

NYC COMMUNITY GARDEN COALITION

**232 EAST 11TH STREET
NEW YORK, NEW YORK 10003
(347) 699-6099**

Small Purchase Request for Quotation

To: All Potential Respondents

From NYC Community Garden Coalition
232 East 11 th Street
New York, New York 10003
(347) 699-6099
Email: aziz@nyccgc.org

Date: March 18, 2019
<p>The NYC Community Garden Coalition is seeking qualification statements and price quotes from qualified land surveyors to complete land surveys on an as-needed basis of project sites scheduled for improvements under the “Community Gardens Green Infrastructure Improvements” project. This effort is being funded under the NYS Superstorm Sandy Community Development Block Grant-Disaster Recovery (CDBG-DR) Program. The NYC Community Garden Coalition functions to promote the preservation, creation, and empowerment of community gardens in Lower Manhattan through education, advocacy, and grassroots organizing.</p> <p>If interested, please complete the information below, and submit it and other requested information by 5:00 p.m. April 5, 2019. Questions regarding this solicitation are to be submitted no later than 5:00 p.m., March 29, 2019. The specific requested services and conditions for award of the contract are more fully detailed in Attachment A, (See Page 2). For additional information, please contact Aziz Dehkan at (347) 699-6099 or by email at: aziz@nyccgc.org Persons requiring reasonable accommodation to participate in this procurement process are asked to contact Mr. Dehkan at least five (5) days prior to the deadline for submission to discuss their particular needs.</p>

RECAP OF PRICE QUOTES	
	Price Quote
Lump Sum Cost Per Work Order:	\$

Additional Information:

Is Vendor a Minority- or Women-Owned Enterprise (y/n):

Signature of Vendor:	Date:
-----------------------------	--------------

NYC COMMUNITY GARDEN COALITION

**232 EAST 11TH STREET
NEW YORK, NEW YORK 10003
(347) 699-6099**

ATTACHMENT A

**Request for Statements of Qualifications & Cost Proposals
Land Surveying Services**

Introduction and Overview

The NYC Community Garden Coalition has received U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant–Disaster Recovery (CDBG-DR) funding, under the NYS Superstorm Sandy CDBG-DR Program to complete the “**Community Gardens Green Infrastructure Improvements**” project.¹

Procurement shall only be conducted with responsible vendors who have the technical and financial competence to perform as well as an exemplary record of integrity. Before selecting a vendor, the Coalition intends to review the federal and state lists of vendors excluded from procurement. Contracts shall not be awarded to debarred, suspended, or ineligible vendors. Accordingly, responses to this Request for Statements of Qualifications and Cost Proposals must include a completed NYS Vendor Responsibility Questionnaire and notarized certification (See Attachment D, Pages 1-10), along with verification that a completed NYS Vendor Responsibility Questionnaire has been filed with the NYS Office of the State Comptroller:

<http://www.osc.state.ny.us/vendrep/>.

The Coalition will select a qualified firm of the highest quality that employs adequate staff and possesses the financial management capacity to be able to focus immediate attention on this project.

Through its Evaluation Team, the Coalition will select the respondent whose proposal receives the greatest number of points. The Evaluation Team will only open or evaluate Qualification Statements and Cost Proposals from those firms that it has determined are qualified on the basis of the Technical Factors listed below. After those firms that are qualified have been identified, the Evaluation Team will factor in the cost of the qualified proposals using the formula set forth below under “Selection Process.” The Cost Proposal is included as Attachment C.

The Coalition will enter into a lump sum/not to exceed global contract with the selected respondent. As the need for land surveying services arise, the Coalition will negotiate a fee and scope of work with the selected respondent and issue a work order to complete the needed services. The Coalition reserves the right to reject any and all responses either in whole or in part.

Respondents will not be reimbursed for costs incurred in the preparation of its response to this solicitation.

The maximum funding level anticipated is \$ 25,000.00.

¹ U.S Department of Housing and Urban Renewal (HUD) Community Development Block Grant-Disaster Recovery (“CDBG-DR”) funds appropriated by the Disaster Relief Appropriations Act (“PL 113-2”).

Scope of Services to be Provided.

