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# Welcome to FY2015 Orientation

## Congratulations!

# Agenda



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- ✓ Avenue NYC / Agency Focus
- ✓ CDBG Eligibility
- ✓ Programmatic requirements
- ✓ Fiscal requirements
- ✓ Audit
- ✓ Procurement documents
- ✓ 1:1 Document review with Contract Managers

- ✓ Support Community Based Development Organizations (CBDOs) in the execution of commercial revitalization projects that
  - Help businesses start and grow
  - Provide goods and services to local residents
- ✓ Identify neighborhood needs and develop comprehensive plans to address needs
- ✓ Building capacity of existing organizations to execute impactful, sustaining projects
- ✓ Connecting organizations to other business development resources

## CDBG Eligibility

- ✓ Outreach to **local residents** and connecting those residents to **local businesses**
- ✓ Service areas made up of census tracts must be at least 51% residential **AND** at least 51% of the residential population must be low to moderate income
- ✓ Surveys – measure a project’s impact on local residents and businesses

## Realistic Deliverables

- ✓ Are the stated deliverables appropriate given the context of the commercial corridor
- ✓ Do the deliverables result in a measurable impact?
- ✓ Specifically, what will the Avenue NYC award fund?

## Well-Planned Deliverables

- ✓ Has the organization identified those activities that are crucial to executing the deliverables?
- ✓ Are these activities manageable given the resources/capacity available to the organization?
- ✓ Do these activities advance the purpose of Avenue NYC and CDBG funding?
- ✓ Do the deliverables and activities advance the greater vision for the commercial corridor and do they comply with CDBG regulations?

