

# Renew the HHS Prequalification

This guide is for providers who completed HHS Prequalification (PQL) in the past, but their **HHS Prequalification's Current Status is Expired or will be expiring soon**.

## How It Works:

- Providers are encouraged to renew their HHS prequalification **before it expires**. The Health and Human Service (HHS) Prequalification Application is required to compete for Human/Client Service funding. The HHS PQL Application collects information to verify each organization's ability to establish or maintain a business relationship with the City.
- **Organizations must have an Approved HHS PQL Application to respond to human/client service solicitations released in PASSPort.**
- HHS prequalification may be used for City Council Discretionary award clearance. **Exception:** If an organization **only receives** City Council Discretionary award funding and **will not compete** for Human/Client Service Requests for Proposals (RFPs), complete the [Discretionary PQL Application](#) instead.
- **Important:** Nonprofits that are required to submit their annual NYS Charities Bureau Filings **must renew their HHS PQL application annually** in PASSPort to maintain prequalification. Only HHS prequalified providers are eligible to respond to Human/Client Service RFPs and compete for funding from City Agencies.

**Tip:** Best practice for providers approaching HHS prequalification expiration is to start the renewal 30 to 60 days prior to expiry.

HHS PQL applications are reviewed by the Mayor's Office of Contract Services (MOCS), and once an organization's PQL is again Approved, most nonprofits are **prequalified until their organization's [annual financial statement or report expires](#)**. Some organizations, such as for profits, will maintain prequalification for 3 years.

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## **Before We Begin**

The steps below can be completed by users provisioned with the roles:

- **Vendor Admin**
- **Vendor Procurement L1** (cannot submit application to MOCS)
- **Vendor Procurement L2**

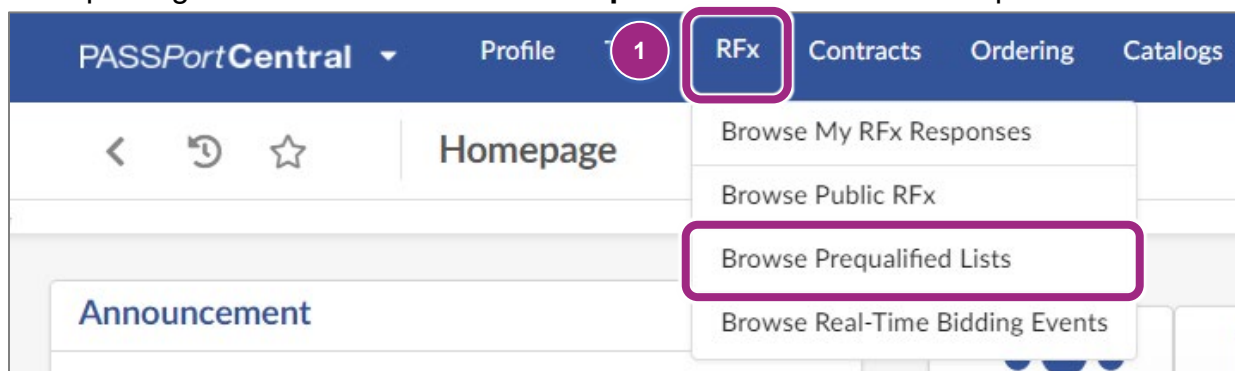
Proceed to [Find the HHS Prequalification List](#) in PASSPort.

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## Find the HHS Prequalification List

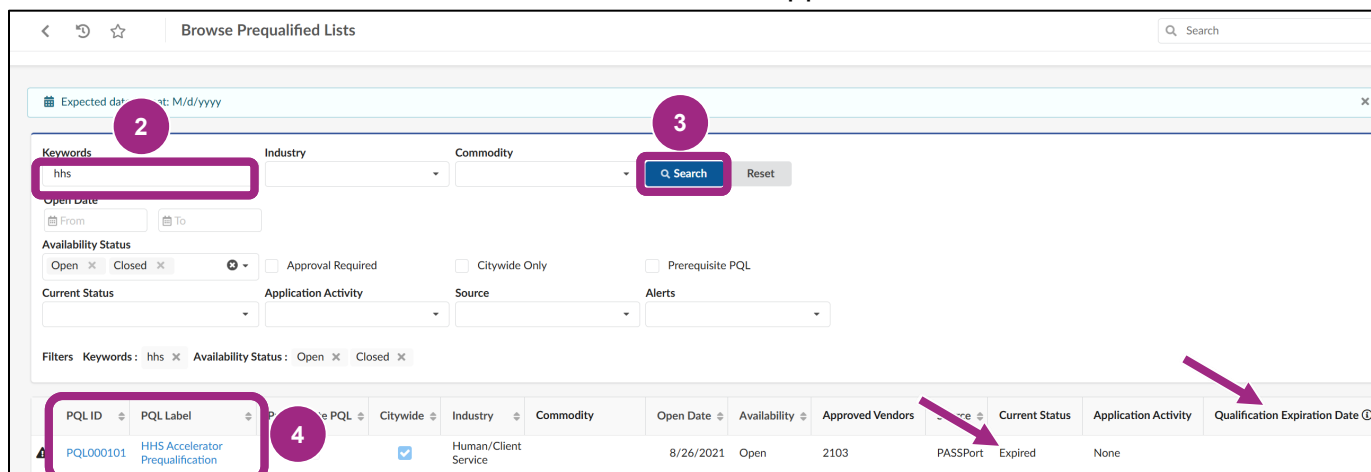
All prequalified lists in PASSPort are accessible from the same central location in PASSPort, including the HHS Accelerator Prequalification list. Follow the steps below to find and view the HHS Prequalification list.

1. From the PASSPort Homepage, or anywhere in PASSPort Central, click (or hover over) **RFx** in the top navigation and select **Browse Prequalified Lists** from the drop-down menu.



The Browse Prequalified Lists page displays with all open and closed prequalified lists.

2. To search for the HHS Accelerator Prequalification list, type “hhs” or “101” in the **Keywords** field.
3. Click the **Search** button and the list will display in the table below the search parameters. In this provider’s case, the Current Status of their prequalification is Expired. Providers who are still Approved will see a Qualification Expiration Date in the respective column.
4. Click the **PQL ID** or **PQL Label** to view the HHS PQL application.



The Overview tab of the HHS PQL application displays.

The **Overview** tab contains information related to the prequalified list and where your organization stands in relation to the list.

- a) The **PQL Information** section provides key information about the PQL, including the PQL ID, PQL Label, the Managing Agency, Industry and more.
- b) The **Vendor Status** section contains information specific to your organization related to the PQL such as the Application ID (a unique identifier related to your organization's PQL application), Application Activity status, your **Current Status** and the **Qualification Expiration Date**. Providers renewing their HHS PQL Application may have a Current Status of Approved or Expired. **Providers are encouraged to renew their HHS prequalification before it expires to avoid a lapse.**

**Note:** The Qualification Expiration Date is driven by the Validity End Date of Required Documents submitted in the Documents tab. The document's Validity End Date signifies the expiration of prequalification.

▼ PQL Information

a

PQL ID

PQL000101

Availability

Open

PQL Label

HHS Accelerator Prequalification

Industry

Human/Client Service

Commodities

Managing Agency

OFFICE OF CONTRACT SERVICES

☒ Citywide

Open Date

8/26/2021

Source

PASSPort

Close Date

Approved Vendors

2,103

▼ Vendor Status

b

Application ID

PQA000735

Current Status

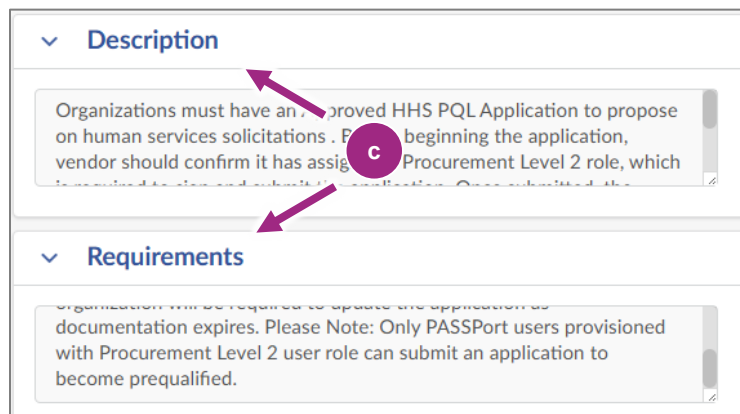
Expired

Application Activity

None

Qualification Expiration Date

- c) The **Description** and **Requirements** sections provide a brief description of the PQL and any instructions or requirements that apply to the PQL.



✓ **Description**

Organizations must have an approved HHS PQL Application to propose on human services solicitations. For beginning the application, vendor should confirm it has assigned a user with Procurement Level 2 role, which is required to be submitted for prequalification. Once submitted, the

✓ **Requirements**

Organization will be required to update the application as documentation expires. Please Note: Only PASSPort users provisioned with Procurement Level 2 user role can submit an application to become prequalified.

Proceed to [Update the HHS PQL Application](#).

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## Update the HHS Accelerator PQL Application

1. In the Overview tab, click the **Update Application** button located at the top of the page.

The screenshot shows the 'Overview' tab of the 'PQA004010:HHS Accelerator Prequalification' application. At the top right, there are four buttons: 'Save', 'Save and Close', 'Update Application' (highlighted with a red box and a red circle with the number 1), and 'Close'. Below these buttons, there is an 'Alert' section with a yellow warning message: '- A Document attached to this PQL Application has expired.' Below the alert is the 'PQL Information' section, which contains fields for 'PQL ID' (PQL000101), 'Availability' (Open), 'PQL Label' (HHS Accelerator Prequalification), and 'PQL Description'.

2. The page refreshes creating a renewal Draft application and changes to some sections of the Overview tab and to the PQL:
  - New buttons appear at the top of the PQL: Save, Save and Close, Submit for Review, Cancel Application and Close.
  - In the Overview tab, a new Alert section will appear before the PQL Information section.
  - In the Vendor Status section, the Application ID will show the unique identifier of the application that was created, and Application Activity will update to Draft status.

**Important:** The renewal Draft application carries over documents from the most recently approved PQL application. **Be sure to remove and replace old, outdated documents with current ones.**

The screenshot shows the 'Overview' tab of the 'PQA004010:HHS Accelerator Prequalification' application. At the top right, there are five buttons: 'Save', 'Save and Close', 'Submit for Review' (highlighted with a red box), 'Cancel Application', and 'Close'. Below these buttons, there is a message: 'Fields marked by an asterisk \* are mandatory'. Below this message is an 'Alert' section with a yellow warning message: '- You must complete all required fields before submitting' (highlighted with a red box and a red arrow). Below the alert is the 'PQL Information' section, which contains fields for 'PQL ID' (PQL000101), 'Availability' (Open), 'PQL Label' (HHS Accelerator Prequalification), and 'PQL Description'.

Vendor Status

Application ID

PQA016003

Current Status

Expired

Application Activity

Draft

Qualification Expiration Date

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## Review and Complete the Questionnaire

1. In the HHS Accelerator PQL, go to the **Questionnaire** tab.
2. In the Questionnaire tab's Overview, click the green **Access Questionnaire** button to view the initial prompt in the Questionnaire's Business Information section.

The screenshot shows the 'PQA001282:HHS Accelerator Prequalification' interface. On the left, a sidebar contains 'Overview' (highlighted with a red circle 1), 'Questionnaire', 'Documents', and 'Application History'. The main area has a top bar with 'Save', 'Save and Close', 'Close', 'Submit for Review', 'Cancel Application', and 'Close' buttons. Below this, the 'Questionnaire' tab is active, showing an 'Overview' section with 'Business Information 0 / 1'. A red circle 2 highlights the 'Access Questionnaire' button. To the right, there are sections for 'Response Overview' and 'Creation By Import'.

3. The Business Information displays with the prompt to identify your organization's Corporate Structure. Click the **Answer** drop-down and select Nonprofit or For Profit. In a renewal application, this is pre-selected based on the previous PQL application. Do **not** update this **unless** the corporate structure changed.

The screenshot shows the 'Business Information' section of the questionnaire. It includes a 'Corporate Structure' field with an 'Answer\*' drop-down menu (highlighted with a red circle 3). The drop-down menu shows 'Nonprofit' and 'For Profit' options. The interface also includes a top bar with 'Save', 'Save and Close', 'Submit for Review', 'Cancel Application', and 'Close' buttons, and a sidebar with 'Overview', 'Questionnaire', 'Documents', and 'Application History'.

The rest of the Questionnaire will display based on the Corporate Structure selected. Proceed to the relevant section in this guide: [Nonprofit Questionnaire](#) or [For Profit Questionnaire](#).



## The Nonprofit Questionnaire

Vendors will be required to upload the **current versions** of key **business documents**, describe how their organization performs financial controls, and certify they have submitted a specific Financial Statement or Report in the Documents tab.

Required business documents for nonprofit organizations in the HHS Accelerator PQL Questionnaire:

- a. **Certificate of Incorporation** or Equivalent
  - b. **Board of Directors List** or Equivalent
  - c. **Corporate By-Laws** or Equivalent
  - d. **IRS Determination Letter** [501(c)3 exemption, **not** IRS 147c], if the answer is Yes to Tax Filing question.
  - e. **Conflict of Interest Policy and/or Board Conflict of Interest Policy**. Nonprofits are required to have this policy per the NYS Not-for-Profit Corporation Law and will certify they have and will upload the document.
  - f. **Whistleblower Policy**. Nonprofits are required to have this policy per the NYS Not-for-Profit Corporation Law and will certify they have and will upload the document.
1. To upload the business documents (a, b, c, d, e, and f), click the **Click or Drag to add a file** buttons by each business document listed, locate the file on your computer and select it.

**Certificate of Incorporation or Equivalent**  
Upload a copy of the original Certificate of Incorporation or equivalent, and, if applicable, all amendment documents and the most recent Certificate of Incorporation or equivalent.

Answer

① Click or Drag to add a file 1

Certificate of Incorporation.docx Certificate of Incorporation\_2024.docx

**Corporate By-Laws**  
Upload your organization's Corporate By-Laws.

Answer

① Click or Drag to add a file

Corporate By-Laws as of 10.5.2022.docx

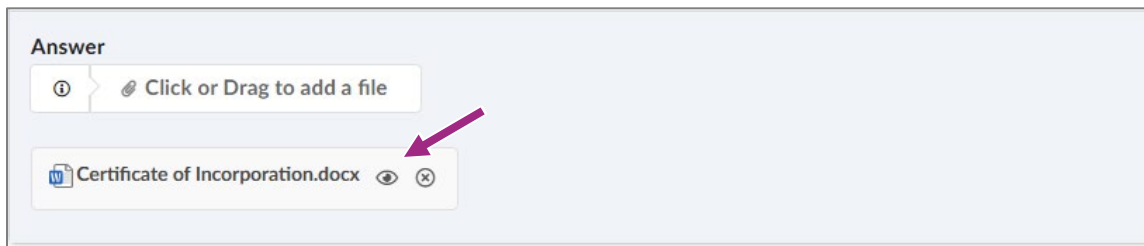
**Board of Directors**  
Upload your organization's Board of Directors List.