Project Background. The “Community Gardens Green Infrastructure Improvements” project involves the implementation of forty (40) individual projects in forty (40) separate community gardens located in Lower Manhattan. **NOTE:** The Coalition will enter into a master contract with a “not to exceed” contract compensation amount with the selected respondent. As the need for surveying services arises, the Coalition will negotiate a cost to complete needed surveying services for a project site and issue a “Work Order” and notice to proceed to complete the services. It is anticipated that only certain project sites will require surveying services.

Project Sites. The project sites where land surveying services may be conducted are as follows:

No.	Name	Location
1	11 BC Community Garden	626 East 11 th Street (See #1 on Location Map)
2	11 th Street Community Garden	422 East 11 th Street (See #2 on Location Map)
3	6BC Botanical Garden	624-628 East 6 th Street (See #21 on Location Map)
4	6 th Street and Avenue B Garden	78-92 Avenue B (See #20 on Location Map)
5	9C Community Garden	703 East 9 th Street (See #13 on Location Map)
6	All People’s Garden	293-295 East 3 rd Street (See #29 on Location Map)
7	Avenue B Community Garden Association	200 Avenue B (See #3 on Location Map)
8	Brisas del Caribe Garden	237 East 3 rd Street (See #30 on Location Map)
9	Campos Community Garden	640-644 East 12 th Street (See #6 on Location Map)
10	Children’s Garden	194 Avenue B (See #5 on Location Map)
11	Children’s Magical Garden	131 Stanton Street (See #38 on Location Map)
12	Committee of Poor People’s LES Garden	171 Stanton Street (See #39 on Location Map)
13	Creative Little Garden	530 East 6 th Street (See #22 on Location Map)
14	De Colores Community Yard/Cultural Center	313 8 th Street (See #14 on Location Map)
15	Dias Y Flores Community Garden	520-522 East 13 th Street (See #6 on Location Map)

16	East Side Outside Garden	415 East 11 th Street (See #7 on Location Map)
17	El Jardin de Paraiso Community Garden	710 East 5 th Street (See #23 on Location Map)
18	El Sol Brillante Community Garden	522-528 East 12 th Street (See #8 on Location Map)
19	El Sol Brillante Jr. Community Garden	537 East 12 th Street (See #9 on Location Map)
20	Fifth Street Slope Garden	626-627 East 5 th Street (See #24 on Location Map)
21	Fireman's Memorial Garden	360 East 8 th Street (See #16 on Location Map)
22	First Street Garden	48 East 1 st Street (See #40 on Location Map)
23	Generation X Cultural Garden	270-272 East 4 th Street (See #25 on Location Map)
24	Green Oasis & Gilbert's Sculpture Community Garden	372 East 8 th Street (See #17 on Location Map)
25	Hope Garden	193 East 2 nd Street (See #31 on Location Map)
26	Jardin Los Amigos Garden	221 East 3 rd Street (See #32 on Location Map)
27	La Plaza Cultural Community Garden	674 East 9 th Street (See #18 on Location Map)
28	Le Petit Versailles Garden	247 East 2 nd Street (See #34 on Location Map)
29	M'Finda Kalunga Garden	179 Chrystie Street (See #44 on Location Map)
30	Miracle Garden	194-196 East 3 rd Street (See #35 on Location Map)
31	Orchard Alley Garden	350-354 East 4 th Street (See #35 on Location Map)
32	Parque de Tranquilidad Gardent	314-318 East 4 th Street (See #27 on Location Map)
33	Peach Tree Garden	236-238 East 2 nd Street (See #36 on Location Map)
34	Relaxation Garden	209 Avenue B (See #10 on Location Map)
35	Sam & Sadie Koenig Garden	237 East 7 th Street (See #19 on Location Map)
36	Secret Garden	293 East 4 th Street (See #28 on Location Map)
37	Siempre Verde Garden	137 Attorney Street (See #45 on Location Map)
38	Suffolk Street/Dorothy Strelsin Memorial Garden	174 Suffolk Street (See #46 on Location Map)
39	Toyota Children's Garden	603 East 11 th Street (See #11 on Location Map)
40	Vamos A Sembrar Garden	198 Avenue B (See #12 on Location Map)

The selected land surveyor will be required to provide a topographic survey (Basic Services) and a property line survey with metes and bounds (Additional Services) for each assigned project site. The topographic survey shall include the areas within the survey limit line as defined by the Coalition. The property line survey shall encompass the entire community garden/project site. The survey shall be prepared by a New York State Licensed Land Surveyor and shall be provided in the manner defined under section "Deliverables". The survey shall include the following requirements:

Basic Services

1. Attend an initial site visit with the Client Representative;
2. Locate all property lines (R.O.W.) within survey limits.
3. Contours at one-foot intervals.
4. Scale at 1" = 20' - 0" or as otherwise requested or noted.
5. Drainage pipes, drains, invert elevations, manholes, drop inlets, pipe outlets, and drainage channels.
6. Locate all buildings and structures and identify materials, use, and number of stories within Garden.
7. Spot elevations at:
 - a. Corners and entrances to buildings within or adjacent to Garden
 - b. All site features requested at initial site visit with Client Representative
 - c. Top and bottom of walls and steps (every 25')
 - d. Top & bottom of curb (every 25')
 - e. Trees over 6" in caliper (indicated by type and caliper)
8. Utilities (i.e. gas, water, sewer) including all pipe sizes, material, inverts, rim elevations and valve boxes, including overhead utility wires.
9. Locate and label all waterways within the project limits
10. Rock outcrops and stone walls
11. All guiderails, bollards, fences, gates and inground site furniture.
12. Wooded areas (label first row of trees at treeline only)
13. Maps to be done in digital form (Auto Cad 2015 or higher)
14. Control points used to establish the survey must be included in the digital form of the drawing. Survey may be aerially photographed for the purpose of establishing the topography; however, critical spot elevations shall be field verified.
15. Maps should also include base line ties.

Additional Services

1. Property lines (metes and bounds) and R.O.W. tied into established reference points for each community garden/project site, including adjacent property owners.
2. Easements (permanent or temporary access, emergency, etc.)

Deliverables

1. Maps showing property line, structures, topographic data, and all of the above, plotted on 24" x 36" stamped paper copies including, north arrow, legend, and scale (both written and graphic).
2. Digital copy of survey in Auto Cad 2015 or higher shall be provided by email and or thumb drive, with the survey at 1:1 in model space. Original spot shots including point, description, and elevation information shall be included.

General Requirements

All work included under Basic Services and Additional Services must be completed and a final product must be received within ninety (90) days from the date of execution of the work.

The surveyor will be required to hold his quoted price for stipulated period of the global contract, which shall not exceed 365 days.

It is the intent of the Coalition to select one (1) respondent/consultant to provide the requested services.

Deadlines and Completion Date

All responses must be delivered **in a sealed envelope** to the NYC Community Garden Coalition in accordance with Attachment B. Proposals are due at **5:00 p.m., on April 5, 2019.**

The Coalition reserves the right to extend receipt of submissions beyond the stated deadline.

Submittal Content.

Respondents must supply **one (1) hard copy and one (1) electronic copy in pdf (via email to Mr. Aziz Dehkan at the email address provided below)** of its submission prior to the stated deadline to the attention of:

Mr. Aziz Dehkan, Executive Director
NYC Community Garden Coalition
232 East 11th Street
New York, New York 10003
Email Address: aziz@nyccgc.org

Required Contents of Submission.

The Qualifications Statement/Cost Proposal must contain the following information and documentation:

1. Fully executed cover page of this solicitation;
2. Completed Attachment B, Response Form;
3. Completed Attachment C, Cost Proposal;
4. Completed Attachment D, NYS Vendor Responsibility Questionnaire.

Selection Process

Responses will be evaluated and scored in accordance with the Evaluation Criteria. After evaluation of the Statement of Qualifications, Cost Proposals will be scored for cost.

During or after the review of responses, the Coalition may submit written questions and requests for clarification and may conduct interviews. The Coalition will evaluate each respondent in terms of:

Technical Factors	<u>Maximum Points</u>
1. Relevant Experience	20
2. Approach and Methodology	20
3. Staffing Plan	20
4. Ability to Conform to the Coalition’s Timeline	10
5. Commitment to Comply with all Applicable Federal, State and Local Regulations including M/WBE	10
6. Total Technical Factors	80
7. Total Cost Factors	20
$\frac{\text{Lowest Proposal}}{\text{More Expensive Proposal}} \times \text{Total Possible Price Points} = \text{Points allocated to a more expensive proposal}$	
8. Maximum Points	100

The Coalition Evaluation Team will conduct a technical evaluation of the non-cost elements as described herein. No more than 80 technical total points will be awarded to any proposal. The Coalition will weigh the technical and cost evaluation results of each submittal as two (2) components, which together will have a maximum total score of 100 points.

