Submit the HHS Prequalification (PQL) Application

The Health and Human Service (HHS) Prequalification (PQL) Application is required to compete for Human/Client Service funding.

Organizations must have an Approved HHS PQL Application to respond to human/client service solicitations released in PASSPort, and may be used for City Council Discretionary award clearance. However, if an organization only receives City Council Discretionary award funding and will not compete for RFP contracts, complete the Discretionary PQL Application instead.

The HHS PQL Application collects information to verify each organization's ability to establish or maintain a business relationship with the City.

HHS PQL applications are reviewed by the Mayor's Office of Contract Services (MOCS), and once an organization's PQL is 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.

Important: Nonprofits that are required to submit their annual NYS Charities Bureau Filings **must update their HHS PQL application annually** in PASSPort to maintain prequalification. Only HHS prequalified providers are eligible to respond to Human/Client Service **Requests For Proposals** (RFPs) and compete for funding from City Agencies.

Before We Begin

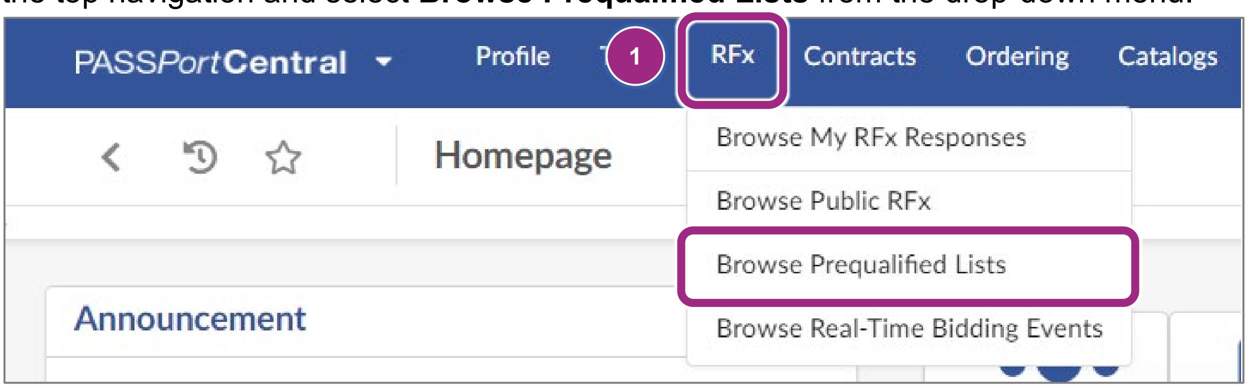
The steps below can be completed by users provisioned with the roles:

- **Vendor Admin**
- **Vendor Procurement L1**
- **Vendor Procurement L2**

Find the HHS Prequalification List

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

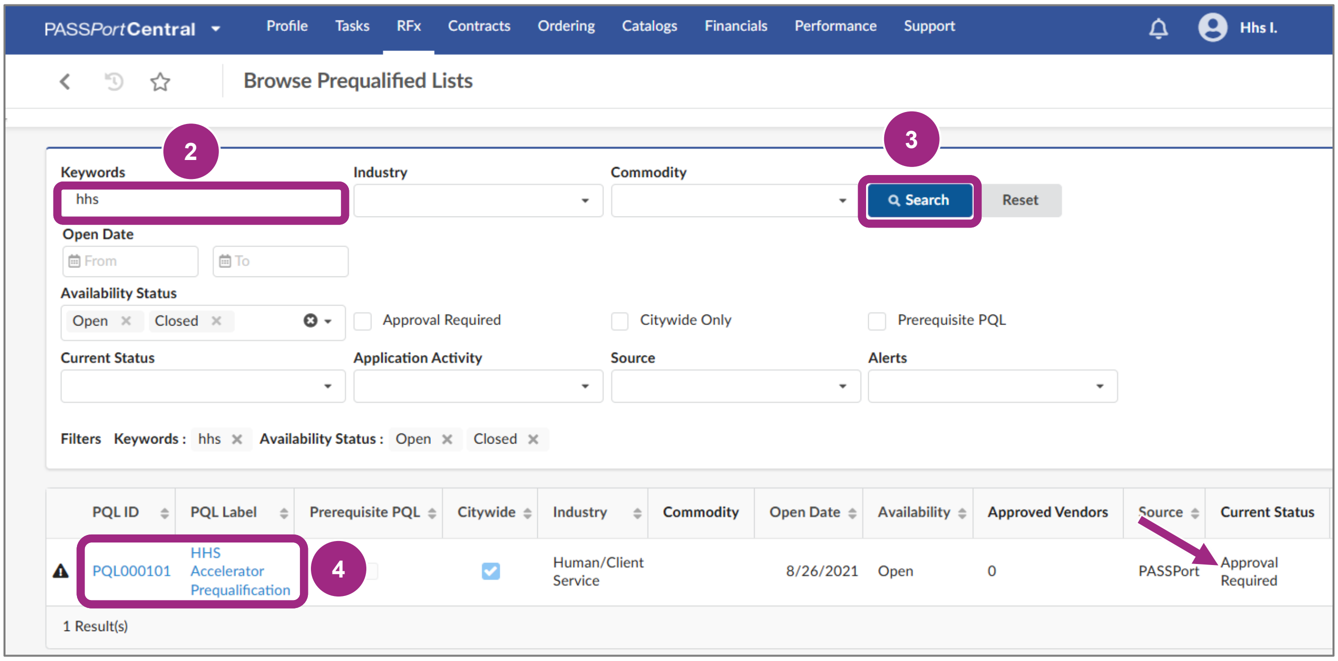
1. From the PASSPort Homepage, or anywhere in PASSPort Central, click (or hover over) **RFx** in the top navigation and select **Browse Prequalified Lists** from the drop-down menu.



   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.

4. Click the **PQL ID** or **PQL Label** to view the HHS PQL application.



The HHS Accelerator PQL Application appears showing the Overview tab. The Current Status column refers to your organization's status in relation to the PQL.

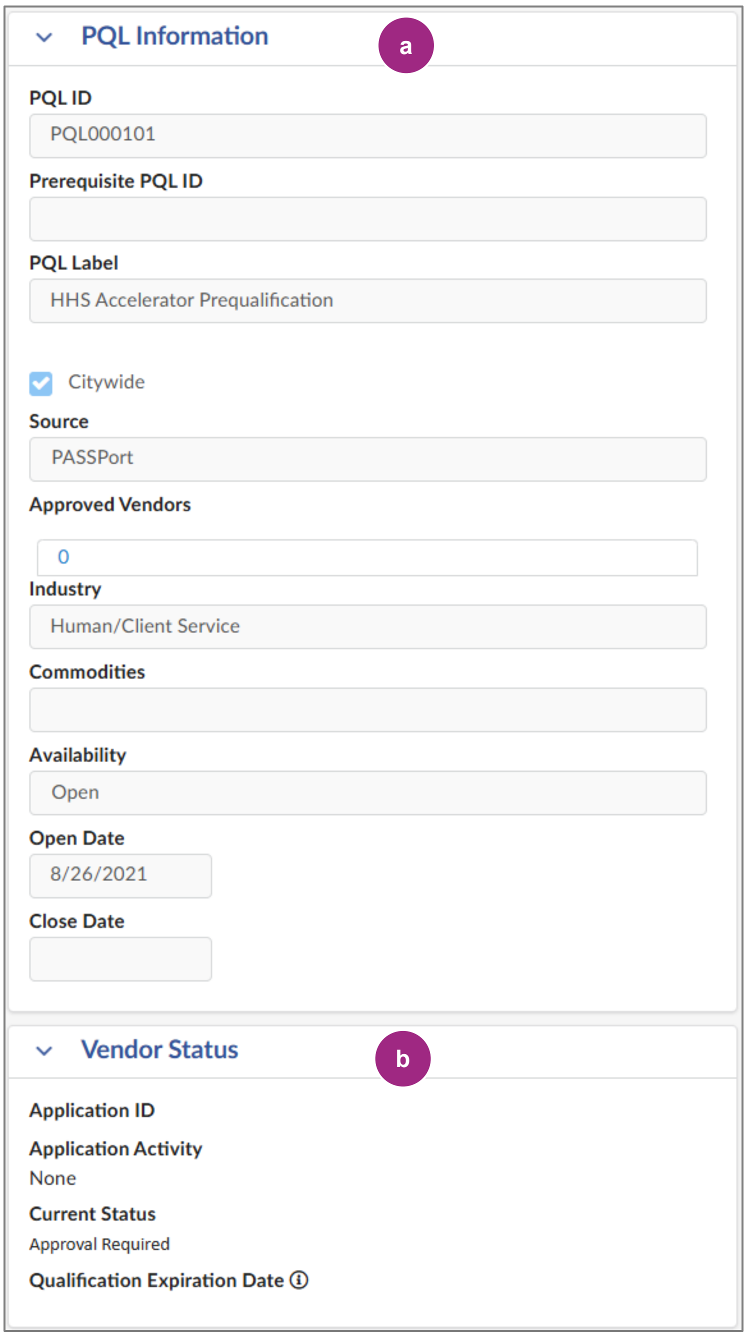
Mayor's Office of Contract Services

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

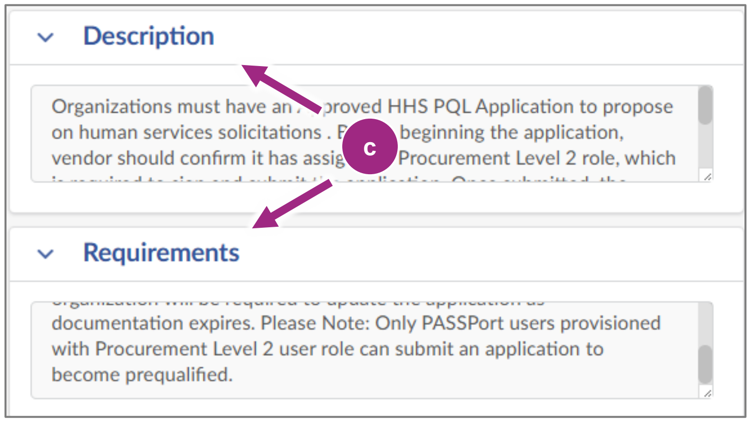
a) The **PQL Information** section provides key information about the PQL, including the PQL ID, PQL Label, the Managing Agency, Industry and more.

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. Prior to starting any HHS Prequalification action, your organization's Application Activity will show None and the Current Status will be Approval Required.

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.