Answer

① Click or Drag to add a file

Board of Directors List.docx

- Each uploaded file will appear below the Click or Drag to add a file button.

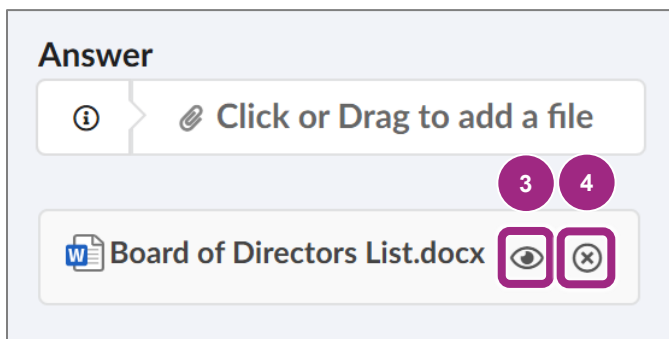


Answer

Click or Drag to add a file

Certificate of Incorporation.docx

- Click the **preview** icon to the right of the file name to preview and verify the correct file was uploaded.
- Click the encircled **X** to the right of the preview icon to remove outdated and incorrect documents from the PQL application. Upload the correct file.



Answer

Click or Drag to add a file

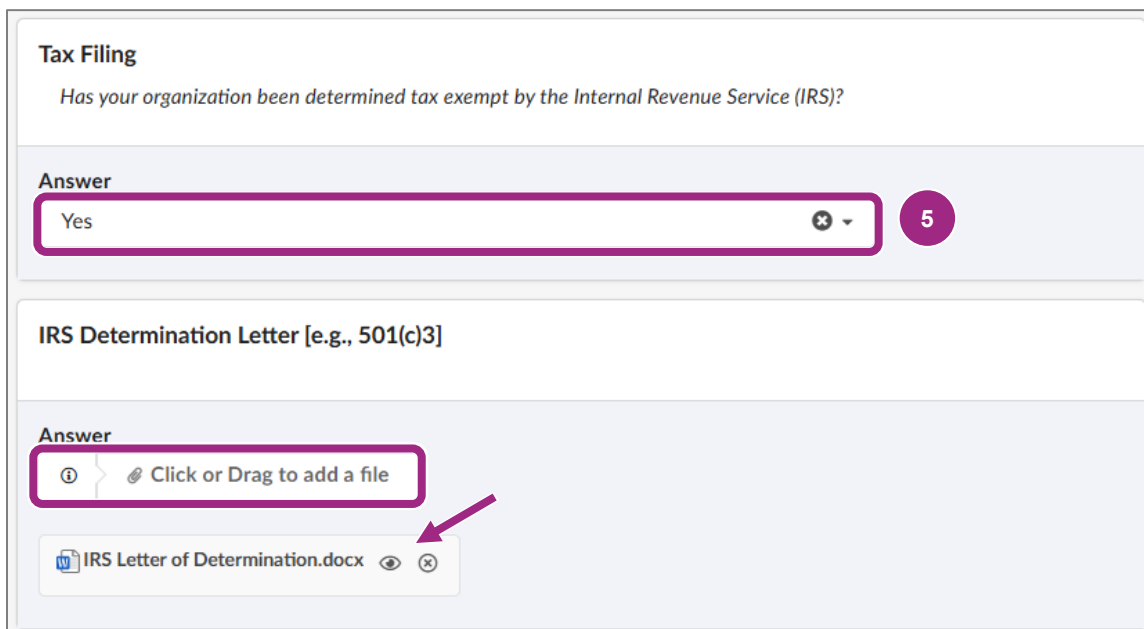
Board of Directors List.docx

3 4

- Respond to the Tax Filing question: Has your organization been determined tax exempt by the Internal Revenue Service (IRS)?

**If Yes is selected from the Answer drop-down**, a new prompt to upload the IRS Determination Letter 501(c)3 appears. For tax exempt organizations, click the **Click or Drag to add a file** button to locate the 501(c)3 on your local computer and select it. The document will appear below.

**Note:** Tax exemption applies to most nonprofit organizations and, therefore, most nonprofits should select Yes and submit their 501(c)3.



Tax Filing

Has your organization been determined tax exempt by the Internal Revenue Service (IRS)?

Answer

Yes

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IRS Determination Letter [e.g., 501(c)3]

Answer

Click or Drag to add a file

IRS Letter of Determination.docx

6. Read the Conflict of Interest Policy instructions.
7. To certify, click the **Answer** drop-down and select from the drop-down **I certify that my organization has a Conflict of Interest Policy and/or a Board Conflict of Interest Policy, and I am uploading a copy of the policy(ies)**. If you do not have a policy, your application will not be approved.

**Note:** All nonprofit organizations must have an internal Conflict of Interest Policy (per New York State law).

8. Enter a **Comment** to explain your response. If **I do not certify** was selected, then the comment is required.
9. Click the **Click or Drag to add a files** button to locate the policy on your local computer and select it. The document will appear below.

The screenshot shows a web form titled "Conflict of Interest Policy and/or Board Conflict of Interest Policy". Below the title is instructional text: "According to the Nonprofit Revitalization Act, all nonprofit organizations are required to have a Conflict of Interest Policy and/or Board Conflict of Interest Policy. Using the drop-down menu below, please certify. Upload all documents as a single attachment." A purple arrow points from callout 6 to this text.

The form has three main sections:

- Answer:** A drop-down menu is shown with the selected option: "I certify that my organization has a Conflict of Interest Policy and/or a Board Conflict of Interest Policy, and I am uploading a copy of the policy(ies)". A purple box highlights this text, with callout 7 pointing to it.
- Comment:** A text area contains the text: "My organization maintains a policy. Attaching the latest version with the most recent updates to policy|". A green checkmark is visible on the right side of the text area. Callout 8 points to this section.
- Attachment:** A button labeled "Click or Drag to add a file" is highlighted with a purple box and callout 9. Below it, a file named "CommodityEnrollmentSupportingDoc.docx" is shown with a red minus icon to its right. A purple arrow points from callout 9 to the button.

In the scenario above, the wrong document was uploaded and will have to be replaced with the organization's policy document as one file.

**Note:** This document cannot be deleted in the same way as the previous documents via the X icon which is unavailable here. In this case, and for the Whistleblower Policy, the way to remove it and add a new policy document is to replace it via the **Click or Drag to add a file** button and select a new file to replace it.

10. Read the Whistleblower Policy instructions.
11. To certify, click the **Answer** drop-down and select from the drop-down **I certify that my organization has a Whistleblower Policy, and I am uploading a copy of the policy OR I certify that my organization's revenue does not exceed \$1,000,000 and is exempt from having a Whistleblower Policy**. If certifying that your organization is exempt, the Attachment is not required.

12. Click the **Click or Drag to add a file** button to locate the policy on your local computer and select it. The document will appear below.

**Tip:** Refer to your IRS 990 form to verify your organization's annual revenue.

The screenshot shows a form titled "Whistleblower Policy". The text inside the form reads: "According to the Nonprofit Revitalization Act, Nonprofits with revenues that exceed \$1,000,000 are required to have a Whistleblower Policy. Using the drop-down menu below, please certify whether your organization has a Whistleblower Policy or is exempt from this requirement. If your organization is subject to the requirement, upload a copy of your organization's policy." A purple circle with the number 10 points to this text. Below the text is an "Answer" section with a text input field containing "I certify that my organization has a Whistleblower Policy, and I am uploading a copy of the policy." and a dropdown menu with a red 'x' icon. A purple circle with the number 11 points to this section. Below the answer is an "Attachment\*" section with a "Click or Drag to add a file" button. A purple circle with the number 12 points to this button. Below the button is a file upload area showing a document icon and the text "Whistleblower Policy as of 10.5.2022.docx" with an eye icon and a red minus icon.

If the wrong file was uploaded, replace it by uploading a new one via the **Click or Drag to add a file** button.

13. To answer the **Financial Controls Part 1** and **Part 2** questions, click the **Answer** drop-down and make the selection that matches your organization's financial practice. In some cases, providing a **Comment** is required. Required Comments will have a red asterisk \*.
- Part 1:** Does your organization require two individuals to sign each check?
    - Select **Yes** if this is the case and add an optional **Comment** for clarification. Or,
    - Select **No [Please explain]** and then add a required **Comment** to explain why your organization does not have this financial control.
  - Part 1 (Continued):** If **yes**, indicate when two individuals are required to sign each check.
    - Select **All Checks** and add an optional **Comment** for clarification. Or,
    - Select **Above a specific amount (enter amount)** and enter the amount in the required **Comment** field.
  - Part 2:** Are different staff members responsible for authorizing and recording financial transactions?
    - Select **Yes** if this is the case and add an optional **Comment** for clarification. Or,
    - Select **No [Please explain]** and then add a required **Comment** to explain why your organization does not have this financial control.

Financial Controls Part 1

Does your organization require two individuals to sign each check?

13

Answer

Yes

Comment

Yes, 2 individuals sign each check when the value is over a specific amount.

Financial Controls Part 1 (Continued)

If yes, indicate when two individuals are required to sign each check.

Answer

Above a specific amount (enter amount)

Comment\*

When the check amount is \$500 or more.

Financial Controls Part 2

Are different staff members responsible for authorizing and recording financial transactions?

Answer

Yes

Comment

Yes, we are practicing separation of duty to mitigate risk.

14. Read the instructions under the Documents Tab Certification – Filings Documents – Charities Filing or Exemption Documentation. This final prompt in the Questionnaire will be to certify that your organization, as a nonprofit, has uploaded the **most recent Charities Bureau Annual Filing, supporting documentation for filing exemption, or a 30-day extension request** into the Documents tab of this PQL application.

At this point, go to the Documents tab to [Replace the Required Document](#). After replacing the document, click the **Questionnaire** tab to certify you uploaded the Charities Filing or Exemption or 30-day extension request.

15. To complete the certification, click the **Answer** drop-down and select **one of eight available options** based on whether your organization is new to filing, exempt from filing, requests a 30-day extension to file a copy of the financial statement, or select the option corresponding to the organization's annual revenue and the associated Charities Bureau requirement.

**Note:** Your selection determines the [financial document\(s\)](#) to be added in the Documents tab. It's common for organizations to submit the wrong or incomplete documentation which will result in a returned application requiring revisions.

**Important:** To obtain a 30-day extension for either the CPA report on financial statements or the CPA Audited Financial Statements, select the appropriate option in the drop-down. You must upload a signed letter on letterhead requesting the extension along with the CHAR500 and IRS 990.

For example, if an organization is **brand new to Filing** with the Charities Bureau they should select **I certify that the organization is new to Filing with the Charities Bureau and a CHAR500 is not yet due, and I have uploaded a copy of the filed CHAR410 in the Documents tab.**

Documents Tab Certification - Charities Filing or Exemption Documentation

To become prequalified, all nonprofits are required to submit their most recent New York State (NYS) Charities Bureau Annual Filing, including required attachments, such as IRS 990 and CPA Review/Audit as one electronic file. If your organization is exempt from filing with the NYS Charities Bureau, your organization is required to submit an Exemption Letter from NYS Charities or a letter on your business letterhead explaining why your organization is exempt and your organization's 12-month Financial Statement. Please refer to the NYS Charities Bureau to see what is required for your organization. The HHS Prequalification requirements align with the requirements of the NYS Charities Bureau.

**How to upload Filings Document or Exemption Letter:**  
Please visit the [Resources Library](#) on the MOCS website, find the section called **Show the City Who You Are** and read the **Submit the HHS Prequalification (PQL) Application** guide.

**Filings Document Validity Start and End Dates:**  
In the Documents tab, nonprofits are required to add the Required Document (Annual Filing or Exemption) either by (1) uploading from their computer or (2) linking from the PASSPort Vault. The **Validity Start Date** should be the **HHS PQL application submission date**. The **End Date** should be the organization's **next Charities Bureau Filing Due Date**. To determine the Due Date of the organization's next annual filing, contact the NYS Charities Bureau or review the Annual Filing Schedule in the Submit the HHS Prequalification (PQL) Application guide.

**Exemption Letter:**  
If adding an Exemption Letter, the Validity End Date for the document is three years from the HHS PQL application submission date. **Example:** If the submission date is March 4, 2025, the Validity End Date for an Exemption Letter is March 4, 2028.

**Note:** If the Required Document is to be **linked** from the PASSPort Vault to the PQL application, it's required to change the Validity Start and End Dates via the PASSPort Vault **prior to linking**. Refer to the [Resources Library](#) to access the **Submit the HHS Prequalification (PQL) Application** guide for instructions to change the document's Start and End Dates.

**Important:** When the document's Validity expires, your organization's HHS PQL Application status will change from Approved to Expired.

Using the drop-down below, please certify that your organization has added the necessary documentation in the Documents tab of this PQL application.

Answer

After updating the [financial document\(s\)](#) in the Documents tab and certifying submission of the document, **continue to the next step** to complete the remaining questions in the questionnaire.

16. Click the **Answer** drop-down to select **Yes** or **No** in response to the question on **Financial Transactions with Related Parties**:

From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did the Contractor have any business transactions, make any payments, and/or enter into any Related Party Transaction with a Related Party, or Related Organization?

**Financial Transactions with Related Parties**

*From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did the Contractor have any business transactions, make any payments, and/or enter into any Related Party Transaction with a Related Party, or Related Organization?*

Answer

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**Note:** For definition of terms on this topic, view [this policy and guidance for human services contractors](#).

If **No** is selected, proceed to the next question on Familial Financial Transactions with Related Parties.

If **Yes** is selected, additional questions will display. Complete **Financial Transactions with Related Parties Parts 2 and 3**.

17. Read the instructions for **Financial Transactions with Related Parties Part 2**.

**Financial Transactions with Related Parties Part 2**

*Instructions:*  
*For each transaction, please provide the following information in the box below:*

- 1. Name of the Related Party or Related Organization (Name of Person or Company that was paid)*
- 2. Total amount of payment (Exact Amount)*
- 3. All funding sources for payment (City, State, Federal, Other – list all funding sources the money came from)*
- 4. Purpose of the payment (what was the payment for?)*

*See example below:*

- 1. Name of Related Party or Related Organization: Name of related organization*
- 2. Total Amount of payment: \$1,200,000.00*
- 3. Funding sources: Federal and City*
- 4. Purpose of payment: Monthly janitorial services for the main office building*

**IMPORTANT NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE SAME BOX.**

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18. Enter in the **Answer** field each transaction your organization made with a related party. The follow **four items are required** for each transaction:

1. Name of related party or related organization
2. Total amount of payment
3. All funding sources for payment
4. Purpose of the payment

**Financial Transactions with Related Parties Part 2**  
*Instructions:*  
*For each transaction, please provide the following information in the box below:*  
  

1. *Name of the Related Party or Related Organization (Name of Person or Company that was paid)*
2. *Total amount of payment (Exact Amount)*
3. *All funding sources for payment (City, State, Federal, Other – list all funding sources the money came from)*
4. *Purpose of the payment (what was the payment for?)*

  
*See example below:*  
  

1. *Name of Related Party or Related Organization: Name of related organization*
2. *Total Amount of payment: \$1,200,000.00*
3. *Funding sources: Federal and City*
4. *Purpose of payment: Monthly janitorial services for the main office building*

  
**IMPORTANT NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE SAME BOX.**

Answer

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**Note:** If there is more than one transaction, list the four items for each transaction together, then list the next directly below in the same field.

