



CFY2017 Avenue NYC Orientation Congratulations!



Agenda

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

NDD Focus

NDD works with community-based economic development organizations to create the conditions under which local businesses can grow and thrive, resulting in vibrant, mixed-use neighborhoods where people can live, work, do business, shop, and play.

Empowering local non-profits to deploy proven tools for community engagement and commercial revitalization

Embracing grassroots organizing principles to reach members of each community across all demographics

Leveraging local knowledge and experience of community stakeholders, elected officials, and community-based organizations

Comprehensively addressing neighborhood issues through sustained collaboration between City agencies, City Council, and community-based organizations

Leveraging the commercial revitalization expertise of NDD's staff, and with sufficient resources, providing higher-touch assistance to community-based development organizations to build their capacity

NDD Focus



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Background

Avenue NYC is funded by the U.S. Department of Housing and Urban Development's **Community Development Block Grant Program** (CDBG) for “the development of viable urban communities, by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of Low- and Moderate-Income.”

Approach

Avenue NYC **funds** and provides **advisory services** to organizations across the five boroughs to implement commercial revitalization projects that benefit low- to moderate-income residents and microenterprises.

Avenue NYC

Funding

- Grants awarded to eligible projects to revitalize commercial corridors.
- Grant recipients must comply with program monitoring requirements to document progress made on proposed deliverables: quarterly reports, site visits, mid-year evaluations, and monthly check-in calls.
- Grants are distributed through a Reimbursement Program!

Advisory Services

- **Project Category Days** allow organizations to share best practices and learn from field experts.
- **Contract Managers** work with their assigned organizations to troubleshoot project execution challenges and submit registration and reimbursement paperwork.

CDBG Eligibility

- ✓ Outreach to **local residents** and connecting those residents to **local businesses**
- ✓ Service areas made up of census tracts must be at least 50% 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?