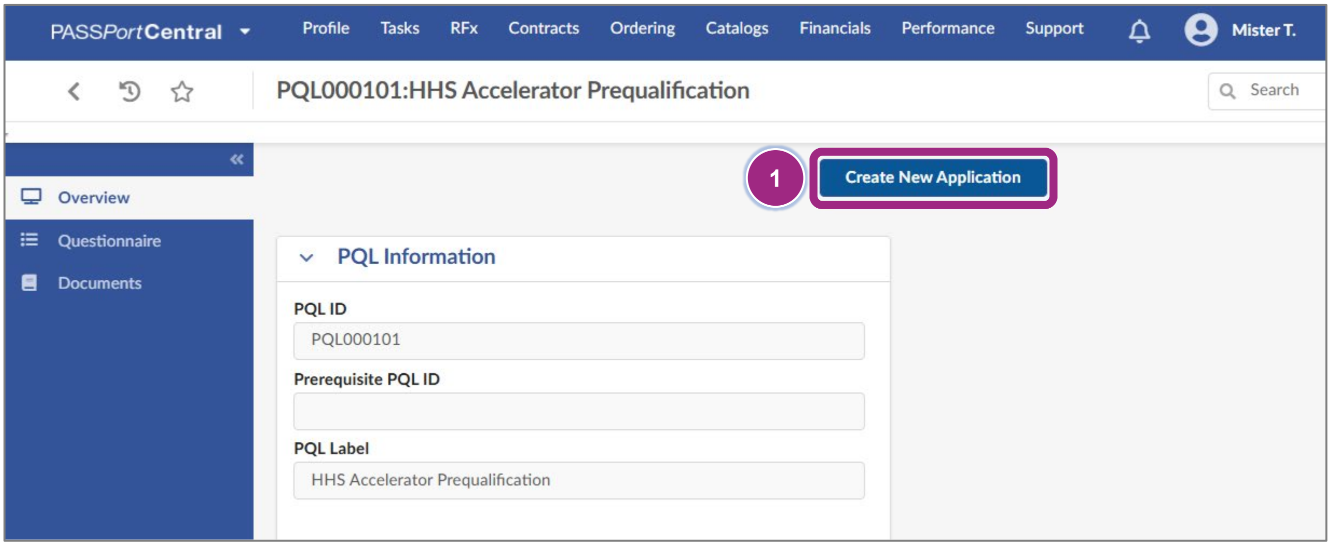
c) The **Description** and **Requirements** sections provide a brief description of the PQL and any instructions or requirements that apply to the PQL.



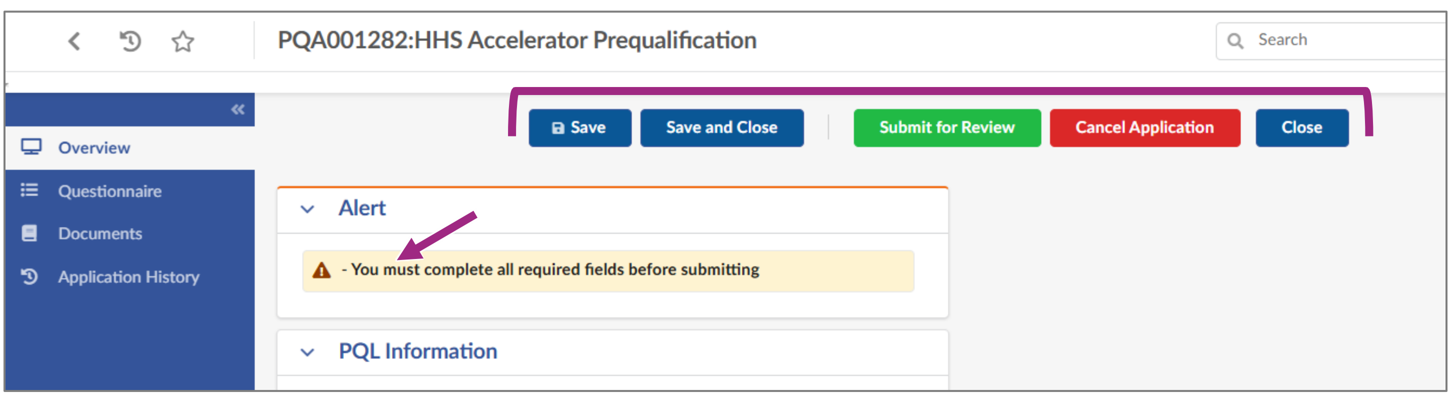
[Back to Top](#)

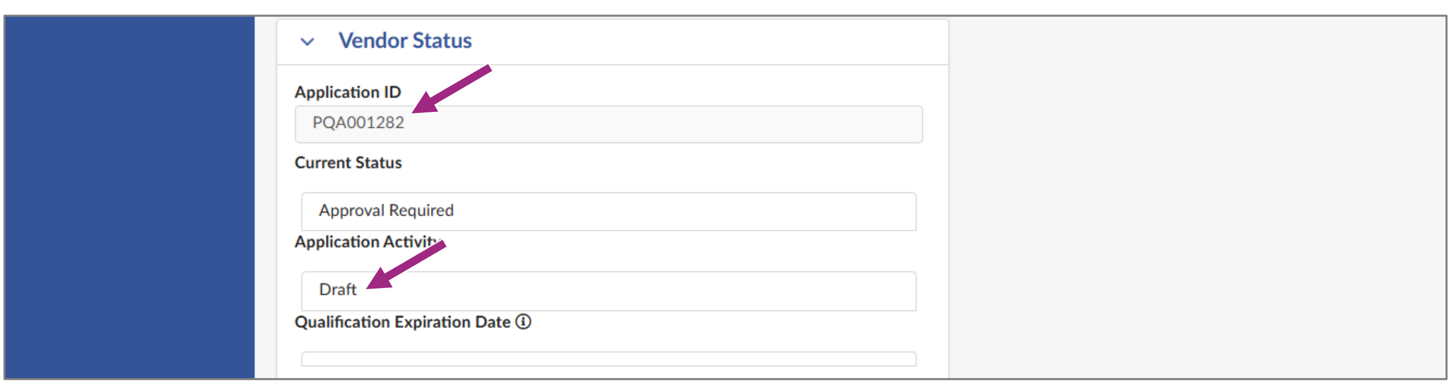
Start a New HHS Accelerator PQL Application

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



2. The page refreshes creating the 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.



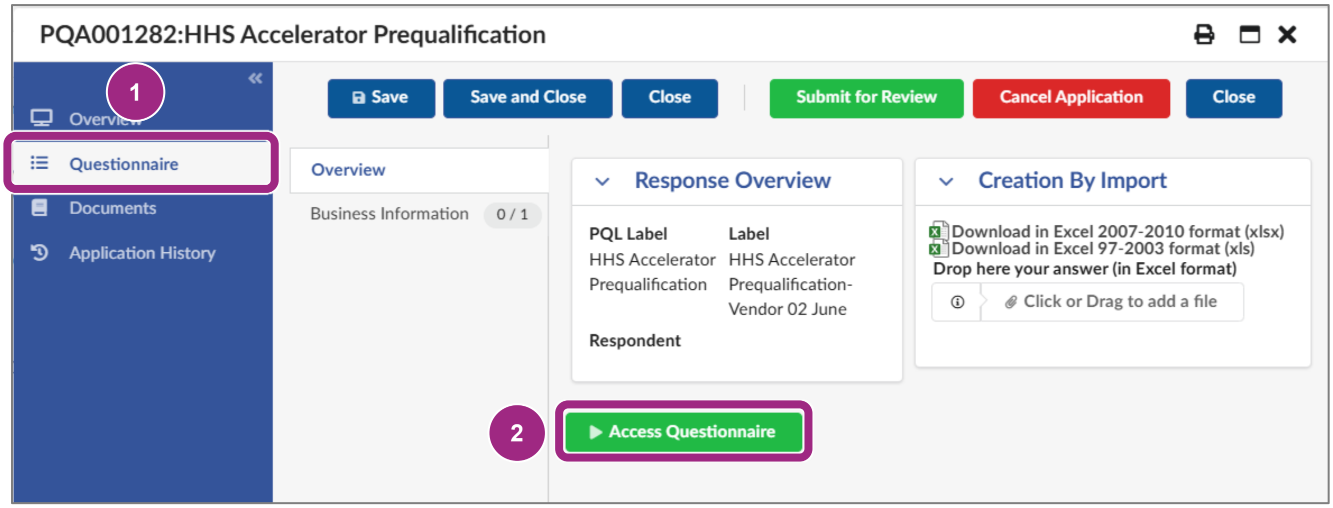


Back to Top

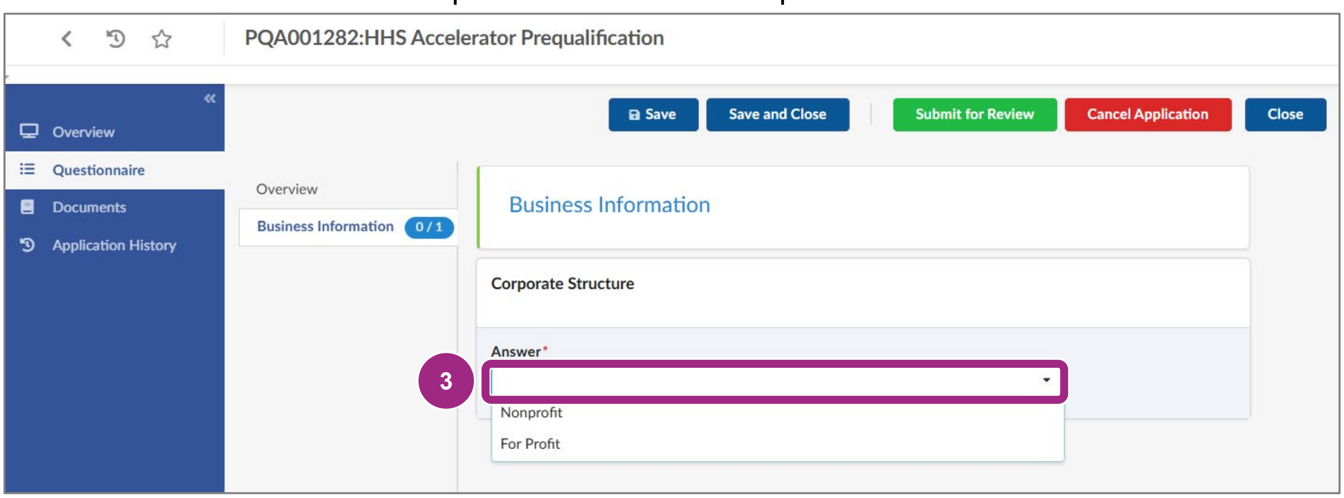
Mayor's Office of Contract Services

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.



