

**INSTRUCTIONS FOR COMPLETING THE NEW YORK STATE  
UNIFORM CONTRACTING QUESTIONNAIRE**

\*Please Read Before Completing Questionnaire

- ✧ Complete all sections of the Questionnaire.
- ✧ Submit this form as required by the contracting agency after being announced the low bidder for any competitively bid contract, or when proposed for subcontract work. If you have submitted one within 6 months of the bid date with any contracting agency, as long as the information remains unchanged and accurate, you may submit a complete certified copy of that form, together with an Affidavit of No Change, to the Agency with which you are bidding. A contracting agency may require additional information deemed necessary for its review. **Whenever more space is needed to answer any question or you wish to give further explanation, complete by attaching extra pages. All questions must be answered.**
- ✧ For question #16, if your firm has OSHA citations, attach copies of each citation. Add additional explanatory material for any other affirmative answers.
- ✧ A certified annual financial statement, including Accountant's Review Report and Accompanying Notes, will be acceptable in lieu of completing the financial disclosure forms in the questionnaire.
- ✧ If you wish material in this Questionnaire to be held as confidential and exempt from disclosure under Freedom of Information, place an asterisk in front of all information you do not want disclosed to outside sources.
- ✧ This Questionnaire is generally valid for one calendar year, unless major changes have occurred (firm purchased by another business, bankruptcy, etc.), in which case re-submittal is required.
- ✧ Submit completed questionnaires marked "**CONFIDENTIAL**" to:

NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
CONTRACT MANAGEMENT BUREAU  
50 WOLF ROAD, 1st FLOOR  
ALBANY, NY 12232  
(518) 457-1564

INSTRUCTIONS

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**NOTE:** Please indicate whether you believe that any of the information supplied herein is confidential and should be exempt from disclosure under the Freedom of Information Law: \_\_\_yes, \_\_\_no. If you checked "yes" you must identify the information you feel is confidential by placing an asterisk in front of the appropriate question number(s) and you are requested to attach an additional sheet(s) upon which the basis for such claim(s) is explained.

GENERAL INFORMATION

1. NAME OF FIRM \_\_\_\_\_  
DBA NAME ,IF ANY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ PHONE NO.(\_\_\_\_\_) \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAXNO.(\_\_\_\_\_) \_\_\_\_\_  
ACTUAL LOCATION \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_
2. TYPE OF FIRM (check(T) only one) \_\_\_CORPORATION \_\_\_PARTNERSHIP \_\_\_PROPRIETORSHIP \_\_\_JOINT VENTURE \_\_\_LLC \_\_\_LLP
3. HOW MANY YEARS HAS THE FIRM BEEN IN BUSINESS? \_\_\_\_\_ # OF YEARS UNDER THE SAME NAME? \_\_\_\_\_ FORMER NAME: \_\_\_\_\_
4. WHAT IS THE FIRM'S BONDING RANGE? \$ \_\_\_\_\_ SINGLE PROJECT \$ \_\_\_\_\_ AGGREGATE (ALL PROJECTS)
5. ARE YOU CERTIFIED AS A DBE \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ IF SO, WITH WHOM? \_\_\_\_\_

OWNERSHIP, MANAGEMENT, AFFILIATION

6. Identify each person who is, or has been within the past five years, an owner of 5.0% or more of the firm's shares, or one of the five largest shareholders or a director, an officer, a partner or a proprietor. Joint ventures: provide information for all firms involved. Fill in name, % owned, office held; indicate by Y or N whether director, officer or partner:

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	% OWNED	DIRECTOR (Y or N)	OFFICER (Y or N)	TITLE	PARTNER (Y or N)

7. Identify any other firms in which, now or in the past five years, the firm or any of the individuals listed in question six above, either owned or owns 5.0% or more of the shares of, or was or is one of the five largest shareholders or as a director, officer, partner or proprietor of said other firm:

FEDERAL ID NO.	% OWNED	FIRM/COMPANY NAME	FIRM/COMPANY ADDRESS

8. Identify any affiliate not listed in your answers to questions 6 and 7. For purposes of this question your firm and another are affiliates when, either directly or indirectly, one controls or has the power to control the other, or a third party or parties controls, or has the power to control both:

FEDERAL ID NO.	COMPANY NAME	ADDRESS

9. Identify any and all shareholders, directors, officers, owners, partners, or proprietors in common between your firm and any firm listed in response to questions 6,7 or 8:

FEDERAL ID NO.	FIRST NAME, MI & LAST NAME	POSITION	OTHER FIRM

10. List the ten most recent contracts the firm has completed. If less than ten, include most recent subcontracts on projects up to that number:

