or Disadvantaged Business Enterprise? □ Yes □ No

10.3 received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful? □ Yes □ No
X. LEGAL PROCEEDINGS (CONTINUED)

10.4 had a governmental entity find a willful prevailing wage or supplemental payment violation? ☐ Yes ☐ No

10.5 had any New York State Labor Law violation deemed willful? ☐ Yes ☐ No

10.6 been the subject of any other federal, state or local citations, notices, violation orders, pending administrative hearings or proceedings or determinations of a violation of any labor law or regulation? ☐ Yes ☐ No

10.7 entered into a consent order with the New York State Department of Environmental Conservation, or a Federal, State or local government enforcement determination involving a violation of federal, state or local environmental laws? ☐ Yes ☐ No

10.8 other than the previously disclosed, been the subject of any citations, notices, violation orders, pending administrative hearings or proceedings or determinations of a violation:

- Federal, state or local health laws, rules or regulations; ☐ Yes ☐ No
- Employee Retirement Income Security Act; ☐ Yes ☐ No
- Federal, state or local environmental laws, rules or regulations; ☐ Yes ☐ No
- Federal or local human rights laws; ☐ Yes ☐ No
- Unemployment insurance or workers compensation coverage or claim requirements; ☐ Yes ☐ No
- Federal, state or local security laws? ☐ Yes ☐ No

10.9 Been subject to the imposition of a fine or penalty in excess of $1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination? ☐ Yes ☐ No

10.10 Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity? ☐ Yes ☐ No

For each “Yes” answer above provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved, and any remedial or corrective action(s) taken and the current status of the issue(s). Attach additional sheets with numbered responses.

XI. CONTRACT HISTORY

11.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? If “Yes” attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date and the Contract Description. ☐ Yes ☐ No

11.1 Has the Business Entity completed any construction contracts? ☐ Yes ☐ No ☐ N/A
If yes, list the most recent ten by using Attachment A – Completed Construction Contracts, found at [http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.pdf) or by attaching additional sheets. The information must include agency/owner, award date, amount, date completed, contact person, phone number, designer architect and/or design engineer, contract number, prime or sub, joint venture name, joint venture EIN. If less than ten, include the most recent subcontracts on projects up to that number.

11.2 Does the Business Entity have any current uncompleted construction contracts? ☐ Yes ☐ No ☐ N/A
If yes, list the most recent ten by using Attachment B – Uncompleted Construction Contracts, found at [http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3295s.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3295s.pdf) or by attaching additional sheets. The information must include agency/owner, award date, completion date, contact person, phone number, designer architect and/or design engineer, contract number, prime or sub, joint venture name, joint venture EIN, total contract amount, amount sublet to others, uncompleted amount.

XII. FREEDOM OF INFORMATION LAW (FOIL)

12.0 Indicate whether any information provided herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL. ☐ Yes ☐ No ☐ Not Required

Attach additional pages, if necessary. Indicate the question number(s) and explain the basis for your claim.
Certification:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of contract or approval of a subcontract; recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or a subcontract; acknowledges that the University at Albany and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding on non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she is knowledgeable about the submitting Business Entity's business and operations; has read and understands all of the questions contained in the questionnaire; has not altered the content of the questionnaire in any manner; has reviewed and/or supplied full and complete responses to each question; to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments; if applicable; understands that New York State will rely on information disclosed in the questionnaire when entering into a contract with the Business Entity; and is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the University at Albany or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer ______________________________ Printed Name of Signatory ______________________________

Title __________________________________________________ Name of Business ______________________________

Address, City, State, Zip Code __________________________________________________

Sworn to before me this ______ day of ________________________, 20____; ______________________________ Notary Public