After evaluation of selected Technical Proposals and Cost Proposals, the Coalition reserves the right to award without delay.

Specific Legal Obligations

Procurement

In accordance with Section 104-b(2)(f) and Section 139-j(2)(a), the Coalition must identify the individual responsible for purchasing and the individual who is the sole point of contact during the procurement.

The Procurement Coordinator is:

Aziz Dehkan

NYC Community Garden Coalition

In accordance with State Finance Law §§ 139-j and 139-k, this solicitation imposes restrictions on communications between the NYC Community Garden Coalition, GOSR, and respondents during the procurement. Respondent is restricted from making contact from the earliest notice of intent to solicit offers through final award and approval of the contract (the restricted period) with the Coalition's staff other than the Procurement Coordinator, unless it is a contact included among expressly provided statutory exceptions set forth in State Finance Law § 139-j(3)(a).

Coalition employees also are required to obtain certain information when contacted during the restricted period and make a determination of responsibility of the respondent pursuant to these two statutes. Certain findings of non-responsibility can result in the rejection for contract award and in the event of two (2) findings within a four-year period the respondent is debarred from obtaining governmental procurement contracts.

Diversity and Income Requirements

Minority and Women Owned Businesses (M/WBE)

The NYC Community Garden Coalition is committed to awarding a contract(s) to firms that will provide high quality services and that are dedicated to diversity and to containing costs. The Coalition strongly encourages respondents that are certified by New York State, any other city or state, or the federal government, as M/WBE firms, as well as respondents that are not yet certified but have applied for certification, to submit responses to this solicitation. All New York State-certified M/WBE firms submitting proposals to this solicitation should be registered as such with the New York State Department of Economic Development. For M/WBE firms that are not certified but have applied for certification, Respondents must provide evidence of filing including filing date.

The Coalition is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (M/WBE Regulations) for all New York State funded contracts as defined therein, with a value in excess of \$25,000. The Coalition strongly encourages joint ventures of M/WBE firms with majority firms and M/WBE firms with other M/WBE firms. For purposes of this solicitation, the Coalition hereby establishes an overall goal of 30% for M/WBE participation, 15% for minority-owned business enterprises (MBE) and 15% for women-owned business enterprises (WBE).

New York Law and Venue

This contract shall be construed under the laws of the State of New York. All claims, actions, proceedings, and lawsuits brought in connection with, arising out of, related to, or seeking enforcement of this contract shall be brought in the Supreme Court of the State of New York, Richmond County.

One (1) hard copy of the response packet shall be submitted, signed in the original, and received and date stamped by the Coalition on or before **5:00 p.m., April 5, 2019**. An electronic signed copy shall be submitted to Aziz Dehkan via his email address on or before **5:00 p.m., April 5, 2019**.

Any respondent requiring reasonable accommodation to participate in this procurement process is asked to contact Mr. Aziz Dehkan (347) 699-6099 at least five (5) days prior to the deadline for submission.

**Attachment B
Response Form**

1. Name of Responding Firm: _____

2. Legal Structure of Responding Firm (i.e., corporation, LLC, etc.) _____

3. DUNS Number: _____

4. Length of Time in Business: _____

5. Number of Employees: _____

6. Contact Information for the Person Authorized to Contractually Obligate the Firm:
Name: _____
Title: _____
Mailing Address: _____

Telephone Number: _____
Email Address: _____

7. Contact Information for the Person Administratively Responsible for the Proposal:
Name: _____
Title: _____
Mailing Address: _____

Telephone Number: _____
Email Address: _____

8. Identify Subconsultants that will work for the Respondent:
Name of Firm: _____
Contact Person: _____
Mailing Address: _____

Telephone Number: _____
Email Address: _____
Description of Services to be Provided:

9. Disclosure.

Please disclose all allegations or claims of substandard work, unethical or illegal practices or debarment or suspension from State- or Federally-funded projects and provide documentation as to the resolution of these matters. Respondent must not be suspended or debarred from participation in State- or Federally-funded projects. Include completed NYS Vendor Responsibility Questionnaire, with notarized certification. <http://www.osc.state.ny.us/vendrep/>. (See Attachment D).

