

Small Business Mentoring Program – Tier 1 Application

INSTRUCTION FORM

GENERAL INFORMATION

New York State has enacted legislation that authorizes Metropolitan Transportation Authority (“MTA”) and its operating agencies to establish a Small Business Mentoring Program-Tier 1 (“SBMP-Tier 1”) for small construction industry contactors (annual revenues not exceeding \$ 3 million averaged over 3 years). A business admitted into the program will have the opportunity to learn how to do business with MTA and to compete for specific contracts that are designated for the SBMP-Tier 1. The MTA’s ultimate goal for the SBMP-Tier 1 is to enlarge the pool of qualified contractors who can successfully compete as prime and subcontractors for projects outside of the program.

Participation in the SBMP-Tier 1 will be for a maximum period of 4 years. The assistance available to SBMP-Tier 1 program participants who are ready, willing and able to commit to the program, is designed to help a small business overcome obstacles frequently encountered in seeking opportunities to do business with MTA:

- A professional construction management firm under contract with MTA, will serve as the Construction Manager (“CM”) for the SBMP-Tier 1. The CM will prequalify all applicants, assess firms to establish a bid list for each project, assist firms in applying for loans or bonds and oversee Agency support needed to compete for MTA Agency construction projects and to perform those projects safely, on time and within budget.
- Mandatory training for technical and business issues, both general and specific to the needs of the individual SBMP-Tier 1 contractor.
- The opportunity to compete with other selected SBMP-Tier 1 contractors for small construction projects (up to \$ 1 million) that are specifically designated for the program.
- Access to a third-party loan program to fund the startup costs of an SBMP-Tier 1 contract awarded to an SBMP-Tier 1 contractor.
- MTA’s typical insurance requirements for a construction project will be met: i) through MTA’s Owner Controlled Insurance Program (“OCIP”) which will provide workers compensation and general liability insurance coverage for on-site construction activities; and ii) through insurance provided by the SBMP-Tier 1 contractor, such as workers compensation and general liability insurance coverage for off-site activities, and automobile liability.

- An SBMP-Tier 1 contractor competing for or awarded an SBMP-Tier 1 contract will not be required to obtain a bid bond, payment bond or a performance bond from a surety company.
- Upon successful participation of the SBMP-Tier 1 program, the opportunity to enter a SBMP-Tier 2 may be granted.

A small business wishing to participate in the SBMP-Tier 1 must apply for admission and be prequalified by MTA for specific construction industry trades. The application and prequalification process are designed to ensure that participants in the SBMP-Tier 1 have a sufficient foundation of experience, finances, skills, and integrity to demonstrate that, with the assistance provided by the SBMP-Tier 1, they can perform small MTA projects safely, on time and within budget.

If an Applicant Firm needs help in completing the application or the Applicant Firm is not certain whether they meet the qualification requirements, the applicant should complete the application to the extent possible. Then the applicant should contact the SBDP Prequalification Unit using the contact information listed at the end of these instructions to schedule a meeting. At the meeting, the MTA representative will review the draft application along with the supporting documents provided by the applicant. MTA representative will also provide guidance in completing the application and on submitting any additional required documents.

A firm that is prequalified and accepted into the SBMP-Tier 1 and meets the requirements for continued participation in the program, will be eligible to participate in the program for up to 4 years. Upon graduation from the program, the graduate firm will be eligible to apply to participate for up to 4 years in the SBMP-Tier 2 program.

When reviewing an Applicant Firm's application, MTA's assessment will include a thorough evaluation of a variety of factors, considering that the firm is small and is seeking enrollment in the SBMP-Tier 1 to gain the knowledge and experience it will need to do business with MTA. Factors evaluated will include:

- Experience generally and in specific construction industry trades.
- Quality and timeliness of past performance.
- Financial capability.
- Reliability and responsibility.
- Safety record.
- Licensing in the trade, where applicable.
- Certifications under State and Federal programs.
- Record of compliance with wage, hour and other State and Federal fair labor standards.
- Integrity of Key Persons, affiliates, current and past owners and principals.

ADMISSION STANDARDS

To be admitted into the program, the Applicant Firm must:

- (1) Have been in business, for which application is being made, for at least one year.

- (2) Have annual gross revenues not exceeding \$3 million, averaged utilizing gross revenues for the last three calendar or fiscal year period (or shorter period if not in business for three years) to be demonstrated by submission of financial statements & tax returns. Annual gross revenue shall include the gross revenues of the applicant firm and other construction firms where the owner(s) and key person(s) of the applicant firm has 10% or more interest to the extent of their interest in other construction firms.
- (3) Demonstrate that each owner of the business has a Personal Net Worth not exceeding \$3.5 million.
- (4) Have experience in one or more trades or as a general contractor for which prequalification is applied. To qualify, the applicant firm must have a minimum of two successfully completed commercial construction projects of \$25,000 or higher in the trade or as a contractor within the last three (3) years. Listed below are trades for which MTA has projects in the SBMP-Tier 1.
 - 02000 Sitework
 - 03000 Concrete
 - 04000 Masonry
 - 05000 Metals
 - 06000 Wood and Plastics
 - 07000 Thermal/Moisture Protection
 - 08000 Doors and Windows
 - 09000 Finishes
 - 16000 Electrical
 - 99999 General Contractor
- (5) For each trade for which prequalification is sought, provide at least two projects with references for work performed within the last three years. References for the following are acceptable: a) work performed by the firm, b) work completed by the principals of the firm while performing the role of a project manager and/or superintendent or higher in the employ of another construction trade, architect, engineering, or construction management firm.
- (6) Where applicable to a trade, be appropriately licensed.
- (7) Complete and submit the application, provide any necessary documentation, and authorize and successfully complete the background investigation process, including, but not limited to, an integrity review as determined by the Director of OCO or his or her designee.
- (8) Have a satisfactory safety record based upon an evaluation of the applicant's responses to the items in Section 5 of the application, including as appropriate, the evaluation of MTA Risk Management, and the relevant results of any background investigation.

- (9) Demonstrate financial solvency, based on, among other things, monthly bank statements and monthly cash flows, in a manner and substance acceptable to the MTA.
- (10) Not have a bonding capacity exceeding \$2 million unless waived by the DDCR and OCO for the benefit of the program.
- (11) Cooperate with the application process and any periodic updates deemed necessary by the MTA. Cooperation will require, among other things, the Applicant Firm's responding in a timely and complete fashion to MTA's inquiries, and providing all required documentation and information, at any time during the pendency of firm's application to or during the Applicant Firm's participation in the Program.
- (12) Demonstrate a willingness to participate in economic growth and business development activities recommended by the MTA, including business development/construction training, access to capital, surety bonding assistance, business plan development and back-office support.
- (13) Firms that meet prequalification requirements for SBMP-Tier 1 but do not meet the financial requirements for SBMP-Tier 1 may be considered for participation in the Emerging Contractors Program (ECP), which is a part of SBMP-Tier 1. The ECP will, for up to one year, provide firms accepted into the ECP with:
 - Opportunities to compete against other firms in the Emerging Contractors Program on small projects geared towards development of emerging firms.
 - OCIP participation.
 - Fast-track payment systems.
 - Training and assistance.
 - Participation Agreement – signed agreement to participate in all aspects of the program
 - Business Development and Construction Assessments - to develop action items
 - Financial Training - towards understanding the importance of financial statements
 - Legal Assistance - for legal training on the Terms and Conditions of Awarded Contracts
 - Orientation - to provide clarity on how the SBDP works and to emphasize expectations
 - Networking Session - with construction accountant, back office, and legal support
 - Training – completion of training sessions offered to mainstream Prequalified Firms
 - Referrals to outside work - ECs will be introduced to opportunities outside the SBDP.
 - Access to Capital - Firms are eligible to apply for loans of up to 30% of contract value upon award.