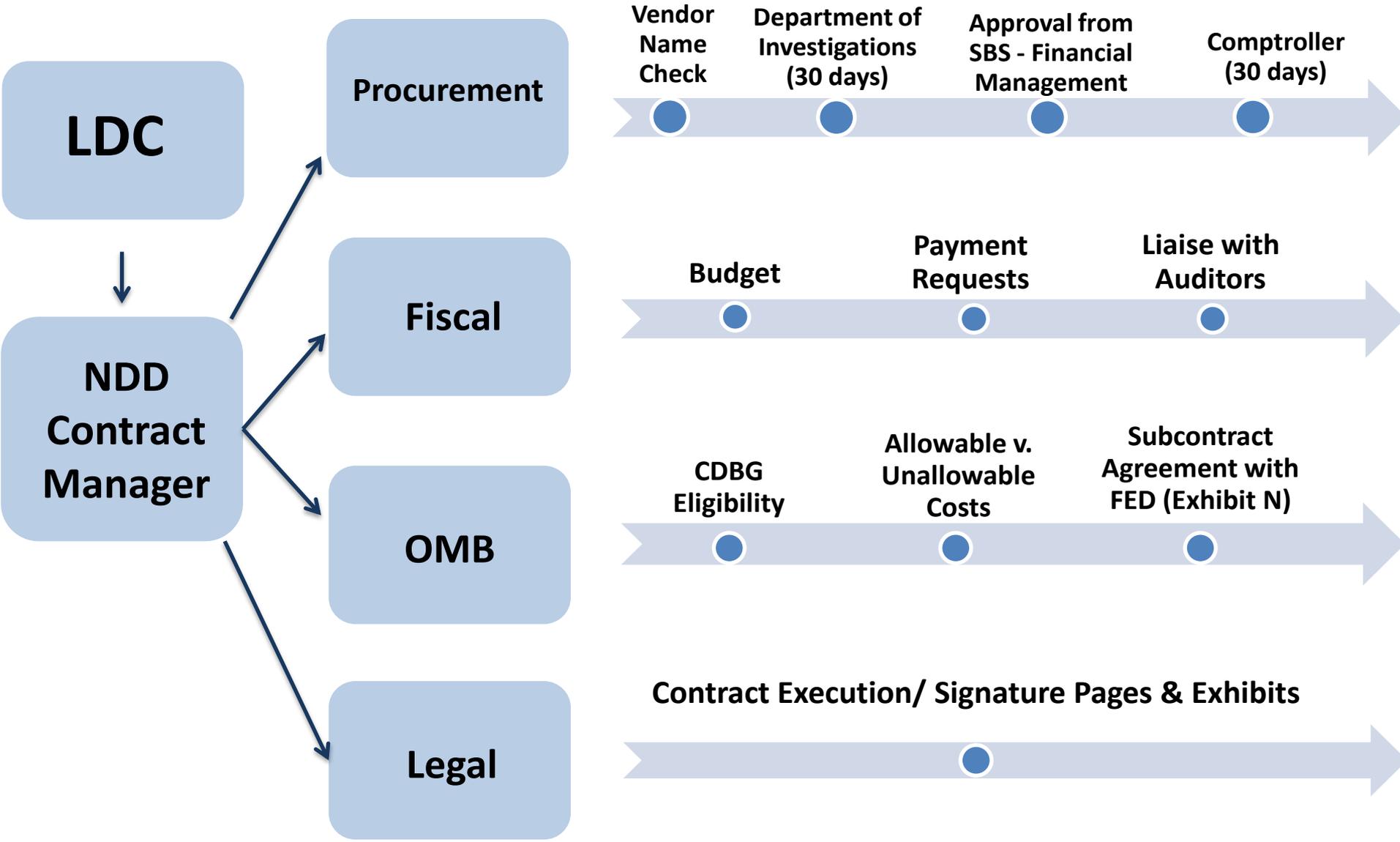
## Measurement

- ✓ Do the deliverables coincide with measurable outputs and outcomes?
- ✓ Does the organization clearly state how it will measure outputs and outcomes?

## FY 15 Program Goals

- ✓ Fund projects that will have a real impact on the local business community
- ✓ Assist groups in providing direct benefits to local businesses and engaging local residents in their commercial district
- ✓ Simplify the contract registration process
- ✓ Emphasize the importance of program efficiency and meeting all deadlines (procurement, contracting, payment requests, etc.)

# Contracting Process





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# FY 15 Avenue NYC Programmatic Requirements

# Scoping Proposal



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- ✓ The Final Scoping Proposal:
  - Is a **contractual obligation**
  - Includes information from the application, supplemental documents and interviews
- ✓ Scope changes are not allowed once the final document has been submitted without contract manager and legal approval!

# “Check-In” Calls



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## **Purpose: Communication!**

- ✓ How are the projects progressing?
- ✓ What are the recurring challenges? How can SBS assist in troubleshooting?
- ✓ What is the organization doing well?

- You must participate in mandatory monthly “check-in” calls as scheduled by your contract manager

**Missed calls will be documented and will impact your mid-year evaluation grade**

# Quarterly Reports



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**Purpose:** Formally evaluate an organization's project execution

- ✓ Reports serve as the basis for SBS reporting to NYC OMB and the Federal HUD
- ✓ Reports must be submitted to your contract manager on the deadlines outlined in FY 2015 calendar
- ✓ Complete all questions with detailed information on deliverable execution

# Site-Visit & Presentation



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**Purpose:** opportunity for organizations to express their progress and showcase their work

✓ Groups must follow the PowerPoint template:

- Neighborhood Issues & Initial Vision/Goal
- What Organization Accomplished
- Statistics
- Community Impact
- Challenges / Successes
- Next Steps

# Mid-Year Evaluation



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**Purpose:** How has organization performed thus far?

✓ SBS Evaluates:

- Organization's progress as documented through "check-in" calls and submitted quarter 1 and quarter 2 reports
- Timeliness - were contract registration documents & monthly payment requests submitted within required timeframe?

# Project Impact Assessment

- ✓ SBS's response to request from U.S. HUD
- ✓ Allows SBS to measure the impact of funding on neighborhood need and conditions as well as the effectiveness of Avenue NYC Projects at conclusion of contract year
- ✓ Pre-project Assessment Distributed in the next two weeks
- ✓ Post-project Assessment Distributed in June of 2015

# Key Takeaways



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- ✓ Communicate with your contract manager
  
- ✓ Ask questions if you do not understand
  
- ✓ You will be at **risk of losing** your financial award based on:
  - Poor planning & execution of project deliverables
  - Evaluation & contract paperwork is consistently incomplete and/or submitted late

# Next Steps



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- ✓ Procurement documents due today, **June 6<sup>th</sup>**
- ✓ Resubmissions due by Wednesday **June 11<sup>th</sup>**
- ✓ Look out for FY 15 Contract and Signature Pages in June
- ✓ Begin executing projects **Tuesday, July 1<sup>st</sup> 2014**
- ✓ Submit monthly invoices for payment requests beginning in August with the July invoice
- ✓ If you encounter any red flags, **notify your contract manager immediately**



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# Fiscal Requirements: Completing Monthly Payment Requests

# Program Budget



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## Exhibit B

- ✓ Every Organization will create a program budget to be inserted into your contract
- ✓ The program budget should fall in line with your program plan and will be the basis for your payment requests
- ✓ **Budget was due May 30<sup>th</sup>. Resubmissions due no later than June 11<sup>th</sup>.**
- ✓ **Remember that the budget you outline on your Exhibit B will become the “Approved Budget” for your payment requests, and cannot be adjusted without an approved Budget Modification**

# Budget Modification



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- ✓ Consult your contract manager if you need to modify your budget
- ✓ Fill out the Budget Modification Form and submit to your contract manager with a written justification for the modification (can often be a simple email)
- ✓ You must receive the signed and approved budget modification form from your contract manager before executing the budget modification; once it has been approved, you can incorporate the modifications into your payment requests (Certified Financial Statements)
- ✓ No budget modifications will be allowed after **April 15, 2015**
- ✓ Keep **records** of your approval!

