

New York State Division of Homeland Security and Emergency Services

Vendor Integrity Questionnaire (vendors with total grants of \$5,000 or less)

New York State has the responsibility to ensure that grant funds are spent in a transparent manner that provides benefit to the public. To this end, potential not-for-profit vendors are required to complete this form, have it notarized, and send it in to your agency contract manager as part of the standard State contracting process. This form will not be accepted unless completed in its entirety, and if any responses are “yes”, additional comments are required. Note that any change in your responses to the questions below (i.e., if something changes as to cancellation of a contract), requires this certification to be resubmitted.

Legal Business Name		Federal EIN Number	
Street Address		NYS Vendor ID Number	
City	State	Zip	

No.	Question	Response (Yes or No)	Comments
1	Within the past five years, have you or any of your affiliates been suspended or debarred from any contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Within the past five years, have you or any of your affiliates been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Within the past five years, have you or any of your affiliates been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Within the past five years, have you or any of your affiliates been suspended, cancelled or terminated for cause on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Within the past five years, have you or any of your affiliates had a revocation, suspension, or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Within the past five years, have you or any of your affiliates been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No.	Question	Response (Yes or No)	Comments
7	Within the past five years have you or any of your affiliates been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Within the past five years, has any individual previously identified, any other key employees 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 an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Within the past five years, has any individual previously identified, any other key employees 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 an indictment, grant of immunity, judgment, or conviction 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Within the past five years, have you or any of your affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	During the past three years have you failed to file any returns, including, if applicable, federal Form 990, with any Federal, State or Local government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	During the past three years have you failed to file returns or pay New York State Unemployment Insurance? If yes, indicate the years you failed to file/pay the insurance and the current status of the liability.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	During the past three years, have you failed to file documentation requested by any New York State agency, public authority or other quasi- state entity, with the Attorney General of the State of New York, or with any other local, State or federal entity that has made a formal request for information? If yes, indicate the years you failed to file the requested information and the current status of the matter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Has the grantee or any of the grantee's related parties paid any third party or agent, either directly or indirectly, to aid in the securing of this grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No.	Question	Response (Yes or No)	Comments
15	Has the grantee or any of the grantee's related parties agreed to select specific consultants, contractors, suppliers or vendors to provide goods or services in connection with the grant-funded project as a condition of receiving the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Will any consultants, contractors, suppliers and vendors selected to provide goods or services in connection with the grant-funded project result in a conflict of interest, or if consultants, suppliers and vendors retained in connection with the grant-funded project have already been selected, could their selection result in a conflict of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Does the sponsor(s) (where "sponsor means any Assembly member, or State Senator who arranged for or procured the grant) or any related parties to sponsors(s) (where related party means a spouse, child, parent, sibling, in-law, roommate, partner, employee, director, officer or agent) have any direct or indirect financial benefit from the funded project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MANDATORY CERTIFICATION

By signing my name below, I certify:

- I am authorized on behalf of the applicant and its governing body to submit this information.
- All of the information contained herein and all statements, data and supporting documents which have been made or furnished, are true and correct and complete to the best of my knowledge and belief.
- I recognize that this questionnaire is submitted for the express purpose of assisting New York State in making responsibility determinations regarding an award of contracts or grants or approval of a subcontract.
- I acknowledge that New York State will rely on such information disclosed by me.
- I acknowledge that New York State may, in its discretion, by means which it may so choose, verify the truth and accuracy of all statements made herein.
- I understand that if any change occurs in the information I have provided, that I will promptly notify the State of such changes and that failure to notify the State of such changes will constitute cause of disapproval of any application or revocation of any agreement made with the State.
- I understand that any false statement or misrepresentation will constitute cause for disapproval of any application or revocation of any agreement made with the State upon which such information was relied.
- **I further acknowledge that my submission of this document, knowing that it contains a false statement or false information, constitutes a crime under New York State law, and that I may be prosecuted and subject to a fine and/or a term of imprisonment if so convicted of such a crime.**

[NAME OF INDIVIDUAL COMPLETING THIS FORM] Date

SIGNATURE: _____

State of New York;

County of _____.

On the ____ day of ____ in the year 20__ before me, the below-signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.