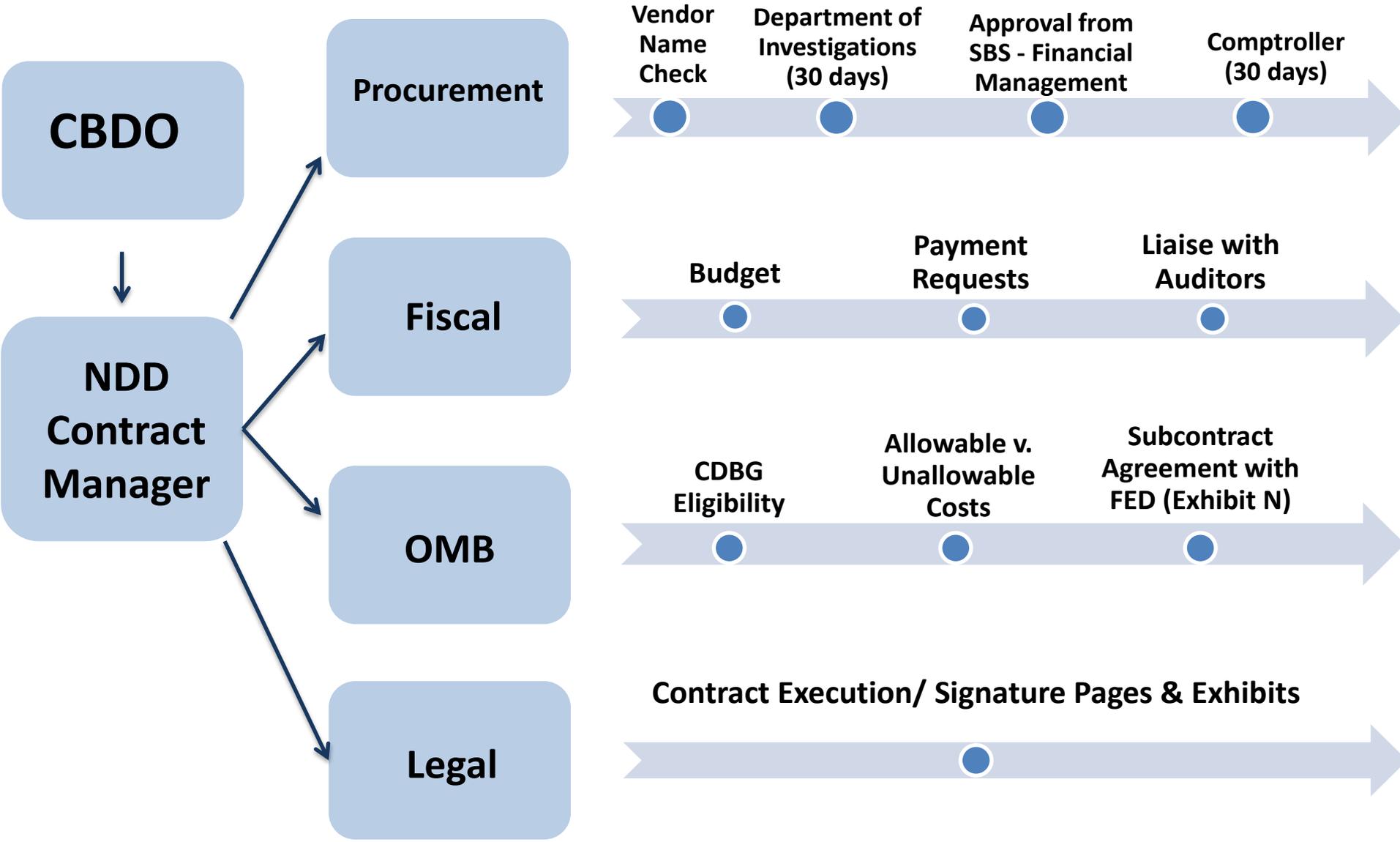
Measurement

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

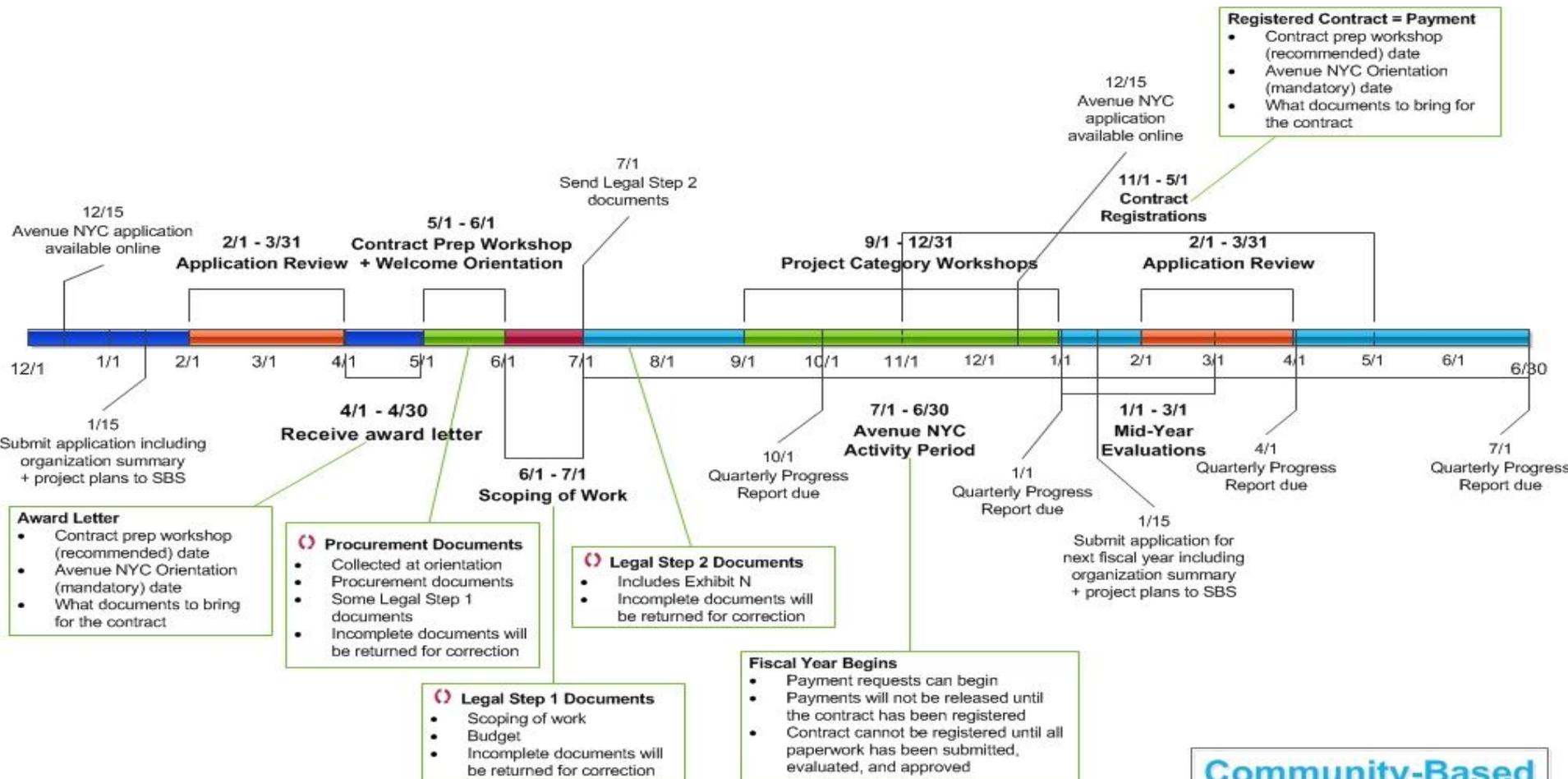
CFY 2017 Program Goals

- ✓ 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



NYC Department of Small Business Services Neighborhood Development Division



**Community-Based
Development
Organization**

CFY 2017 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

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

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 CFY 2017 calendar
- ✓ Complete all questions with detailed information on deliverable execution