AGENCY/OWNER, CONTACT PERSON & TELEPHONE NO.	CONTRACT NO.	PRIME OR SUB	DESIGN ARCHITECT AND/OR DESIGN ENGINEER	AWARD DATE	AMOUNT	DATE COMPLETED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

11. List all current uncompleted construction contracts:

AGENCY/OWNER, CONTACT PERSON & TELEPHONE NO.	CONTRACT NO.	PRIME OR SUB	DESIGN ARCHITECT AND/OR DESIGN ENGINEER	TOTAL \$ AMOUNT OF FIRM'S CONTRACT (OR SUBCONTRACT)	\$ AMOUNT SUBLET TO OTHERS	UNCOMPLETED \$ AMOUNT OF FIRM'S CONTRACT (OR SUBCONTRACT)

GRAND TOTAL: \_\_\_\_\_

12. Gross Sales for Firm's Previous 3 Fiscal Years:

YEAR

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Average Backlog for Firm's Previous 3 Fiscal Years:

(Estimated total value of uncompleted work on outstanding contracts)

YEAR

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

13. Has the firm, or any firm listed in response to questions 6,7 or 8, defaulted or been terminated on, or had its surety called upon to complete, any contract awarded within the past five years? NO { } YES { } If, yes, give date(s), agency(ies)/owner(s), project(s), contract numbers, and describe including the result: \_\_\_\_\_

14. For all contracts within the past five years: (a) list and describe all liens or claims over \$25,000 filed against the firm and remaining undischarged or unsatisfied for more than 90 days; and (b) list and describe all liquidated damages assessed \_\_\_\_\_

**FINANCIAL INFORMATION**

15. Complete the attached financial statement or attach a copy of the firm's most recent annual financial statement and accompanying notes.

**OTHER INFORMATION**

16. Within the past five years has the firm, any affiliate, any predecessor company or entity, or any person identified in question number 6 above been the subject of any of the following: (respond to each question and describe in detail the circumstances of each affirmative answer; attach additional pages if necessary)

- |     |   |      |       |
|-----|---|------|-------|
| (a) | a judgment of conviction for any business-related conduct constituting a crime under local, state or federal law?   | no__ | yes__ |
| (b) | a criminal investigation or indictment for any business-related conduct constituting a crime under local, state or federal law?   | no__ | yes__ |
| (c) | a grant of immunity for any business-related conduct constituting a crime under local, state or federal law?  | no__ | yes__ |
| (d) | a federal, state or local suspension or debarment?  | no__ | yes__ |
| (e) | a rejection of any bid for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?  | no__ | yes__ |
| (f) | a rejection of any proposed subcontract for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?                       | no__ | yes__ |
| (g) | a denial or revocation of prequalification?   | no__ | yes__ |
| (h) | a voluntary exclusion from bidding/contracting agreement?   | no__ | yes__ |
| (i) | any administrative proceeding or civil action seeking specific performance or restitution in connection with any public works contract except any disputed work proceeding?             | no__ | yes__ |
| (j) | an OSHA Citation and Notification of Penalty containing a violation classified as serious?  | no__ | yes__ |
| (k) | an OSHA Citation and Notification of Penalty containing a violation classified as willful?  | no__ | yes__ |
| (l) | a prevailing wage or supplement payment violation?  | no__ | yes__ |
| (m) | a State Labor Law violation deemed willful?   | no__ | yes__ |
| (n) | 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? | no__ | yes__ |

- |     |   |      |       |
|-----|---|------|-------|
| (o) | any criminal investigation, felony indictment or conviction concerning formation of, or any business association with, an allegedly false or fraudulent women's, minority or disadvantaged business enterprise? | no__ | yes__ |
| (p) | any denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status?   | no__ | yes__ |
| (q) | rejection of a low bid on a State contract for failure to meet statutory affirmative action or M/WBE requirements?  | no__ | yes__ |
| (r) | a consent order with the NYS Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?   | no__ | yes__ |
| (s) | any bankruptcy proceeding?  | no__ | yes__ |
| (t) | any suspension or revocation of any business or professional license?   | no__ | yes__ |
| (u) | any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations of a violation of:   |      |       |
|     | * federal, state or local health laws, rules or regulations   | no__ | yes__ |
|     | * federal, state or local environmental laws, rules or regulations  | no__ | yes__ |
|     | * unemployment insurance or workers compensation coverage or claim requirements   | no__ | yes__ |
|     | * ERISA (Employee Retirement Income Security Act)   | no__ | yes__ |
|     | * federal, state or local human rights laws   | no__ | yes__ |
|     | * federal, state or local security laws?  | no__ | yes__ |
| (v) | a request to withdraw a bid submitted to a public owner or any claim of an error on a bid submitted to a public owner?  | no__ | yes__ |