# Required Paperwork: Payment Requests



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- ✓ **Payment Requests Are Due on the 15<sup>th</sup> of every month (or next business day when falling on a holiday or weekend)**
- ✓ Expenses should be tracked every month and payment requests are submitted to SBS on a monthly basis

**\*Beginning in August with the July Payment Request**

- Contracts Over \$25,000.01
  - Certified Statement of Actual Expenditures
  - General Ledger
  - Timesheets (for personnel expenses)
  - Reconciliation Form if necessary*
- Contracts \$25,000 and under
  - Certified Statement of Actual Expenditures
  - General Ledger
  - Timesheets (for personnel expenses)
  - Invoices and Proof of Payment (Cancelled Checks or Bank Statements)
  - Payroll Registers/Proof of Payment of Personnel
  - Reconciliation Form if necessary*

# Certified Financial Statement of Actual Expenditures



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- ✓ The purpose of the Certified Financial Statement of Actual Expenditures is to compare monthly expenses with, and request reimbursement claims against the program
- ✓ Groups must maintain one tab on the excel sheet for every month of the year, (CFS Located [here](#)) and submit one month at a time
- ✓ Expenses should be billed to SBS *in the same period that they were incurred; accounting for your programmatic expenses on an accrual basis makes this easier to implement*

# Adjustments



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- ✓ Use the adjustment column on the current month's Certified Financial Statement to account for expenses or undo expenses *from a different period* than the current one.
- ✓ Make an adjustment when an amount previously budgeted for and expended was not reported in a payment request
- ✓ Adjustments must always be reflected in the general ledger in some form
- ✓ *The adjustments column should not be used as a method of reallocating funds; this can be done with the help of your Contract Manager and through a Budget Modification*

# Avenue NYC programmatic expenses should be isolated on the GL so that they match the CFS

Budget Line Item	Hours Worked on Contract for Month of: Mar-14	Approved Budget	Actual Expenses for the Month of Mar-14	Adjustments show + or (-)	Cumulative Expenditures to Date	Funds Remaining to Date
<b>Personnel Expenses</b>						
Executive Director		\$ 5,237.44	\$ 438.45		\$ 3,928.05	\$ 1,309.39
Program Manager					\$ -	\$ -
Director of Finance		\$ -			\$ -	\$ -
Executive Assistant					\$ -	\$ -
Program Assistant					\$ -	\$ -
Other Staff					\$ -	\$ -
Director of Operations		\$ 1,309.88	\$ 109.15		\$ 992.35	\$ 327.53
Office Manager		\$ 1,122.42	\$ 93.53		\$ 811.77	\$ 280.85
Community/Commercial Liason		\$ 9,516.00	\$ 1,100.00		\$ 8,350.00	\$ 3,166.00
Fringe Benefits (enter % here)		\$ 1,809.94	\$ 192.92		\$ 1,342.48	\$ 467.46
<b>Subtotal Personnel</b>		<b>\$ 18,995.68</b>	<b>\$ 1,932.05</b>		<b>\$ 13,444.65</b>	<b>\$ 5,561.03</b>
<b>Other Than Personnel Services (OTPS)</b>						
Rent/Utilities		\$ 1,382.83	\$ 100.00		\$ 1,030.48	\$ 382.37
Phone/Internet		\$ 200.00			\$ 450.43	\$ (250.43)
General Office Supplies		\$ 300.00	\$ 35.03		\$ 300.00	\$ -
Other OTPS Copier lease		\$ 121.49			\$ 74.00	\$ (52.51)
Other OTPS Specify Expense Here		\$ -			\$ -	\$ -
<b>OTPS Subtotal</b>		<b>\$ 2,004.32</b>	<b>\$ 135.03</b>		<b>\$ 1,554.89</b>	<b>\$ 49.43</b>
<b>Operating Expenses Specify Project Area Here</b>						
Consultants (Subcontractors)		\$ 2,200.00			\$ 400.00	\$ 1,800.00
Newsletters/Communications		\$ -			\$ -	\$ -
Promotional Materials		\$ 1,600.00	\$ 515.00		\$ 1,600.00	\$ -
Event Supplies		\$ 200.00	\$ 160.98		\$ 86.60	\$ 13.40
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
<b>Operating Expenses Subtotal</b>		<b>\$ 4,000.00</b>	<b>\$ 675.98</b>		<b>\$ 2,186.60</b>	<b>\$ 1,813.40</b>
<b>Operating Expenses Specify Project Area Here (Only fill this portion out if your organization is executing more than one projects in this contract)</b>						
Consultants (Subcontractors)		\$ -			\$ -	\$ -
Newsletters/Communications		\$ -			\$ -	\$ -
Promotional Materials		\$ -			\$ -	\$ -
Event Supplies		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
<b>Operating Expenses Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Operating Expenses Specify Project Area Here (Only fill this portion out if your organization is executing more than one projects in this contract)</b>						
Consultants (Subcontractors)		\$ -			\$ -	\$ -
Newsletters/Communications		\$ -			\$ -	\$ -
Promotional Materials		\$ -			\$ -	\$ -
Event Supplies		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
<b>Operating Expenses Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>		<b>\$ 25,000.00</b>	<b>\$ 2,743.06</b>			

