

## **NYCHA SEEKS SUBCONTRACTORS FOR THIRD NYCHA CONSTRUCTION MANAGEMENT PROGRAM**

The New York City Housing Authority is planning a significant number of elevator rehabilitation projects in the near future. Assignments may include multi-site projects. All work will be performed under NYCHA's CM/Build Program with pre-qualified subcontractors working directly for Construction Management (CM) firms retained by NYCHA.

### ***SUBCONTRACTORS MUST BE PRE-QUALIFIED IN ORDER TO BE INVITED TO BID ON PROJECTS.***

*Subcontractor Pre-qualification Applications will be accepted on an on-going basis. However, to ensure eligibility to bid on the first round of projects, it is recommended that you submit an application to the CM(s) with whom you wish to pre-qualify by **March 16, 2009**. The application process is described below.*

### **Vendex Requirements**

To be eligible to perform work on NYCHA projects contractors must have current information, with no adverse findings, on file in the New York City Vendex system. As part of the pre-qualification process subcontractors are required to submit a Vendex Questionnaire or Certificate of No Change to the Mayor's Office of Contract Services (MOCS) and copy the CM. More information and Vendex forms can be obtained by visiting the MOCS website at: <http://www.nyc.gov> and search for "Vendex." Additionally, contractors must submit two original Certificates of No Change to LiRo.

### **IN ORDER TO BE CONSIDERED, A FIRM MUST MEET THE FOLLOWING CRITERIA:**

#### **Experience and References:**

The subcontractor shall submit a minimum of five projects, ongoing or completed over the last 5 years; two (2) of which should be a minimum of \$3 million each. Owner's representative references which are positive and verifiable must be provided for each project.

#### **Bonding Capacity:**

Firm must provide a letter on surety letterhead confirming adequate bonding capacity. Minimum required bonding capacity is \$3 million. To qualify for larger projects, proof of higher bonding capacity, as needed, will be required with the contract bid.

#### **Financial Strength and Stability:**

- Submit CPA audited or reviewed annual financial statements for the last three years.
- Submit documentation of a credit line for a minimum of \$200,000.00.

#### **Participation in a NY State approved apprenticeship program:**

The applicant must be a participant in, or be affiliated with, an apprenticeship program approved by the Commissioner of Labor of the State of New York (or for contractors outside of New York State, a United States Department of Labor approved apprenticeship program) that has had at least one (1) graduate.

#### **Safety:**

Firm must have a satisfactory EMR (Experience Modification Rate).

#### **Minority-owned, Women-owned, and Small Business Enterprises (MWSBE):**

MWSBE firms are encouraged to apply.



**Liro Program & Construction Management, P.C.**  
 Three Aerial Way  
 Syosset, New York 11791

**Elevator Subcontractor Pre-qualification Questionnaire**

Business Applicant Name \_\_\_\_\_

TIN \_\_\_\_\_

D/B/A or Trade Name (if any) \_\_\_\_\_

Business address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Delivery address (if different) \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Email address \_\_\_\_\_

Print name of person completing this application \_\_\_\_\_

Title \_\_\_\_\_

Date Completed \_\_\_\_\_

**1. Experience and Reference Verification: List a minimum of five (5) projects, two (2) of which should be a minimum of \$3 million each and completed in the last five (5) years. Provide verifiable references.**

**Firm's Trade Speciality:**

Plumbing  
 Asbestos Abatement  
 Lead Abatement

Mechanical Systems  
 Electrical Systems  
 Other (specify) \_\_\_\_\_

General Construction  
 Sub-specialties: \_\_\_\_\_  
 Controlled Inspections \_\_\_\_\_

Roofing  
 Elevator  
 Brickwork  
 Air Monitoring

**PROJECT EXPERIENCE LIST**

Client Company/Agency/Authority and Project Name	Prime or Sub Contractor	Description of Work	Firms Contract Value	Client Reference Contact Name, Title and Telephone Number
1				
2				
3				
4				
5				

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.



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**2. Capacity:**

Provide a letter on surety letterhead confirming potential bonding capacity (minimum bonding capacity is \$3M) for:

Single contracting limit: \$ \_\_\_\_\_

Aggregate bonding limit: \$ \_\_\_\_\_

Surety Company Name: \_\_\_\_\_

Letter attached: \_\_\_\_\_

Yes  No

**3. Financial Strength and Stability:**

(a) Provide a current (within the last 12 months) CPA-audited or reviewed financial statement to demonstrate the following criteria:

- Current ratio (current assets/ current liabilities) 1.0 to 1.5
- Debt to equity ratio shall be a maximum of 6.0 to 1.

(b) Pre-qualification requires business credit lines with a minimum total of \$200,000. Provide details below supporting your firms credit information

- Alternative or equivalent measures may be considered.

Name and address of lending institution	Amount of Credit Line	% Credit Remaining

**4. NYC Vendex and Business Integrity:**

The Mayor's Office of Contract Services (MOCS) may review data contained in the NYC Vendex system as part of its review of this application. Visit the MOCS website at: <http://www.nyc.gov> and search for "Vendex"

As part of Pre-Qualification, the submittal of a Vendex questionnaire to the Mayor's Office of Contract Services (MOCS) is required.