In order for a firm to progress to SBMP-Tier 1, the firm must meet all the prequalification requirements including the financials for SBMP-Tier 1 (2 years of financial statements, balance sheet, P&L, cash flow) subject to the ratio analysis standard for tier 1, in addition to a WIP schedule, list of completed projects, and an aging summary of A/P & A/R. Should a firm fail to meet these requirements within one (1) year of admission in to ECP and has not demonstrated progress toward those requirements, the firm can be removed from MTA's Small Business Development program.

Should a firm be successful in making the transition from ECP to SBMP-Tier 1, participation in the SBMP-Tier 1 is for up to four (4) years, starting from the date of the first bid opportunity offered either in SBMP-Tier 1 ECP or SBMP-Tier 1, whichever is earlier.

EQUAL OPPORTUNITY

All potentially qualified small construction businesses are encouraged to apply to the program, including small businesses that are currently participating in mentor programs operated by other public agencies and small businesses that are certified for participation in state and federal MBE/WBE and DBE programs. MTA will afford all applicants with an equal opportunity for consideration, without discrimination because of race, creed, color, national origin, religion, sex, sexual orientation, age, disability, marital status or other protected classification.

GENERAL INSTRUCTIONS

Please refer to the attached application. The form should be completed on behalf of the Applicant Firm by an individual who is knowledgeable about the past and present operations of the firm and how to obtain any additional required information that is not within his or her knowledge.

An Applicant Firm must answer each item on the application. If a particular question does not apply, insert "Not Applicable" (or "NA") as the response. Answers must be legible, preferably typed or, if hand written, printed in blue or black ink. If the space provided for an answer is insufficient, the Applicant should write on the form in the space for its answer "See Attached" and, provide its answer on a separate sheet of 8-1/2 X 11 paper, which should be attached to the application. The Applicant's name and the number for the item answered should be included at the top of the sheet of paper.

MTA reserves the right to request clarification, additional information and/or additional documentation from the Applicant Firm. By completing and submitting the application, the Applicant authorizes MTA and its Construction Manager to conduct and update a background investigation of the firm including financial, credit, and performance history and integrity, and verification of the information provided. The Applicant Firm understands that this evaluation can occur in connection with the evaluation of the Application and at any time after the Applicant is admitted into the Program and prequalified.

An incomplete application will be rejected and returned to the Applicant Firm and, if the applicable submission deadline has not passed, for completion by the applicable deadline.

The Applicant Firm must send a signed and notarized original of the completed Application Form together with other attachments, to the SBDP Prequalification Unit at the following email or regular mail address:

Mail to:
SBDP Prequalification
Metropolitan Transportation Authority
2 Broadway, 4th Floor

New York, NY, 10004
Telephone: (212) 878-4757

The name of the Applicant Firm must be clearly marked on the envelope. Receipt of an application will be acknowledged by email if the Applicant Firm has specified an email address and, if no email address is specified, by letter. If an Applicant Firm does not receive an acknowledgment, the Applicant Firm should contact the SBDP Prequalification Unit.

If you have any questions regarding the application process or the program please contact by:

1. E-mail: sbdp@mtahq.org
2. Telephone: Prequalification Unit at 212-878-4757
3. Mailing Address:
SBDP Prequalification
Metropolitan Transportation Authority
2 Broadway, 4th Floor
New York, NY, 10004

FILLING IN THE APPLICATION TEMPLATE FORM

1. **Write your SSN/EIN on the top of each page of the Application.**
2. Hit the Tab button to advance to the next field. If you need to go back to a field, click on the field with your mouse
3. Use the "X" Key to fill in the checked boxes for the Yes or No responses.
4. When completely filled-in, mail to the address provided with all the required documents.

ELIGIBILITY FOR AWARD OF SBMP CONSTRUCTION CONTRACTS

MTA anticipates that a firm that is admitted into the SBMP-Tier 1 and is in good standing in the program, will periodically be selected, along with other selected SBMP-Tier 1 firms, to bid for small construction projects that have been designated by MTA for the SBMP-Tier 1 and involve the trade(s) for which the firm has been prequalified. Selection of firms for such competition shall be in MTA's sole discretion. If the firm is invited to compete and is the lowest responsive bidder, before the contract is awarded to the firm, the firm will be required to successfully complete MTA's standard responsibility review, which will include completion of MTA's standard responsibility questionnaire. That review will be broader and more comprehensive than the review which resulted in the firm being admitted into the program and prequalified for specific trades.

Admission into the SBMP-Tier 1 does not to any extent guarantee that an SBMP-Tier 1 Contractor will be afforded the opportunity to compete for one or more SBMP-Tier 1 contracts or will be awarded any such contract.

REQUALIFICATION

Enrollment in SBMP-Tier 1 is for a maximum period of 4 years. In order to enroll in the SBMP-Tier 2 program, a firm will be required to re-qualify for the program. A firm that expects to graduate from

SBMP-Tier 1 should apply for the Pre-qualification in the SBMP-Tier 2 one year prior to its expected date of graduation from SBMP-Tier 1.

If during the time a firm is enrolled in the SBMP-Tier 1, the firm becomes aware of a significant change in the information contained in the firm's application, the firm must promptly notify the SBDP Construction Manager.

GETTING HELP

Questions regarding the Prequalification Application should be directed to the MTA (contact information above).