Use this column to plan future expenses and identify early the need for a budget modification

Page # 1

Development Corporation  
Trial Balance  
Sorted by Account  
03/14 - 03/14

Date  
Time 09:52:34

Fund	Acct	Cc1	Cc2	Cc3	Account Name	Debit	Credit
Unrestricted							
1	100				Salaries - Central Staff	1,739.13	
1	100				FICA-Central Staff	133.04	
1	100				NYS Unemployment Insurance	41.74	
1	200				NYS Disability Insurance	18.14	
1	100				OTPS-Program Supplies	675.98	
1	100				Rent	100.00	
1	130				Office Supplies	35.03	
<b>Total - Unrestricted</b>						<b>2,743.06</b>	<b>0.00</b>
<b>Grand Total:</b>						<b>2,743.06</b>	<b>0.00</b>

# General Ledger



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- ✓ The General Ledger that you submit to SBS should be sorted in such a way that only the relevant Avenue NYC programmatic expenses for the period (i.e. the items for which you are billing on the Certified Financial Statement) are listed
  - In this way, the **General Ledger total for the month in question should match up to the total being billed on the Certified Financial Statement, as should the items.**
  - If in a given month it is not possible to isolate Avenue NYC programmatic expenses completely on the General Ledger, you must complete a **Reconciliation Form** that identifies the discrepancies between what appears on your General Ledger and what is being billed on the Certified Financial Statement

*General Ledgers completed with Microsoft Excel are NOT Accepted; General Ledgers must be completed with accounting software such as Quickbooks*

# Reconciliation Form



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NYC Department Of Small Business Services

## Monthly Contractor Reconciliation form

Contractor Name: **Your Organization**

Month Ending: **Month**

A. Certified Financial Statement: total claimed for the month **1,000.00**

B. General Ledger : Total Expenses for the month **1,300.00**

C. Variance (A-B) **300.00**

D. List of Reconciling items between the G/L balance and the CFS

<u>Account #</u>	<u>Description</u>	<u>amount</u>
1 <b>1111111</b>	<b>NON-AVENUE NYC EXPENSE</b>	<b>(100)</b>
2 <b>222222</b>	<b>OTHER NON_AVENUE NYC ITEM</b>	<b>(200)</b>
3 _____		
4 _____		
5 _____		
Total reconciling items		<b>300.00</b>

E. Difference between the Variance and the reconciling items (C-D) **0**

<b>CERTIFICATION</b> I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IS CORRECT, THAT IT CORRESPONDS WITH THE BOOKS AND RECORDS OF THIS AGENCY, AND THAT THE EXPENDITURES REPORTED WERE MADE SOLELY FOR THE PURPOSES SPECIFIED IN THE CONTRACT FOR THIS PROJECT.	<b>SIGNATURE OF FISCAL OFFICER</b>	DATE
	<b>SIGNATURE OF EXECUTIVE</b>	DATE

# Timesheets



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- ✓ Avenue NYC (CDBG) funded organizations must use the Avenue NYC timesheet and they must have original signatures
- ✓ On the timesheet, please include the hours your staff worked on all relevant SBS contracts, but separate the hours by contract

# Allowable & Unallowable Costs



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- ✓ If you have a question, please ask your contract manager
- ✓ Examples of **Unallowable** Costs:
  - Food
  - Music
  - Purchase of Equipment
  - Holiday Lighting
  - Graffiti Removal
  - Street Sweeping
  - Permanent Improvements

# The 5 Most Frequent Payment Request Problems



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## 1. The General Ledger does not match the Certified Financial Statement

Be sure to isolate Avenue NYC programmatic expenses; if unable to, you must submit a Reconciliation Form (obtained [here](#))

## 2. No Proof Of Payment (Cancelled Checks, Statements)

An invoice and a picture of a check/credit card statement is not sufficient! You must be able to prove to use that the expense was actually paid, so the check must be cancelled (cashed) and any credit card statements must show that the balance has been paid

## 3. Adjustments should not be used as Reallocations, and must reflect in the General Ledger

The Adjustments column is there for you to bill items from other periods, but these expenses must be reflected in the General Ledger and also be backed up with the proper documentation if necessary to your contract