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.



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.

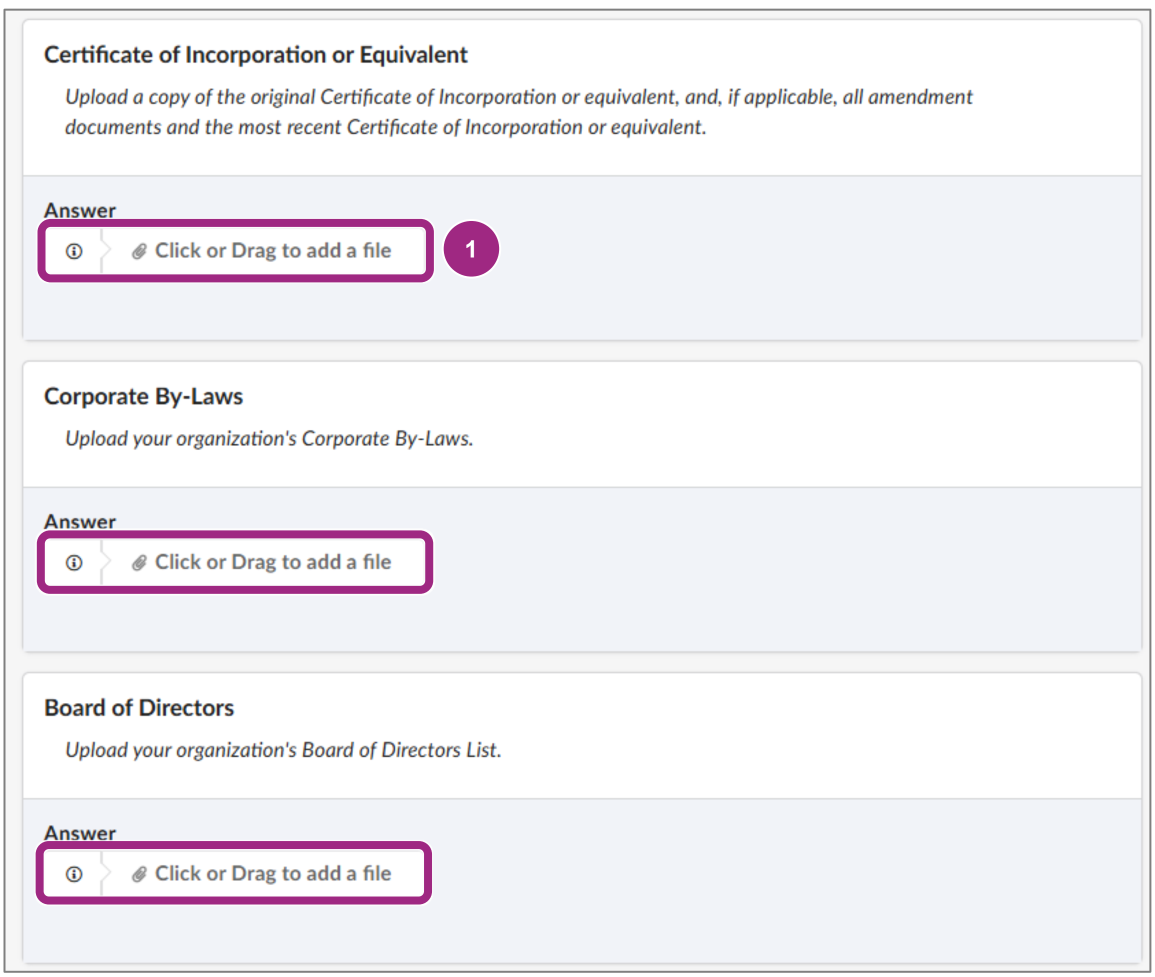
The Nonprofit Questionnaire

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.

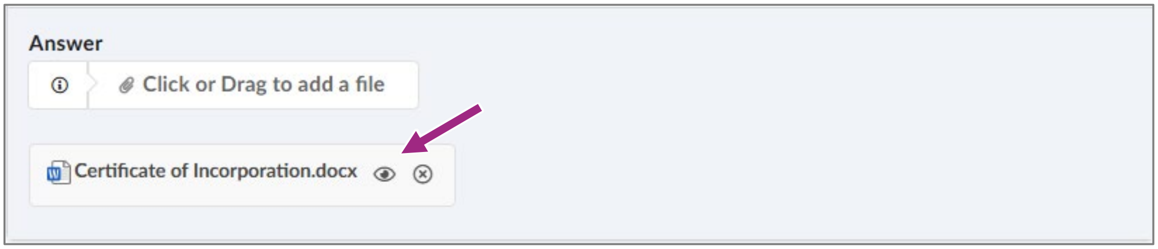
Required business documents for nonprofit organizations in the HHS Accelerator PQL Questionnaire:

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.

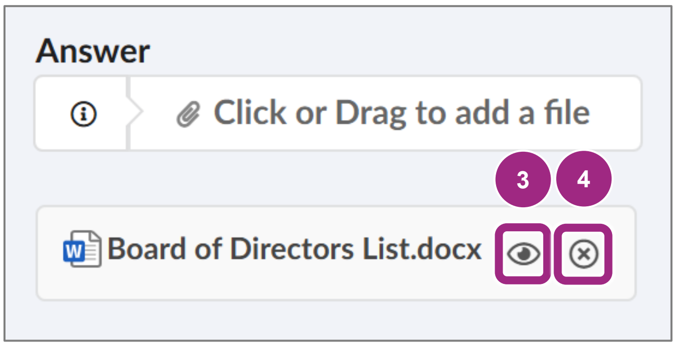
1. To upload the business documents (a, b, c, d, e, and f), click the **Click or Drag to add a file** buttons by each business document listed, locate the file on your computer and select it.



2. Each uploaded file will appear beneath the Click or Drag to add a file button.

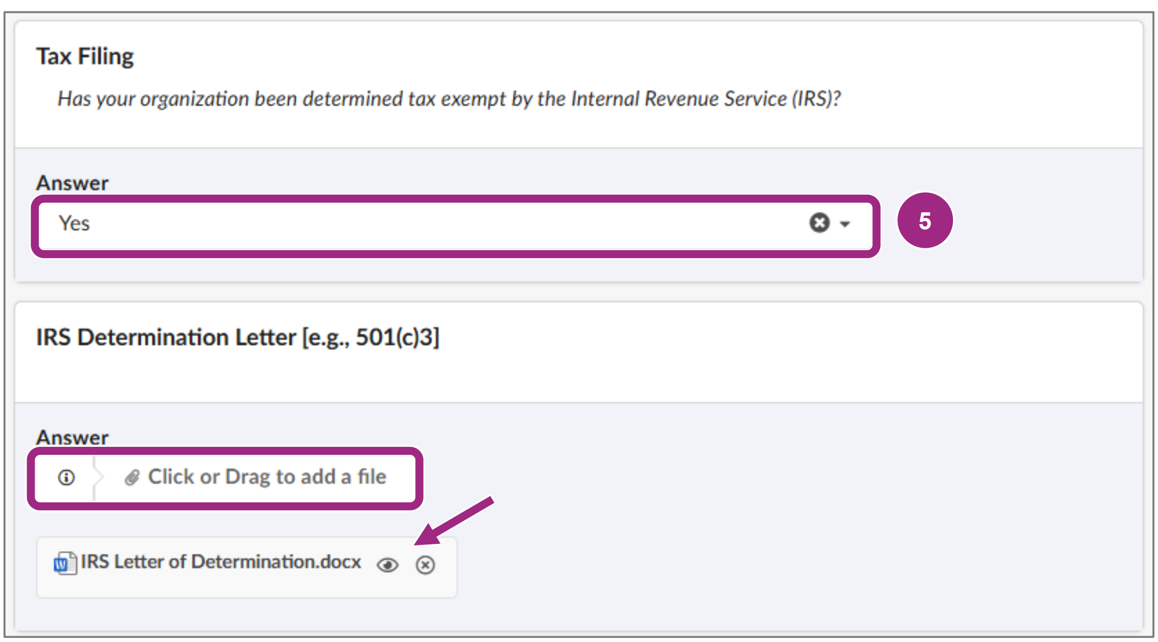


3. Click the **preview** icon to the right of the file name to preview and verify the correct file was uploaded.
4. If the wrong file is uploaded, click the encircled **X** to the right of the preview icon to remove it from the PQL application. Upload the correct file.



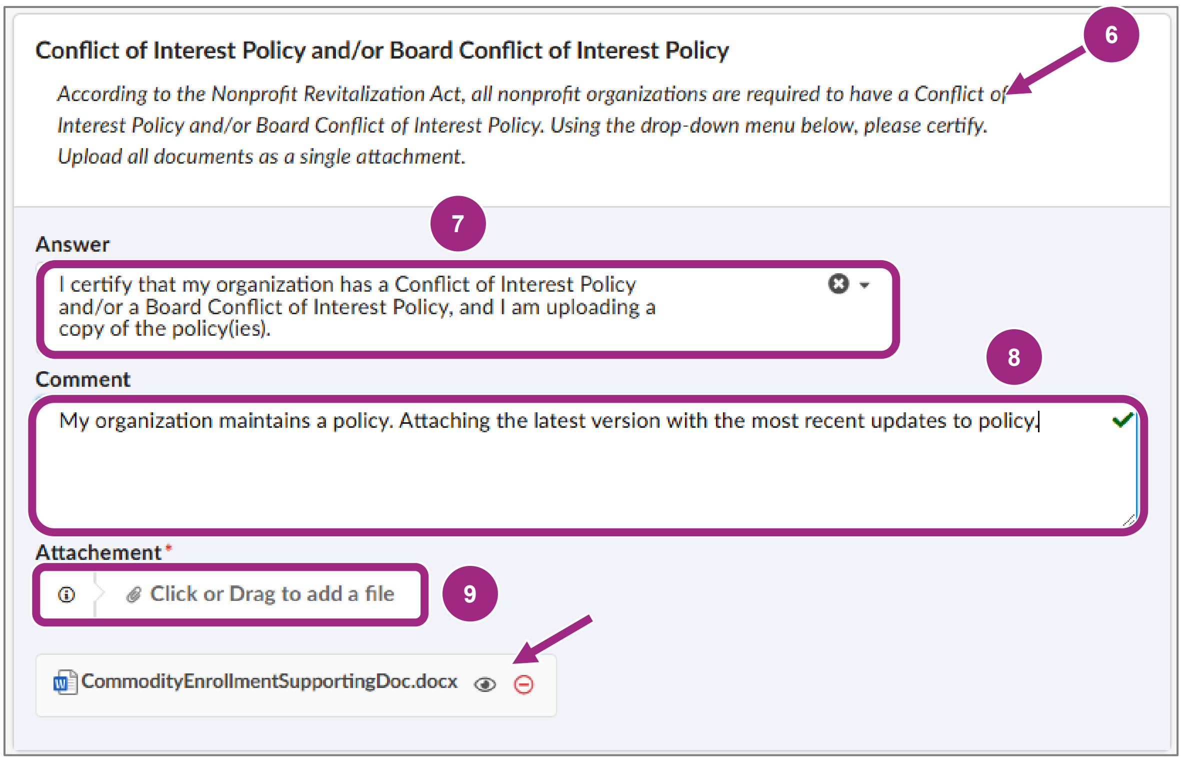
5. Respond to the Tax Filing question: Has your organization been determined tax exempt by the Internal Revenue Service (IRS)?
   If Yes is selected from the Answer drop-down, a new prompt to upload the IRS Determination Letter 501(c)3 appears. For tax exempt organizations, click the **Click or Drag 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.