- a. Does your firm have a Vendex questionnaire submitted to MOCS less than three (3) years old?  
If "No", a new application to Vendex and Notification to CM is required. Yes  No  Date submitted to MOCS: \_\_\_\_\_
- b. Have there been changes to your business since you filed the Vendex questionnaire?  
If "Yes", an amended questionnaire to Vendex with notification to CM is required. Yes  No
- c. If Vendex filing is current, is a Certification of No Change attached to this application? Yes  No

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**5. Apprentices Programs:**

Firm must demonstrate participation in a New York State approved apprenticeship program that has at least one graduate. If yes, supply supporting documentation. Examples of supporting documents are: a letter from the New York State Department of Labor stating that your firm has participated in an approved apprentice program that has met the criteria listed above; or, a letter from a union of which your firm is a signator or a copy of a signed union contract. Apprenticeship programs must be appropriate to the work to be performed under the proposed categories of work.

Yes  No

**6. Safety:**

(a) **Workers Compensation Experience Information:** List the Interstate Workers Compensation Experience Modification Rate (EMR) of 1.5 or less. Alternative or equivalent measures may be considered.

Year	Workers Compensation Insurance Carrier	Policy Number	EMR

In addition to listing your EMR information in the above chart, also provide this information on your insurance carrier or broker's letterhead.

Verification Provided

Yes  No

**7. Licenses:**

If the work of this subcontractor requires a New York City, State, or Federal license or certification under governing law, provide copies of all required licenses.

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**8. Within the past five(5) years has the firm :**

(a) been cited for violations of Labor Law 220 or Davis Bacon wage Violations?

Yes  No

(b) been cited by OSHA or other safety violations?

Yes  No

(c) been defaulted on any contract?

Yes  No

(d) been suspended, disqualified, or barred from bidding with any owner/agencies?

Yes  No

**9. Significant personnel:**

List the principals, owners, and other key personnel of the firm:

Name	Title	Ownership %

**10. Firm Staffing / Size**

Please list the number of:

Supervisory staff: \_\_\_\_\_

Trades persons: \_\_\_\_\_

Administrative staff: \_\_\_\_\_

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**11. Trade Union Affiliation:**

List any trade union affiliations your firm may have:


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**12. Enterprise Programs:**  
IT IS THE OBJECTIVE OF NEW YORK CITY HOUSING AUTHORITY (NYCHA) TO ENSURE THAT ALL BUSINESSES HAVE AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL ASPECTS OF NYCHA'S PROCUREMENT OF ALL GOODS AND SERVICES WITHOUT REGARD TO RACE, COLOR, RELIGION, MILITARY SERVICE, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, OR SEXUAL ORIENTATION OF THE OWNERS, PARTNERS OR STOCKHOLDERS. FURTHER, NYCHA IS COMMITTED TO ACHIEVE MAXIMUM PARTICIPATION OF MINORITY, WOMEN AND SMALL BUSINESS ENTERPRISES (MWSBE'S) IN NYCHA PROCESS OF AWARDED CONTRACTORS FOR GOODS AND SERVICES.

PLEASE CHECK HERE IF THE FOLLOWING DOES NOT APPLY TO YOUR BUSINESS

**1** IS THE BUSINESS AT LEAST FIFTY-ONE (51%) OWNED, CONTROLLED AND OPERATED BY (or in case of publicly owned business at least fifty-one percent of the stock is owned by) CITIZENS OR PERMANENT RESIDENT ALIENS WHO ARE (Please check all that apply):

**ASIAN/PACIFIC** - ASIANS AND PACIFIC ISLANDERS AMERICAN PERSONS HAVING ORIGINS IN ANY OF THE FAR EAST COUNTRIES SOUTH EAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS.

**BLACK** - BLACK PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS.

**HASIDIC JEWS**

**HISPANIC** - HISPANIC PERSONS OF MEXICO, PUERTO RICAN, DOMINICAN, CUBAN, CENTRAL AMERICA OR SOUTH AMERICAN DESCENT, OF EITHER INDIAN OR HISPANIC ORIGIN, REGARDLESS OF RACE.

**NATIVE AMERICAN** - NATIVE AMERICAN OR ALASKIAN NATIVE PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF AMERICA

**WOMEN**

**2** CERTIFIED AS MBE, WBE, SBE OR ROB: IS THE BUSINESS CERTIFIED AS ANY OF THE FOLLOWING TYPES OF BUSINESS BY A GOVERNMENT AGENCY OR AUTHORITY? IF YES, ATTACH COPIES OF ALL SUCH CERTIFICATIONS.

MINORITY WOMEN - OWNED BUSINESS ENTERPRISE (MBE)       YES     NO      SMALL BUSINESS ENTERPRISE (SBE)       YES     NO  
WOMEN - OWNED BUSINESS ENTERPRISE (WBE)       YES     NO      RESIDENT OWNED BUSINESS (ROB)       YES     NO

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TIN \_\_\_\_\_

A material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval thereby precluding the business applicant from performing work for LIRo Program & Construction Management P.C.

I, \_\_\_\_\_, being duly sworn, state that I am \_\_\_\_\_ of \_\_\_\_\_, (Name, print) (Title) (Business Applicant name) and that I have read and understood the questions contained in this application. I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete, and truthful. I acknowledge that LIRo Program & Construction Management P.C. may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application. I recognize that all the information submitted is for the express purpose of inducing LIRo Program & Construction Management P.C. to pre-qualify a contractor and does not assure that it will be deemed qualified. I authorize LIRo Program & Construction Management P.C. to contact any entity named in the application for the purposes of verifying the information supplied by the applicant.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008

Notary Public \_\_\_\_\_

Completed applications, with supporting documentation, are required for your firm to be considered for the pre-qualification list.

**MAIL APPLICATION TO:  
LIRo PROGRAM AND CONSTRUCTION MANAGEMENT, P.C.  
3 AERIAL WAY SYOSSET, NY 11791  
ATTN: JOE MASSA  
516-214-8132**

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