## 4. Subcontractors must be Approved Before they can be Paid

Do not budget a service as a Consultant/Subcontractor before consulting with your Contract Manager

## 5. Time Period Matters

The Certified Financial Statement can only be used to bill for expenses made within the specific month, unless you are including an Adjustment. The document is notarized, and cannot be altered once it is submitted, it can only be voided and re-submitted if the Contract Manager requests this

# Key Takeaways: Fiscal



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- ✓ Certified Financial Statements require 2 original signatures
- ✓ General Ledger should isolate Avenue NYC expenses to match Certified Financial Statement
- ✓ **If there are no expenditures in a month, you must request \$0.00 in that month's Certified Financial Statement**
- ✓ Budget modifications must be reported ASAP
- ✓ **Payment requests must be submitted by the 15<sup>th</sup> of every month (or first business day thereafter)**

# Next Steps: Fiscal



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- ✓ Have current bank account on file for the Electronic Transfer of Funds (see ETF Form at [nyc.gov/avenuenyc](https://nyc.gov/avenuenyc))
- ✓ Develop a system for easily tracking Avenue NYC contract expenses against your general ledger
- ✓ Begin tracking your monthly expenses in the Certified Statements of Actual Expenditures



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# Audit



# Required Paperwork: Cost Allocation Plan

**Correct Completion** - all organizational employees are listed ! The indirect cost rate of 14% accurately represents the percentage of total OTPS expenses that should be charged to the Avenue NYC program.

**Appendix E**  
**FY 15 Avenue NYC Program: Cost Allocation Plan**

Organization:	SBS				Total hours
Agreement No:					
Fiscal Year:	2015				
Employee Name and Title		Employee's Hours Worked Per Year on Proposed Program	Employees' Other Hours Worked for Your Organization Per Year	Employee's Total Hours Worked for Your Organization Per Year	
1	Emily Laskodi, Grant Manager	40	40	80	
2	Jessica Taylor, Executive Director	25	55	80	
3	Chris Bruno, Policy Advisor	0	50	50	
4	Mahadya Mary, Senior Contract Manager	0	60	60	
5	Leon Fonfa, Senior Contract Manager	0	25	25	
6	Danielle Kavanagh- Smith, Contract Manager	0	70	70	
7	Angelos Kontos, Associate Contract Manager for Payments	0	90	90	
8					
9					
10					
10+	All additional employees				
<b>TOTALS:</b>		65	390	455	

**Program's Indirect Cost Rate: 14%**

All employee names and titles

Hours dedicated to AvenueNYC projects

% hours dedicated to Avenue NYC. % of OTPS that should be charged to the Avenue NYC program

Hours dedicated to NON- AvenueNYC projects

# Required Paperwork: Cost Allocation Plan



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*Plan Now for an Audit...Later!*

- ✓ The Cost Allocation Plan must list all of the organization's employees, even those not working on the Avenue NYC project (interns are not considered employees and should not be listed)
- ✓ Complete the Cost Allocation Plan and update it when there are personnel changes, or changes in the amount of hours worked on the Avenue NYC project
- ✓ Maintain and save accurate timesheets that indicate both Avenue NYC related hours and non-Avenue NYC hours
- ✓ All budget modifications should happen early in the fiscal year! Groups should use the "Funds Remaining to Date" column of the Certified Financial Statement of Actual Expenditures to plan ahead for budget changes.
- ✓ All personnel changes must be communicated to your contract manager immediately



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# Procurement Requirements for Contract Registration

# Doing Business Data Form



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✓ Submit one original copy to your contract manager

✓ Download this form from at [www.nyc.gov/avenuenyc](http://www.nyc.gov/avenuenyc)

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

**To be completed by the City Agency prior to distribution**  
Agency: \_\_\_\_\_ Transaction ID: \_\_\_\_\_

**Doing Business Data Form**

<b>Check One:</b> <input type="checkbox"/> Proposal <input type="checkbox"/> Award	<b>Transaction Type (check one):</b> <input type="checkbox"/> Concession <input type="checkbox"/> Franchise <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Economic Development Agreement <input type="checkbox"/> Pension Investment Contract
------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Any entity receiving, applying for or proposing on an award or agreement 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 a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

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.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

**Section 1: Entity Information**

Entity Name: \_\_\_\_\_

Entity EIN/TIN: \_\_\_\_\_

**Entity Filing Status (select one):**

Entity 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 entity.*

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

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  
 Sole Proprietor  Other (specify): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: \_\_\_\_\_

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

# Disclosure & Compliance Certification Form



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✓ Sign and notarize the completed form and submit a hard copy with original signature and any attached disclosures to your contract manager

✓ Download form from <http://www.nyc.gov/avenuenyc>



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Lisette Camilo  
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 VERIFYING 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 INTO UNLESS THE VENDOR IS IN COMPLIANCE.