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.



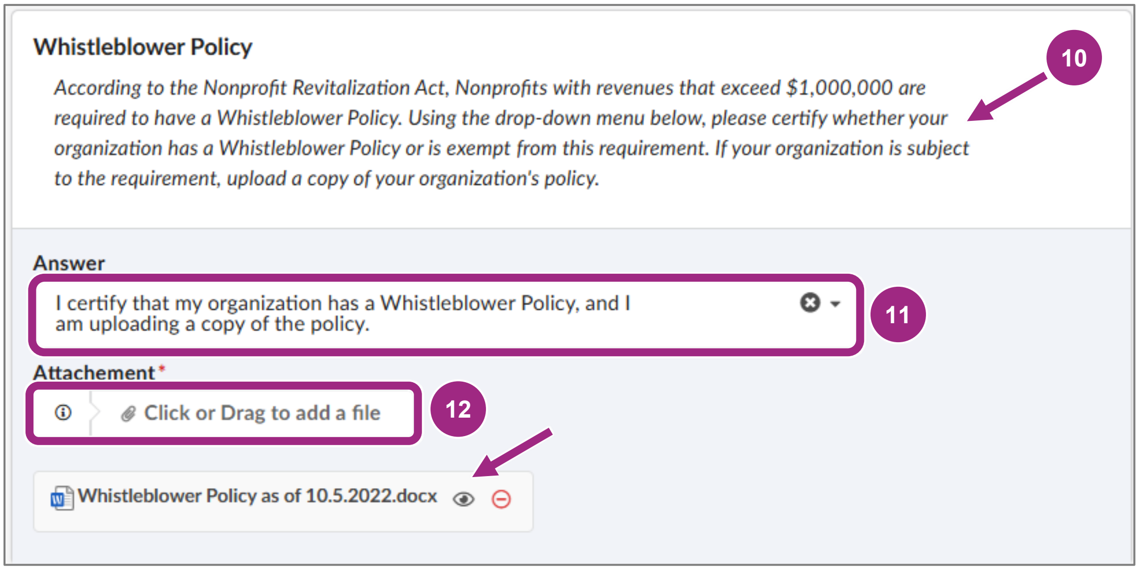
In the scenario above, the wrong document was uploaded and will have to be replaced with the organization's policy document as one file.

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.



    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 *.

    a. **Part 1:** Does your organization require two individuals to sign each check?

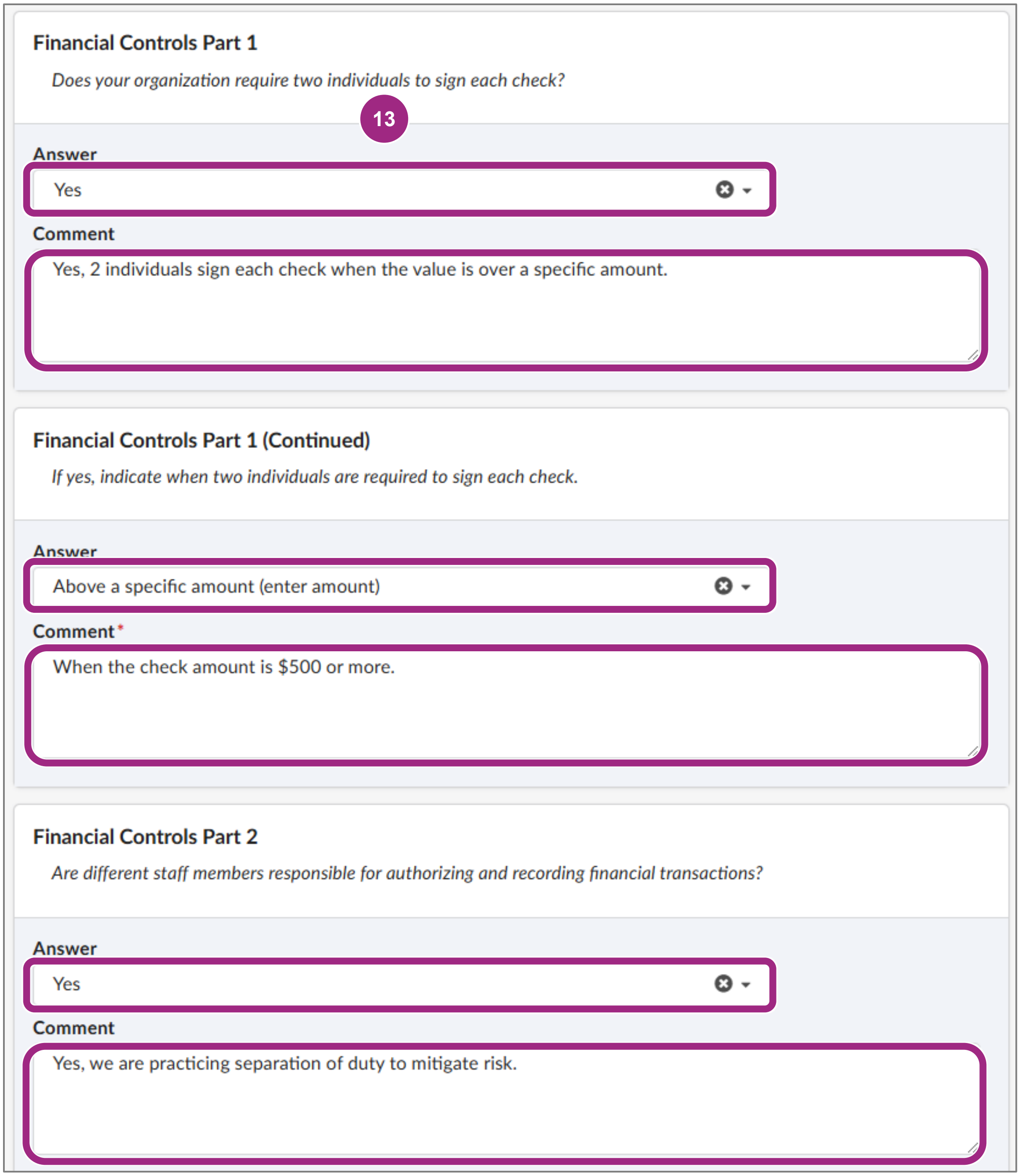
        - Select **Yes** if this is the case and add an optional **Comment** for clarification. Or,
        - Select **No [Please explain]** and then add a required **Comment** to explain why your organization does not have this financial control.

    b. **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.

    c. **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.



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 Add a Required Document. After adding the document, click the **Questionnaire** tab to certify you uploaded the Charities Filing or Exemption or 30-day extension request.

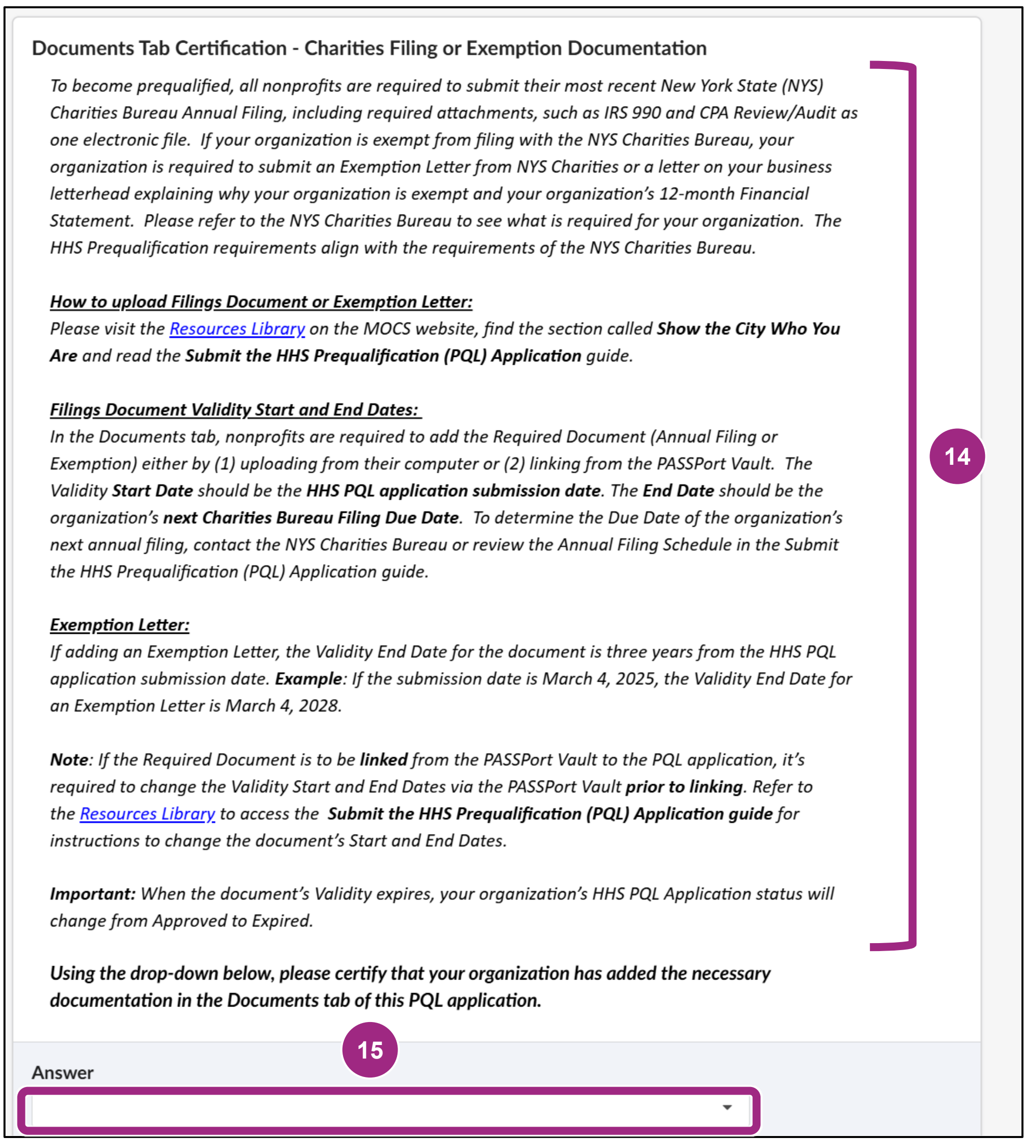
Mayor's Office of Contract Services

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.