SUPPORTING DOCUMENTATION

For much of the Application, an Applicant Firm will need to provide information in the space provided or on an attached sheet of paper. The following is a list of documentation that should be included with your application, when applicable. Look at the item number referenced for the details.

| Documents Required | Where specified on the application |
|--|---|
| Legal document executed and, where applicable, filed to create the firm. | Item 3 |
| Licenses, where applicable. | Item 9A |
| For the applicant firm and all firms listed in sections 15(a) and 15(c), provide Financial Statements prepared in accordance with GAAP (generally accepted accounting principles) for the last three calendar years or fiscal years (or shorter period if not in business for three years); and must include: <ol style="list-style-type: none"> 1. Balance Sheet 2. Income Statement 3. Statement of Cash Flow 4. Related (supplementary) schedules: <ol style="list-style-type: none"> a. Schedule of Contracts Completed b. Schedule of Contracts in Progress c. Schedule of Contract Costs d. Schedule of Accounts Payable e. Contracts Receivable Aging Report. | Item 23 |
| For the applicant firm and all firms listed in sections 15(a) and 15(c), provide Federal and State Tax Returns for the last three calendar or fiscal years (or shorter period if not in business for three years). | Item 25 |
| The most recent three months of bank statements. | Item 27 |
| Documentation of bonding capacity, if any. | Item 28 |

| Documents Required | Where specified on the application |
|--|---|
| Documentation of each line of credit the firm has, if any. | Item 29 |
| Documentation of insurance coverages. | Item 31 |
| Documentation of the firm's safety certification, license or training, if any. | Item 38 |
| Documentation of the firm's experience modification rating and OSHA data. | Item 39 |

Application for Admission and Prequalification
METROPOLITAN TRANSPORTATION AUTHORITY
Small Business Mentoring Program

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information the Applicant Firm is providing on this Application, including information about Key People pursuant to the authorization to conduct background investigations, is requested pursuant to the New York State Public Authorities Law for the purposes of MTA determining the Applicant Firm’s enrollment and continued eligibility for the SBMP-Tier 1 and for administering the SBMP-Tier 1 and all related MTA programs and policies. Failure to provide the specified information and authorization requested may, in the sole discretion of the MTA, prevent your firm’s enrollment or continued participation in the SBMP-Tier 1. If you are accepted into the SBMP-Tier 1, the information will be kept in a file maintained by MTA’s Office of Construction Oversight, or other files maintained under the authority of the MTA. Information which, because of any name, number, symbol, mark or other identifier, can be used to identify a person (“Personal Information”), shall be received, maintained and used by MTA and the CM solely for the above stated purposes and will be protected from public disclosure to the fullest extent permitted by law.

GENERAL INFORMATION

Legal Name of Applicant Firm: _____

Does the Applicant Firm do business or within the past five years has the Applicant Firm done business under any other name? Yes No

If yes, list each name and state whether you currently do business in that name:

Applicant Firm’s Federal Employer Identification number* (“FEIN”). If the firm does not have an FEIN, individual owner’s social security number:

*See page 1 of the Application for the Personal Privacy Protection Law Notification

Business address:

Street address (not a Post Office Box number): _____

City/County/State/Zip Code: _____

Is the business address also a person’s residence? Yes No

If yes, name of person: _____

During the past five years, has the Applicant Firm changed its address? Yes No

If yes, list each prior address: _____

Mailing Address (if different) (a Post Office Box number may be used for mailing purposes):

Street Address: _____
City/County/State/Zip Code: _____
Telephone Number: _____ Fax Number _____
Web Address (if any): _____
E-mail address: _____

Primary Applicant Firm's Contact

Title: Mrs. Ms. Mr. Dr. Other (specify) _____
Name: _____ Business Title: _____
Primary Phone: Home _____ Office _____
Cell _____ Other _____
Secondary Phone: Home _____ Office _____
Cell _____ Other _____
E-Mail Address: _____

Secondary Applicant Firm's Contact

Name: _____ Business Title: _____
Primary Phone: Home _____ Office _____
Cell _____ Other _____
Secondary Phone: Home _____ Office _____
Cell _____ Other _____
E-Mail Address: _____

Preferred method for written communications from MTA to the Applicant Firm (complete only 1):

Email to: _____ Fax to: _____
US Mail to mailing Address: _____

SECTION 1: BUSINESS ORGANIZATION, HISTORY AND OTHER INFORMATION

Subsection A: Applicant Firm's Legal Structure

1. Month and year Applicant Firm founded: _____
2. Type of legal entity (For example, sole proprietorship owned and operated by one individual, corporation, limited liability company, general partnership, limited partnership, limited liability partnership, joint venture):

3. If available, attach with your application a copy of the certificate of incorporation, partnership agreement, or other legal document creating the firm. Is the legal document attached? Yes No
If not attached, explain why:

4. State in which the Applicant Firm was legally created and organized: _____
5. If Applicant Firm was not created and organized in New York, is the Applicant Firm authorized to do business in New York State? Yes No
 If yes, provide the state or local office where the Applicant Firm filed the required legal documents (Secretary of State or County Clerk): _____
 If no, explain: _____

Subsection B: Applicant Firm's Current Lines of Business

6. Briefly describe Applicant Firm's line(s) of business and whether your firm typically acts as a prime contractor or subcontractor: _____
7. List Applicant Firm's three largest projects within the past three years and, for each project, state whether Applicant Firm was a prime or subcontractor and the dollar value of the project to the Applicant Firm:
 1. _____
 2. _____
 3. _____
8. Trade codes: Based on Attachment A enter below: (i) all building trade codes for trades in which Applicant Firm has been actively engaged and for which the Applicant Firm is requesting prequalification; and (ii) for each trade code, whether the three year average of work for the code is over or under \$1 million. For each trade code selected, Applicant Firm will be required to provide at least two commercial references for work valued at \$25,000 or higher completed within the past three years (See page 9, Item 22).

| | | | | |
|---|---|---|---|---|
| Code(s): | Code(s): | Code(s): | Code(s): | Code(s): |
| <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m |
| Code(s): | Code(s): | Code(s): | Code(s): | Code(s): |
| <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m | <input type="checkbox"/> <\$1m <input type="checkbox"/> >\$1m |

Subsection C: Licenses, Certifications, Collective Bargaining Relationships and Other Mentor Programs

9. Does the Applicant Firm have any trade or business related licenses from the State of New York or any locality within New York State? Yes No If yes:
 A. Attach a copy of each license. Is each license attached? Yes No
 B. If no, please explain why: _____

C. Is the license issued to a specific individual in the Applicant Firm? Yes No

If yes, specify the individual's name: _____

10. Check off each of the following certifications Applicant Firm currently has, if any. If applicable, list agencies that issued the certification.

New York State Minority-owned Business Enterprise (MBE) _____

New York State Women-owned Business Enterprise (WBE) _____

Federal Disadvantaged Business Enterprise Certification (DBE) _____

Service-Disabled Veteran-Owned Business (SDVOB) _____

11. Does the Applicant Firm participate in any industry-wide or other collective bargaining agreement with any trade union? Yes No If yes, list collective bargaining agreement(s): _____

12. Does the Applicant Firm currently participate in any public or private sector mentoring or mentoring type program? Yes No

If yes, specify the name and address of the program(s): _____

Subsection D: Owners, Key Persons and Employees

13. List the name of each person who has an ownership interest in the Applicant Firm and each person's home address, title and role within the firm, and percentage of ownership:

Name: _____

Home Address: _____

Title: _____

Role: _____

Percentage ownership: _____

Name: _____

Home Address: _____

Title: _____

Role: _____

Percentage ownership: _____

Name: _____

Home Address: _____

Title: _____

Role: _____

Percentage ownership: _____

14. List below the name of each person, other than an owner, who is a key person within the Applicant Firm and, for each key person, provide the information specified below. For purposes of this section, a “key person” is any of the following **who is not listed above as an owner**:

- A director, officer, member, or owner.
- Any person in a position to significantly control and direct the firm’s overall operations or financial decisions.
- Any person in a position to significantly control and direct the firm’s performance of any project.
- Signatories to bank accounts.
- Holders of licenses necessary for the Applicant Firm to engage in a building trade.

