



**Department of  
Social Services**

Human Resources  
Administration

Department of  
Homeless Services

**Office of Contracts**

**Steven Banks**  
Commissioner

**Martha A. Calhoun**  
General Counsel

**Vincent Pullo**  
Agency Chief  
Contracting Officer

**150 Greenwich Street  
New York, NY 10007**

**929 221 6347**

March 4, 2020

**Re: Addendum #1 to the  
Negotiated Acquisition for the  
Provision of Commercial Hotel  
Services for the Properties  
Currently Managed by Children's  
Community Services, Inc.  
EPIN: 07120N0001**

Dear Potential Applicant:

The Department of Homeless Services ("DHS") appreciates your interest in the Negotiated Acquisition for the Provision of Commercial Hotel Services for the Properties Currently Managed by Children's Community Services, issued on March 2, 2020.

Please find attached Addendum #1 for the above referenced Negotiated Acquisition.

Addendum #1 contains:

- Attachment A: Attached to this Addendum as Attachment A is the Doing Business Data Form. Applicants must complete the form and return it as part of the application process.
- Attachment B: Attached to this Addendum as Attachment B is the Acknowledgment of Addenda Form. Applicants must complete the form and return it as part of the application process.

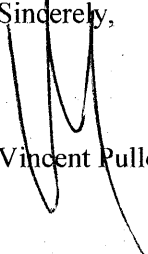
Please acknowledge your receipt of Addendum #1 by listing in on the Acknowledgment of Addenda Form and including it in your proposal submission

Applicants are reminded that they must **HAND DELIVER** their applications by **Wednesday, March 18, 2020 at 2:00 PM to:**

NYC Department of Social Services  
Office of the Agency Chief Contracting Officer  
150 Greenwich Street, 37<sup>th</sup> Floor, Bid Widow  
New York, NY 10007

Proposals received at this location after the proposal due date and time are late and shall not be accepted by the Agency, except as provided under the New York City Procurement Policy Board Rules.

Sincerely,

A handwritten signature in black ink, appearing to be 'Vincent Pullo', written over the printed name.

Vincent Pullo

**Attachment A**  
**DOING BUSINESS DATA FORM**

# Doing Business Data Form

## Update Form

A Doing Business Data Form must be completed by an entity when an individual who is or was affiliated with that entity requests to be removed from the Doing Business Database, or when an entity wants to update its information. Please either type responses directly into this fillable form, or print answers by hand in black ink. For all submissions, please be sure to fill out the certification box on the last page, and return the completed Data Form (along with the Request for Removal) to the Doing Business Accountability Project, 253 Broadway, 9th floor, New York, NY 10007 or via email to [DoingBusiness@mocs.nyc.gov](mailto:DoingBusiness@mocs.nyc.gov). **This Data Form is separate from that used to collect information from entities receiving, applying for or proposing on an award, agreement or solicitation.**

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, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPort registration or VENDEX requirements.**

Please contact the Doing Business Accountability Project at [DoingBusiness@mocs.nyc.gov](mailto:DoingBusiness@mocs.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

*If you are completing this form by hand, please print clearly.*

### Entity Information

Entity EIN/TIN \_\_\_\_\_ Entity Name \_\_\_\_\_

#### Filing Status

**NEW:** Data Forms submitted now must include the listing of **organizations**, as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.

#### (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 \_\_\_\_\_ E-mail \_\_\_\_\_

*Provide your e-mail address in order to receive notices regarding this form by e-mail.*

### Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

#### Chief Executive Officer (CEO) or equivalent officer

*The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.*

This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former CEO \_\_\_\_\_ on date \_\_\_\_\_

#### Chief Financial Officer (CFO) or equivalent officer

*The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.*

This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former CFO \_\_\_\_\_ on date \_\_\_\_\_

#### Chief Operating Officer (COO) or equivalent officer

*The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.*

This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former COO \_\_\_\_\_ on date \_\_\_\_\_

**Principal Owners**

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- The entity is an individual
- No individual or organization owns 10% or more of the entity

Other (explain) \_\_\_\_\_

**Individual Owners (who own or control 10% or more of the entity)**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Organization Owners (that own or control 10% or more of the entity)**

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

**Remove the following previously-reported Principal Owners**

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

**Senior Managers**

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Remove the following previously-reported Senior Managers**

Name \_\_\_\_\_ removal date \_\_\_\_\_

Name \_\_\_\_\_ removal date \_\_\_\_\_

**Certification**

I certify that the information submitted on these two pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name \_\_\_\_\_ Title \_\_\_\_\_

Entity Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT B  
ACKNOWLEDGEMENT OF ADDENDA**

**Application - Negotiated Acquisition for the Provision of Commercial Hotel Services for the Properties Currently Managed by Children's Community Services  
EPIN: 07120N0001**

**Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III.**

Part I

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum # 1, Dated \_\_\_\_\_, 2020

Addendum # 2, Dated \_\_\_\_\_, 2020

Addendum # 3, Dated \_\_\_\_\_, 2020

Addendum # 4, Dated \_\_\_\_\_, 2020

Addendum # 5, Dated \_\_\_\_\_, 2020

Addendum # 6, Dated \_\_\_\_\_, 2020

Addendum # 7, Dated \_\_\_\_\_, 2020

Addendum # 8, Dated \_\_\_\_\_, 2020

Addendum # 9, Dated \_\_\_\_\_, 2020

Part II

\_\_\_\_\_ No Addendum was received in connection with this RFP.

Part III

Proposer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_