

Grantee Responsibility Questionnaire

New York State Division of Homeland Security and Emergency Services

1. GRANTEE IS:		
2. GRANTEE'S LEGAL BUSINESS NAME	3. IDENTIFICATION NUMBERS a) FEIN #	
4. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE	5. TELEPHONE NUMBER	6. FAX NUMBER
7. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Title Telephone Number Fax Number e-mail		
8. GRANTEE'S NOT-FOR-PROFIT CORPORATION INFORMATION		
Date of Incorporation	State of Incorporation*	
	Charities Registration Number	
*If not incorporated in New York State, please provide a copy of authorization to do business in New York.		
9. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)		

Within the past five years has your firm, any affiliate, any predecessor company or entity, owner, director, officer, partner or proprietor been the subject of:

(DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A YES@, AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE CONTRACTING AGENCY IN MAKING A DETERMINATION OF GRANTEE RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER).

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| 10. An indictment, judgment, conviction or a grant of immunity, including pending actions, for any business-related conduct constituting a crime under local, state or federal law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. A federal, state or local government suspension or debarment, rejection of any bid or disapproval of any proposed subcontract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any federal or state determination of a violation of any public works law or regulation, or labor law or regulation, or any OSHA violation deemed Aserious or willful@? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. A consent order with NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. A citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of: Yes No
1. Federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law;
 2. State or federal environmental laws;
 3. Unemployment insurance or workers= compensation coverage or claim requirements;
 4. Employee Retirement Income Security Act (ERISA);
 5. Federal, state or local human rights laws;
 6. Civil rights laws;
 7. Federal or state security laws;
 8. Federal Immigration and Naturalization Services (INS) and Alienage laws;
 9. State or federal anti-trust laws; or
 10. Charity or consumer laws?

For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the vendor.

15. Has the grantee in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances? Yes No

Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the grantee and the name of the auditing agency.

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; 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 state that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

Name of Business: _____ Signature of Owner/Officer _____

Address _____ Printed Name of Signatory _____

City, State, Zip _____ Title _____