**CERTIFICATION**

The undersigned recognizes that this questionnaire is submitted for the express purpose of inducing the State of New York or its agencies and instrumentalities to award a contract, or approve a subcontract; acknowledges that the State or its agencies and instrumentalities may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete. It is further acknowledged that intentional submission of false or misleading information may constitute a felony under Penal Law Section 175.35 or may constitute a misdemeanor under Penal Law Sections 175.30, 210.35 or 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 a denial of contract award or contract termination.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Title

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Officer Name (Please Print)

As of (date): \_\_\_\_\_

**ASSETS**Current Assets

1. Cash		\$ _____
2. Accounts receivable - less allowance for doubtful accounts	\$ _____	
Retainers included in accounts receivable	_____	
Claims included in accounts receivable not yet approved or in litigation	_____	
Total accounts receivable		_____
3. Notes receivable - due within one year		_____
4. Inventory - materials		_____
5. Contract costs in excess of billings on uncompleted contracts		_____
6. Accrued income receivable		
Interest	_____	
Other (list) _____	_____	
_____	_____	
Total accrued income receivable		_____
7. Deposits		
Bid and plan _____	_____	
Other (list) _____	_____	
_____	_____	
Total deposits		_____
8. Prepaid Expenses		
Income Taxes	_____	
Insurance	_____	
Other (list) _____	_____	
_____	_____	
Total prepaid expenses		_____
9. Other current Assets		
(list) _____	_____	
_____	_____	
Total other current assets		_____
10. Total Current Assets		\$ _____

11. Investments

Listed securities-present market value

\$ \_\_\_\_\_

Unlisted securities-present value

\_\_\_\_\_

Total investments

\$ \_\_\_\_\_

12. Fixed Assets

Land

\_\_\_\_\_

Building and improvements

\_\_\_\_\_

Leasehold Improvements

\_\_\_\_\_

Machinery and equipment

\_\_\_\_\_

Automotive equipment

\_\_\_\_\_

Office furniture and fixtures

\_\_\_\_\_

Other (list) \_\_\_\_\_

\_\_\_\_\_

Total

\$ \_\_\_\_\_

Less: accumulated depreciation

\_\_\_\_\_

Total fixed assets - net

\_\_\_\_\_

13. Other Assets

Loans receivable - officers

\_\_\_\_\_

- employees

\_\_\_\_\_

- shareholders

\_\_\_\_\_

Cash surrender value of officers' life insurance

\_\_\_\_\_

Organization expense - net of amortization

\_\_\_\_\_

Notes receivable - due after one year

\_\_\_\_\_

Other (list) \_\_\_\_\_

\_\_\_\_\_

Total Other Assets

\_\_\_\_\_

## 14. TOTAL ASSETS

=====



Current Liabilities

15. Accounts payable		\$ _____
16. Loans from shareholders - due within one year		_____
17. Notes payable - due within one year		_____
18. Mortgage payable - due within one year		_____
19. Other payables - due within one year		
(list) _____	\$ _____	

\_\_\_\_\_

Total other payables - due within one year \_\_\_\_\_

20. Billings in excess of costs and estimated earnings		_____
21. Accrued expenses payable - salaries and wages	_____	
- payroll taxes	_____	
- employees' benefits	_____	
- insurance	_____	
- other	_____	

Total accrued expenses payable \_\_\_\_\_

22. Dividends payable		_____
23. Income taxes payable	- state	_____
	- federal	_____
	- other	_____

Total income taxes payable \_\_\_\_\_

24. Total Current Liabilities			\$ _____
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25. <u>Deferred Income Taxes Payable</u>	- state	_____
	- federal	_____
	- other	_____

Total deferred income taxes \_\_\_\_\_

26. Long Term Liabilities

Loans from shareholders - due after one year	_____
Notes payable - due after one year	_____
Mortgage - due after one year	_____
Other payables - due after one year	_____
(list) _____	_____

\_\_\_\_\_

Total long term liabilities \_\_\_\_\_

27. Other Liabilities

(list) _____	_____
_____	_____

Total other liabilities \_\_\_\_\_

28. TOTAL LIABILITIES

=====

**NET WORTH**

29. Net Worth (if proprietorship or partnership)		\$ _____
30. Stockholders' Equity		
Common stock issued and outstanding	\$ _____	
Preferred stock issued and outstanding	_____	
Retaining earnings	_____	
Total	_____	
Less: Treasury stock	_____	
31. TOTAL STOCKHOLDERS' EQUITY		_____
32. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY		=====

**NOTE: IF ADDITIONAL SPACE IS REQUIRED, PLEASE NOTE AND ATTACH SCHEDULE TO STATEMENT**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Organization

By: \_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Name (please print)