

EXHIBIT 3

VENDOR RESPONSIBILITY QUESTIONNAIRE

STATE OF NEW YORK
DIVISION OF HOUSING AND COMMUNITY RENEWAL

Complete all fields on pages nine and ten, attach additional sheets if required, and sign and notarize page eleven. Return all pages with your contract.

1. Is Vendor: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Certified to do business in NYS	
2. Vendor's Legal Business Name:	3. D/B/A -Doing Business As: (if applicable)
4. Identification Numbers:	
FEIN: _____	
Charities Registration: _____	
Other: _____	
5. Address of Primary Place of Business and New York State Office (if applicable)	6. Telephone Number :
	7. Fax Number:
	8. Website Address:
9. Authorized contact for this questionnaire	10. Vendor's Business Entity Is: (check appropriate box)
Name: _____	<input type="checkbox"/> Business Corporation State of Inc. _
Title: _____	
Telephone No: _____	
Fax No: _____	
e-mail: _____	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Limited Liability Company (LLP) <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other - Specify	
11. Are there any individuals now serving in a managerial or consulting capacity to the vendor, including principal owners and officers, who are currently serving or have served in the past three years as:	
	Yes No
a) an elected or appointed official or officer?	<input type="checkbox"/> <input type="checkbox"/>
b) a full or part time employee in a New York State agency or as a consultant to any New York State agency or authority?	<input type="checkbox"/> <input type="checkbox"/>
c) an officer of any political party organization in New York State, whether paid or unpaid?	<input type="checkbox"/> <input type="checkbox"/>
<i>If yes to any of the above, attach additional sheets listing each individual's name, title, organization, and dates of service. Match response number to questionnaire number.</i>	

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12. Does the vendor use, or has it used in the past 10 (ten) years, any other business name, FEIN, or D/B/A other than those listed in items 2-4?	<input type="checkbox"/>	<input type="checkbox"/>
13. Within the past (5) five years, has the vendor, any individuals serving in a managerial or consulting capacity, principle owners, officers, major stockholders (10% of voting shares for publicly traded companies, 25% or more for all other companies), affiliate², or any person involved in the bidding or contracting process:	Yes	No
a) been suspended, disbarred, or terminated by a local, state, or federal authority in connection with a contract or contracting process?	<input type="checkbox"/>	<input type="checkbox"/>
b) been disqualified for cause as a bidder?	<input type="checkbox"/>	<input type="checkbox"/>
c) entered into a voluntary exclusion agreement from bidding/contracting?	<input type="checkbox"/>	<input type="checkbox"/>
d) had a bid rejected on a NYS contract for non-compliance with the MacBride Fair Employment Principles or failure to meet statutory Affirmative action or M/WBE requirements?	<input type="checkbox"/>	<input type="checkbox"/>
e) had status as a W/MBE Enterprise denied, de-certified, revoked, or forfeited?	<input type="checkbox"/>	<input type="checkbox"/>
f) been subject to administrative or civil action seeking restitution in connection with any local, state, or federal government contract?	<input type="checkbox"/>	<input type="checkbox"/>
g) been denied an award of local, state, or federal government contract or had a contract suspended or terminated for non-responsibility ?	<input type="checkbox"/>	<input type="checkbox"/>
h) been indicted, convicted, or received a judgment against them for any business related local, state, or federal crime including liens, fines, penalties, or injunctions?	<input type="checkbox"/>	<input type="checkbox"/>
i) been issued a citation, notice, violation order, or are pending an administrative hearing or determination for violations of any local, state, or federal laws, rules, or regulations?	<input type="checkbox"/>	<input type="checkbox"/>
14. Within the past three (3) years, has the vendor had any governmental audit that revealed material weaknesses in its internal controls? <i>If yes, indicate finding(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates within the past seven (7) years?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the vendor currently insolvent or have reason to believe that an involuntary bankruptcy proceeding may be brought against them?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has vendor been a contractor or subcontractor on any contract with NYS in the past five (5) years? <i>If yes, indicate organization's name, nature of contract, and dates.</i>	<input type="checkbox"/>	<input type="checkbox"/>

² "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principle owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purpose of this questionnaire.

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State of:)
) ss:
County:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York and its agencies or political subdivisions in making a determination regarding contract awards and approval of subcontracts; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate, and complete.

The undersigned certifies that he/she:

- has not altered the content of the questions in the questionnaire in any manner;
- has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- has supplied full and complete responses to each item therein to the best of his/her knowledge, information, and belief;
- is knowledgeable about the submitting vendor's business and operations;
- understands that the New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- is under duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

Name of Business

Signature of Owner/Officer

Address

Printed Name of Signatory

City, State, Zip

Title

Sworn to before me this _____ day of _____, 200_____;

Notary Public

Printed Name

Signature

Date