\_\_\_\_\_  
Name of Vendor  
  
\_\_\_\_\_  
Vendor's Address

\_\_\_\_\_  
Signature of Authorized Official/Date  
  
\_\_\_\_\_  
Print Name/Title of Signer

# General Liability Insurance

Insurance forms can be found at <http://www.nyc.gov/avenuenyc>

✓ Designate the City of New York as **Additional Insured** and **Certificate Holder** to each policy.  
 Insert address: 110 William St. 7<sup>th</sup> Floor New York, NY 10038

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> PHONE: _____ FAX: _____ (A/C No. Ext: _____) (A/C. No.) E-MAIL ADDRESS: _____ ADDRESS: _____	<b>CONTACT NAME:</b> _____ <b>INSURER(S) AFFORDING COVERAGE</b> NAIC # _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
--------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**COVERAGES** **CERTIFICATE NUMBER:** \_\_\_\_\_ **REVISION NUMBER:** \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

YEAR LTR	TYPE OF INSURANCE	ROLE (INSR, INVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						AMOUNT	COVERAGE
	<b>GENERAL LIABILITY</b>					EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					PERSONNEL (Per occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/PROP AGG	\$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.						\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Per)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
	DED: _____ RETENTION \$ _____					AGGREGATE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>					INC STATUS: _____ OTHER: _____	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NY)					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of New York is included as an additional insured.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
The City of New York	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Submit the following forms of insurance to your contract manager:

1. **Commercial General Liability** (ACORD certificate provided to you by your insurance broker)
2. **Business Automobile** (if your organization owns/operates a vehicle)
3. **Worker's Compensation and Employee Liability** (if your organization has employees)

- ✓ If your organization ***does not*** own a vehicle or does not have employees, send a letter on your organization's letterhead to your contract manager stating that you do not own a vehicle and/or that you do not have employees.
- ✓ Your contract manager must have valid insurance forms (not expired) throughout the entire fiscal year

# Audited Financial Statements



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- ✓ Please submit most recent (2013) Audited Financial Statements
- ✓ All Avenue NYC organizations must have an independent audit conducted by a third party

# New York State Charities Bureau



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## **Scenario 1: Your organization has an updated filing with the NYS Charities Bureau**

- **STEP 1:** Organization submits signed, original copy of NYS [Charities Bureau Filing Certification](#) to SBS contract manager
- **STEP 2:** Organization forwards to SBS contract manager an email from NYS Charities Bureau to the organization confirming current status

## **Scenario 2: Your organization does not have a current/updated filing with the NYS Charities Bureau**

- **STEP 1:** Organization has to submit either a new filing application **or** a request for an extension of its current filing to the NYS Charities Bureau
- **STEP 2:** Organization forwards to SBS contract manager an email from NYS Charities Bureau to the organization confirming receipt of filing application or extension request (organization should send email to NYS Charities Bureau requesting verification of receipt and status).  
Organization can also submit a copy of the USPS Receipt Confirmation for the filing application or extension request sent to NYS Charities Bureau by mail.
- **STEP 3:** Organization submits signed, original copy of [NYS Charities Bureau Filing Certification](#) to SBS contract manager

# New York State Charities Bureau



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## Scenario 3: Your organization is exempt from filing with the NYS Charities Bureau

- **STEP 1**: Organization has to submit request for exemption to the NYS Charities Bureau
- **STEP 2**: Organization forwards to SBS contract manager an email from NYS Charities Bureau to the organization confirming receipt or approval of exemption request (organization should send email to NYS Charities Bureau requesting verification of receipt and status).
- **STEP 3**: Organization submits signed, original copy of NYS [Certification of Exemption from Requirement to Register](#) form to SBS contract manager

# New York State Charities Bureau



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Mayor's Office of  
Contract Services

Bill de Blasio  
Mayor  
Lisette Camilo  
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

**New York State Charities Bureau Filing Certification**

*A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, WILL 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.*

I, \_\_\_\_\_ (authorized officer), being a duly authorized officer of this corporation, certify that \_\_\_\_\_ (legal name of organization), submitted the attached annual filing for the fiscal year ending \_\_\_/\_\_\_/\_\_\_ (date) to the New York State Attorney General's Office, Charities Bureau on \_\_\_/\_\_\_/\_\_\_ (date). The information submitted has been verified and continues to the best of my knowledge to be full, complete and accurate. I understand that the City of New York will rely on the information supplied in this certification to determine compliance with New York State laws.