14

15

Answer

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.

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

    16

    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:

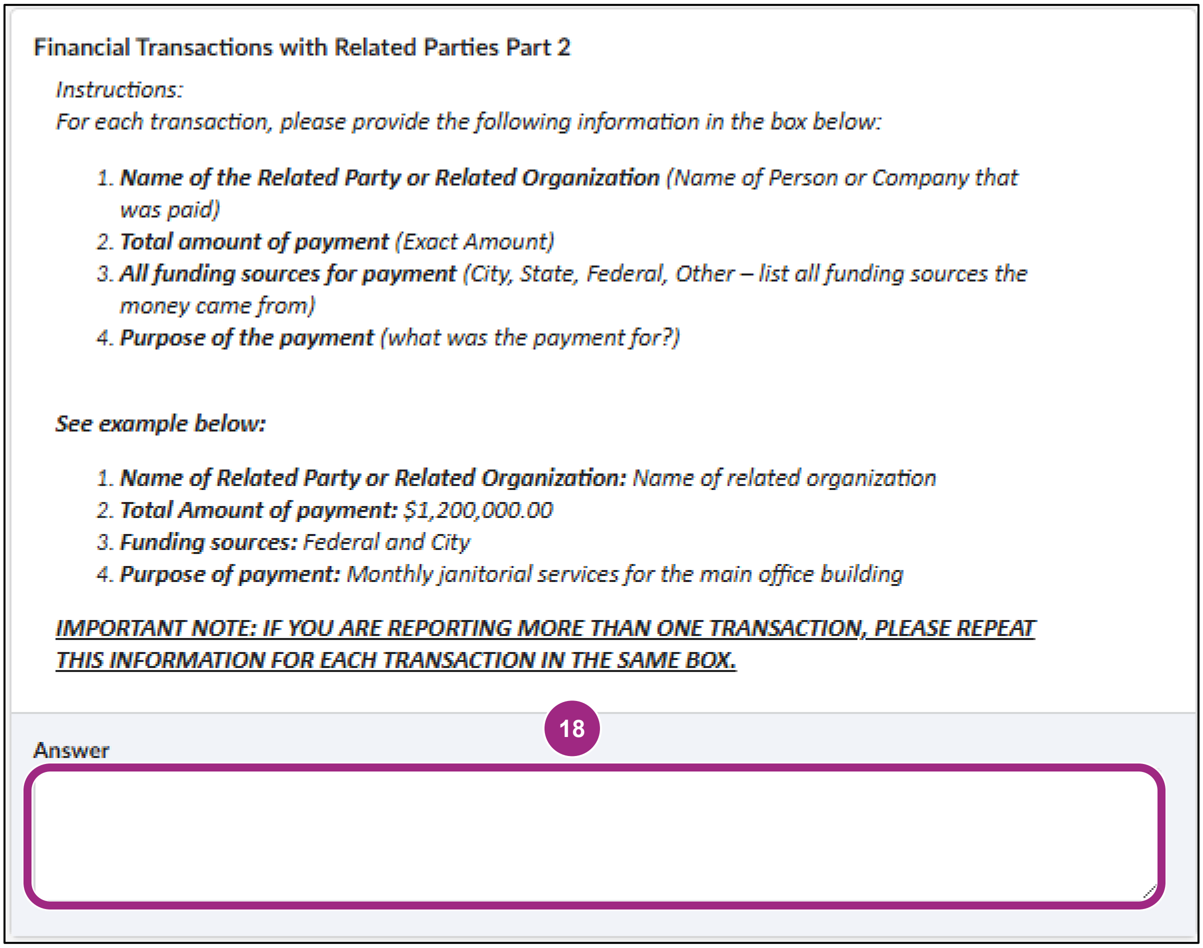
    1. ***Name of Related Party or Related Organization:*** *Name of related organization*
    2. ***Total Amount of payment:*** *$1,200,000.00*
    3. ***Funding sources:*** *Federal and City*
    4. ***Purpose of payment:*** *Monthly janitorial services for the main office building*

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

    17

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.

18

Answer

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.

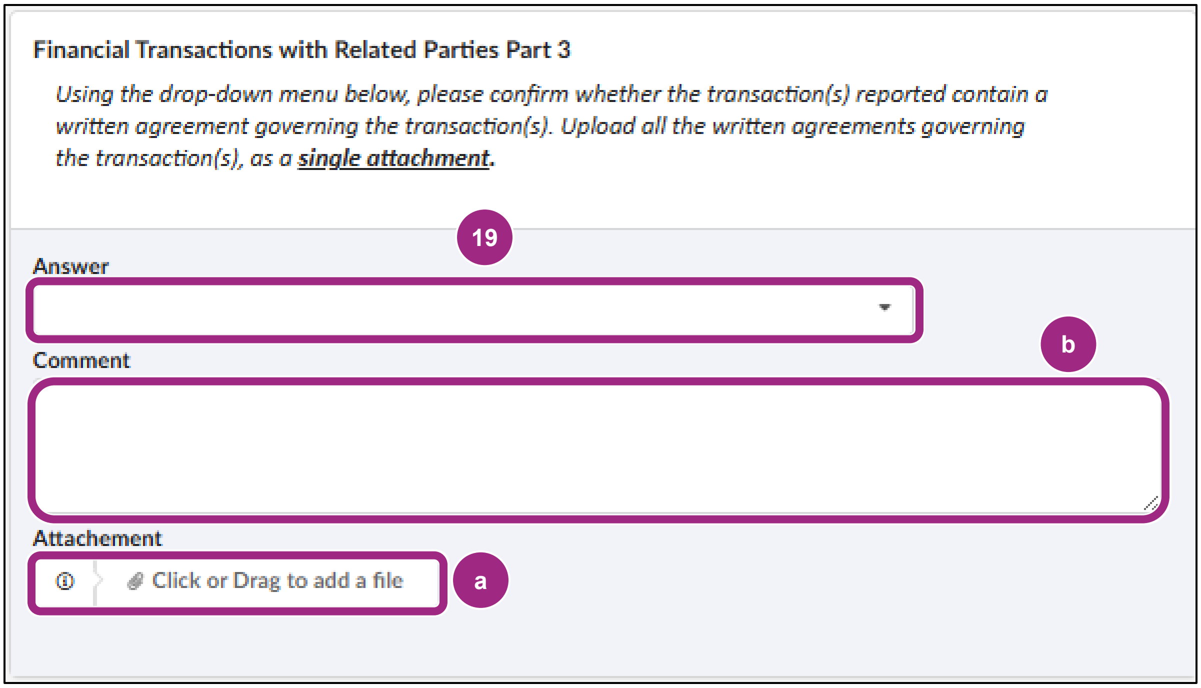
19. Click the **Answer** drop-down to complete the **Financial Transactions with Related Parties Part 3** and confirm whether transaction(s) reported contain a written agreement governing them.

   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.

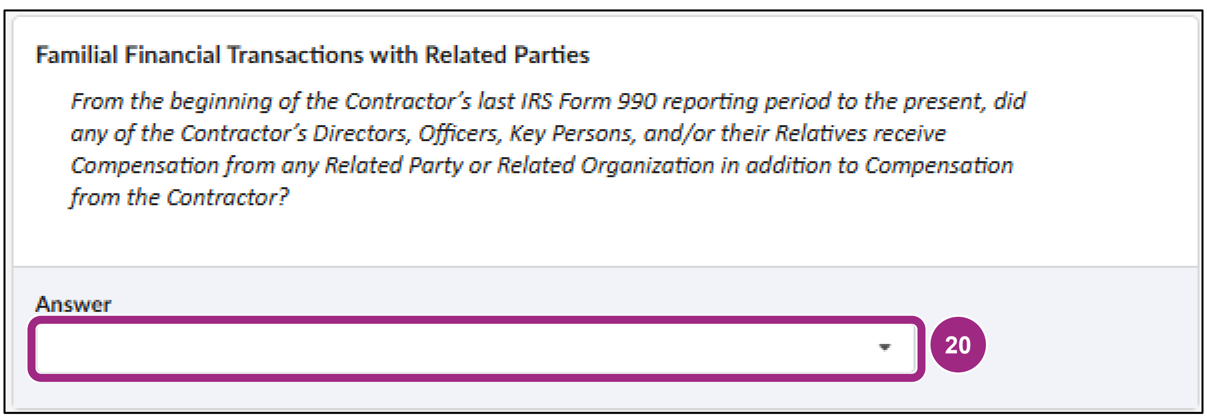
   b) **No**. **The transaction(s) reported do not contain written agreements. See explanation in Comment box below.**

      b. If selected, enter in the **Comment** field an explanation why the reported transaction(s) did not include written agreement(s).



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?



