

# New York State Industries for the Disabled, Inc.

## Associate Member Questionnaire

<b>General Business Entity Information</b>			
Legal Business Name:			
DBA, if any:			
Employer Identification Number (EIN):			
Address of Principal Place of Business:			
Street Address		City	State Zip
If address is other than NY, provide NY office address:			
Street Address		City	State Zip
Mailing address:			
Street Address		City	State Zip
Phone:	Fax:	Email:	
Website Address:			
Name of Authorized Contact:			
Title of Authorized Contact:			
Phone:	Fax:	Email:	

<b>Type of Business Entity – PC, LLC, LLP, etc.:</b>			
Date Incorporated, Organized, Registered, Established:			
State:	County:		
Is business registered with the Dept. of State to do business in NY?		Yes	No
Charities Registration #:	Yes (list number):	No, Exempt	
DUNS (Dun & Bradstreet) number?			
Is entity registered as a sales tax vendor in NY?		Yes	No
Is business a certified Minority and Women Business Enterprise?		Yes	No
Is Business Entity a veteran's owned business?		Yes	No
Is Business Entity a NYS registered small business?		Yes	No

<b>Is Business Entity's principal place of business owned, rented (list landlord), other?</b>

<b>List board members, officers, trustees, executive management and key employees with their contact information (attach separate page if necessary):</b>			
Name:			Title:
Phone:	Fax:	Email:	
Business:			Address:
Name:			Title:
Phone:	Fax:	Email:	
Business:			Address:
Name:			Title:
Phone:	Fax:	Email:	
Business:			Address:

<b>Does the Business Entity have Affiliate(s)/Joint Venture(s)?</b>	Yes	No
If so, list for each affiliate(s)/joint venture(s) the following: name; EIN, relationship with Business Entity, primary business activity; key personnel; percentage of ownership of the Business Entity, officers, directors or principal owners that the affiliate(s)/joint venture(s) has in common with the Business Entity (attach a separate sheet if needed.)		
Name:		EIN:
Relationship with Business Entity:		
Primary Business Activity:		
Key Personnel:		
Percentage of Ownership of the Business Entity:		
Officers, directors or principal owners in common:		
Name:		EIN:
Relationship with Business Entity:		
Primary Business Activity:		
Key Personnel:		
Percentage of Ownership of the Business Entity:		
Officers, directors or principal owners in common:		

<b>Contract History</b>
1. Integrity – Contract Bidding – Within the past 5 years has the entity:
been in any way disqualified from government procurement? Yes No
been subject to denial or revocation of a government prequalification? Yes No
been denied a contract or had a bid rejected based on a find of non-responsibility by a government entity? Yes No
agreed to a voluntary exclusion from bidding/contracting with a government entity? Yes No
requested withdrawal of a bid submitted to a government entity, or made any claim of error on a bid to a government entity? Yes No
If yes, explain:
2. Integrity – Contract Award – Within the past 5 years has the entity:
been found to have been in breach of any contract? Yes No
been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any contract? Yes No
Entered into a formal monitoring agreement as a condition of an award of a government contract? Yes No
defaulted on an award? Yes No
If yes, explain:
<b>Business Licenses and Certifications</b>
1. Please list all relevant current license and certifications for the Business Entity, Executive Management and Key Individuals.

2. Has Business Entity or its affiliate(s)/joint venture(s) had a revocation, suspension or disbarment of any professional permit or license?	Yes	No
If yes, explain:		

<b>Leadership Integrity</b>		
1. Has any board member, officer, trustee, member of executive management or key employee, with respect to business related conduct, with the past 5 years, been:		
sanctioned relative to a professional license or permit?	Yes	No
subject to investigation for civil or criminal conduct?	Yes	No
subject to an indictment, judgment or conviction of any business related conduct constituting a crime including, but not limited to; fraud, coercion, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	Yes	No
convicted of a felony or misdemeanor for any crime that relates to truthfulness whether or not related to a business related activity?	Yes	No
debarred from any government contracting process?	Yes	No
If yes, explain:		

<b>Legal Proceedings</b> – Has the Business Entity or affiliate(s)/joint venture(s), or any directors, officers, principal or managerial employee of the Business Entity, or an entity who has a greater than 10% interest in the Business Entity, within the last 5 years:		
been the subject of an investigation, fine or been charged or convicted of a criminal offense by a government agency?	Yes	No
been convicted or pled “nolo contendere” to a misdemeanor or felony in any federal, state or local court?	Yes	No
received an OSHA citation?	Yes	No
had any NYS Labor Law violation deemed willful?	Yes	No
entered into a consent Order with DEC, the EPA or any other government agency regarding an environmental violation?	Yes	No
been the subject of an indictment, grant of immunity, judgment of conviction for conduct constituting a crime?	Yes	No
If yes, provide disposition or current status of above proceedings:		

<b>Financial and Organizational Capacity</b> – Has the Business Entity or its affiliate(s)/joint venture(s):		
received any formal unsatisfactory performances from any government entity on any contract?	Yes	No
had any liquidated damages assessed over \$25,000?	Yes	No
had any liens, claims or judgments over \$15,000 filed against the Business Entity which are undischarged or were unsatisfied over 120 days within the last 5 years?	Yes	No

been subject to any bankruptcy proceeding within the last 7 years?	Yes	No
failed to pay any tax returns required by state or federal law within the past 3 years?	Yes	No
failed to pay any unemployment insurance returns within the past 3 years?	Yes	No
had any government audits within the past 3 years?	Yes	No
If yes, provide an explanation of the issues, the business and government entities involved, relevant dates, any remedial or corrective action taken and the current status of the matter.		

**Relevant Experience** – Please provide no less than three customer contacts as references:


**Community Involvement** – Please list any community involvement that the Business Entity is currently involved with regarding disabled individuals.


Business Entity consents to the jurisdiction of the courts of the state of New York and to the jurisdiction of any federal court located within Albany, NY.

Business Entity represents and warrants that it understands that it has a duty to notify NYSID should there be any changes to the above questions.

NYSID reserves the right to terminate the Associate Membership Agreement in the event the applicant intentionally falsifies information.

ALL INFORMATION CONTAINED HEREIN WILL BE USED FOR NYSID OPERATIONAL PURPOSES ONLY.

_____	Sworn to before me this
Printed Name of Owner/Officer	_____ day of _____ ;
_____	_____
Signature of Owner/Officer	Notary Public
_____	
Title	
_____	
Name of Business	
_____	
Street Address	
_____	
City, State Zip	