**Required Attachments**

*(please check all that were submitted)*

- Copy of check or money order dated \_\_\_/\_\_\_/\_\_\_ that paid the total of all applicable filing fees
- CHAR500
- IRS 990, IRS 990-EZ or IRS 990-PF
- Financial Statements *(check only one)*
  - Financial Statements Reviewed by a Certified Public Accountant *(If organization received \$100,001 to \$250,000 in annual support and revenues within the fiscal year)*
  - Financial Statements Independently Audited by a Certified Public Accountant *(If organization received more than \$250,000 in annual support and revenues within the fiscal year)*

\_\_\_\_\_  
Legal Name of Vendor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Vendor's Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Signature of Authorized Officer / Date

\_\_\_\_\_  
Print Name / Title of Signer

\_\_\_\_\_  
Email

\_\_\_\_\_  
Vendor's EIN

**Submit signed Certification with all attachments to the Mayor's Office of Contract Services**  
Attn: Lishawn Alexander | CBO Analyst | Fax: (212) 312-0997 | Email: cbo@cityhall.nyc.gov

In addition to producing proof of current filing, or that NYS Charities Bureau has received your organization's new filing or request for filing extension, your organization must submit **one original copy of the [New York State Charities Bureau Filing Certification](#)** to your contract manager



# New York State Charities Bureau



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Lisette Camilo  
City Chief Procurement Officer and Director of Contract Services  
253 Broadway, 9th Floor  
New York, NY 10007  
212 788 0001 tel  
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### Certification of Exemption from Requirement to Register with the New York State Charities Bureau

This Certification may only be used by not-for-profit organizations that qualify for legitimate exemptions from the requirements to register with the Charities Bureau of the New York State Office of the Attorney General. If your organization qualifies for exemptions under the New York State Executive Law, Article 7-A, and the New York State Estates Powers and Trusts Law then an officer may affirm and certify the reason for exemption to the City of New York using this form. If your organization can check one of the exemption categories below, your organization qualifies for an exemption and should use this form. The City will use this information to determine responsibility and compliance with applicable State laws.

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING 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 MATERIAL FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

#### The Vendor affirms the following (check or complete all that apply):

- Organization is incorporated under the Religious Corporations Law; or organization is another type of organization, but has a religious purpose. (Explain) \_\_\_\_\_
- Organization is operated/supervised/controlled by/in connection w/ a religious organization. (Explain) \_\_\_\_\_
- Organization is an educational institution or museum incorporated under the NY State Educational Law or by Special Act AND files annual financial reports with the Board of Regents.
- Organization is a library incorporated under the NY State Educational Law or by Special Act AND files annual financial reports with the NY State Department of Education.
- Organization is a Parent Teacher Association affiliated with an educational institution subject to the jurisdiction of the New York State Department of Education.
- Organization is an organization of volunteer firefighters, a volunteer ambulance service AND all fundraising is done by members without direct/indirect compensation.
- Organization is a chartered local post/camp/chapter/county unit of a veteran's organization, or auxiliary/affiliate thereof AND all fundraising is done by members without direct/indirect compensation.
- Organization is a government agency or is controlled by a government agency.
- Organization is not charitable because it is organized solely for the benefit of its members.  
(NOTE: if the organization holds \$25,000 or more in assets or receives \$25,000 or more in contributions per year, a detailed statement must accompany this certification, to explain how such organization is both organized for the benefit of its members and serving a public purpose.)

If your organization is exempt from the requirement to register with the NYS Charities Bureau, obtain verification of the exemption by emailing the agency **AND** submit **one original copy of the Certification of Exemption Form to your contract manager**

Name of Vendor	Signature of Authorized Officer / Date
Vendor's Address	Print Name / Title of Signer
City / State / Zip Code	Vendor's EIN
Sworn to before me this ___ day of _____, 20__	

**All groups must keep an up-to-date VENDEX profile  
If changes have occurred in your VENDEX profile...**

VENDEX submissions are valid for three years (3)

1. Complete the Vendor and Principal Questionnaires and submit to MOCS **THEN**
  2. Complete VENDEX Memo and submit to your contract manager
- ✓ If your VENDEX is current and no changes occurred, complete **2** copies of the “Certification of No Change” form and submit to your contract manager

Access forms at: [www.nyc.gov/avenuenyc](http://www.nyc.gov/avenuenyc)

# VENDEX Memo



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If your organization is **NEW** to VENDEX or there have been **CHANGES** in your organization's VENDEX profile, you must also complete the VENDEX memorandum and submit to your contract manager

## MEMORANDUM

To:	_____
Agency:	_____
_____	
From:	_____
Organization:	_____
EIN#:	_____
	(Contact Name) (PIN)
Regarding:	_____
Date:	_____

Please be advised that as of \_\_\_\_\_ (Date), we have sent  
(check one)

