Department of Youth & Community Development

Jeanne B. Mullgrav
Commissioner

-For Agency Use Only-
RECEIPT NUMBER

Prequalification Application for Discretionary Fiscal Conduits

Prequalification is required to serve as a Fiscal Conduit for a City Council discretionary award. If you wish to be considered for prequalification, please complete this application and submit it with all required attachments. Additional information may be requested and evaluated.

1) Type your responses directly into this fillable form or print answers neatly by hand in black ink.
2) Email pqlhelp@dycd.nyc.gov with any questions about this application.
3) Return the completed Application with all required attachments to:
DYCD, Attn: Agency Chief Contracting Officer, 156 William Street, 2nd floor, New York, NY 10038.

Part 1: Identifying Information

Organization Name: _____

Primary EIN/TIN : _____ Any Additional EINs/TINs: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title : _____

Phone : _____ Fax : _____

E-mail: _____

Part 2: Type of Fiscal Conduit (Neighborhood or Citywide)

An organization that has been prequalified to receive discretionary funding through a City agency may also apply to be prequalified to serve as a **Neighborhood Fiscal Conduit** for discretionary awards processed by that City agency. Neighborhood Fiscal Conduits provide administrative and support services to organizations receiving discretionary awards (up to 10 organizations maximum per fiscal year) that are located within the same borough. Compensation for these services performed is limited to a maximum of $5,000 per fiscal year, or 5% of the contract(s), whichever is less.

Alternatively, organizations may apply to be prequalified to serve as a **Citywide Fiscal Conduit.** Citywide Fiscal Conduits may be designated to provide fiscal administration and support services, as well as technical assistance and capacity-building services, to other organizations funded by the Council (typically up to 25 organizations per Fiscal Year). Compensation for these services is limited to a maximum of 10% of each award for which the organization serves as the fiscal conduit. To prequalify as a Citywide Fiscal Conduit, an organization must establish that its core mission includes the provision of assistance to other nonprofits, particularly capacity-building and fiscal administration/support services, and must demonstrate a substantial and successful track record of providing these services.

☐ Please check this box to apply as a **Neighborhood Fiscal Conduit**. Please complete Part 3a.

☐ Please check this box to apply as a **Citywide Fiscal Conduit**. Please complete Part 3b.

Part 3a: Qualifications - Neighborhood Fiscal Conduit

i) Please select the City agency for which you would provide fiscal conduit services. If you would like to apply for more than one City agency, you must submit a separate Part 3a for each agency.

City Agency:

ii) Is your organization prequalified to receive contracts from this agency for *direct services*? ☐ Yes ☐ No

Your organization must be prequalified for direct services for the relevant agency in order to serve as a Neighborhood Fiscal Conduit. If you're unsure if you're prequalified, or to apply for prequalification for direct services, please visit www.nyc.gov/dycd, and go to the section titled "Prequalification for Discretionary Funding."

iii) In which Borough(s) do you currently provide direct services?

Select all that apply: ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island

iv) Please describe the nature of these direct services. *(Please attach additional pages as needed).*

v) Please describe your experience providing fiscal conduit services, including payment administration and oversight. If your organization has performed this work as a City contractor, please provide details, including contract number(s). *(Please attach additional pages as needed).*

vi) Please describe the staff that would perform fiscal conduit services, including payment administration and oversight. Please include job titles and relevant professional experience. *(Please attach additional pages as needed).*

Part 3a Continues on the Next Page

Part 3a (continued): Qualifications - Neighorhood Fiscal Conduit

vii) Please identify and describe your organization's automated financial management and accounting system, including the type of software used and its configuration. *(Please attach additional pages as needed).*

ix) Please attach a copy of your organization's most recent audited financial statements, including the auditor's Management Letter.

Audited Financial Statements and Management Letter attached? ☐ Yes ☐ No

If no, please briefly explain:

Please continue to Part 4, on page 5.

Part 3b: Qualifications - Citywide Fiscal Conduit

i) Has your organization previously submitted the Nonprofit Capacity Building and Oversight Review Report to the Mayor's Office of Contract Services (MOCS)? ☐ Yes ☐ No

If your organization has not submitted this report to MOCS, you must do so in order to be prequalified as a Citywide Fiscal Conduit. To access the report, please visit http://www.nyc.gov/html/mocs/html/programs/cbo.shtml. If you have any questions about the report, please email cbo@cityhall.nyc.gov.

ii) Please describe the mission and core services of your organization.

iii) Please describe your organization's experience providing technical and management assistance to other nonprofits, including capacity-building and fiscal administration/support services. Include achievements and outcomes, such as number of organizations served per year. If you have served as a fiscal conduit under a City contract, please provide details, including contract number(s). *(Please attach additional pages as needed.)*

iv) Please describe the staff that would perform fiscal conduit services and technical assistance, including payment administration, other shared management services, oversight, and evaluation. Please include job titles and relevant professional experience. *(Please attach additional pages as needed).*

Please continue to Part 4 on the next page

Part 4: Attachments (Please check the boxes below to indicate which documents are attached.)