Site-Visit



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

✓ Groups must share:

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

Mid-Year Evaluation



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. Federal 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 July of 2017

Key Takeaways

- ✓ 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

- ✓ Procurement documents due today, **May 16**
- ✓ Resubmissions due by **Friday, May 20**
- ✓ Look out for CFY 17 Contract and Signature Pages in June
- ✓ Begin executing projects **Friday, July 1, 2016**
- ✓ Submit monthly invoices for payment requests beginning in **August with the July invoice**
- ✓ If you encounter any red flags, **notify your contract manager immediately**

Fiscal Requirements: Completing Monthly Payment Requests

Program Budget

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 is due today, May 16 via email to your contract manager.**
- ✓ **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

- ✓ 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 be submitted via 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, 2017**
- ✓ Keep **records** of your approval!

Required Paperwork: Payment Requests

- ✓ ***Payment Requests are due on the 15th 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 and request reimbursement claims against the program
- ✓ Groups must maintain one tab on the excel sheet for every month of the year 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*

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
Personnel Expenses						
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
Subtotal Personnel		\$ 18,995.68	\$ 1,932.05		\$ 13,444.65	\$ 5,551.03
Other Than Personnel Services (OTPS)						
Rent/Utilities		\$ 1,382.83	\$ 100.00		\$ 1,030.46	\$ 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		\$ -			\$ -	\$ -
OTPS Subtotal		\$ 2,004.32	\$ 135.03		\$ 1,554.89	\$ 49.43
Operating Expenses						
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		\$ -			\$ -	\$ -
Operating Expenses Subtotal		\$ 4,000.00	\$ 675.98		\$ 2,086.60	\$ 1,813.40
Operating Expenses (Only fill this portion out if your organization is executing more than one projects in this contract)						
Consultants (Subcontractors)		\$ -			\$ -	\$ -
Newsletters/Communications		\$ -			\$ -	\$ -
Promotional Materials		\$ -			\$ -	\$ -
Event Supplies		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Operating Expenses Subtotal		\$ -	\$ -		\$ -	\$ -
Operating Expenses (Only fill this portion out if your organization is executing more than one projects in this contract)						
Consultants (Subcontractors)		\$ -			\$ -	\$ -
Newsletters/Communications		\$ -			\$ -	\$ -
Promotional Materials		\$ -			\$ -	\$ -
Event Supplies		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Other Program Materials Specify Expense Here		\$ -			\$ -	\$ -
Operating Expenses Subtotal		\$ -	\$ -		\$ -	\$ -
TOTAL EXPENSES		\$ 25,000.00	\$ 2,743.06			

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	
Total - Unrestricted						2,743.06	0.00
Grand Total:						2,743.06	0.00

General Ledger

- ✓ 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 1111111	NON-AVENUE NYC EXPENSE	(100)
2 222222	OTHER NON_AVENUE NYC ITEM	(200)
3 _____		
4 _____		
5 _____		
Total reconciling items		300.00

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

CERTIFICATION 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.	SIGNATURE OF FISCAL OFFICER	DATE
	SIGNATURE OF EXECUTIVE	DATE

Adjustments

- ✓ 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*

Timesheets

- ✓ 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

- ✓ If you have a question, please ask your contract manager
- ✓ Examples of **Unallowable** Costs:
 - Food
 - Music/Performers
 - 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
- 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

- ✓ 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 15th of every month (or first business day thereafter)**

Next Steps: Fiscal

- ✓ Have current bank account on file for the Electronic Transfer of Funds (see ETF Form at 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

Audit

Required Paperwork: Cost Allocation Plan

Appendix E
Fy 16 Avenue NYC Program: Cost Allocation Plan

Organization:	SBS	
Agreement No:	123	
Fiscal Year:	2016	

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 Winfrida Mbeve-Chen, Director	20	55	75
2 Danielle Kavanagh-Smith, Contract Management & Program Advisor	45	45	90
3 Mahadya Mary, Senior Contract Manager	10	50	60
4 Leon Fonfa, Senior Contract Manager	0	60	60
5 Angelos Kontos, Associate Contract Manager	0	25	25
6 Chris Bruno, Agency Counsel	0	70	70
7			
8			
9			
10			
10+ All additional employees			
TOTALS:	75	305	380