19. Click the **Answer** drop-down to complete the **Financial Transactions with Related Parties Part 3** and confirm whether transaction(s) reported contain a written agreement governing them.

- a. **Yes. I have uploaded the written agreement(s) governing the transaction(s).**
  - a. If selected, click the **Click or Drag to add file** button to upload one file combining all written agreements governing the transactions reported above. Adding a Comment is not required.
- b. **No. The transaction(s) reported do not contain written agreements. See explanation in Comment box below.**
  - b. If selected, enter in the **Comment** field an explanation why the reported transaction(s) did not include written agreement(s).



**Financial Transactions with Related Parties Part 3**

*Using the drop-down menu below, please confirm whether the transaction(s) reported contain a written agreement governing the transaction(s). Upload all the written agreements governing the transaction(s), as a single attachment.*

**19**

Answer

Comment **b**

Attachement

**a** Click or Drag to add a file

20. Click the **Answer** drop-down to select **Yes** or **No** in response to the question on **Familial Financial Transactions with Related Parties**:

From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did any of the Contractor's Directors, Officers, Key Persons, and/or their Relatives receive Compensation from any Related Party or Related Organization in addition to Compensation from the Contractor?

**Familial Financial Transactions with Related Parties**

*From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did any of the Contractor's Directors, Officers, Key Persons, and/or their Relatives receive Compensation from any Related Party or Related Organization in addition to Compensation from the Contractor?*

Answer **20**

If **No** is selected, proceed to the next question on Direct and Familial Beneficial or Financial Transactions with Related Parties.

If **Yes** is selected, an additional question will display. Complete **Familial Financial Transactions with Related Parties Part 2**.

21. Read the instructions for **Familial Financial Transactions with Related Parties Part 2**.

22. Enter **each transaction** made in the **Answer** field and include all seven of the following items:

1. Is this person a director, officer, key person, or relative?
2. Name of director, officer, key person, or relative
3. Name of related party or related organization that paid compensation
4. EIN for related party or related organization that paid compensation
5. Amount of compensation paid
6. All sources of funding for compensation
7. Purpose of compensation

#### Familial Financial Transactions with Related Parties Part 2

*Instructions: Please provide additional information for each Director, Officer, Key Person, or Relative who received compensation from both the Contractor and a Related Party and/or a Related Organization.*

*For each transaction, please provide the following information in the box below:*

1. *Is this person a Director, Officer, Key Person, or a Relative? (What title does this person hold)*
2. *Name of Director, Officer, Key Person, or Relative (Name of Person or Company that was paid)*
3. *Name of Related Party or Related Organization that paid Compensation (Name of the related party or organization that paid the person)*
4. *EIN for Related Party or Related Organization that paid Compensation (employer identification number (EIN) that is assigned to a business entity)*
5. *Amount of Compensation Paid (Exact Amount)*
6. *All sources of funding for Compensation (City, State, Federal, Other – list all funding sources the money came from)*
7. *Purpose of Compensation (what was the payment for?)*

*See example below:*

1. *Is this person a Director, Officer, Key Person, or a Relative? Relative of Director*
2. *Name of Director, Officer, Key Person, or Relative: First and Last Name of relative*
3. *Name of Related Party or Related Organization that paid Compensation: Full name of Related Party*
4. *EIN for Related Party or Related Organization that paid Compensation: 000000000*
5. *Amount of Compensation Paid: \$700,000*
6. *All sources of funding for Compensation: City and Grant*
7. *Purpose of Compensation: Printing outreach materials (banners, brochures, billboards etc.) for community programs and initiatives*

**NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE SAME COMMENT BOX.**

Answer

**Note:** If there is more than one transaction, list the seven items for each transaction together, then list the next directly below in the same field.

23. Click the **Answer** drop-down to select **Yes** or **No** in response to the question on **Direct and Familial Beneficial or Financial Transactions with Related Parties**:

From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did any of the Contractor's Directors, Officers, Key Persons or any Relatives of a Director, Officer, or Key Person have any beneficial interest or financial interest, whether direct or indirect, in any transaction involving the Contractor, any Related Party or Related Organization?

**Direct and Familial Beneficial or Financial Transactions with Related Parties**

*From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did any of the Contractor's Directors, Officers, Key Persons or any Relatives of a Director, Officer, or Key Person have any beneficial interest or financial interest, whether direct or indirect, in any transaction involving the Contractor, any Related Party or Related Organization?*

Answer

23

If **No** is selected, proceed to the next question on Real Property & Ownership Interest with Related Parties.

If **Yes** is selected, an additional question will display. Complete **Direct and Familial Financial Transactions with Related Parties Part 2**.

24. Read the instructions for **Direct and Familial Financial Transactions with Related Parties Part 2**.

25. Enter **each transaction** made in the **Answer** field and include all seven of the following items:

1. Is this person a director, officer, key person or a relative?
2. Name of director, officer, key person or relative
3. Describe the nature of financial or beneficial interest
4. Name of entity involved
5. EIN of entity involved
6. All sources of funding
7. Transaction purpose and funding amount (if applicable)

**Direct and Familial Financial Transactions with Related Parties Part 2**

**Instructions:** Please provide the following additional information for each Director, Officer, Key Person, or Relative and each transaction that benefitted them in the box below:

1. Is this person a Director, Officer, Key Person, or a Relative? (What title does this person hold)
2. Name of Director, Officer, Key Person, or Relative (Name of Person that was involved in transaction)
3. Describe the nature of financial or beneficial interest (Describe how and why a person (such as the people involved in this transaction) may benefit from a transaction either personally or financially)
4. Name of Entity involved in transaction (List the Name of the company involved)
5. EIN for Entity involved in transaction (Employer identification number (EIN) that is assigned to a business entity)
6. All sources of funding for transaction (City, State, Federal, Other – list all funding sources the money came from)
7. Transaction Purpose (Including any amounts, if applicable)

**See example below:**

1. **Is this person a Director, Officer, Key Person, or a Relative?** Key Person
2. **Name of Director, Officer, Key Person, or Relative:** First and Last name of Key Person
3. **Describe the nature of financial or beneficial interest:** Key Person's spouse is co-owner of the food catering company that received the payment.
4. **Name of Entity involved in transaction:** Full Business Name of Entity
5. **EIN for Entity involved in transaction:** 000000000
6. **All sources of funding for Compensation:** State
7. **Transaction Purpose (including any amounts, if applicable):** Meal Services for the staff & community luncheon, totaling \$10,000 for two community events.

**NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE COMMENT BOX BELOW.**

Answer

**Note:** If there is **more than one** transaction, list the seven items for each transaction together, then list the next directly below in the same field.

26. Click the **Answer** drop-down to select **Yes** or **No** in response to the question on **Real Property & Ownership Interest with Related Parties**:

From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did any of the Contractor's Directors, Officers, or Key Persons, or any Relatives of a Director, Officer, or Key Person have real property and/or an ownership interest of 5% or more, whether direct or indirect, in any entity doing business with the Contractor, any Related Party, or Related Organization, or beneficial ownership of any privately-held subcontractors and vendors for payments exceeding \$100,000 (including landlords, maintenance providers, food vendors, and other major suppliers)?

**Real Property & Ownership Interest with Related Parties**

*From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did any of the Contractor's Directors, Officers, or Key Persons, or any Relatives of a Director, Officer, or Key Person have real property and/or an ownership interest of 5% or more, whether direct or indirect, in any entity doing business with the Contractor, any Related Party, or Related Organization, or beneficial ownership of any privately-held subcontractors and vendors for payments exceeding \$100,000 (including landlords, maintenance providers, food vendors, and other major suppliers)?*

Answer

26

If **No** is selected, proceed to the next question on Compliance with Disclosure Statement Requirements.

If **Yes** is selected, additional questions will display. Complete **Real Property & Ownership Interest with Related Parties Parts 2 and 3**.

27. Read the instructions for **Real Property & Ownership Interest with Related Parties Part 2**.

28. Enter **each transaction** made in the **Answer** field and include all six of the following items:

1. Is this person a director, officer, key person or a relative?
2. Name of director, officer, key person or relative
3. Name of entity doing business with Contractor
4. EIN of entity doing business with Contractor
5. Describe the nature of the business and any transactions or payments.
6. What best describes the beneficial ownership of the real property? Select one: property owner; landlord; sublessor; not applicable. If not applicable is selected, explain why.

#### Real Property & Ownership Interest with Related Parties Part 2

**Instructions: Please provide the following additional information for each Director, Officer, Key Person, or Relative in the box below:**

1. Is this person a Director, Officer, Key Person, or a Relative? (What title does this person hold)
2. The name of the Director, Officer, Key Person, or Relative with an ownership interest (Name of Person that was involved in the transaction)
3. The name of the entity doing business with the Contractor (List the Name of the company involved)
4. EIN of Entity doing business with the Contractor (Employer identification number (EIN) that is assigned to a business entity)
5. Describe the nature of the business and any transactions or payments (Describe how and why a person (such as the people involved in this transaction) may benefit from a transaction either personally or financially)
6. Select what best describes the beneficial ownership of the real property ( select from Property Owner/ Landlord/ Sublessor /Not Applicable. If not applicable, explain)

27

**See example below:**

1. Is this person a Director, Officer, Key Person, or a Relative? Officer
2. The name of the Director, Officer, Key Person, or Relative with an ownership interest: First and Last name of Officer
3. The name of the entity doing business with the Contractor: Full Business Name of Entity
4. EIN of Entity doing business with the Contractor: 000000000
5. Describe the nature of the business and any transactions or payments: The Officer owns 50% of FULL BUSINESS NAME OF ENTITY, which receives payment from the Contractor for renting office space to Contractor.
6. Select what best describes the beneficial ownership of the real property: Landlord

**NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION.**

28

Answer



**Note:** If there is **more than one** transaction, list the six items for each transaction together, then list the next directly below in the same field.

29. Click the **Answer** drop-down to complete the **Real Property & Ownership Interest with Related Parties Part 3** and confirm whether transaction(s) reported contain a written agreement governing them.

- a. **Yes. I have uploaded the written agreement(s) governing the transaction(s).**
  - a. If selected, click the **Click or Drag to add file** button to upload one file combining all written agreements governing transactions. Adding a Comment is not required.
- b. **No. The transaction(s) reported do not contain written agreements. See explanation in Comment box below.**
  - b. If selected, enter in the **Comment** field an explanation why the reported transaction(s) did not include written agreement(s).

**Real Property & Ownership Interest with Related Parties Part 3**

*Using the drop-down menu below, please confirm whether the transaction(s) reported contain a written agreement governing the transaction(s). Upload all the written agreements governing the transaction(s), as a single attachment.*

29

Answer

b

Comment

Attachment

①

Click or Drag to add a file

a

30. Click the **Answer** drop-down to select **Yes** or **No** in response to the question on **Compliance with Disclosure Statement Requirements**:

In the last twelve months, did each Director complete a Conflicts of Interest disclosure statement in accordance with [Not-for-Profit Corporation Law Section 715-a\(c\)](#)?

- If **Yes** is selected, proceed to the next question on Compliance with Competitive Bidding Requirements.
- If **No** is selected, enter an explanation in the **Comment** field.

**Compliance with Disclosure Statement Requirements**

*In the last twelve months, did each Director complete a Conflicts of Interest disclosure statement in accordance with [Not-for-Profit Corporation Law Section 715-a\(c\)](#)?*

**Answer**

**Comment**

31. Click the **Answer** drop-down to select **Yes**, **No**, or **Not Applicable** in response to the question on **Compliance with Competitive Bidding Requirements**:

From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did the Contractor comply with competitive bidding requirements in the NYC Human Services Standard Contract, Section 4.05(B) in connection with any transaction that has been reported on in this prequalification application?

- If **Yes** is selected, proceed to the next question on Compliance with Board Procedure Requirements.
- If **Not Applicable (N/A). I did not report any Conflicts of Interest and/or Related Party Transactions in this prequalification application.** is selected, enter an explanation in the **Comment** field. An explanation is required.
- If **No** is selected, an additional question will display. Proceed to complete **Compliance with Competitive Bidding Requirements Part 2**.



**Compliance with Competitive Bidding Requirements**

*From the beginning of the Contractor's last IRS Form 990 reporting period to the present, did the Contractor comply with competitive bidding requirements in the NYC Human Services Standard Contract, Section 4.05(B) in connection with any transaction that has been reported on in this prequalification application?*

Answer

31

Comment

32. Read the instructions for **Compliance with Competitive Bidding Requirements Part 2**.
33. Enter **each** non-compliant **transaction** made in the **Answer** field and include all five of the following items:
1. Describe the procurement of goods and/or services that did not comply with the competitive bidding requirements.
  2. Name of related party or related organization that paid compensation
  3. Explain why the procurement was awarded in a manner that did not comply with the competitive bidding requirements.
  4. Name of program or grant that funded transaction, or specify if was
  5. Contract number of contract(s) that funded transaction (if applicable)

## Compliance with Competitive Bidding Requirements Part 2

**Instructions:** Please provide the following additional information for each Director, Officer, Key Person, or Relative in the box below:

1. Describe the procurement of goods and/or services that did not comply with the competitive bidding requirements (describe the goods or services that were bought)
2. Name of Related Party or Related Organization that paid Compensation (Name the person or company who received the payment)
3. Explain why the procurement was awarded in a manner that did not comply with the competitive bidding requirements of the NYC Contract (Explain why the contract or purchase didn't go through a proper competitive bidding process)
4. Program name that funded such transaction, or if it was allocated to the indirect cost rate (Name the program or grant that financed the transaction. If it was part of your indirect cost rate, say that instead.)
5. Contract number (if applicable) of contract(s) that funded the transaction (List the NYC contract number that paid the transaction)

32

**See example below:**

1. Describe the procurement of goods and/or services that did not comply with the competitive bidding requirements: Emergency Repair services for the building's boiler
2. Name of Related Party or Related Organization that paid Compensation: Insert Name
3. Explain why the procurement was awarded in a manner that did not comply with the competitive bidding requirements of the NYC Contract: The repair was needed immediately during a winter freeze, and there was not enough time to conduct a competitive bidding process.
4. Program name that funded such transaction, or if it was allocated to the indirect cost rate: It was allocated to the indirect cost rate due to the boiler serving the entire administrative office space, which supports multiple programs across various funding sources rather than one specific one.
5. Contract number (if applicable) of contract(s) that funded the transaction: CT-0000-0000-000

33

**NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION.**

Answer

**Note:** If there is **more than one** transaction, list the five items for each transaction together, then list the next directly below in the same field.