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*

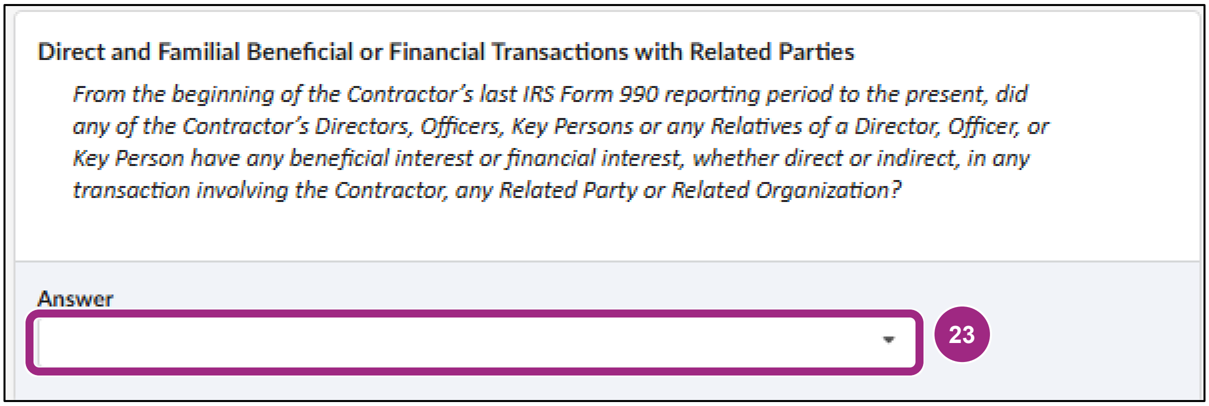
NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE SAME COMMENT BOX.

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?

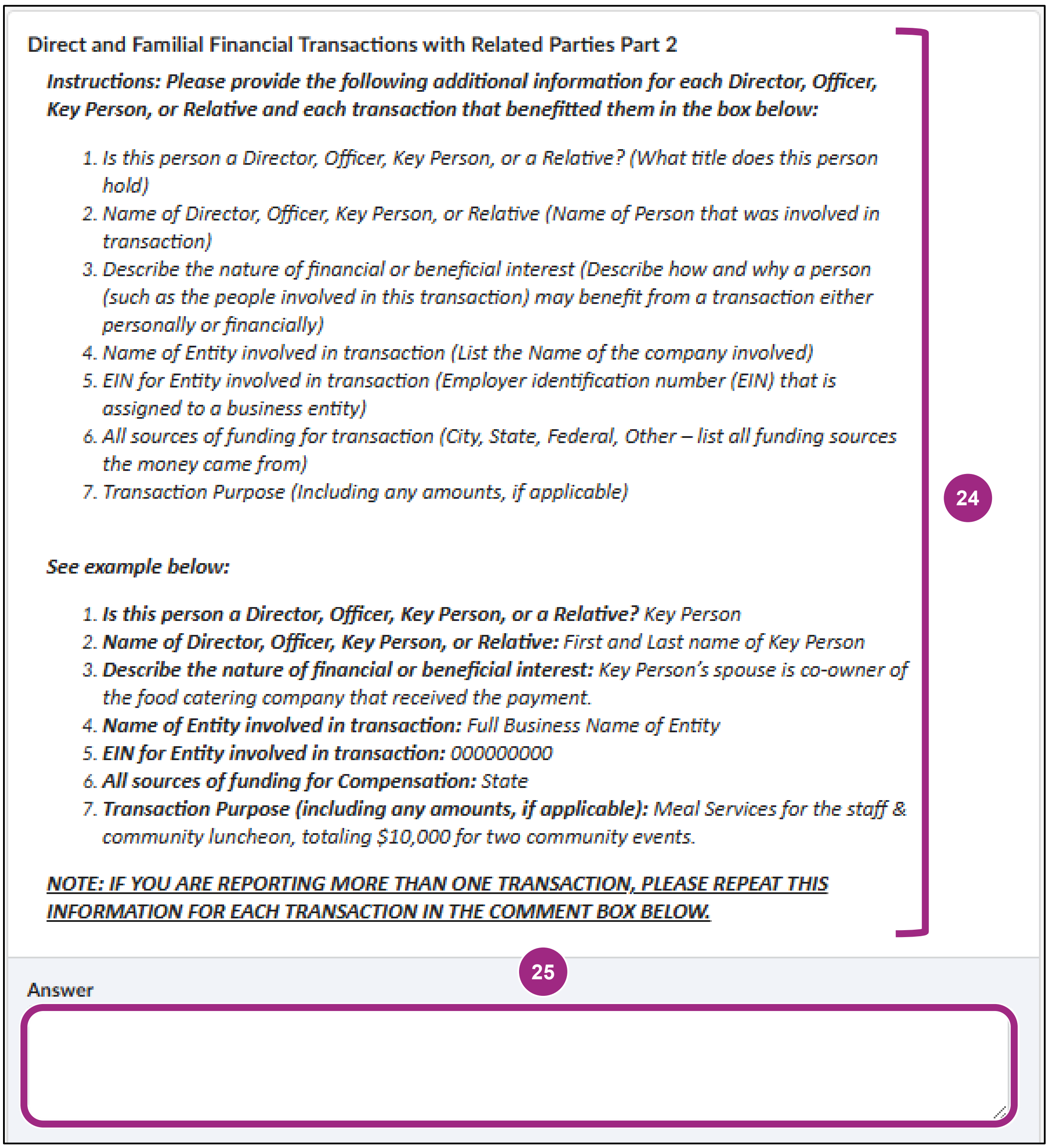


    If **No** is selected, proceed to the next question on Real Property & Ownership Interest with Related Parties.
    If **Yes** is selected, an additional question will display. Complete **Direct and Familial Financial Transactions with Related Parties Part 2**.

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:

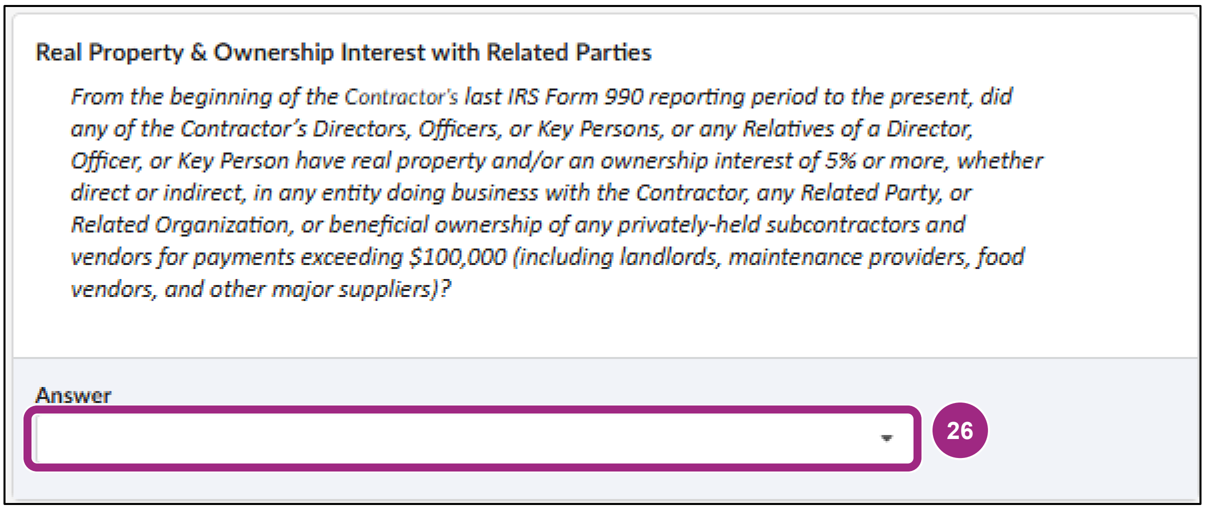
1. ***Is this person a Director, Officer, Key Person, or a Relative?*** *Key Person*
2. ***Name of Director, Officer, Key Person, or Relative:*** *First and Last name of Key Person*
3. ***Describe the nature of financial or beneficial interest:*** *Key Person's spouse is co-owner of the food catering 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.

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)?



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.

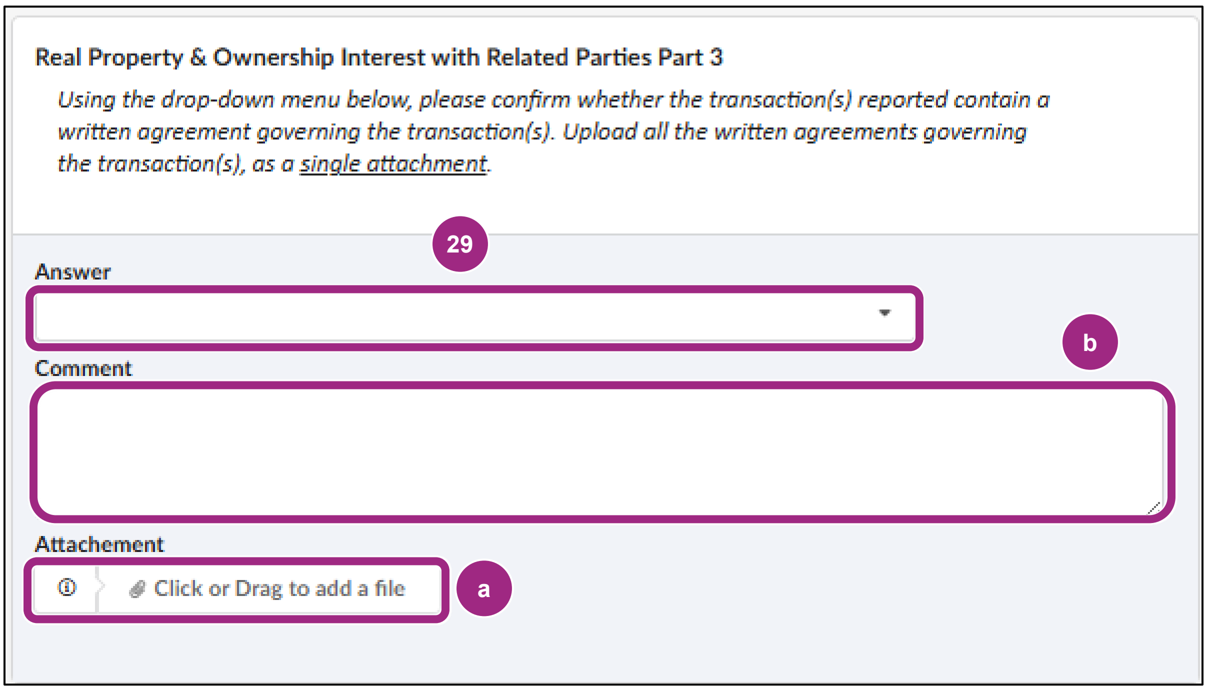
29. Click the **Answer** drop-down to complete the **Real Property & Ownership Interest with Related Parties Part 3** and confirm whether transaction(s) reported contain a written agreement governing them.

    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).

