 FED.ID NO. _____

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:

Republic Airport
Airport Manager
7150 Republic Airport, Room 216
East Farmingdale, NY 11735-3930
(631) 752-7707

FED.ID NO. _____

Republic Airport

UNIFORM CONTRACTING QUESTIONNAIRE

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

FED.ID NO. _____

LIABILITIES

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 $_____
25. Deferred Income Taxes Payable - 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)