Program's Indirect Cost Rate:	20%
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Hours dedicated to NON-Avenue NYC projects

Hours dedicated to Avenue NYC projects

Total Hours

All CBDO employees with titles

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

20%

Required Paperwork: Cost Allocation Plan

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

Procurement Requirements for Contract Registration

CDBO Certification Affidavit

(For Placemaking and Business Attraction Projects only)

To be submitted today, May 16th

New York City Community Development Block Grant (CDBG) Program City Fiscal Year 2016 Avenue
NYC Community-Based Development Organization Certification

ORGANIZATION QUALIFYING AS A HUD-DEFINED COMMUNITY-BASED DEVELOPMENT ORGANIZATION (CBDO) AFFIDAVIT

This affidavit is intended to verify the eligibility status of organizations as Community Based Development Organizations ("CBDO" or "CBDOs") engaged in certain Avenue NYC projects pursuant to the Code of Federal Regulations ("CFR") §570.204(a) – *Special Activities by CBDOs*.

The list below details the criteria that must be met in order to be certified as a qualified CBDO. An organization must meet all of the requirements of Section IA or the requirement of Section IIA listed below. Complete the appropriate section for your organization.

Organization Name:

Section IA: Must meet all eight components listed below:

The organization:

- Is an association or corporation organized under New York State law to engage in community development activities (which may include housing and economic development activities) primarily within an identified geographic area of operation within Bronx County (Bronx), Kings County (Brooklyn), New York County (Manhattan), Richmond County (Staten Island), or Queens County (Queens); and
- Has as its primary purpose the improvement of the physical, economic, or social environment of its geographic area of operation by addressing one or more critical problems of the area, with particular attention to the needs of persons of low- and moderate-income; and
- May be either non-profit or for-profit, provided any monetary profits to its shareholders or members must be only incidental to its operations; and
- At least 51 percent of the governing body's membership meets one, or any combination of:
 - Low- and moderate-income residents of its geographic area of operation; or
 - Owners or officers of private establishments and other institutions located in and serving its geographic area of operation; or
 - Representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation.
- Is not an agency or instrumentality of the City of New York and does not permit more than one-third of the membership of its governing body to be appointed by, or to consist of, elected or other public officials or employees or officials of an ineligible entity; and
- Requires the members of its governing body to be nominated and approved by the general membership of the organization, or by its permanent governing body; and

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

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

**Doing Business
Data Form**

To be completed by the City Agency prior to distribution
Agency: _____ Transaction ID: _____

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



✓ 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>



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

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



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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. 7th 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).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, H/S, Ext.):		FAX (A/C, H/S):
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAC #
	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.

RISK LTR	TYPE OF INSURANCE	ADDITIONAL INSUR. WAIVED	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LMT APPLIES PER:					GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRE AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	OCCUR <input type="checkbox"/>				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE <input type="checkbox"/>				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY)	Y/N	N/A			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.

CERTIFICATE HOLDER	CANCELLATION
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

Insurance

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

- ✓ Please submit most recent (2015) Audited Financial Statements
- ✓ All Avenue NYC organizations must have an independent audit conducted by a third party

New York State Charities Bureau



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



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



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

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 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 _____	Signature of Authorized Officer / Date _____
Phone Number _____	Print Name / Title of Signer _____
Vendor's Address _____	Email _____
City / State / Zip Code _____	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

New York State Charities Bureau



Bill de Blasio
Mayor
Lisette Camillo
City Chief Procurement Officer and Director of Contract Services
253 Broadway, 9th Floor
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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__

VENDEX



careers
businesses
neighborhoods

**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

VENDEX Memo

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,
9th Floor, New York, N.Y., 10007

VENDEX Certificate of No Change



careers
businesses
neighborhoods

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



- ✓ 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

- ✓ 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

- ✓ 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

- ✓ 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 O – Certification by Insurance Broker or Agent**
- ✓ **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

- ✓ You will hand procurement documents to your contract manager at the end of this session – ask questions
- ✓ You will have until **Friday, May 20** 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



careers
businesses
neighborhoods

- **Winfrida Mbewe-Chen**
wmbewe-chen@sbs.nyc.gov; 212-513-6329
- **Danielle Kavanagh-Smith**
dkavanagh@sbs.nyc.gov; 212-618-8852
- **Leon Fonfa**
lfonfa@sbs.nyc.gov; 212-513-6462
- **Mahadya Mary**
mmary@sbs.nyc.gov; 212-513-6365
- **Angelos Kontos**
akontos@sbs.nyc.gov; 212-513-6413