- New VENDEX forms  
 Changed VENDEX forms

to the Mayor's Office of Contract Services, VENDEX Processing Unit, 253 Broadway,  
9<sup>th</sup> Floor, New York, N.Y., 10007

# VENDEX Certificate of No Change



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If **NO** changes need to be made to your VENDEX profile, you must fill out and submit **TWO** copies of this **Certificate of No Change Form**

## Certificate of No Change Form



- Please submit two completed forms. Copies will not be accepted.
- Please send both copies to the agency that requested it, unless you are advised to send it directly to the Mayor's Office of Contract Services (MOCS).
- A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.
- A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges

I, \_\_\_\_\_, being duly sworn, state that I have read  
*Enter Your Name*

and understand all the items contained in the vendor questionnaire and any submission of change as identified on page one of this form and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) and any submission of change identified on page two of this form have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that the City of New York will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

### Vendor Questionnaire *This section is required.*

*This refers to the vendor questionnaire(s) submitted for the vendor doing business with the City.*

Name of Submitting Entity: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_

Vendor's EIN or TIN: \_\_\_\_\_ Requesting Agency: \_\_\_\_\_

Are you submitting this Certification as a parent? (Please circle one)    Yes    No

Signature date on the last full vendor questionnaire signed for the submitting vendor

# VENDEX Performance Evaluations



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- ✓ Completed by the contract managers at the conclusion of the fiscal year
- ✓ Groups will be evaluated on administrative as well as programmatic performance
- ✓ Groups receiving negative final scores must submit a corrective action plan in order to qualify for future funding

# Subcontracting I



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- ✓ Sub-contracts (of any amount) must have a **Preliminary** and **Final** agency approval, granted by the ACCO (Agency Chief Contracting Officer) BEFORE a sub-contractor can begin work
- ✓ Right now, determine if and how many subcontractors you will need, and for what purposes regarding execution of the Avenue NYC contract
- ✓ **Talk to your contract manager** about the kind of work/services the subcontractor would be providing you prior to budgeting it into the Consultants/Subcontractor line on your budget !

# Subcontracting II



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- ✓ Consider whether the service in question is in fact a one-time service rather than a programmatic arrangement, in which case you might be better served classifying it more specifically in a different line such as Event Supplies, etc.
- ✓ Once you have budgeted a service under the Consultant/Subcontractor line, your organization will be required to submit :
  - ✓ **Exhibit F (Subcontractor/Consultant Approval Form)**
  - ✓ **Exhibit G (Subcontractor Agreement Form)**
  - ✓ **Memo stating need for subcontractor and services to be provided**
- ✓ And your subcontractor will be required to submit:
  - ✓ **Exhibit E (Subcontractor/Consultant Disclosure & Compliance Certification)**

# Legal Requirements



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- ✓ These documents become a part of your **legal contract**
- ✓ **Legal Step 1**: Submit Scoping Proposal and Budget (the documents submitted by TODAY, and lead to the formation of Step 2 documents)
- ✓ **Legal Step 2**: **Sign, Corporate Seal, Notarize and Submit**
  - **Signature Block Pages (3 original copies)**
  - **Federal Exhibit 3** - Organizations receiving CDBG funding must enter into a subcontract agreement with the Federal Government
  - **Exhibit K – Restrictions Against Lobbying** - Organizations may not use contract funds to lobby
  - **Exhibit L – Tax Affirmation** - Organizations must affirm that they are not in arrears to the City of New York (debt, taxes)
- ✓ **Exhibit N** : OMB eligibility, maps, scope, and Subrecipient Agreement reviewed by OMB prior to being registered
- ✓ Your contract manager will send you the appropriate Legal Step 2 documents electronically; documents **MUST** be returned in hard copy, original form, within **2 weeks** of receiving them.

# Key Takeaways:

## Procurement / Legal



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- ✓ You will hand procurement documents to your contract manager at the end of this session – ask questions
- ✓ You will have until **June 11<sup>th</sup>** to resubmit missing/incorrect documents
- ✓ Please direct all questions to your contract manager
- ✓ All documents can be found at <http://www.nyc.gov/avenuenyc>

# Contact Us



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Jessica Taylor

[jetaylor@sbs.nyc.gov](mailto:jetaylor@sbs.nyc.gov); 212-513-6329

Chris Bruno

[chbruno@sbs.nyc.gov](mailto:chbruno@sbs.nyc.gov); 212-618-8958

Leon Fonfa

[lfonfa@sbs.nyc.gov](mailto:lfonfa@sbs.nyc.gov); 212-513-6462

Mahadya Mary

[mmary@sbs.nyc.gov](mailto:mmary@sbs.nyc.gov); 212-513-6365

Danielle Kavanagh-Smith

[dkavanagh@sbs.nyc.gov](mailto:dkavanagh@sbs.nyc.gov); 212-618-8852