34. Click the **Answer** drop-down to select **Yes** or **No** in response to the question on **Compliance with Board Procedure Requirements**:

Did the Contractor comply with the [Not-for-Profit Corporation Law Section 715-a](#) required procedures in connection with any transaction that has been reported in this prequalification application, including but not limited to disclosure of the potential conflict, recusal of the conflicted Director or Officer, board consideration of alternate transactions, board approval, and contemporaneous documentation of board actions?

- If **Yes** is selected, additional questions will display. Proceed to complete **Compliance with Board Procedure Requirements Parts 2 and 3**.
- If **No** is selected, enter an explanation why in the Comment field and proceed to [Replace the Required Document](#).
- If **Not Applicable (N/A). I did not report any Conflicts of Interest and/or Related Party Transactions in this prequalification application.** is selected, enter an explanation why in the Comment field and proceed to [Add a Required Document](#).

**Compliance with Board Procedure Requirements**

*Did the Contractor comply with the [Not-for-Profit Corporation Law Section 715-a](#) required procedures in connection with any transaction that has been reported in this prequalification application, including but not limited to disclosure of the potential conflict, recusal of the conflicted Director or Officer, board consideration of alternate transactions, board approval, and contemporaneous documentation of board actions?*

**Answer**

34

**Comment**

35. Read the instructions for **Compliance with Board Procedure Requirements Part 2**.

36. Click the **Click or Drag to add file** button to upload **one file** itemizing the following information on board discussion(s) on specific date(s) and transaction(s):

1. List each transaction
2. Short description of each transaction
3. Date of board discussion and approval
4. Meeting minutes for each board action

**Compliance with Board Procedure Requirements Part 2**

*Instructions: Please upload one file itemizing the following information on board discussion(s) on specific date(s) and reported transaction(s):*

1. List each transaction reported
2. Short description of each transaction
3. Date of board discussion and approval
4. Meeting minutes for each board action (the official notes from each meeting)

Note: Be sure to upload all information in one electronic file, including combining the official board meeting minutes.

Answer

Click or Drag to add a file 36

**Note:** Be sure to upload all information in one electronic file, including combining the official board meeting minutes. For help with combining documents, refer to the [Create a PDF from Multiple Files](#) guide.

37. Click the **Click or Drag to add files** button in **Compliance with Board Procedure Requirements Part 3** to upload the Conflict of Interest disclosure statements disclosing any potential conflict in this section.

**Compliance with Board Procedure Requirements Part 3**

*Attach the Conflict of Interest disclosure statements disclosing any potential conflict.*

*Single or multiple files are allowed.*

Answer\*

Click or Drag to add files 37

After completing the questionnaire, **if you still have not updated the required document**, go to the [Replace the Required Document](#) section for steps.

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## The For Profit Questionnaire

Vendors will be required to upload the current versions of key **business documents**, describe how their organization performs **financials controls**, and **certify** that they will submit a Financial Statement or Report in the Documents tab.

Required business documents for For Profit organizations in the HHS PQL Questionnaire:

- a. **Articles of Organization** or Equivalent
- b. **Board of Directors List** or Equivalent
- c. **Corporate By-Laws** or Equivalent

**Important:** Each organization is different based on the [type of organization](#) and how it operates. Your organization may follow the special scenario guidance provided below each document prompt. For example, if your organization has had amendments to your Articles of Organization, the upload must include all amendments with the article in one file.

1. To upload the business documents, click the **Click or Drag to add a file** button by each business document listed, locate the file on your local computer and select it.

**Articles of Organization or Equivalent**

*Upload a copy of your company's original Articles of Organization or equivalent, and, if applicable, all amendment documents, and the most recent Articles of Organization or equivalent. If you are a sole proprietor, an equivalent document is a Business Certificate.*

*Guidance for Foreign or Out-of-State Businesses: Please include an Application for Authority with the Articles of Organization or Equivalent. Note, in order to do business with the City of New York, your organization must be filed with the NYS Department of State (DOS). For more information on this process, please reach out to NYS DOS.*

*DBA Names: If your organization has a DBA name, please include your Certificate of Assumed Name or equivalent certificate in the document that you upload.*

**Answer**

  Click or Drag to add files

1

### Board of Directors List or Equivalent

Upload a copy of your Board of Directors List. If your organization does not have a board, please upload a copy of your Shareholders List and be sure to include the number of shares and percentage held by each shareholder. If you are a sole proprietor, please upload a signed letter on your business letterhead certifying that your organization has neither a board nor shareholders.

Answer

Click or Drag to add a file

### Corporate By-Laws or Equivalent

Upload a copy of your organization's Corporate By-Laws. If your organization does not have Corporate By-Laws but has an Operating Agreement, please upload a copy of the Operating Agreement. If you are a sole proprietor, please upload a signed letter on your business letterhead certifying your organization does not have By-Laws.

Answer

Click or Drag to add a file

- Each uploaded file will appear beneath the Click or Drag to add files button.

Answer

Click or Drag to add files

Articles of Incorporation.docx

- Click the **preview** icon to the right of the file name to preview and verify the correct file was uploaded.
- If the wrong file is uploaded, click the encircled **X** to the right of the preview icon to remove it from the PQL application. Upload the correct file.

Answer

Click or Drag to add a file

Board of Directors List.docx

5. To answer the **Financial Controls Part 1** and **Part 2** questions, click the **Answer** drop-down and make the selection that matches your organization's financial practice. In some cases, providing a **Comment** is required. Required Comments will have a red asterisk **\***.
- Part 1:** Does your organization require two individuals to sign each check?
    - Select **Yes** if this is the case and add an optional **Comment** for clarification. Or,
    - Select **No [Please explain]** and then add a required **Comment** to explain why your organization does not have this financial control.
  - Part 1 (Continued):** If yes, indicate when two individuals are required to sign each check.
    - Select **All Checks** and add an optional **Comment** for clarification. Or,
    - Select **Above a specific amount (enter amount)** and enter the amount in the required **Comment** field.
  - Part 2:** Are different staff members responsible for authorizing and recording financial transactions?
    - Select **Yes** if this is the case and add an optional **Comment** for clarification. Or,
    - Select **No [Please explain]** and then add a required **Comment** to explain why your organization does not have this financial control.

**Financial Controls Part 1**

*Does your organization require two individuals to sign each check?*

5

**Answer**

Yes

**Comment**

Yes, 2 individuals sign each check when the value is over a specific amount.

**Financial Controls Part 1 (Continued)**

*If yes, indicate when two individuals are required to sign each check.*

**Answer**

Above a specific amount (enter amount)

**Comment \***

When the check amount is \$500 or more.



**Financial Controls Part 2**

*Are different staff members responsible for authorizing and recording financial transactions?*

**5**

**Answer**

Yes

**Comment**

Yes, we are practicing separation of duty to mitigate risk.

6. Read the instructions under the Documents Tab Certification – Filings Documents – Financial Statement. This final prompt in the Questionnaire will be to certify that your organization has uploaded the necessary documentation into the Documents tab of this PQL application.

At this point, you may skip to the [Add a Required Document](#) section in this guide, **then return to complete the final step in the Questionnaire** to certify you uploaded the Financial Statement per the instructions provided.

7. To certify, click the **Answer** drop-down and select the only available option, **I certify that I have uploaded a copy of my 12 mo. Financial Statement OR Profit and Loss Statement in the Documents Tab.**

**Documents Tab Certification - Filings Documents - Financial Statement**

*All for-profit corporations are required to submit a 12-month Financial Statement or Profit & Loss Statement to become prequalified. If your organization was formed in the last 12 months, upload your 12-month Projected Budget.*

**How to upload Filings Document:**

1. Navigate to the "Documents" tab on the left-hand navigation pane of this application; 2. Click the pencil icon next to the "Financial Statement or Report" Document Type; 3. Upload the required document as **one single PDF**; 4. Include a "Document Name" and "Validity Period".

**Document Validity Period Dates:**

In the "Documents" tab you will also be required to input a Validity Period for your document submission. "Begin Date" should be the HHS PQL application submission date; "Expiration Date" should be three years from the HHS PQL application submission date (ex: Begin Date: 8/23/21 - Expiration Date: 8/23/24). When the validity period expires, your organization's HHS PQL Application Status will change from "Approved" to "Expired" and you will be required to update your Application with current documentation.

**Using the drop-down below, please certify that your organization has uploaded the necessary documentation into the "Documents" tab of this PQL application.**

**6**

**Answer**

I certify that I have uploaded a copy of my 12 mo. Financial Statement OR Profit and Loss Statement in the Documents Tab

**7**

Go to the [Add a Required Document](#) section for steps to add this document. Otherwise, **continue to the next step** to complete the remaining questions in the questionnaire.



8. To complete the **Conflict of Interest and Less-Than-Arm's Length Agreement** questions, click the **Answer** drop-down and make the selection that matches your organization's interest and activities.

**Conflict of Interest**

*From the beginning of the Contractor's last fiscal year to the present, did the Contractor or a Covered Person have any interest that presents or constitutes a Conflict of Interest in accordance with the City of New York Health and Human Services Cost Policies and Procedures Manual?*

8

Answer

**Less-Than-Arm's length Agreement**

*From the beginning of the Contractor's last fiscal year to the present, did the Contractor enter into a "Less-Than-Arm's Length" Agreement?*

Answer

If **Yes** is selected in **either** question, additional questions will display in parts 2 and 3.

If **No** is selected in **both** questions, proceed to [Replace the Required Document](#).

9. Read the instructions in the **Conflict of Interest and Less-Than-Arm's Length Agreement Part 2** section.
10. Enter **each transaction** made in the **Answer** field. Each transaction **must** include these three items:
1. Name of parties involved
  2. Purpose of the transaction
  3. All funding sources for transaction

**Note:** If there is more than one transaction, list the three items for each transaction together, then list the next directly below in the same field.

**Conflict of Interest and Less-Than-Arm's Length Agreement Part 2**

*Instructions: If "YES" to either of the questions above, please report the following information in the box below:*

*For each transaction, provide:*

1. *The Name of The Parties Involved (Name of Person or Company that was paid)*
2. *The Purpose of The Transaction (What was the reason for the transaction?)*
3. *All funding sources for transaction (City, State, Federal, Private, Other – list all funding sources the money came from)*

*See example below:*

1. *The Name of The Parties Involved: Name of Company and Contractor's Name*
2. *The Purpose of The Transaction: Marketing and advertising services*
3. *All funding sources for transaction: City and private donor*

**IMPORTANT NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE SAME BOX.**

Answer

11. Read the instructions in the **Conflict of Interest and Less-Than-Arm's Length Agreement Part 3** section.
12. Click the **Answer** drop-down to declare one of the following:
- a. **Yes. I have uploaded the written agreement(s) governing the transaction(s).**
    - 1. If selected, click the **Click or Drag to add file** button to upload one file combining all written agreements governing transactions. Adding a Comment is not required.
  - b. **No. The transaction(s) reported do not contain written agreements. See explanation in Comment box below.**
    - b) If selected, enter in the **Comment** field an explanation why the reported transaction(s) did not include written agreement(s).

**Conflict of Interest and Less-Than-Arm's length Agreement Part 3**

*Using the drop-down menu below, please confirm whether the transaction(s) reported contain a written agreement governing the transaction(s). Upload all the written agreements governing the transaction(s), as a single attachment.*

**Answer**

12

b

**Comment**

**Attachement**

📎 Click or Drag to add a file

a

After completing the questionnaire, if you have not already added the required document, go to the [Replace the Required Document](#) section for steps.

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## Replace the Required Document

Nonprofits should first review the [list of Required Documents for Nonprofit Filers](#). For Profits will submit either 12 mo. Financial Statement **or** Profit and Loss Statement. All required documents must be combined into one pdf for upload.

To replace the Required Document(s) in the Documents tab, follow the steps below to access the Manage Documents window where you will first unlink the old document and replace by uploading your document from your computer or linking to it from the PASSPort Vault.

1. Click the **Documents** tab in the left navigation to view the Required Documents section. The Required Documents table displays with the Document Type (Financial Statement or Report), its Document Label, Status, Expiration Date and Validity. When there is no document attached the Status shows Pending Upload.
2. Click the **Manage Documents** button to edit the Required Document in this PQL application.

Tiberius

PQA016630:HHS Accelerator Prequalification

Search

1

Documents

2

Manage Documents

| Document Type                 | Document Label                                           | Document Name | Last Modified By | Last Modified Date (Your Local Time) | Status   | Begin Date | Expiration Date | Validity |
|-------------------------------|----------------------------------------------------------|---------------|------------------|--------------------------------------|----------|------------|-----------------|----------|
| Financial Statement or Report | Filings Document (i.e. Charities or Financial Statement) | Char 500.pdf  | Tiberius         | 1/24/2022 10:31:41 PM                | Uploaded | 1/24/2022  | 11/15/2022      |          |

3. The Manage Document window opens. Here you will be able to unlink and then **link to an existing file in the Vault** or **upload a file from your computer** to the application.

**Important:** You must upload all required documents in a combined PDF as certified in the questionnaire.

Manage Document

Close

| Document Type                 | Document Name | File                      | Agency Label | Status         | Upload Date  | Last Modified |
|-------------------------------|---------------|---------------------------|--------------|----------------|--------------|---------------|
| Financial Statement or Report | --            | <a href="#">Link File</a> | --           | PENDING UPLOAD | Sep 19, 2024 | Oct 09, 2024  |

**Important:** Before proceeding, please note that the document's **Validity** (Start and End Dates) must meet the criteria specified in the final prompt of the Questionnaire.

The **Start Date** must be the date of HHS Accelerator PQL application submission.

The **End Date** must be:

- a) For NYS Charities filers: Enter the [deadline for the next filing year](#), or 30 days for an extension request.
- b) For For Profits and Nonprofits exempt from Charities filings: Enter the date 3 years out from HHS Accelerator PQL submission (Start Date).