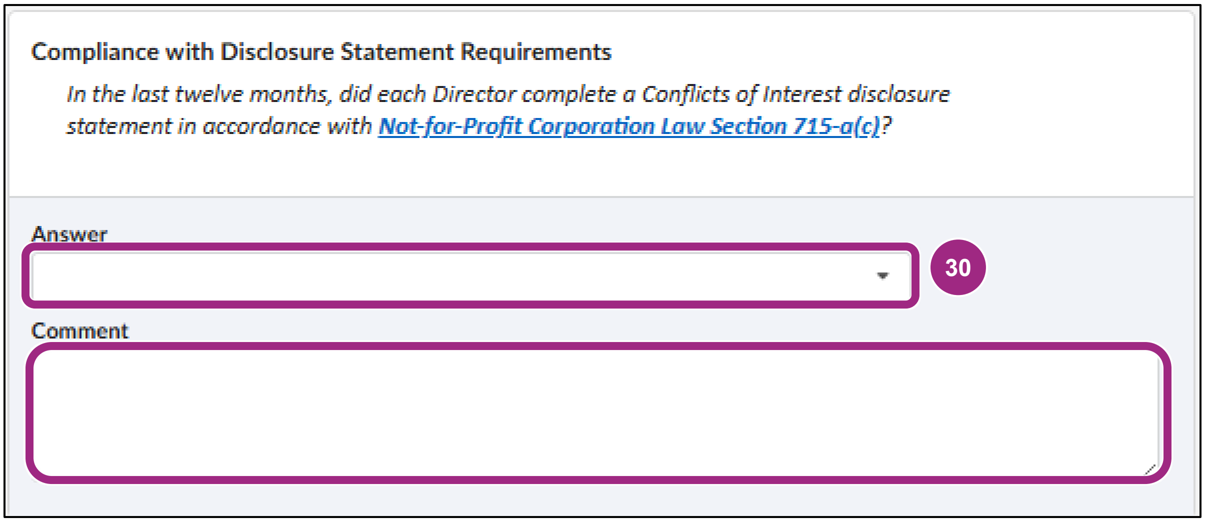


Mayor's Office of Contract Services

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)]?

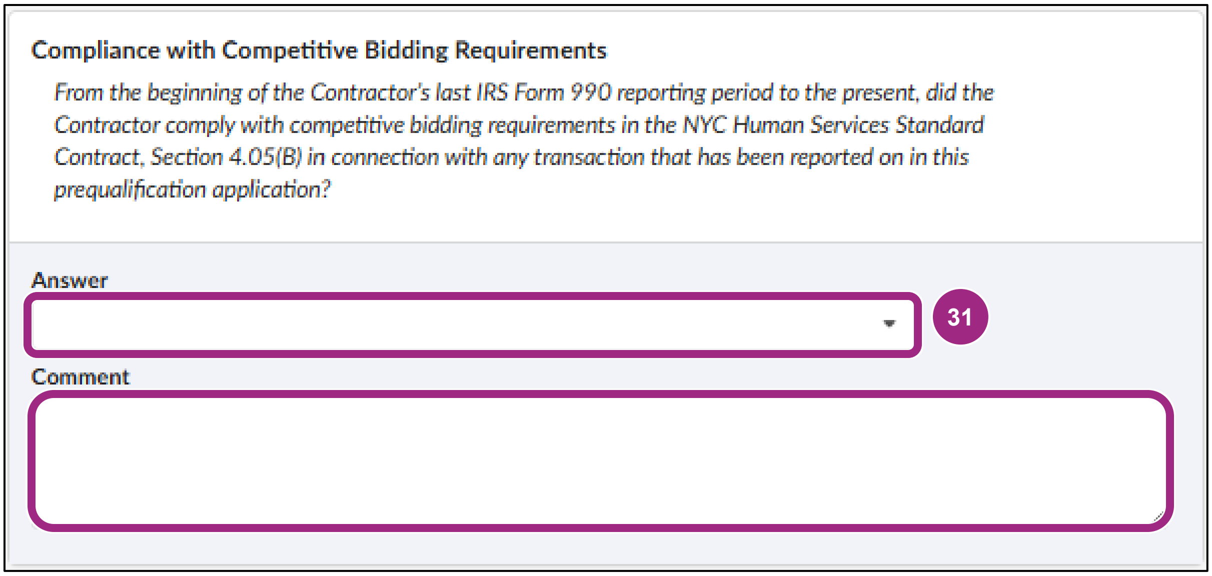
    - If **Yes** is selected, proceed to the next question on Compliance with Competitive Bidding Requirements.
    - If **No** is selected, enter an explanation in the **Comment** field.



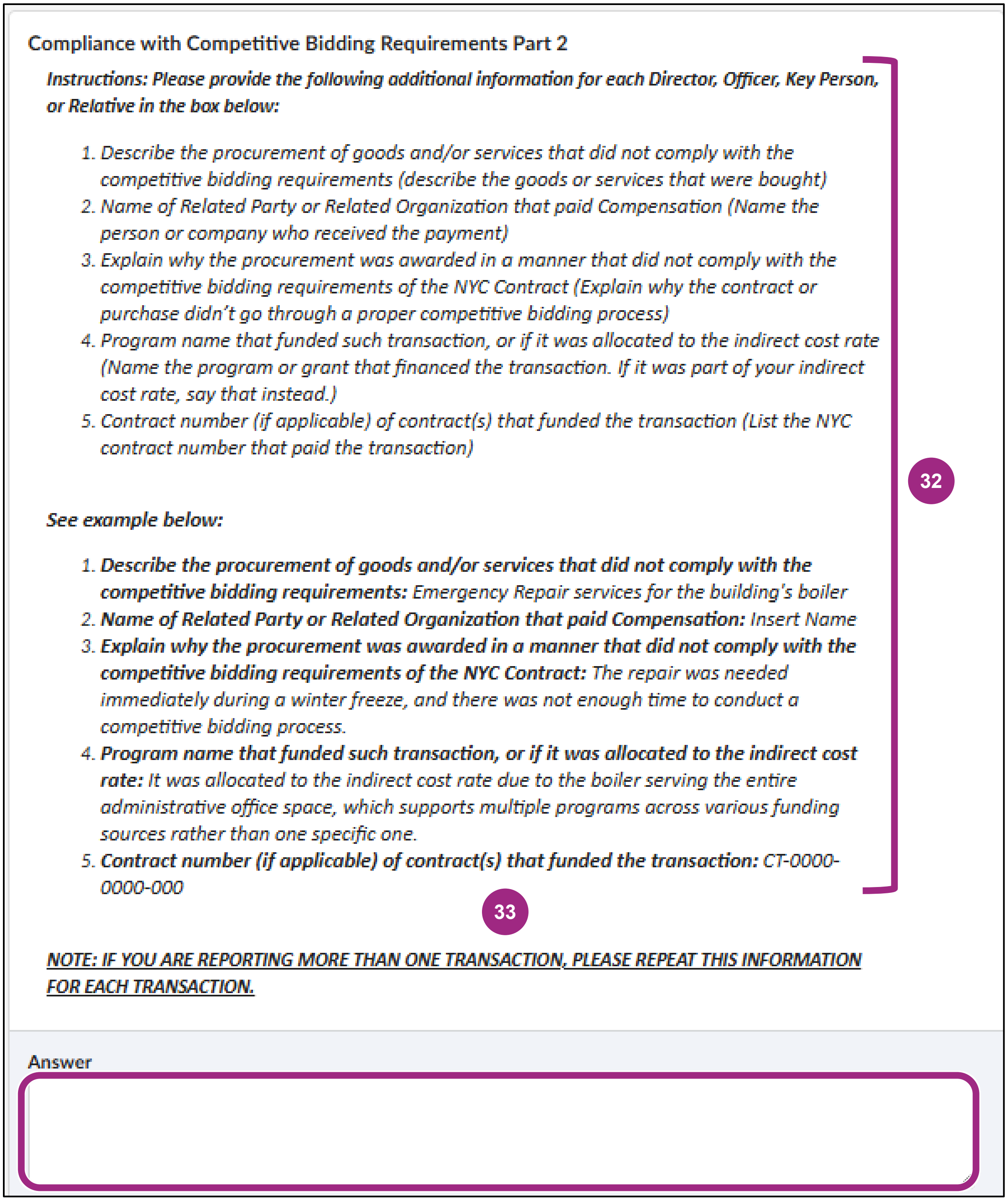
31. Click the **Answer** drop-down to select **Yes**, **No**, or **Not Applicable** in response to the question on **Compliance with Competitive Bidding Requirements**:

    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**.



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)*

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*

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

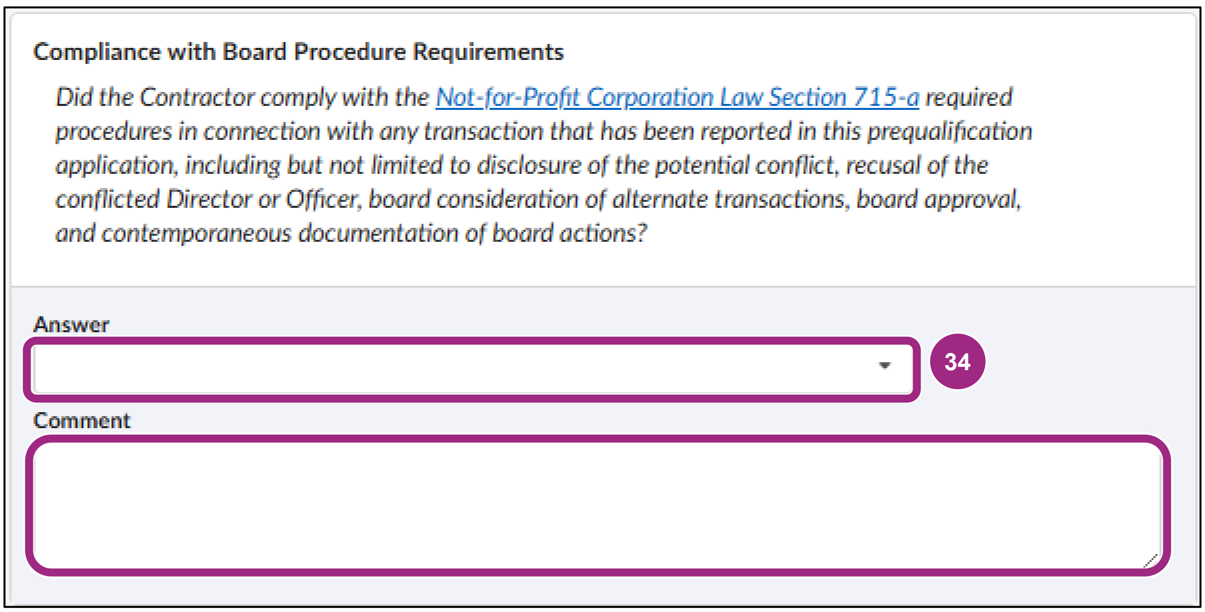
Answer

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?