☐ Doing Business Accountability Form (required).

☐ Conflict of Interest Disclosure Form (required).

☐ VENDEX Questionnaires (required unless full questionnaires have been filed in the past 3 years). *Questionnaires should be submitted to DYCD along with this application. Questionnaires and instructions are available at www.nyc.gov/vendex. If you're not sure if or when you filed a full questionnaire, call the VENDEX Public Access Center at 212-341-0933.*

☐ Audited Financial Statements and Management Letter (required for Neighborhood Fiscal Conduits).

☐ CBO Review Report and Attachments (required for Citywide Fiscal Conduits, unless previously submitted. Please visit http://nyc.gov/html/mocs/html/programs/cbo.shtml).

Part 5: Certification

I, _____ serving as _____ of _____,
Name *Title* *Organization*

certify that the information submitted on these three pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the organization being found non-responsible and therefore denied future City awards.

_____
Notary Public

_____
Print name

_____
Signature

_____
Date

Return the completed application to DYCD, Attn: ACCO, 156 William St., 2nd Floor, New York, NY 10038.

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The City of New York
Mayor's Office of Contract Services
Doing Business Accountability Project

To be completed by any organization applying for prequalification to serve as a fiscal conduit

Doing Business Data Form - Discretionary Awards

Any organization applying for prequalification to receive a discretionary award must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for an application to be considered and for any organization to receive a discretionary award.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

This Data Form must be attached to the Prequalification Application for Discretionary Awards and returned to DYCD, Attn: Agency Chief Contracting Officer, 156 William Street, 2nd floor, New York, NY 10038. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Organization Information

Organization Name: _____

Organization EIN/TIN: _____

Organization Filing Status (select one):

☐ Organization has never completed a Doing Business Data Form. *Fill out the entire form.*

☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the organization.*

☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Organization is a Non-Profit: ☐ Yes ☐ No

Organization Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type)
☐ Sole Proprietor ☐ Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail: _____

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the organization has no such officer or its equivalent, please check "This position does not exist." If the organization is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer

☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer

☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

☐ This person replaced former COO: _____ on date: _____

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the organization**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the organization is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the organization is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the organization

☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the organization):

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Section 4: Senior Contract Managers

Please fill in the required identification information for all senior managers who oversee **any** of the organization's contracts with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any contract with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the organization is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Contract Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by organization): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Contract Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the organization being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Organization Name: _____

Title: _____ Work Phone #: _____

Return the completed Data Form to DYCD.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

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Mayor's Office of Contract Services

Michael R. Bloomberg
Mayor

Andrea Glick
City Chief Procurement Officer and Director of Contract Services

253 Broadway, 9th Floor
New York, NY 10007

212 788 0001 tel
212 788 0049 fax

Conflict of Interest Disclosure and Compliance Certification

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYNG THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

No Conflict of Interest: Except as otherwise fully disclosed below (attach additional pages as needed), the Vendor affirms, to the best of its knowledge, information and belief, that no City Elected Official, nor any person associated with any City Elected Official, is an employee, Director or Trustee, Officer or consultant to/of, or has any financial interest, direct or indirect, in the organization, or has received or will receive any financial benefit, directly or indirectly, from the organization or from this funding. For purposes of this certification, "associated" persons include: a spouse, domestic partner, child, parent or sibling of a City Elected Official; a person with whom a City Elected Official has a business or other financial relationship, including but not limited to employees of a City Elected Official and/or a spouse, domestic partner, child, parent or sibling of such employees; and each firm in which a City Elected Official has a present or potential interest.

NOTE: *THE VENDOR IS ENCOURAGED TO DISCLOSE ANY CONNECTION TO A CITY ELECTED OFFICIAL THAT COULD CREATE AN APPEARANCE OF A CONFLICT OF INTEREST, REGARDLESS OF WHETHER IT MEETS THE LISTED DEFINITIONS.*

Incorporation: Vendor is incorporated under NYS Not-for-Profit Corp. Law (√ one) □ Yes □ No *(explain below)*

Explain corporate status if you are not incorporated under NPCL:

NOTE: *INFORMATION CONCERNING THE VENDOR'S CORPORATE STATUS WILL BE USED BY THE CITY TO VERIFY COMPLIANCE WITH APPLICABLE REQUIREMENTS FOR CHARITIES REGISTRATION, PAYMENT OF TAXES AND OTHER LEGAL MANDATES AND THIS CONTRACT WILL NOT BE ENTERED INT0 UNLESS THE VENDOR IS IN COMPLIANCE.*

_____	_____
Name of Vendor	Signature of Authorized Official/Date
_____	_____
Vendor's Address	Print Name/Title of Signer
_____	_____
City, State, Zip Code	Vendor's EIN

Sworn to before me this ____ day of _____, 20___

_____
Notary Public

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