Adding a new required document can be done in one of two ways ([unlink the old document first!](#)):

**Option 1:** [Upload a document from your computer](#) (set Validity Dates upon upload) or

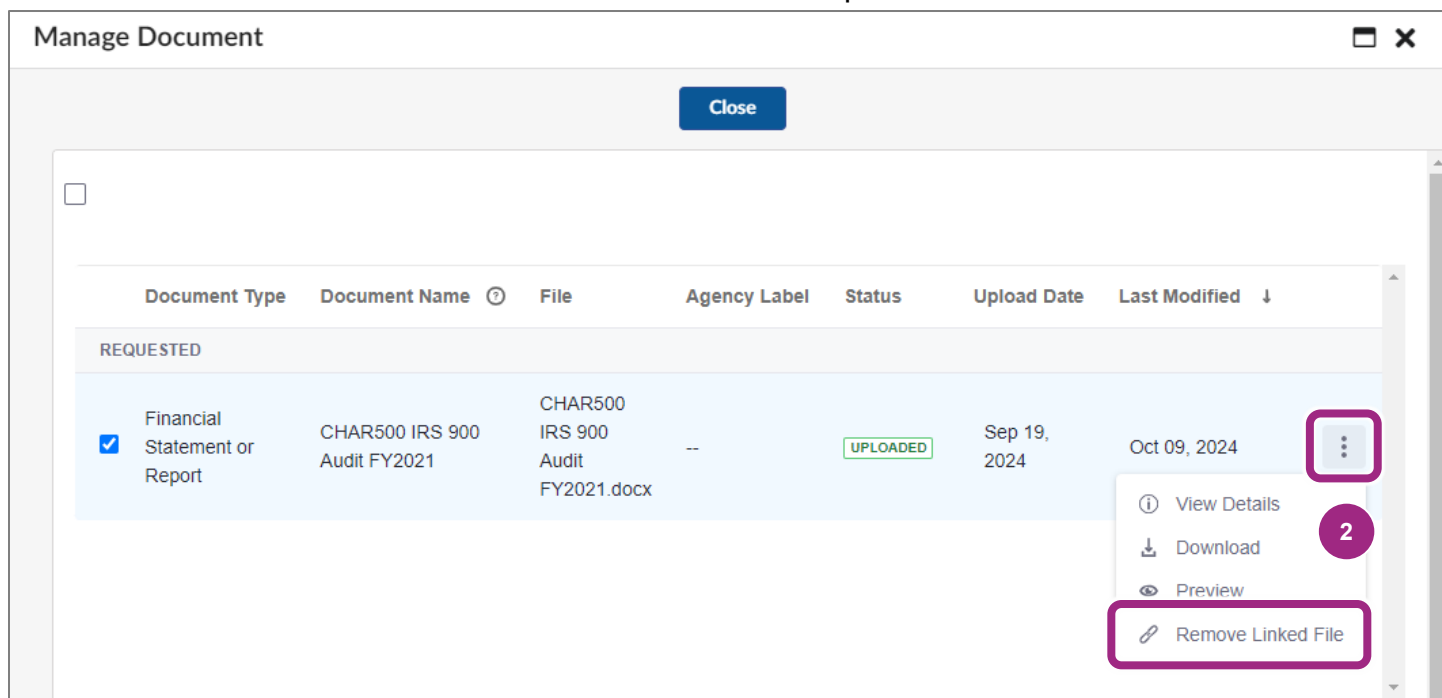
**Option 2:** [Link a document via the Vault](#) (change / verify Validity Date via Vault prior to linking).

## Unlink the Old Required Document

In the HHS PQL renewal application, **providers must first unlink the required document** copied over from the previous PQL application. The Manage Document window enables vendors to remove the old document from their renewal HHS PQL application. This process is called unlinking. **After unlinking the old document**, proceed with replacing the document and editing the Validity period.

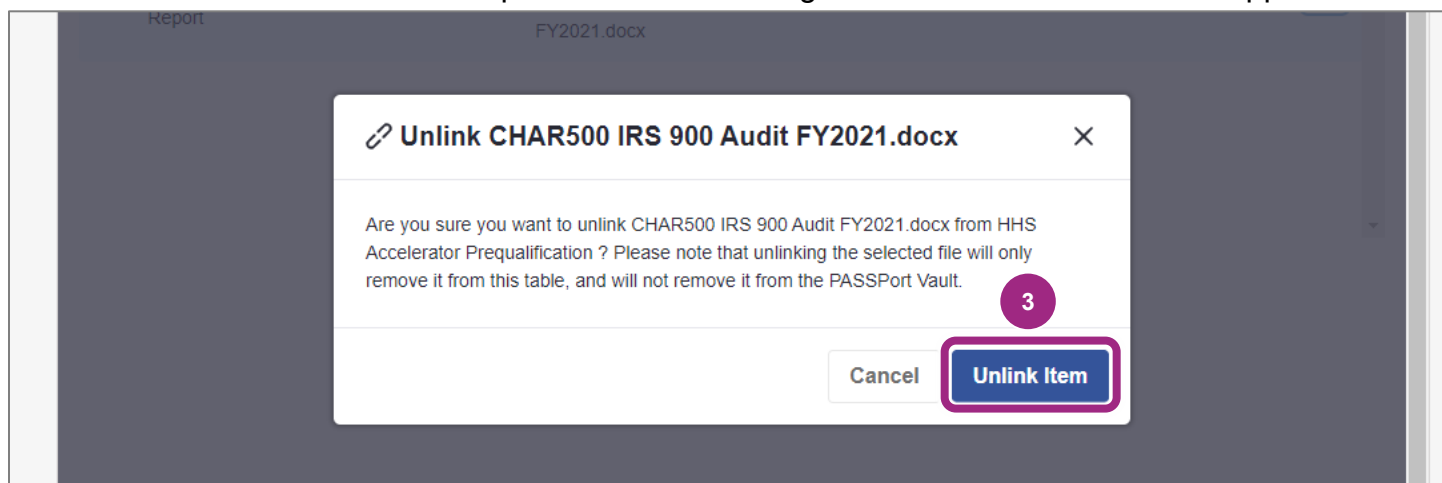
Follow the steps below to unlink the current document from the renewal PQL application.

1. Follow the instructions in the [previous section](#) of this guide to open the Manage Document window.
2. To unlink your document, click the vertical **ellipsis** (3 dots) to the right of the document's Last Modified date. Select **Remove Linked File** from the drop-down menu.



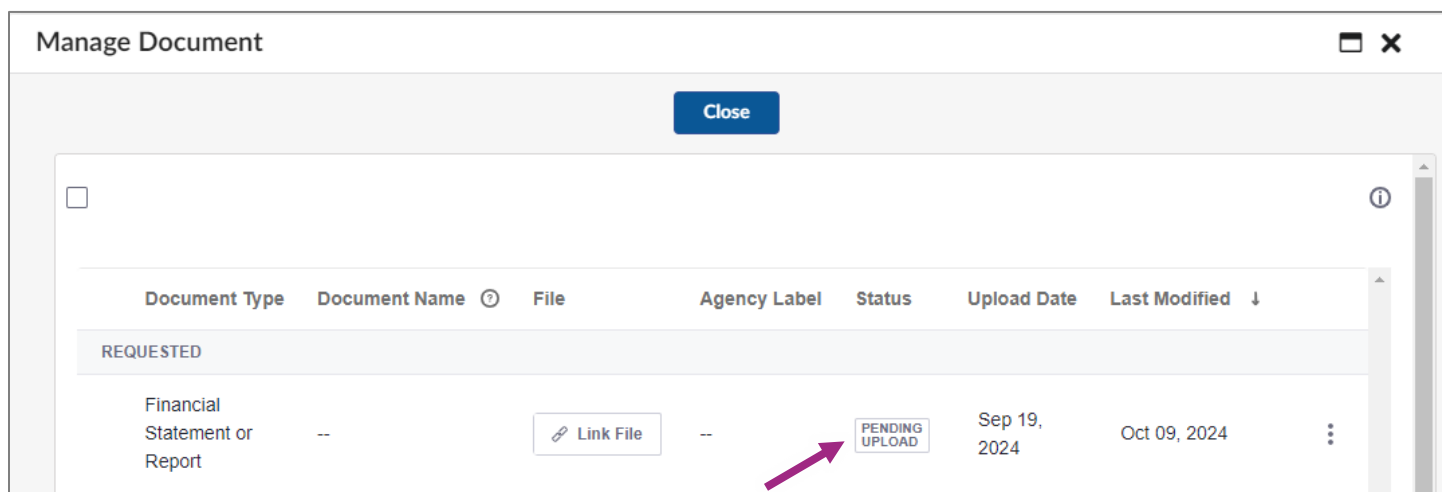
A pop-up window appears to confirm whether you wish to proceed with unlinking the document.

3. Click the **Unlink Item** button to proceed with unlinking the document from the PQL application.



The pop-up disappears and the Manage Document window becomes visible again.

4. The Requested Document's **Status** becomes Pending Upload meaning it is now possible to proceed with adding a new Financial Statement or Report via the Link File button.



Proceed to **replace the Required Document** using one of the following methods:

**Option 1:** [Upload a document from your computer](#) (set Validity Dates upon upload) or

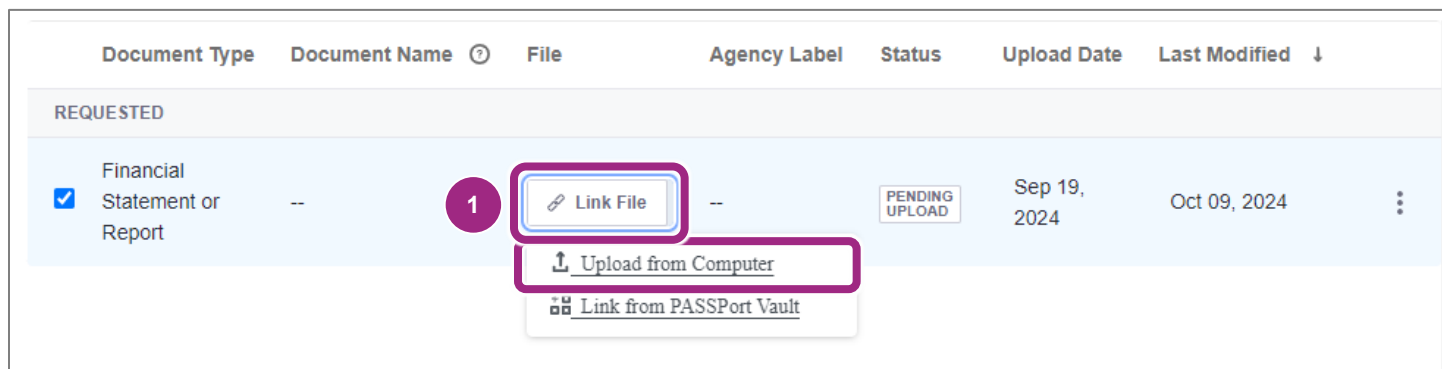
**Option 2:** [Link a document via the Vault](#) (change / verify Validity Date via Vault prior to linking).

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## Option 1: Upload a Document From Your Computer

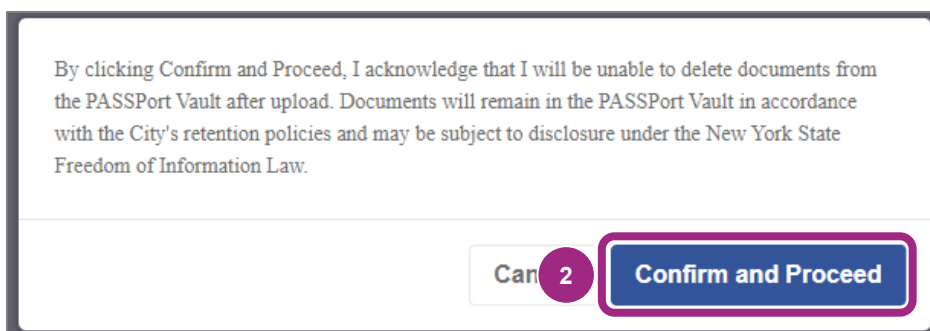
Choose this option if you need to **upload** the document from your computer. Follow the instructions below to attach it to your PQL application. Remember to **first** [unlink the old document](#).

1. Click the **Link File** button, then select **Upload from Computer** from the drop-down menu.



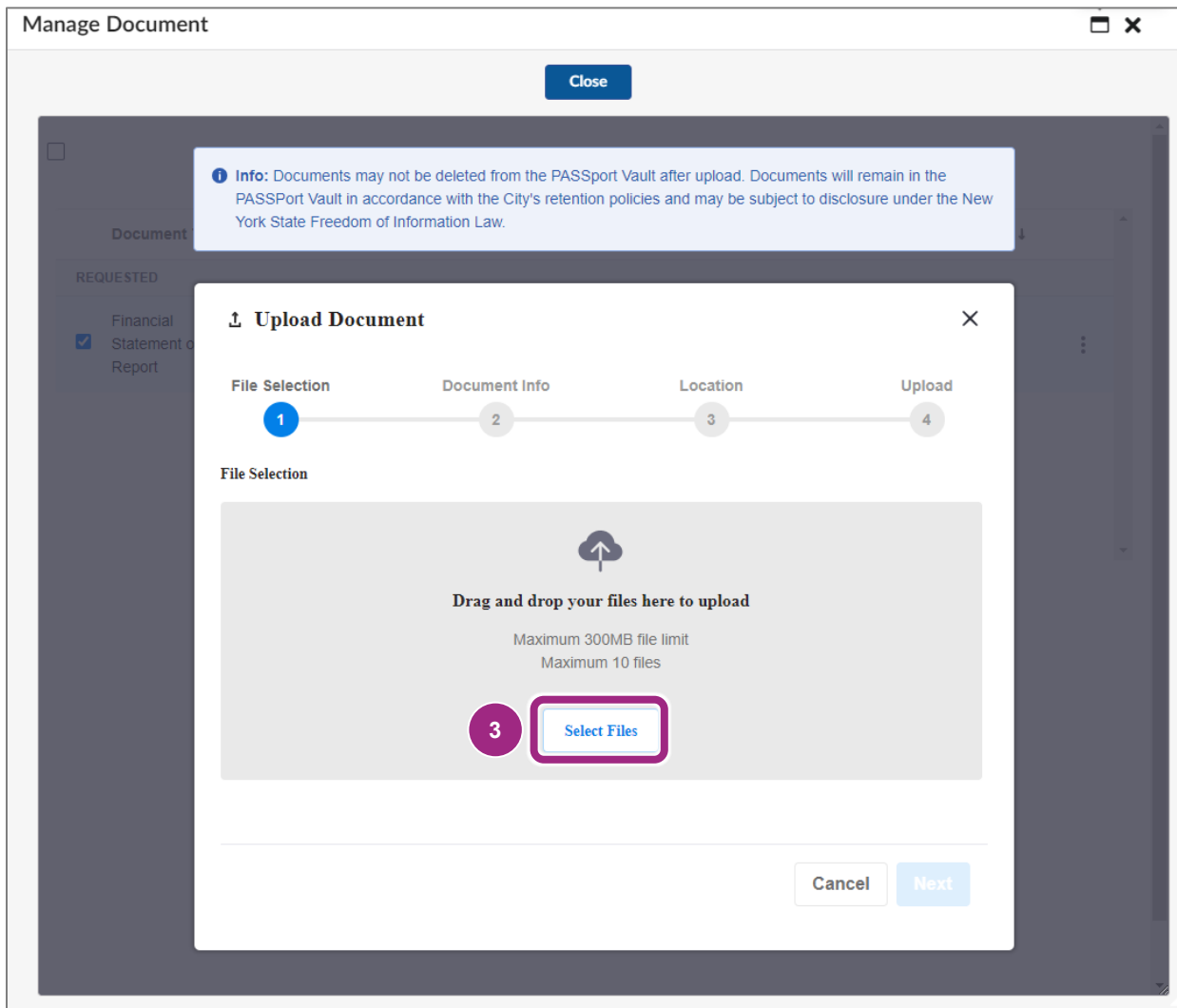
A window with a message appears. Confirm you understand that any files uploaded to the Vault cannot be deleted after upload in accordance with City record retention policies and may be subject to FOIL.