10. Relevant Experience. Please provide a list of previous projects that demonstrate relevant experience and identify clients for whom respondent has provided similar work in the past five (5) years. For each project described, provide current contact information for the individual with whom respondent worked. (Please add additional sheets, if needed)

11. Approach and Methodology. Please provide a brief description of the plan to implement the work activities described. (i.e., number of staff, use of subconsultants, etc.)

12. Ability to Conform to the NYC Community Garden Coalition Timeline. Please provide a brief description of the firm’s workload and the impact on its current capacity to perform services on this project.

13. Commitment to Comply with All Applicable Federal, State, and Local Regulations, including Minority and Women-Owned Business Enterprise (M/WBE). Please provide a statement of assurance and commitment to comply with all applicable Federal, State, and local regulations, including, as described below, M/WBE obligation. This is a factor for firm selection, and respondents who demonstrate a commitment to comply will receive the most points (as described herein under “Selection Process”).

14. Costs. Please complete the Cost Proposal (See Attachment C) by providing a breakdown of the hourly rates and direct expenses for completing surveying services per work order issued. Failure to submit Attachment C will result in the submission being deemed nonresponsive and not considered for selection.

**Attachment C
Cost Proposal**

This Attachment C must be completed and submitted as part of the submission of your statement of qualifications and cost proposal to the NYC Community Gardens Coalition. The costs to be provided must reflect the respondent's general lump sum cost/per general work task issued. The Coalition is cognizant of the fact that, at the time the cost for a work order is negotiated, the general lump sum amount stipulated herein may change. Accordingly, respondents are asked to provide its general lump sum cost to complete the scope of services stipulated in Attachment A. For the lump sum amount below assume one work order may include one 10,000 square foot Community Garden listed above.

BASIC SERVICES			
DIRECT LABOR			
Position	Hourly Rate	Estimated Hours/Per Work Order	Estimated Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total Direct Labor/Per Work Order			
SUBCONTRACTORS			
Subcontractor	Service to be Provided		Estimated Cost
1.			
2.			
3.			
4.			
5.			
Total Subcontracts			
OTHER DIRECT COSTS (DIRECT EXPENSES—TRAVEL, REPRODUCTION, ETC.)			
1.			
2.			
3.			
4.			
5.			
6.			
Total Other Direct Costs			
TOTAL NOT TO EXCEED COST FOR BASIC SERVICES/PER WORK ORDER			
ADDITIONAL SERVICES			
DIRECT LABOR			
Position	Hourly Rate	Estimated Hours/Per Work Order	Estimated Cost

1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total Direct Labor/Per Work Order			
SUBCONTRACTORS			
Subcontractor		Service to be Provided	Estimated Cost
1.			
2.			
3.			
4.			
5.			
Total Subcontracts			
OTHER DIRECT COSTS (DIRECT EXPENSES—TRAVEL, REPRODUCTION, ETC.)			
1.			
2.			
3.			
4.			
5.			
6.			
Total Other Direct Costs/Per Work Order			
TOTAL NOT TO EXCEED COST FOR ADDITIONAL SERVICES/PER WORK ORDER			
TOTAL NOT TO EXCEED COSTS FOR ALL SERVICES/PER WORK ORDER			

Attachment D
NYS Vendor Responsibility Questionnaire
(Please See Following Pages 1-10)

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at ITServiceDesk@osc.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION			
<u>Legal Business Entity Name</u> 2		<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		<u>New York State Vendor Identification Number</u>	
		Telephone ext.	Fax
Email		Website	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company</u> (<u>LLC</u> or <u>PLLC</u>)		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No,' indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States			
<input type="checkbox"/> Other			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No

2All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION		
If "Yes," provide <u>CIK Code</u> or Ticker Symbol		
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," Enter <u>DUNS</u> Number		
1.4 If the <u>Legal Business Entity's Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If "Yes," provide the address and telephone number for one office located in New York State.		
1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u> (MBE), <u>Women-Owned Business Enterprise</u> (WBE), <u>New York State Small Business</u> (SB) or a federally certified <u>Disadvantaged Business Enterprise</u> (DBE)? If "Yes," check all that apply:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> <u>New York State Small Business</u> (SB) <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)		
1.6 Identify <u>Officials</u> and <u>Principal Owners</u> , if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.		
Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF "REPORTING ENTITY" AND "ORGANIZATIONAL UNIT" FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes No

If "Yes," enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.