Table of Key People (complete all boxes. Provide a resume for each Key Person listed).

| | Key Person #1 | Key Person #2 | Key Person #3 |
|---|---------------|---------------|---------------|
| Title Name | | | |
| Home Phone Number and Address | | | |
| Business Title and Role | | | |
| Commencement Date in Current title | | | |
| Professional Licenses, Certifications, Trade Qualifications and Affiliations | | | |

15. Disclosure:

- a) For the Applicant Firm and each person who has an ownership interest in the Applicant Firm listed in section 13 and each person listed as a key person in section 14, list the person’s and/or the applicant firm’s 10% or more ownership interest in any business firm in the construction industry currently or within the past 10 years. The required disclosure should include the percentage ownership of firms that exist currently or ceased operation during the 10 year time-frame. If a person/applicant firm has no such interest, insert the person’s name and the words No 10% or more interest in any other firm.

(If specific details or clarification is necessary in order for you to provide an accurate and complete answer, provide same on a separate sheet.)

Name of the owner/key person or the Applicant firm: _____

Name of other Construction Industry Firm: _____

Percentage ownership: _____

Address: _____

SSN/EIN: _____

Name of the owner/key person or the Applicant firm: _____
Name of other Construction Industry Firm: _____
Percentage ownership: _____
Address: _____

Name of the owner/key person or the Applicant firm: _____
Name of other Construction Industry Firm: _____
Percentage ownership: _____
Address: _____

- b) List all MTA construction contracts that the applicant and any and all construction firms disclosed by the applicant in section 15(a), were awarded a contract of \$250K or greater as a prime contractor or subcontractor during the 10 years preceding this application.

(If specific details or clarification is necessary in order for you to provide an accurate and complete answer, provide same on a separate sheet.)

Name of the firm: _____
MTA Construction Contract No: _____
MTA Contracting Authority: _____
MTA Contract Description: _____
Work Performed as: Prime Contractor [] Subcontractor []
MTA Contract Amount or subcontract amount (whichever is applicable): _____

Trades performed: _____

Name of the firm: _____
MTA Construction Contract No: _____
MTA Contracting Authority: _____
MTA Contract Description: _____
Work Performed as: Prime Contractor [] Subcontractor []
MTA Contract Amount or subcontract amount (whichever is applicable): _____

Trades performed: _____

Name of the firm: _____
MTA Construction Contract No: _____
MTA Contracting Authority: _____
MTA Contract Description: _____
Work Performed as: Prime Contractor [] Subcontractor []
MTA Contract Amount or subcontract amount (whichever is applicable): _____

Trades performed: _____

- c) List the names and addresses of all firms (other than the applicant) for which the owner(s) of the applicant firm have served as a key person within the last ten (10) years.

(If specific details or clarification is necessary in order for you to provide an accurate and complete answer, provide same on a separate sheet.)

Name of the owner/key person: _____

Name of Construction Firm: _____

Address of the Construction Firm: _____

Name of the owner/key person: _____

Name of Construction Firm: _____

Address of the Construction Firm: _____

Name of the owner/key person: _____

Name of Construction Firm: _____

Address of the Construction Firm: _____

16. Below, enter the number or approximate number of Applicant Firm's personnel, including key persons identified above. If the number varies, list the typical upper and lower limits of the range.

A. Persons who work full-time for the Applicant Firm and annually receive an IRS W-2 form _____

B. Persons who work part-time for the Applicant Firm and annually receive an IRS W-2 form _____

C. Persons who work for the Applicant Firm full or part-time as independent contractors and annually receive an IRS 1099 form _____

D. Persons who work full- or part-time for the Applicant Firm in a capacity not listed above _____

E. Number of construction trade employees included in the above: i) current year _____ ii) first prior year _____ iii) second prior year _____

17. Is any owner or key person of the Applicant Firm:

A. A present or past employee of MTA or any of MTA's operating agencies? Yes No

B. Related to or reside with any present or past employee of MTA or any of MTA's operating agencies?
 Yes No

C. A present or past employee of the MTA's Construction Manager for the program, currently TDX Construction Corporation? Yes No

If the answer to a, b, or c is Yes, provide details (attach a separate sheet if necessary): _____

18. Additional Information (*responses to questions 18A, B, and C are optional and will not be evaluated for prequalification into the program*)

A. Identify the name of the majority owner of the firm holding 51% or more of the ownership interest.

Full Name: _____

Title: _____

Phone: _____

B. Gender: Male Female

C. Ethnic Group (*select all that apply*):

Black

Asian Pacific

Hispanic

Native American

Subcontinent Asian

Other (*specify*): _____

D. U.S. Citizenship:

U.S. Citizen Lawfully Admitted Permanent Resident

SECTION 2: FACILITIES AND PROJECTS

19. Identify all locations currently used by the Applicant Firm including its office, plant, warehouse, and any other commercial facility:

| Type | Address | Own, Lease or Rent? | Name of Landlord or Mortgage Holder | Affiliation with Applicant Firm or Key Person | Payment Terms |
|------|---------|---------------------|-------------------------------------|---|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

20. Current government contracts: Is the Applicant Firm currently involved as a prime or subcontractor in:

A. a contract with the MTA or MTA operating agency or any other governmental agency, department or authority? Yes No

B. a bidding or negotiating process for a contract with the MTA, MTA operating agency, or any other governmental agency, department or authority? Yes No

If yes, to A or B, identify agency, department, or authority and, for each, identify the contract:

21. State the number of contracts completed during Applicant Firm’s current year-to-date and contracts completed and total revenues for each of the past three fiscal or calendar years.

Calendar Fiscal

If fiscal, provide last fiscal year end (MM/YYYY): _____

| Year | Number of Contracts Completed | Total Revenue |
|-----------------|--------------------------------------|----------------------|
| Current to date | | |
| | | |
| | | |
| | | |

22. For each construction trade in which Applicant Firm is actively engaged and for which Applicant Firm is requesting prequalification (item 8 on this form) provide the following information for construction prime contracts and subcontracts completed within the current year and the past three years. Applicant Firm must provide a minimum of two commercial references for each trade code selected. Duplicate and complete the chart for each trade code.

| | Project #1 | Project #2 | Project #3 | Project #4 |
|--|-------------------|-------------------|-------------------|-------------------|
| Trade Codes*** | | | | |
| Agency/Owner/Developer | | | | |
| General Contractor on Project (If Applicant Firm insert “Applicant”) | | | | |
| Project Name and Address | | | | |
| Project Contract # | | | | |
| Work Performed on Project* | | | | |
| Applicant Firm’s Contract \$ Amount | | | | |
| Start and Completion Date of Applicant Firm’s Contract | | | | |



| | | | | |
|---|--|--|--|--|
| Representative of Agency/Owner/ Developer** | | | | |
| Title and Phone # of Representative | | | | |
| Was Applicant a Prime or a Subcontractor? | | | | |

* *Specifically provide the work performed and in what capacity, e.g., general contractor, subcontractor, construction manager, etc.*

** **Representative cannot be affiliated or related to any key person of the Applicant Firm.**

*****Enter applicable trade codes from the answer to item 8.**

SECTION 3: FINANCIAL AND RELATED INFORMATION

23.