2. Read the message and click the **Confirm and Proceed** button to continue.

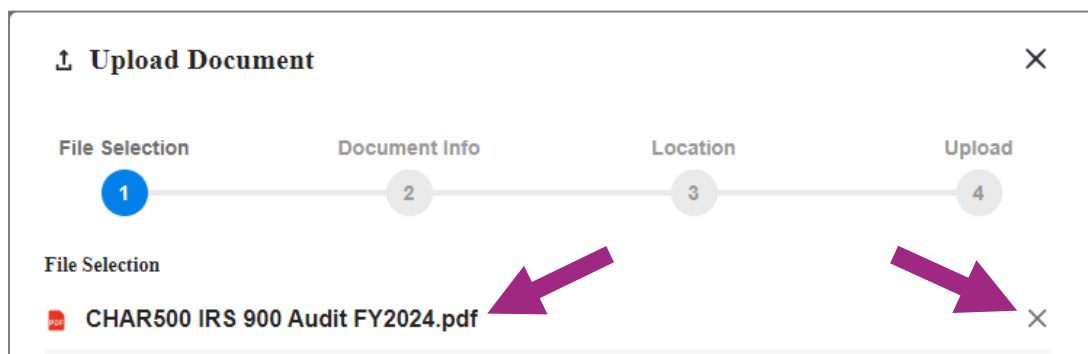


The Upload Document window displays.

3. Click the **Select Files** button to find and select the document on your computer.



4. After a file is selected from your computer, the name will display in the File Selection section.  
**If the wrong file was selected**, click the **X** to the right of the file listed and repeat step 3.



**Tip:** Document names in PASSPort must be shorter than 50 characters.  
Refer to the [Upload Files to the Vault](#) guide for more information.



5. Click the **Next** button to continue to the next Upload Document screen, Document Info.

**Upload Document**

File Selection Document Info Location Upload

1 2 3 4

File Selection

CHAR500 IRS 900 Audit FY2024.pdf

Drag and drop your files here to upload

Maximum 300MB file limit  
Maximum 10 files

Select Files

Cancel Next

6. Optional: In Document Info, edit the **Document Name** by typing a new name in the text field.
7. Click the **Document Type** drop-down and select **Financial Statement or Report** from the list.

**Upload Document**

File Selection Document Info Location Upload

✓ 1 2 3 4

DOCUMENT 1

Document Name \* Document Type \*

CHAR500 IRS 900 Audit FY2024 .pdf Financial Statement or Report

8. Select the **Start Date** which will be the day of HHS PQL application submission.
9. Select the **End Date**.
  - Nonprofits should select their **next annual** [NYS Charities Bureau filing Due Date](#).
  - Nonprofits **exempt** from submitting annual Charities Bureau filings and For Profit entities should choose the date 3 years from the application submission date.
  - Nonprofit requests for 30-day extension should choose 30-days from application submission date.
10. Optional: Add tags and a description to help you and your colleagues find this document in the Vault. **Tip:** Refer to the [Upload Files to the Vault](#) guide for more information on tags.
11. Click the **Next** button and proceed to the Location step.

The screenshot shows a form for HHS PQL application submission. It includes fields for 'Start Date' (10-10-2024) and 'End Date' (05-15-2025), both with calendar icons. Below these are 'Tags' and 'Description' text areas. The 'Tags' area has a placeholder 'Use a comma to enter tags'. The 'Description' area has a character count '0/255 Characters'. At the bottom, there are 'Back', 'Cancel', and 'Next' buttons. Numbered callouts (8-11) highlight the date fields, the tags/description area, and the 'Next' button.

Start Date \* 8

End Date \* 9

10-10-2024

05-15-2025

Tags

Use a comma to enter tags

10

Description

0/255 Characters

11

< Back

Cancel

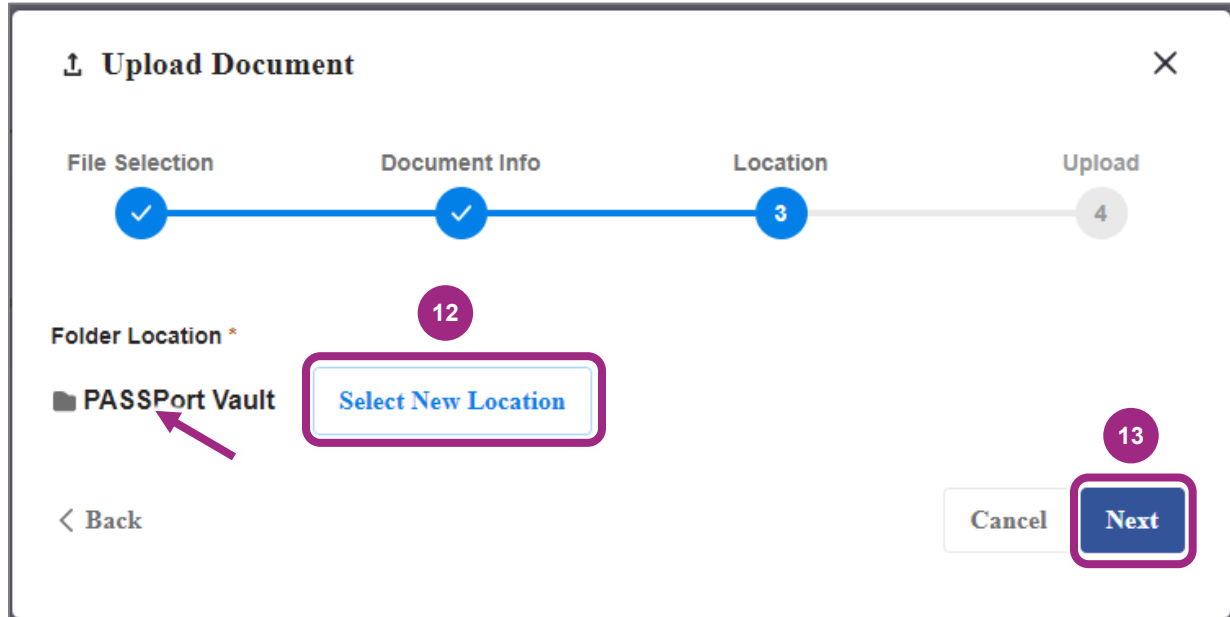
Next

12. In Location, review the Folder Location which defaults to the main PASSPort Vault folder.

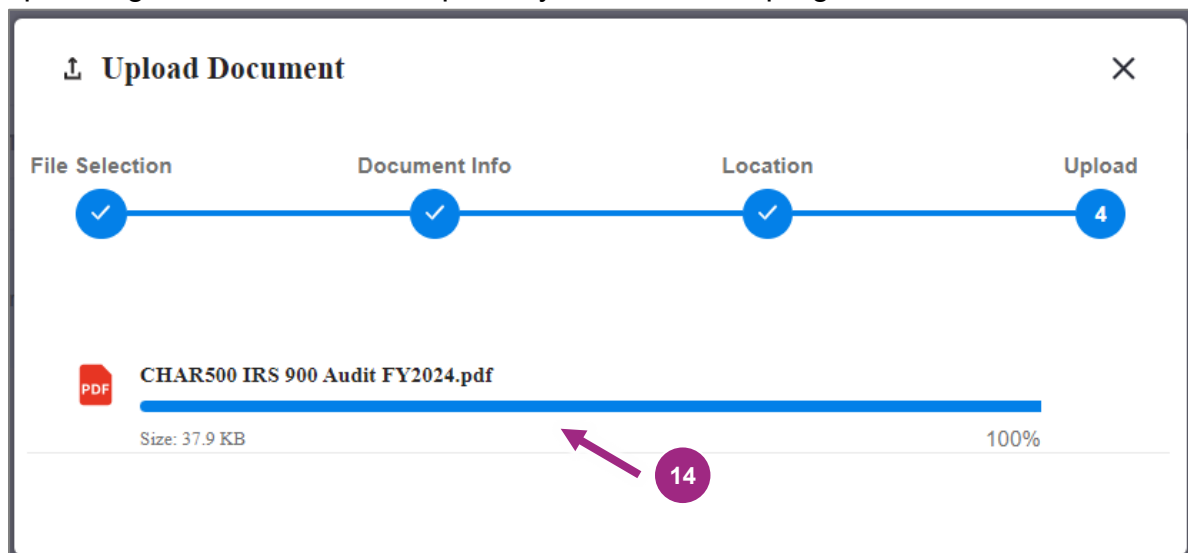
**Optional:** To change the destination folder, click the **Select New Location** button and choose the new location.

**Tip:** Refer to the [Vault Best Practices](#) guide on organizing documents and folders.

13. Click the **Next** button to proceed to the final Upload step.

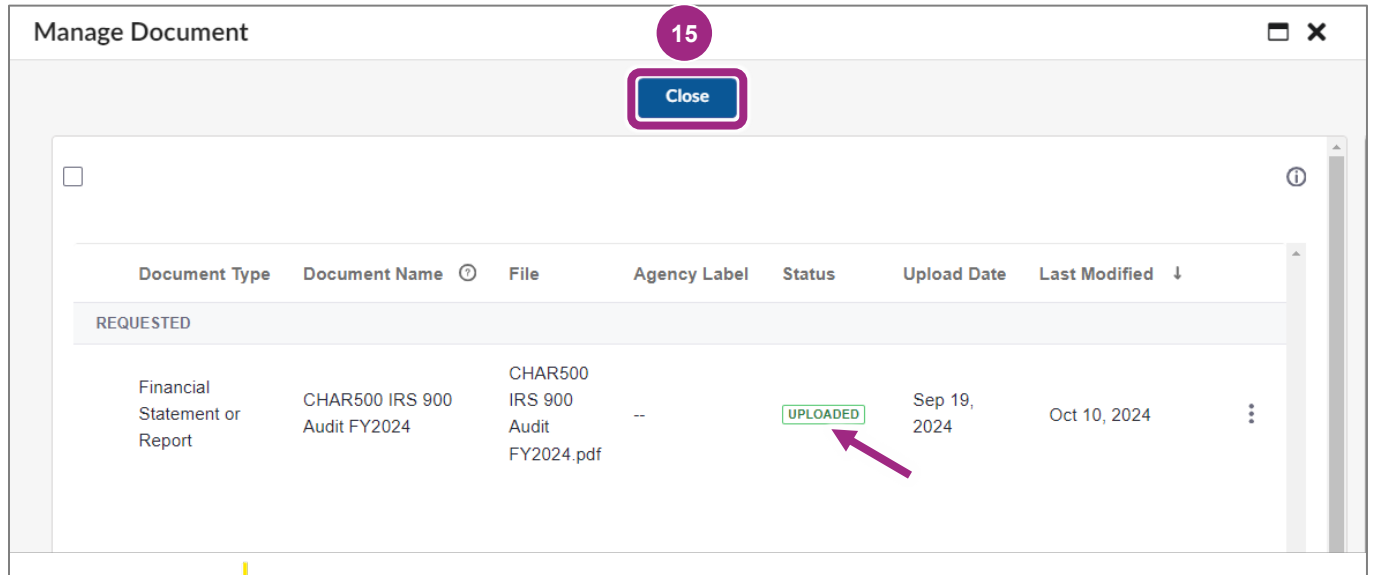


14. In Upload, you should see your PDF and filename with a progress meter below as it is uploading. After a successful upload, you will see the progress meter show 100%.



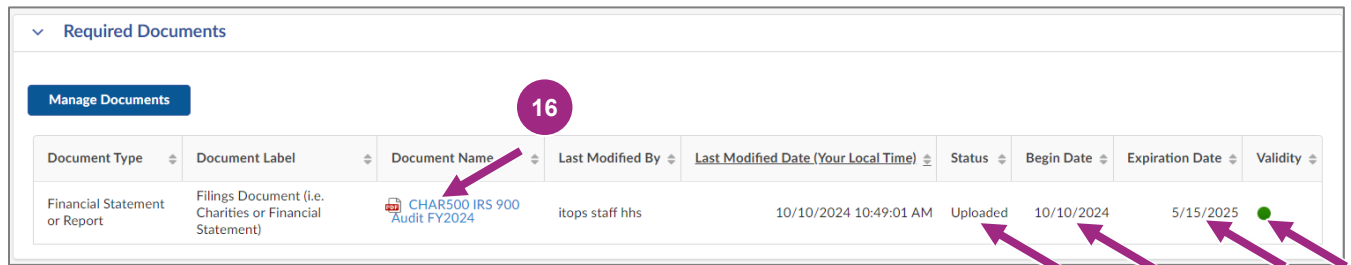
**Tip:** If your log in session times out or if the PDF doesn't upload as expected, be sure to completely log off PASSPort and close your web browser, then try again. After upload, you are returned to the Manage Documents window.

15. Review and confirm the correct file is uploaded, then click the **Close** button at the top of the window to return to the Documents tab.



16. In Required Documents, confirm the Document Name shows the uploaded file with the file icon in the table.

**Note:** The Start and End Dates appear in the table as the Begin and Expiration Dates. When the document expires, the Validity updates from green to red.



At this point, you can complete the final prompt in the Questionnaire and then [submit your HHS PQL renewal application to MOCS for review](#).

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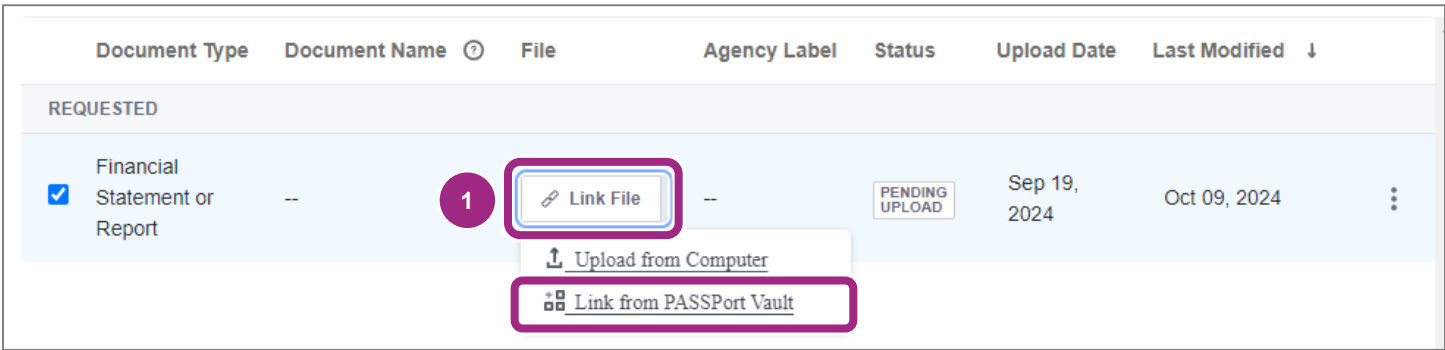
Option 2: Link a Document Via the Vault

Choose this option when you have the latest Financial Statement or Report already in your organization’s PASSPort Vault and have confirmed the Validity (**Start and End Dates**) meet the requirements for HHS Accelerator PQL submission (listed above).