For each person, include name and title. Attach additional pages if necessary.

Name

Title

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each "Other," provide an explanation which provides the basis for not definitively responding "Yes" or "No." Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY <i>Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:</i>	
3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each "Yes" or "Other" explain:	

IV. INTEGRITY – CONTRACT BIDDING <i>Within the past five (5) years, has the reporting entity:</i>	
4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

V. INTEGRITY – CONTRACT AWARD	
<i>Within the past five (5) years, has the reporting entity:</i>	
5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VI. CERTIFICATIONS/LICENSES	
<i>Within the past five (5) years, has the reporting entity:</i>	
6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VII. LEGAL PROCEEDINGS	
<i>Within the past five (5) years, has the reporting entity:</i>	
7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious</u> or <u>willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES <i>This section pertains to any entity(ies) that either controls or is controlled by the reporting entity. (See definition of "associated entity" for additional information to complete this section.)</i>	
9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u> ? Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either: – An <u>Organizational Unit</u> ; or – The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies). If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the individual involved, his/her title and role in the <u>Associated Entity</u> , his/her relationship to the <u>Reporting Entity</u> , relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s).	
9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u> , New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$50,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity's</u> name(s), EIN(s), primary business activity, relationship to the <u>Reporting Entity</u> , relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the past five (5) years, has any <u>Associated Entity</u> :	
a) Been <u>disqualified</u> , <u>suspended</u> or <u>debarred</u> from any <u>federal</u> , New York State, New York City or other New York local <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Been <u>suspended</u> , <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u> , New York State, New York City or New York local <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Been the subject of an <u>investigation</u> , whether open or closed, by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Been the subject of an indictment, grant of immunity, <u>judgment</u> , or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY

For each "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

X. FREEDOM OF INFORMATION LAW (FOIL)

10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If "Yes," indicate the question number(s) and explain the basis for the claim.

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

Name	Telephone ext.	Fax
Title	Email	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____, 20__;

_____ Notary Public

Attachment 3
Location Map of Project Sites
(See Following Page)

GREAT NORTH

- ① 11BC Community Garden,
- ② 11th Street Community Garden
- ③ Ave B Community Garden Association
- ④ Campos Community Garden
- ⑤ Children's Garden
- ⑥ Dias Y Flores Community Garden
- ⑦ Eastside Outside Garden
- ⑧ El Sol Brillante
- ⑨ El Sol Brillante Jr.
- ⑩ Relaxation Garden
- ⑪ Toyota Children's Garden
- ⑫ Vamos Sembrar Garden

EL PUEBLO

- ⑬ 9C Community Garden
- ⑭ De Colores Community Yard & Cultural Center
- ⑮ Earth People Community Garden
- ⑯ Fireman's Memorial Garden
- ⑰ Green Oasis & Gilbert's Sculpture Community Garden
- ⑱ La Plaza Cultural Community Garden
- ⑲ Sam and Sadie Koenig Garden

MIDDLE EARTH

- ⑳ 6th & B Garden
- ㉑ 6BC Botanical Garden
- ㉒ Creative Little Garden
- ㉓ El Jardin de Paraiso
- ㉔ Fifth Street Slope Garden
- ㉕ Generation X Cultural Garden
- ㉖ Orchard Alley
- ㉗ Parque de Tranquilidad
- ㉘ Secret Garden

MUNDO VERDE

- ㉙ All People's Garden
- ㉚ Brisas del Caribe Garden
- ㉛ Hope Garden
- ㉜ Jardin Los Amigos
- ㉝ Kenkeleba Sculpture Garden
- ㉞ Le Petite Versailles
- ㉟ Miracle Garden
- ㊱ Peach Tree Garden

SOUTHLAND

- ㊲ Albert's Garden
- ㊳ Children's Magical Garden
- ㊴ Committee of Poor Peoples LES Garden
- ㊵ First Street Garden
- ㊶ Forsyth Garden Conservancy
- ㊷ LES People's Care Garden
- ㊸ Liz Christy Community Garden
- ㊹ M'Finda Kalunga Garden
- ㊺ Siempre Verde Garden
- ㊻ Suffolk Street / Dorothy Strelsin Memorial Garden