- a) Provide a copy of Applicant Firm’s financial statements for the last three calendar years or fiscal years (or shorter period if not in business for three years).

Financial Statements provided: Yes No

If not provided, explain why: _____

- b) For all the firms listed in sections 15(a) and 15(c) of this application, provide copies of Firms’ financial statements for the last three calendar years or fiscal years (or shorter period if not in business for three years).

Financial Statements provided for all firms listed in sections 15(a) and 15(c): Yes No

If not provided, explain why: _____

24. Does each business owner have a Personal Net Worth that does not exceed \$3.5 million? Yes No
Complete and submit a Statement of Personal Net Worth (“SPNW”) for each business owner. [A copy of the SPNW is attached as Attachment B].

If not provided, explain why: _____

25.

- a) Provide copies of Applicant Firm’s Federal and State Tax Returns for the last three calendar years or fiscal years (or shorter period if not in business for three years).

Federal and State Tax Returns provided: Yes No

If not provided, explain why: _____

- b) For all the firms listed in sections 15(a) and 15(c) of this application, provide copies of Firms' Federal and State Tax Returns for the last three calendar years or fiscal years (or shorter period if not in business for three years).

Federal and State Tax Returns provided for all firms listed in sections 15(a) and 15(c): Yes No

If not provided, explain why: _____

26. Enter information for each business bank account held by the Applicant Firm.

| Name on Account | Type of Account | Bank Name and Address | Names of ALL Signatories* |
|-----------------|-----------------|-----------------------|---------------------------|
| | | | |
| | | | |
| | | | |

* **Note: A Signatory by definition is a Key Person.**

27. Provide copies of the Applicant Firm's three most recent bank statements, including copies of cancelled checks.

Bank statements including copies of cancelled checks enclosed. Yes No

If not enclosed, explain why: _____

28. Does the Applicant Firm have bonding capacity? (Please note that bonding capacity is not a requirement for prequalification or the award of a contract in the program) Yes No

If yes, provide copies of documentation showing your bonding capacity and provide the following information for each surety company that has currently agreed to furnish the Applicant Firm with performance and payment bonds.

| Surety Name and Address | Agent/Broker Name and Phone # (not toll-free) | Names and Addresses of Other Persons or Entities Whose Indemnity the Surety Company Relies Upon | Single Job Bonding Capacity (\$) | Aggregate Bonding Capacity (\$) |
|-------------------------|---|---|----------------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

29. Does the Applicant Firm have one or more lines of credit? Yes No
If yes,

A. Provide a current letter from each financial institution that is providing you with a line of credit showing the amount of the line of credit and its current status.

B. Complete the information below.

| Financial Institution's Name and Address | Names and Addresses of Others Whose Guarantee the Financial Institution Relies Upon | Single Job Line of Credit Limit (\$) | Aggregate Line of Credit Limit (\$) |
|--|---|--------------------------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

30. Has the Applicant Firm ever defaulted on a loan from a financial institution? Yes No

If yes, provide details _____

31. Attach a copy of documentation that lists Applicant Firm's current insurance coverages, including names of insurance companies, types of coverage and limits. Attached: Yes No

If no, explain why: _____

SECTION 4: CONTRACT PERFORMANCE AND CLAIMS

32. Has the Applicant Firm ever failed to complete a contract? Yes No

If yes, provide details for each such failure (attach a separate sheet if necessary):

33. Has the Applicant Firm ever defaulted on a contract that was bonded? Yes No

If yes, provide details for each such failure (attach a separate sheet if necessary):

SECTION 5: SAFETY, OPERATIONS AND INSURANCE

34. During the past five years, has any personal or bodily injury or workers' compensation claim been made against the Applicant Firm? Yes No

If yes, for each claim provide the following details. If a claim was not covered by insurance, enter "None" for the insurance company.

| Type of Claim | Insurance Company | Date Claim Filed | Claimant | Claim Amount | Disposition | Summary Details |
|---------------|-------------------|------------------|----------|--------------|-------------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

35. During the past five years, has the Applicant Firm been charged with any violation by the Occupational Safety and Health Administration ("OSHA"), including charges that were dismissed? Yes No

If Yes, in the section below, list the number of OSHA violations and the number that were issued as "Serious," "Willful," "Repeat," or "Failure to Abate Penalty." Go to www.osha.gov for further information.

| | Number of Violations | Serious | Willful | Repeat | Failure to Abate | Disposition |
|--------|----------------------|---------|---------|--------|------------------|-------------|
| Year 1 | | | | | | |
| Year 2 | | | | | | |
| Year 3 | | | | | | |
| Year 4 | | | | | | |
| Year 5 | | | | | | |

36. Other than under OSHA, during the past five years, has the Applicant Firm been charged with any violation of any Federal, State, or local law or regulation governing the conduct of the Applicant Firm's business including but not limited to a licensing statute, building code, wage and hour law, prevailing wage law, and the Immigration Reform and Control Act of 1986, as amended? Yes No

If Yes, provide details below:

| | Summary of Violation Charged | Disposition |
|--------|------------------------------|-------------|
| Year 1 | | |
| Year 2 | | |
| Year 3 | | |
| Year 4 | | |
| Year 5 | | |

37. Provide the name and title of the highest-ranking employee of the Applicant Firm responsible for safety:

38. Does the Applicant Firm or any employee have a current relevant safety certification, license, or training?
 Yes No

If Yes:

- A. Provide a copy of documentation of such certification, license or training.
- B. List below each type of certification, license or training of Applicant Firm's employees and specify the number of employees who have such certification, license, or training.

Type of Certification License, Number of Employees or Training

39. Provide the following information and documents for the current year and previous calendar year:

| | Current year | Prior calendar year |
|---------------------------------------|--------------|---------------------|
| EMR (Experience Modification Rating): | | |
| Number of OSHA Recordable Cases: | | |
| Total Days Away from Work: | | |
| Number of Fatalities: | | |

40. Provide a copy of the information page from Applicant Firm's workers' compensation policy showing the Applicant Firm's EMR, and OSHA 300 log or, if this information is not available, provide this information in a letter to Applicant Firm from its workers' compensation insurance company.

SECTION 6: INTEGRITY

QUESTIONS WHICH MUST BE ANSWERED BY "YES" or "NO": (In the event of a "YES," Contractor must provide all relevant information on a separate sheet annexed hereto, and the Authority reserves the right to inquire further with respect thereto.)