**Important:** Changes to a document’s Validity must be made in the Vault **before** linking the document to the application. If the document in the Vault **does not have the proper Validity**, follow the steps in the [Change Document Start and End Dates section of this guide](#).

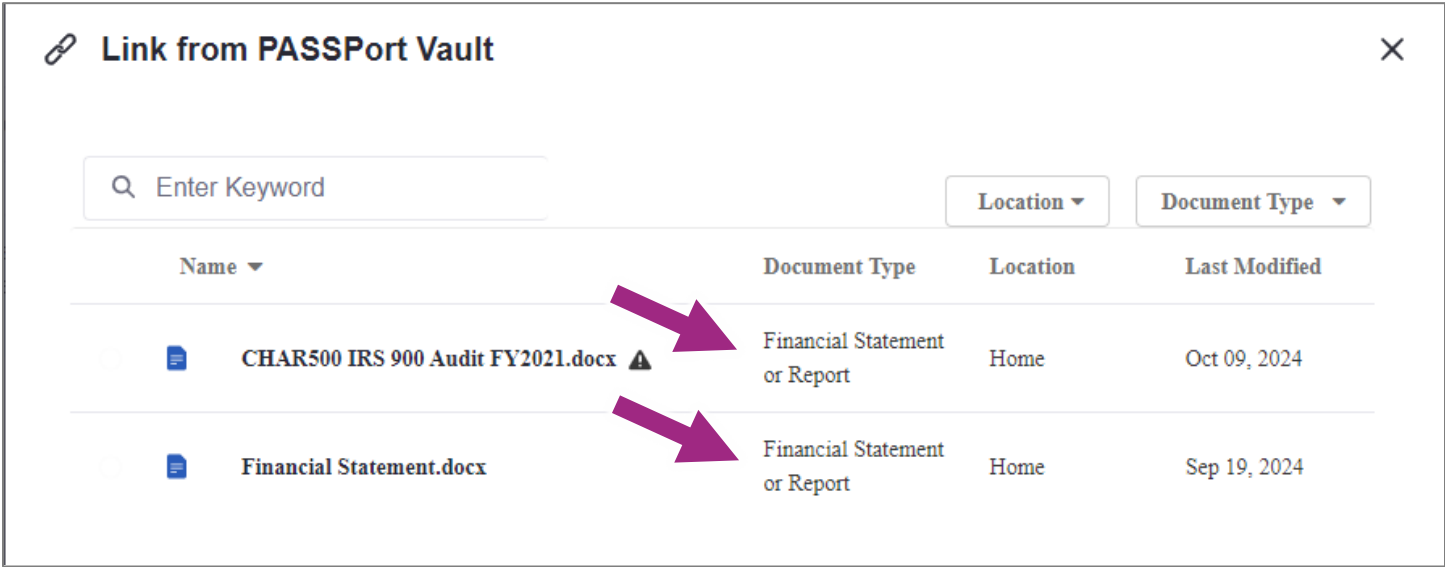
Follow the instructions below to link the [new required document](#) to your PQL Application. Remember to **first** [unlink the old document](#).

- 1. Click the **Link File** button, then select **Link from PASSPort Vault** from the drop-down menu.



The Link from PASSPort Vault window appears.

- 2. The documents available for linking from the PASSPort Vault will only include documents classified by the document type **Financial Statement or Report**. The image below shows there are only 2 documents in the Vault with this document type.



3. Move your mouse over the document you want to link. A radio button will appear to the left of the document's icon and Name. Click the **radio** button to select the document.

**Tip:** The radio button displays only when the mouse moves over **the area to the left of the file icon**. Once it becomes visible it can be clicked.

Link from PASSPort Vault

Enter Keyword

Location

Document Type

| Name                                                          | Document Type                 | Location | Last Modified |
|---------------------------------------------------------------|-------------------------------|----------|---------------|
| CHAR500 IRS 900 Audit FY2021.docx                             | Financial Statement or Report | Home     | Oct 09, 2024  |
| <div>3</div> <div></div> <div> Financial Statement.docx</div> | Financial Statement or Report | Home     | Sep 19, 2024  |

4. Click the **Select** button located to the bottom right of the same window.

Cancel

4

Select

The page refreshes and returns to the main Manage Document window.

5. Review and verify the Document Name, File (displaying file name and extension) and new Status (now Uploaded). Reconfirm that the new document addressed all concerns raised by your MOCS reviewer.

| Document Type                 | Document Name ⓘ     | File                     | Agency Label | Status   | Upload Date  | Last Modified ↓ |
|-------------------------------|---------------------|--------------------------|--------------|----------|--------------|-----------------|
| REQUESTED                     |                     |                          |              |          |              |                 |
| Financial Statement or Report | Financial Statement | Financial Statement.docx | --           | UPLOADED | Sep 19, 2024 | Oct 10, 2024    |

At this point, you can complete the final prompt in the Questionnaire and then [submit your HHS Accelerator PQL application to MOCS for review](#).

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## Change the Document Start and End Dates

If you already uploaded the required document to your PASSPort Vault, but the dates are not correct, before linking you must change the Start and End Dates (also referred to as Validity) of the Financial Statement or Report.

Follow the steps below to change the dates:

1. Go to the PASSPort Vault. For guidance, see the [Access the PASSPort Vault](#) guide.
2. Find the document in your organization's Vault. Need help finding that document? See the [Search the Vault](#) guide.
3. Click the **ellipsis** (3 vertical dots) on the right to view the drop-down menu, then select **View Details**.

|                                     |                                                                                     |                                                                                                                                     |                               |              |              |                                                                                                                                                                                                        |
|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> |    | CHAR500 IRS 900 Audit FY2023.pdf                   | Financial Statement or Report | Oct 10, 2024 | Oct 10, 2024 | <div><div>3</div><div><div>⋮</div><div>View Details</div><div>Download</div><div>Send</div><div>Preview</div><div>Rename</div><div>Move</div><div>Add to Favorites</div><div>Archive</div></div></div> |
|                                     |    | CHAR500 IRS 900 Audit FY2024.pdf                                                                                                    | Financial Statement or Report | Oct 10, 2024 | Oct 10, 2024 |                                                                                                                                                                                                        |
|                                     |    | Rename_CHAR500 IRS 900 Audit FY2024.pdf            | CHAR 500 + 990 +Audit         | Oct 10, 2024 | Oct 10, 2024 |                                                                                                                                                                                                        |
|                                     |    | CHAR500 IRS 900 Audit FY2021.docx                  | Financial Statement or Report | Oct 09, 2024 | Oct 09, 2024 |                                                                                                                                                                                                        |
|                                     |    | Financial Statement.docx                                                                                                            | Financial Statement or Report | Sep 19, 2024 | Sep 19, 2024 |                                                                                                                                                                                                        |
|                                     |  | Subcontractor Agreement - HBG - August 2024.pdf  | Subcontractor Agreement       | Aug 05, 2024 | Aug 05, 2024 |                                                                                                                                                                                                        |

The Details panel appears on the right of the screen.

4. The Details tab displays as default. Locate the Validity and click the **pencil** icon next to it.

View the [annual filing schedule](#) to determine the correct Start and End Dates to enter in the Validity.

| 1 of 14 Selected <a href="#">Select All</a> |                                                                                     |                                                                                                                             |                               |              |     |
|---------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                        | Document Type                                                                       | Created Date                                                                                                                | Last Modified                 |              |                                                                                                                                                                                                                                                                                                                                                         |
| System-Generated Documents                  |                                                                                     |                                                                                                                             |                               |              |                                                                                                                                                                                                                                                                                                                                                         |
| DOCUMENTS                                   |                                                                                     |                                                                                                                             |                               |              |                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/>         |  | CHAR500 IRS 900 Audit FY2023.pdf         | Financial Statement or Report | Oct 10, 2024 | Oct 10, 2024                                                                                                                                                                                                                                                                                                                                            |
|                                             |  | CHAR500 IRS 900 Audit FY2024.pdf                                                                                            | Financial Statement or Report | Oct 10, 2024 | Oct 10, 2024                                                                                                                                                                                                                                                                                                                                            |
|                                             |  | Rename_CHAR500 IRS 900 Audit FY2024.pdf  | CHAR 500 + 990 +Audit         | Oct 10, 2024 | Oct 10, 2024                                                                                                                                                                                                                                                                                                                                            |
|                                             |  | CHAR500 IRS 900 Audit FY2021.docx        | Financial Statement or Report | Oct 09, 2024 | Oct 09, 2024                                                                                                                                                                                                                                                                                                                                            |
|                                             |  | Financial Statement.docx                                                                                                    | Financial Statement or Report | Sep 19, 2024 | Sep 19, 2024                                                                                                                                                                                                                                                                                                                                            |

CHAR500 IRS 900 Audit ...

Details

Activity

WHO HAS ACCESS  
HONEY BEE GARDENS:xxxxx2932 (Owner)

LOCATION  
PASSPort Vault

CREATED DATE  
Oct 10, 2024 by hhs itops staff

LAST MODIFIED  
Oct 10, 2024 by hhs itops staff

VALIDITY   
Oct 02, 2024 - Nov 15, 2024

The Edit Validity pop-up window opens.

5. Change the Validity dates by clicking the **Start** and **End** date fields.
6. Click the **Save** button and return to the folder in the Vault where the document is located.

**Edit Validity**

Start <sup>\*</sup> 10-10-2024

End <sup>\*</sup> 05-15-2025

October 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 29 | 30 | 1  | 2  | 3  | 4  | 5  |
| 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1  | 2  |
| 3  | 4  | 5  | 6  | 7  | 8  | 9  |

Cancel Save

7. Repeat step 3 to view and confirm the Validity dates have changed.
8. At this point, you can link the document back to the PQL application by following the instructions to [Link a Document Via the Vault](#) earlier in this guide.

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## Avoid Common Mistakes in HHS Accelerator PQL Applications

Review the guidance below to **avoid common mistakes** many vendors make and work towards getting your organization's prequalification approved from the initial submission.

### Questionnaire Mistakes

1. **Incomplete** Certificate of Incorporation (COI) or [Equivalent](#)
  - Be sure to provide a copy of the **complete document** issued by New York State (or state it was incorporated in) including amendments addressing name change, foreign entity registration (also known as the Application of Authority with NYS), Articles of Organization (LLCs only), etc.
  - Name on Required Document such as Certificate of Incorporation or equivalent **must match** Legal Name in PASSPort.
2. **Incomplete and Outdated** Board of Directors List
  - Be sure to provide the most **current version** including board members' **current** place of employment (if applicable).
  - **Important:** To be in compliance with NYS law and NYC contracts, the board chair, board secretary, and board treasurer **cannot** be employed by the organization.
3. **Policies Adopted by a Different** Organization
  - Be sure to provide the **organization's internal** [Conflict of Interest Policy](#), as adopted by the board of directors.

### Required Documents Mistakes

1. **Incorrect Start** and/or **End Date** of Financial Statement or Report.
  - Be sure to enter the date of HHS Accelerator PQL submission as the Start Date.
  - Nonprofits (annual filers) must determine the End Date by checking the [Charities Bureau Filing Schedule](#) for the deadline of their next filing year.
  - Nonprofits (exempt) and for profits must enter the date **3 years** from submission as the End Date.

**Note:** The End Date determines the expiration of HHS prequalification.
2. **Dates do not align or are incorrect** within the Charities Filing (CHAR500, 990, and Audit).
  - Be sure all combined documents are for the same filing period.
  - Be sure to submit a **complete copy** of the documents submitted to the Charities Bureau.
3. **Date missing** next to signature in Charities Filing (CHAR500).
  - Be sure to submit a **complete copy** of the documents submitted to the Charities Bureau.

4. **Date and signature missing** in Charities Filing (CHAR500).
  - Be sure to submit a **complete copy** of the documents submitted to the Charities Bureau.
  - **Note:** The Charities Bureau no longer accepts paper filings. All filings must be done online.
5. **For Profits must submit** a 12 Month Financial Statement or 12 Month Profit and Loss Statement.
  - Be sure to submit the **full 12 Month** Financial Statement or Profit and Loss Statement. Only **new For Profit organizations** may submit a **projected 12 month budget**.

Proceed to [Submit the HHS Accelerator PQL Renewal Application](#).

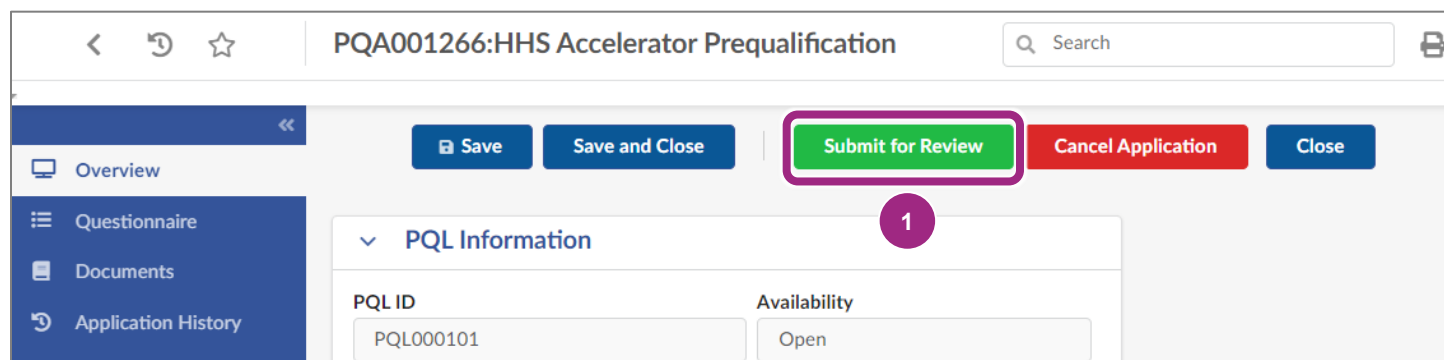
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## Submit the HHS PQL Renewal Application to MOCS for Review

After completing the Questionnaire and the Documents tabs, submit the HHS PQL renewal Application to your colleagues (with a Vendor Procurement L2 or Vendor Admin role) who will then submit it to MOCS for review.

**Note:** Not all organizations will require 2 individuals (levels) to complete and submit their HHS Accelerator PQL Application. It's common for organizations to have a user with only the Vendor Procurement L2 or Vendor Admin role complete and submit the application to MOCS without the assistance of a colleague with the Vendor Procurement L1 role.