To the best of your knowledge after diligent inquiry, in connection with the business of Contractor or any other firm which is related to Contractor by any degree of common ownership, control, or otherwise, do any of the following statements apply to: i) Contractor, Contractor's parent, subsidiaries and affiliates of Contractor (if any); ii) any joint venture (including its individual members) and any other form of partnership (including its individual members) which includes Contractor or Contractor's parent, subsidiaries, or affiliates of Contractor; iii) Contractor's directors, officers, principals, managerial employees, and any person or entity with a 10% or more interest in Contractor; iv) any legal entity controlled, or 10% or more of which is owned, by Contractor, or by any director, officer, principal, managerial employee of Contractor, or by any person or entity with a 10% or more interest in Contractor.

| | |
|---|---|
| <p>A. Within the past ten (10) years, has been convicted of or pleaded nolo contendere to (1) any felony or (2) a misdemeanor related to truthfulness in connection with business conduct.</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |
| <p>B. Has pending before any state or federal grand jury or court an indictment or information of the commission of a crime which has not been favorably terminated.</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |
| <p>C. Is the subject of a pending investigation by any grand jury, commission, committee or other entity or agency or authority of any local, state, or the federal government in connection with the commission or alleged commission of a crime.</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |
| <p>D. Is currently disqualified from selling or submitting bids/proposals to or receiving awards from or entering into any contract with any federal, state or local government agency, any public authority or any other public entity.</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |
| <p>E. Within the past five (5) years, has refused to testify or to answer any question concerning a bid or contract with any federal, state, or local government agency, any public authority or any other public entity when called before a grand jury or other</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |



| | |
|---|---|
| <p>committee, agency or forum which is empowered to compel the attendance of witnesses and examine them under oath, upon being advised that neither the person's statement nor any information or evidence derived from such statement will be used against that person in any subsequent criminal proceeding.</p> | |
| <p>F. Is currently disqualified from selling or submitting a bid to, or receiving an award from, or entering into any contract with any public entity or public authority within the State of New York because, within the past five (5) years, such entity or person refused to testify or to answer any relevant question concerning a transaction or contract with the State of New York, any political subdivision of the State of New York, or a public authority or a public department, agency or official of the State of New York or of a political subdivision of the State of New York, when called before a grand jury or other state or local department, commission or agency which is empowered to compel the attendance of witnesses and examine them under oath, upon being advised that neither that person's statement nor any information or evidence derived from such statement will be used against that person in any subsequent criminal proceeding.</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |
| <p>G. Has within a ten (10) year period preceding this Bid/Proposal been convicted of or had a civil judgment rendered against it for or in relation to: (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; (ii) collusion with another person or entity in connection with the submission of bid/proposals; (iii) violation of federal or state antitrust statutes or False Claims Acts; or (iv) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement(s) or receiving stolen property.</p> | <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> |

CERTIFICATION ON BEHALF OF APPLICANT

This certification must be completed and signed by a person who is an owner and a director, officer, or member of the Applicant firm and is sufficiently knowledgeable about the Applicant firm to confirm the accuracy and completeness of the information provided by the Applicant as its responses to the items in this form. The person's signature must be notarized by a notary who is not a Key Person in the firm (see item 14 for who is a Key Person), nor a relative of the person signing a certification.

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR REJECTION OF THE APPLICATION. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT OR OMISSION TO CRIMINAL CHARGES,

I _____ being duly sworn, under penalties of perjury, hereby state as follows:

I am _____ of _____ the Applicant Firm that is applying for Admission to and Prequalification for the Metropolitan Transportation Authority's Small Business Mentoring Program.

I have read and understand the questions and information submission requirements contained on the application.

I certify that I am sufficiently knowledgeable about the Applicant firm to confirm the accuracy and completeness of the information provided by Applicant as its responses to the items in this form and that, to the best of my knowledge, the information given in response to each item on this form, is full, complete and truthful.

I acknowledge that the Metropolitan Transportation Authority may, by means it deems appropriate, determine the accuracy and truth of the statements made and information provided in the application.

I recognize that all the information submitted in the application, is for the express purpose of inducing the Metropolitan Transportation Authority to qualify the Applicant firm for admission to and prequalification for the Metropolitan Transportation Authority Small Business Mentoring Program.

I agree and warrant that truthfully answering the questions and submission requirements is an event entirely within my control.

I authorize the Metropolitan Transportation Authority to do the following and confirm that I am duly authorized by the Applicant Firm to make this authorization:

- To contact any entity or person named in the application for purposes of verifying the information supplied by the Applicant firm.
- To conduct any background investigation it deems appropriate.

While the Applicant firm's application is pending and, if the Applicant firm is accepted into the Metropolitan Transportation Authority Small Business Mentoring Program, during the firm's enrollment in the Small Business Mentoring Program, I will notify the Metropolitan Transportation Authority of any significant change to any of the information submitted, promptly and, in any case, within 30 days of the event.

Sign here: _____

State of _____
County of _____

On _____, 20_____, before me personally came and appeared _____ by me known to the person to signed this document and who swore to me that the statements set forth in this certification are accurate and complete.

Notary Public's signature _____

Notary Public's name: _____

Notary Public's stamp:



MASTER FORMAT CODES

| | |
|---|---|
| <p>01000 General Requirements 01500 Temporary Facilities and Controls</p> <p>02000 All Division 2 - Sitework 02110 Removal Of Toxic/Haz Site Mtrls 02115 Underground Storage Tank Rmvl 02120 Off-Site Transport & Disposal 02145 Groundwater Treatment Systems 02170 Cofferdams 02195 Remediation Soil Stabilization 02200 Site Preparation 02210 Subsurface Investigation 02220 Demolition 02240 Dewatering 02250 Shoring And Underpinning 02260 Excavation Support Sys/Cofferdams 02300 Earthwork 02390 Marine Work 02400 Tunneling 02450 Piles And Caissons 02500 Piped Utility Materials 02510 Water Distribution 02550 Fuel Distribution 02600 Sewerage And Drainage 02620 Restoration Of Undrgrd Pipelines 02660 Ponds And Reservoirs 02700 Paving And Surfacing 02780 Power And Communications 02800 Site Improvements 02820 Fences And Gates 02900 Landscaping</p> <p>03000 All Division 3 - Concrete 03100 Concrete Formwork 03150 Concrete Accessories 03200 Concrete Reinforcement 03300 Cast-In Place Concrete 03390 Concrete Curing 03400 Precast Concrete 03500 Cementitious 03600 Grout 03700 Mass Concrete 03900 Concrete Restoration/Cleaning</p> <p>04000 All Division 4 - Masonry 04060 Mortar 04090 Masonry Accessories 04200 Unit Masonry 04400 Stone 04500 Refractories 04600 Corrosion Resist Masonry 04900 Masonry Restoration/Cleaning</p> | <p>05000 All Division 5 - Metals 05060 Metal Materials 05080 Metal Finishes 05090 Metal Fastening 05100 Structural Metal Frame 05120 Structural Steel 05200 Metal Joists 05300 Metal Decking 05400 Cold-Formed Metal Framing 05500 Metal Fabrications 05580 Sheet Metal Fabrication 05600 Hydraulic Structures 05650 Railroad Work 05700 Ornamental Metal 05800 Expansion Control</p> <p>06000 All Division 6 - Wood And Plastics 06050 Fasteners And Adhesives 06070 Wood Treatment 06100 Rough Carpentry 06130 Heavy Timber Construction 06170 Prefabricated Wood/Metal Joists 06200 Finish Carpentry 06400 Architectural Woodwork 06500 Prefab Structural Plastic 06600 Plastic Fabrications</p> <p>07000 All Division 7 - Thermal/Moist Protect 07100 Waterproofing 07110 Dampproofing 07180 Traffic Topping 07200 Thermal Insuln - Vapor/Air Retarders 07300 Shingles And Roofing Tiles 07400 Preformed Roofing & Cladding/Siding 07410 Metal Roofs And Wall Panels 07500 Membrane Roofing 07600 Flashing And Sheet Metal 07700 Roof Specialties/Accessories 07800 Fire & Smoke Protection 07810 Spray-On Fireproofing 07840 Firestopping 07900 Joint Sealers</p> <p>08000 All Division 8 - Doors And Windows 08100 Metal Doors And Frames 08200 Wood And Plastic Doors 08250 Door Opening Assemblies 08300 Special Doors 08400 Entrances And Storefronts 08500 Metal Windows 08550 Wood And Plastic Windows 08580 Special Windows 08600 Skylights 08700 Hardware 08770 Installation: Window Guards 08800 Glazing 08900 Glazed Curtain Walls</p> |
|---|---|



MASTER FORMAT CODES

| | |
|--|--|
| 09000 All Division 9 - Finishes | 11000 All Division 11 - Equipment |
| 09100 Metal Support And Frames | 11010 Maintenance Equipment |
| 09200 Lath And Plaster | 11020 Security/Vault Equipment |
| 09250 Gypsum Board | 11030 Teller/Service Equipment |
| 09300 Tile | 11040 Ecclesiastical Equipment |
| 09400 Terrazzo | 11050 Library Equipment |
| 09510 Acoustical Treatment | 11060 Theater/Stage Equipment |
| 09545 Special Surfaces | 11070 Instrumental Equipment |
| 09600 Stone Flooring | 11080 Registration Equipment |
| 09610 Floor Treatment | 11090 Checkroom Equipment |
| 09620 Special Flooring | 11100 Mercantile Equipment |
| 09630 Unit Masonry Flooring | 11110 Commercial Laundry/Dry Clean |
| 09640 Wood Flooring | 11120 Vending Equipment |
| 09650 Resilient Flooring | 11130 Audio-Visual Equipment |
| 09680 Carpet | 11140 Vehicle Service Equipment |
| 09700 Wall Covering | 11150 Parking Control Equipment |
| 09770 Aggregate Coatings/Wall Finish | 11160 Loading Dock Equipment |
| 09800 Special Coatings | 11170 Solid Waste Handling Equip |
| 09900 Painting | 11190 Detention Equipment |
| 10000 All Division 10 - Specialties | 11200 Water Supply/Treatment |
| 10100 Chalkboards/Tackboards | 11280 Hydraulic Gates/Valves |
| 10150 Compartments And Cubicles | 11300 Fluid Waste Disposal Equipment |
| 10200 Louvers And Vents | 11400 Food Service Equipment |
| 10240 Grilles And Screens | 11450 Residential Equipment |
| 10250 Service Wall Systems | 11460 Unit Kitchens |
| 10260 Wall And Cover Guards | 11470 Darkroom Equipment |
| 10270 Access Flooring | 11480 Athlt/Recreat/Therap Equipment |
| 10290 Pest Control | 11500 Industrial/Process Equipment |
| 10300 Fireplaces And Stoves | 11600 Laboratory Equipment |
| 10340 Prefab Exterior Specialty | 11650 Planetarium Equipment |
| 10350 Flagpoles | 11660 Observatory Equipment |
| 10400 Identifying Devices | 11680 Office Equipment |
| 10450 Pedestrian Control Devices | 11700 Medical Equipment |
| 10500 Lockers | 11780 Mortuary Equipment |
| 10520 Fire Protection Specialties | 11850 Navigation Equipment |
| 10530 Protective Covers | 12000 All Division 12 - Furnishings |
| 10550 Postal Specialties | 12050 Fabrics |
| 10600 Partitions | 12100 Artwork |
| 10650 Operable Partitions | 12300 Manufactured Casework |
| 10670 Storage Shelving | 12400 Furniture And Accessories |
| 10700 Exterior Sun Control Devices | 12480 Rugs And Mats |
| 10750 Telephone Specialties | 12490 Window Treatment |
| 10800 Toilet/Bath Accessories | 12600 Multiple Seating |
| 10880 Scales | 12800 Interior Plants And Planters |
| 10900 Wardrobe/Closet Specialty | |



| MASTER FORMAT CODES | |
|--|---|
| <p>13000 All Division 13 - Special Construction</p> <p>13010 Air Supported Structures 13020 Integrated Assemblies 13030 Special Purpose Rooms 13080 Sound/Vibration/Seismic Control 13090 Radiation Protection 13100 Lightning Protection 13120 Pre-Engrd Struct/Spclty Modules 13150 Pools 13175 Ice Rinks 13185 Kennels/Animal Shelter 13190 Site-Constructed Incinerators 13200 Liquid/Gas Storage Tanks 13220 Filter Underdrains/Media 13230 Digestion Tank Covers & Appurt 13240 Oxygenation Systems 13260 Sludge Condition System 13280 Hazmat Remed - Lead Paint Removal 13285 Hazmat Remed - Asbestos Abtmnt & Rem 13290 Hazmat Remed - Microbial Remed 13400 Measurement & Control Instr 13500 Recording - Industrial Instr 13550 Transportation Control Instr 13600 Solar Energy Systems 13660 Wind Energy Systems 13700 Security Access And Surveillance 13800 Building Automation Sys & Cntrls 13850 Detection & Alarm 13900 Fire Suppression/Superv Systems</p> <p>14000 All Division 14 - Conveying Systems</p> <p>14100 Dumbwaiter 14200 Elevators 14300 Moving Stairs And Walks 14400 Lifts 14440 Sidewalk Lifts 14500 Material Handling System 14600 Hoist And Cranes 14700 Turntables 14800 Scaffolding 14900 Transportation</p> | <p>15000 All Division 15 - Mechanical</p> <p>15050 Basic Mechanical Mats/Methods 15080 Mechanical Insulation 15180 Heating & Cooling Piping (Steamfitting) 15190 Fuel Piping 15230 Lubricating Oil Systems 15300 Fire Protection 15400 Plumbing 15500 Heat Generation 15530 Electric Resistance Heating 15600 Refrigeration 15700 Heating, Ventil & Air Condition 15780 Heat Transfer/Energy Recovery 15800 Air Distribution/Duct Work 15810 Duct Cleaning 15850 Air Handling 15900 Controls 15935 Lonworks Temperature Control 15950 Testing/Adjusting/Balance</p> <p>16000 All Division 16 - Electrical</p> <p>16050 Basic Electrical Materials/Methods 16080 Electrical Testing 16100 Wiring Methods 16200 Power Generation 16300 High Voltage Distribution - 600V+ 16400 Service/Distribution - 600V & Less 16500 Lighting 16550 Special Systems 16700 Communications 16710 Communication Circuits 16800 Sound And Video (Tv Studios) 16810 Surveillance Cameras/Cat 5/Cat 6</p> <p>99999 General Contractor 99999 General Contractor</p> |



STATEMENT OF PERSONAL NET WORTH

Each owner of the firm seeking to qualify a firm for enrollment in the Small Business Mentoring Program-Tier 1 (“SBMP-Tier 1”) must submit a notarized Statement of Personal Net Worth with appropriate support documentation. If any owner has a personal net worth that exceeds \$3.5 million, the Applicant Firm cannot qualify for the SBMP-Tier 1.

Personal net worth is the net value of the assets of an individual remaining after the total liabilities are deducted. An individual's personal net worth does not include the individual's ownership interest in the Applicant Firm or the individual's equity in his or her primary place of residence. It does include the individual's interest in affiliate firms. An individual's personal net worth includes only his or her share of assets held jointly or as community property with the individual's spouse.

A Statement of Personal Net Worth must be completed for each owner of the firm seeking to qualify a firm for the SBMP-Tier 1.

Each individual submitting a Statement of Personal Net Worth must also submit his or her most recently filed U.S. Individual Income Tax Return, including all schedules and attachments, for the last two years. If the previous year's return is unavailable, the individual must submit his or her most recently filed return, together with a signed copy of the Request for Extension. If the individual is married and filing separately, he or she must also submit the corresponding individual tax returns of his or her spouse.

All information must be submitted to:

Metropolitan Transportation Authority
2 Broadway, 4th Floor
New York, NY, 10004
Attention: SBDP Prequalification Unit

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information the Applicant Firm is providing on this form, including information about key persons in the firm, is requested pursuant to the New York State Public Authorities Law for the purposes of the Metropolitan Transportation Authority (“MTA”) determining the Applicant Firm’s enrollment and continued eligibility for the Small Business Mentoring Program-Tier 1 (“SBMP-Tier 1”) and for administering the SBMP-Tier 1 and all related MTA programs and policies. Failure to provide the specified information and authorization requested may, in the sole discretion of the MTA, prevent your firm’s enrollment or continued participation in the SBMP-Tier 1. If you are accepted into the SBMP-Tier 1, the information will be kept in a file maintained by MTA’s Office of Construction Oversight, or other files maintained under the authority of the MTA. Information which, because of any name, number, symbol, mark or other identifier, can be used to identify a person (“Personal Information”), shall be received, maintained and used by MTA and the SBMP-Tier 1 solely for the above stated purposes and will be protected from public disclosure to the fullest extent permitted by law.



STATEMENT OF PERSONAL NET WORTH

As of _____, _____

Complete this form for each owner of the firm seeking to qualify a firm for the Small Business Mentoring Program-Tier 1.

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

City, State & Zip Code: _____

Business Name of Applicant: _____

| ASSETS | (Omit Cents) | LIABILITIES | (Omit Cents) |
|---|--------------|--|--------------|
| Cash on hand & in Banks | \$ | Accounts Payable..... | \$ |
| Savings Accounts | \$ | Notes Payable to Bank and Others..... (Describe in Section 2) | \$ |
| IRA or Other Retirement Account..... (Describe in Section 5) | \$ | Installment Account (Auto)..... Mon. Payments \$ _____ | \$ |
| Accounts & Notes Receivable..... (Describe in Section 5) | \$ | Installment Account (Other)..... Mon. Payments \$ _____ | \$ |
| Life Insurance-Cash Surrender Value Only..... (Complete Section 8) | \$ | Loan on Life Insurance..... | \$ |
| Stocks and Bonds..... (Describe in Section 3) | \$ | Mortgages on Real Estate..... (Describe in Section 4) | \$ |
| Real Estate (exclude primary residence)..... (Describe in Section 4) | \$ | Unpaid Taxes..... (Describe in Section 6) | \$ |
| Automobile-Present Value..... (Describe in Section 5, and include Year/Make/Model) | \$ | Other Liabilities..... (Describe in Section 7) | \$ |
| Other Personal Property..... (Describe in Section 5) | \$ | Total Liabilities..... | \$ |
| Other Assets..... (Describe in Section 5) | \$ | Net Worth..... | \$ |
| Total Assets..... | \$ | Total Liabilities..... | \$ |

| Section 1. Source of Income | | Contingent Liabilities | |
|-------------------------------------|----|--|----|
| Salary..... | \$ | As Endorser or Co-Maker..... | \$ |
| Net Investment Income..... | \$ | Legal Claims & Judgments..... | \$ |
| Real Estate Income | \$ | Provisions for Federal Income Tax..... | \$ |
| Other Income (Describe below)*..... | \$ | Other Special Debt..... | \$ |

Description of Other Income in Section 1:

*Alimony or child support payments need not be disclosed in "Other Income" unless is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

| Name and Address of Note holder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
|------------------------------------|------------------|-----------------|----------------|---------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

Section 3. Stocks and Bond. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|------------------|--------------------|------|---------------------------------|----------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed. Do NOT include your primary residence.)

| | Property A | Property B | Property C |
|----------------------------------|------------|------------|------------|
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Name of Mortgage Holder Mortgage | | | |
| Account Number Mortgage balance | | | |

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency. Ownership interest in affiliate firms must be included. Use attachments if necessary).

Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, and to what property, if any, a tax lien is attached).

Section 7. Other Liabilities (Describe *in* detail. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Section 8. Life Insurance held (Give face amount and cash surrender value of policies — name of insurance company and beneficiaries).

I authorize the Metropolitan Transportation Authority (“MTA”) to verify the accuracy of the statements made in order to determine whether I meet the standards of qualification for participation in the Small Business Mentoring Program-Tier 1 of the MTA.

Print Name: _____ Social Security Number: _____
 Signature: _____ Date: _____
 Title: _____

I swear that the foregoing statements and attachments are true and accurate. I understand that any misrepresentation in the Statement of Personal Net Worth will be grounds for termination from the Small Business Mentoring Program of the Metropolitan Transportation Authority. I further understand that any misrepresentation made in this Statement of Personal Net Worth is subject to both the civil and criminal laws of the State of New York and may also be referred to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

SWORN BEFORE ME

On this _____ day of _____, 20____ Signature: _____
 Name: _____
 Date: _____

Notary Public
 My Commission Expires: _____