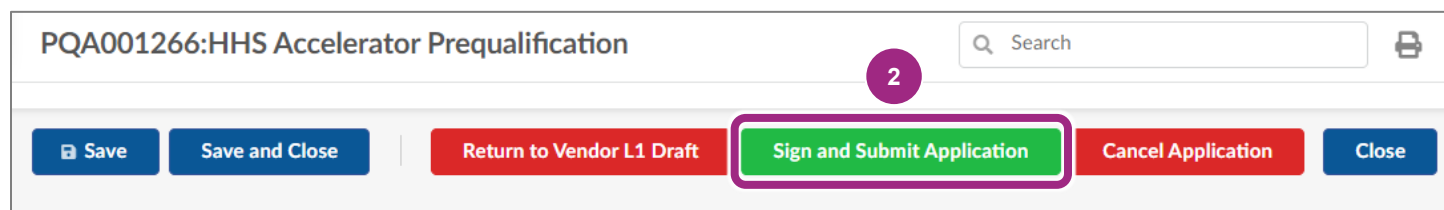
1. In the HHS Accelerator PQL Application, click the **Submit for Review** button.



The screenshot shows the 'PQA001266:HHS Accelerator Prequalification' application. The top navigation bar includes a search bar and a print icon. The left sidebar contains links for Overview, Questionnaire, Documents, and Application History. The main content area displays the 'PQL Information' section with fields for 'PQL ID' (PQL000101) and 'Availability' (Open). A red circle with the number 1 highlights the 'Submit for Review' button in the top right corner of the application area.

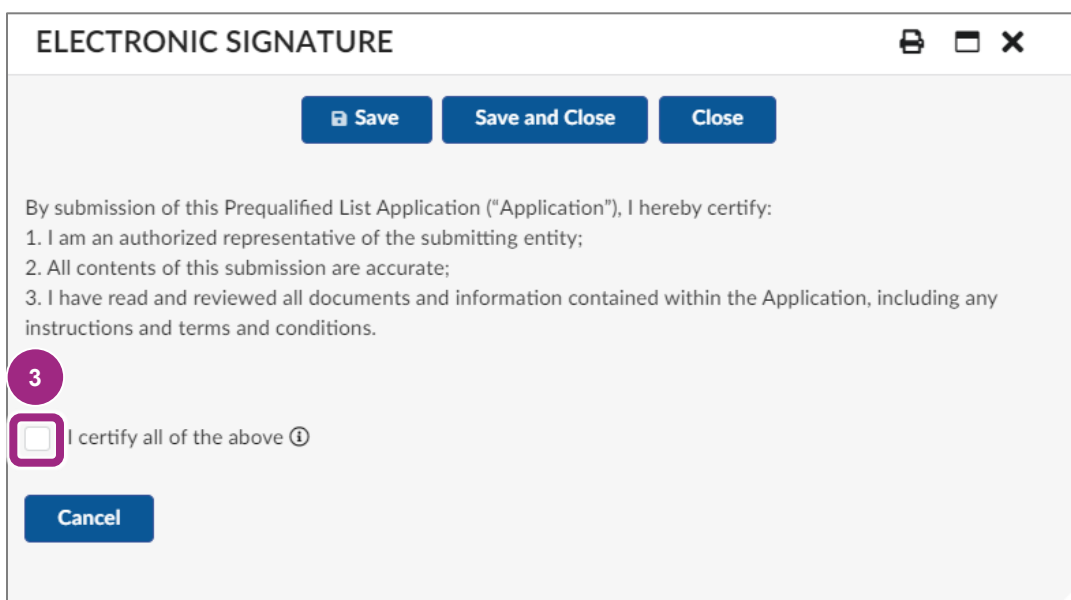
2. Click the **Sign and Submit Application** button to proceed to the Electronic Signature.  
**Important:** To make any changes to the PQL application **before signing and submitting**, click the **Return to Vendor L1 Draft** button.

**Note:** Only users with a Vendor Procurement L2 or Vendor Admin roles may complete this and subsequent steps.



The screenshot shows the same 'PQA001266:HHS Accelerator Prequalification' application. The top navigation bar and left sidebar are identical. The main content area displays the 'PQL Information' section. A red circle with the number 2 highlights the 'Sign and Submit Application' button in the top right corner of the application area.

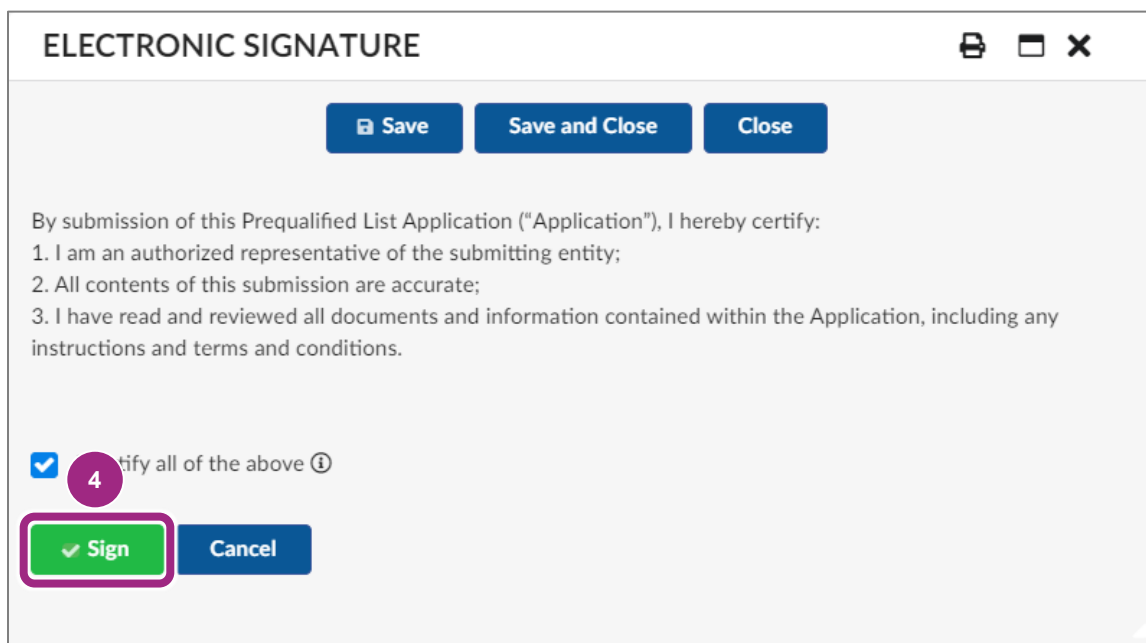
3. Read the statement and click the **I Certify All of the Above** checkbox.



The screenshot shows a window titled "ELECTRONIC SIGNATURE" with standard window controls (print, maximize, close) in the top right. Below the title bar are three buttons: "Save", "Save and Close", and "Close". The main text reads: "By submission of this Prequalified List Application ('Application'), I hereby certify:" followed by a numbered list: "1. I am an authorized representative of the submitting entity;", "2. All contents of this submission are accurate;", and "3. I have read and reviewed all documents and information contained within the Application, including any instructions and terms and conditions." Below this list is a checkbox labeled "I certify all of the above" with an information icon. A purple circle with the number "3" is placed over the checkbox. At the bottom left is a "Cancel" button.

The window refreshes and the Sign button appears to the left of the Cancel button.

4. Click the green **Sign** button.



This screenshot shows the same "ELECTRONIC SIGNATURE" window after a refresh. The text and list are identical to the previous screenshot. The checkbox "I certify all of the above" is now checked, and a purple circle with the number "4" is placed over it. A new green button with a checkmark and the text "Sign" has appeared to the left of the "Cancel" button.

5. The HHS Accelerator PQL application is now In Review with MOCS. **Note the message** above the PQL Information section in the Overview tab:

This application is currently In Review. To make any changes, please contact the Managing Agency to return this application.

In the case of the HHS Accelerator PQL, the managing Agency is [MOCS](#).

6. In the Vendor Status section, the Application Activity updates to **In Review**.

The screenshot displays the 'PQA015108:HHS Accelerator Prequalification' application page. The left sidebar contains navigation links: Overview, Questionnaire, Documents, and Application History. The main content area is divided into two sections: 'PQL Information' and 'Vendor Status'. Above the 'PQL Information' section, a message states: 'This application is currently In Review. In order to make any changes, please contact the Managing Agency to return this application.' A purple arrow points to this message. The 'PQL Information' section includes fields for PQL ID (PQL000101), PQL Label (HHS Accelerator Prequalification), Industry (Human/Client Service), Managing Agency (OFFICE OF CONTRACT SERVICES), Citywide (checked), Source (PASSPort), and Approved Vendors (2,103). The 'Vendor Status' section includes fields for Application ID (PQA015108), Current Status (Expired), Application Activity (In Review), and Qualification Expiration Date. A purple arrow points to the 'In Review' status in the 'Application Activity' field. At the top right of the main content area, there are buttons for 'Save', 'Save and Close', and 'Close'.

7. You will be notified by email when a decision is made, or if the application is returned for revisions, you will receive a list of questions that need to be addressed.

If your organization's HHS PQL Application is Approved by MOCS, the Current Status will reflect Approved and the Qualification Expiration Date will show the date prequalification expires.

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## Appendix

### Required Documents for Nonprofit Filers

| Required Filings Documents by NYS Charities Bureau & HHS Prequalification   |         |         |              |                     |                                  |                              |                                             |
|-----------------------------------------------------------------------------|---------|---------|--------------|---------------------|----------------------------------|------------------------------|---------------------------------------------|
| Type of Nonprofit Organization                                              | CHAR410 | CHAR500 | IRS 990 Form | CPA Reviewed Report | CPA Audited Financial Statements | 12-Month Financial Statement | Exemption or Request Letter (on letterhead) |
| New to Filing with NYS Charities Bureau (within the last year)              | Yes     |         |              |                     |                                  |                              |                                             |
| Revenue is \$25K & under                                                    |         | Yes     |              |                     |                                  |                              |                                             |
| Revenue is over \$25K to \$250K                                             |         | Yes     | Yes          |                     |                                  |                              |                                             |
| Revenue is over \$250K to \$1M                                              |         | Yes     | Yes          | Yes                 |                                  |                              |                                             |
| Revenue is over \$1M                                                        |         | Yes     | Yes          |                     | Yes                              |                              |                                             |
| Exempt from Filing w/ Charities Bureau (determined by the Charities Bureau) |         |         |              |                     |                                  | Yes                          | Yes                                         |
| Requested 30-Day Extension to File                                          |         | Yes     | Yes          |                     |                                  |                              | Yes                                         |

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### Validity End Dates for Annual Filers and Other Organizations

| Nonprofit Validity End Dates by Annual Filing Deadlines |                           |                                              |                          | Other Validity End Dates                      |             |
|---------------------------------------------------------|---------------------------|----------------------------------------------|--------------------------|-----------------------------------------------|-------------|
| Filing Period Schedule                                  |                           | Filing Deadline + 1 Year = Validity End Date |                          | Exempt Nonprofits                             | For Profits |
| Your Filing Period                                      | Last Day of Filing Period | For 7A or DUAL Registrants                   | For EPTL Registrants     |                                               |             |
| February 1 - January 31                                 | January 31                | December 15 (same year)                      | January 31 (next year)   | 3 years from PQL application submission date. |             |
| March 1 - February 28                                   | February 28               | January 15 (next year)                       | February 28 (next year)  |                                               |             |
| April 1 - March 31                                      | March 31                  | February 15 (next year)                      | March 31 (next year)     |                                               |             |
| May 1 - April 30                                        | April 30                  | March 15 (next year)                         | April 30 (next year)     |                                               |             |
| June 1 - May 31                                         | May 31                    | April 15 (next year)                         | May 31 (next year)       |                                               |             |
| July 1 - June 30                                        | June 30                   | May 15 (next year)                           | June 30 (next year)      |                                               |             |
| August 1 - July 31                                      | July 31                   | June 15 (next year)                          | July 31 (next year)      |                                               |             |
| September 1 - August 31                                 | August 31                 | July 15 (next year)                          | August 31 (next year)    |                                               |             |
| October 1 - September 30                                | September 30              | August 15 (next year)                        | September 30 (next year) |                                               |             |
| November 1 - October 31                                 | October 31                | September 15 (next year)                     | October 31 (next year)   |                                               |             |
| December 1 - November 30                                | November 30               | October 15 (next year)                       | November 30 (next year)  |                                               |             |
| January 1 - December 31                                 | December 31               | November 15 (next year)                      | December 31 (next year)  |                                               |             |

**Filing Nonprofits:** Take note whether your organization is a **7A or Dual** vs. **EPTL** registrant. Deadlines vary based on this category. The Validity **End Date** is the next year's filing deadline.

**Example:** Filing period = July 1, 2023 – June 30, 2024. With this filing period:

A **7A or Dual** registrant's deadline is **May 15, 2025**. The next filing year's deadline is May 15, 2026.

An **EPTL** registrant's deadline is **June 30, 2025**. The next filing year's deadline is June 30, 2026.

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## Certificate of Incorporation: List of Equivalents and other Required Documents

All necessary Certificate of Incorporation (COI) or equivalent documents must be submitted as a combined PDF.

| Certificate of Incorporation (COI), Equivalents and Other Required Documents                 |                                           |                                                           |                  |                         |                          |                          |                             |                                          |                                   |
|----------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|------------------|-------------------------|--------------------------|--------------------------|-----------------------------|------------------------------------------|-----------------------------------|
| Type of Organization                                                                         | COI + Equivalents                         |                                                           |                  |                         |                          |                          | Documents by Scenario       |                                          |                                   |
|                                                                                              | Certificate of Incorporation or Formation | Provisional Charter                                       | Absolute Charter | Articles of Association | Articles of Organization | County Clerk Certificate | Certificate of Amendment(s) | Application of Authority (issued by NYS) | Certificate of Assumed Name (DBA) |
| <b>Corporation (Inc.)</b><br>For Profit or Nonprofit                                         | Required                                  |                                                           |                  |                         |                          |                          | Required for name change    |                                          | Required w/<br>Doing Business As  |
| <b>Limited Liability Company (LLC)</b>                                                       |                                           |                                                           |                  |                         | Required                 |                          | Required for name change    |                                          | Required w/<br>Doing Business As  |
| <b>Foreign Organizations</b> Formed Outside New York State (NYS)                             | Required                                  |                                                           |                  |                         |                          |                          | Required for name change    | Required for all Foreign Entities        | Required w/<br>Doing Business As  |
| <b>Sole Proprietorship</b>                                                                   |                                           |                                                           |                  |                         |                          | Required                 | Required for name change    |                                          | Required w/<br>Doing Business As  |
| <b>Educational Institution Chartered under NYS Dept of Education</b> (library, museum, etc.) |                                           | Either Provisional (time limited) or Absolute is Required |                  |                         |                          |                          | Required for name change    |                                          | Required w/<br>Doing Business As  |
| <b>Foundations</b> (private)                                                                 |                                           |                                                           |                  | Required                |                          |                          | Required for name change    |                                          | Required w/<br>Doing Business As  |

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