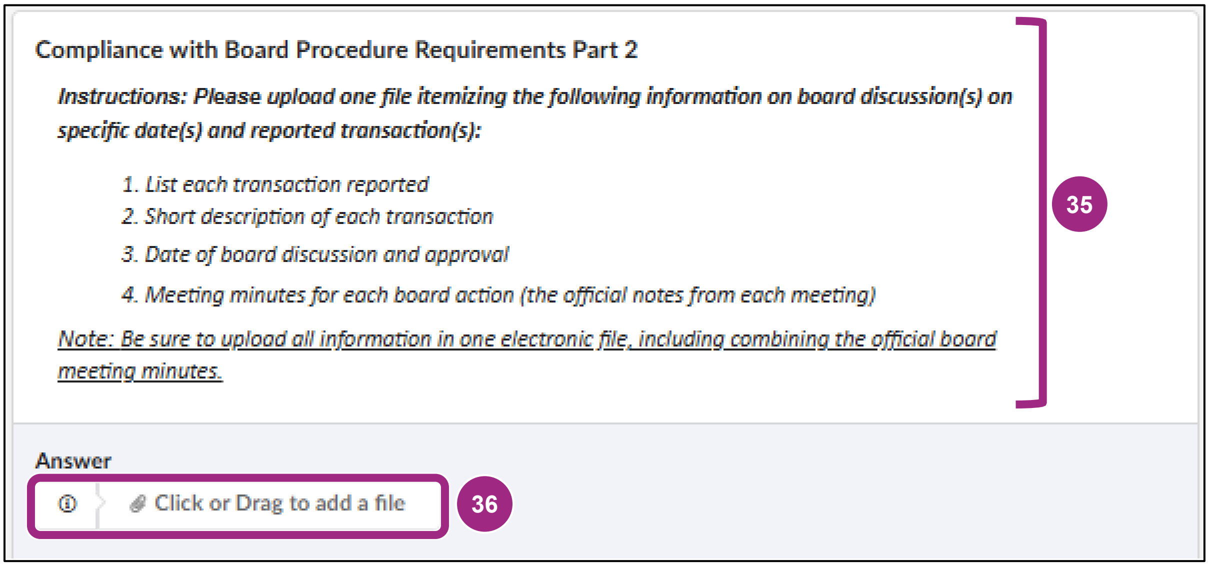
- If **Yes** is selected, additional questions will display. Proceed to complete **Compliance with Board Procedure Requirements Parts 2** and **3**.
- If **No** is selected, enter an explanation why in the Comment field and proceed to Add a Required Document.
- If **Not Applicable (N/A). I did not report 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.



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

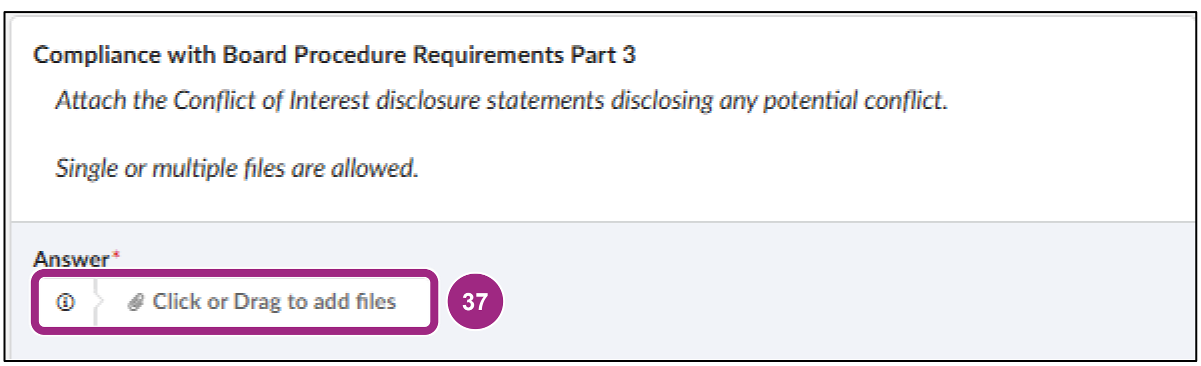
36. Click the **Click or Drag to add file** button to upload **one file** itemizing the following information on board discussion(s) on specific date(s) and transaction(s):

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



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.



After completing the questionnaire, if you have not already added the required document, go to the Add a Required Document section for steps.

Back to Top

The For Profit Questionnaire

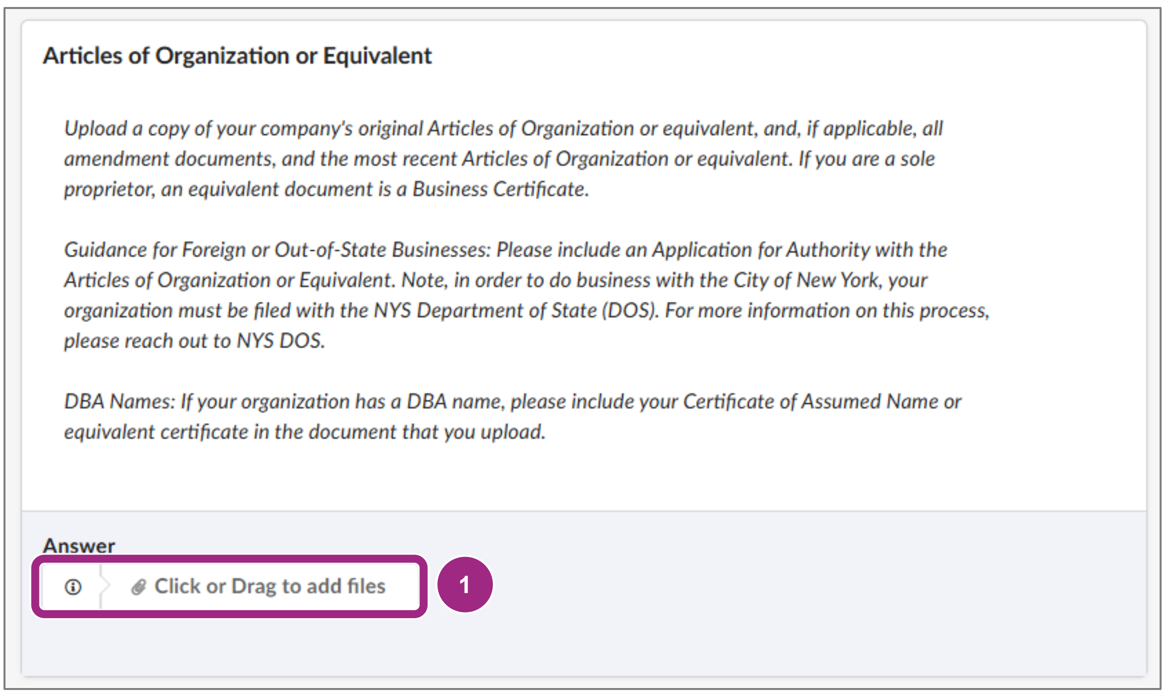
Vendors will be required to upload the current versions of key **business documents**, describe how their organization performs **financials controls**, and **certify** that they will submit a Financial Statement or Report in the Documents tab.

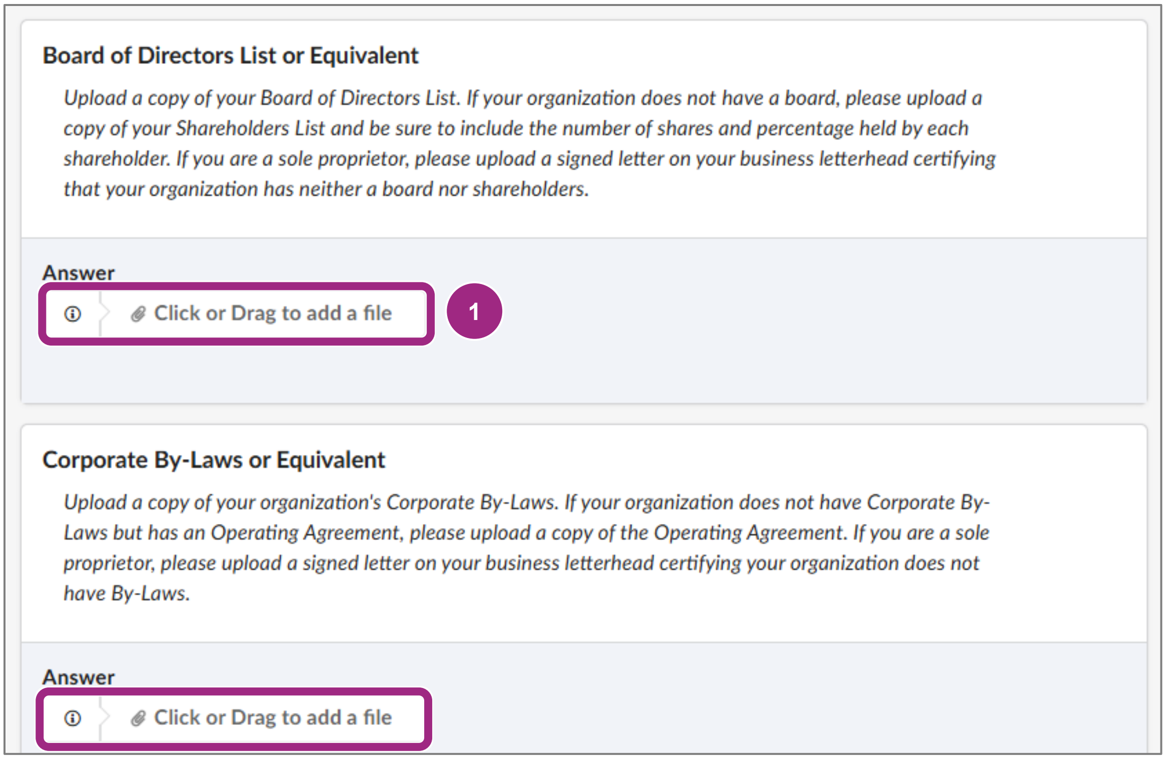
Required business documents for For Profit organizations in the HHS PQL Questionnaire:

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.

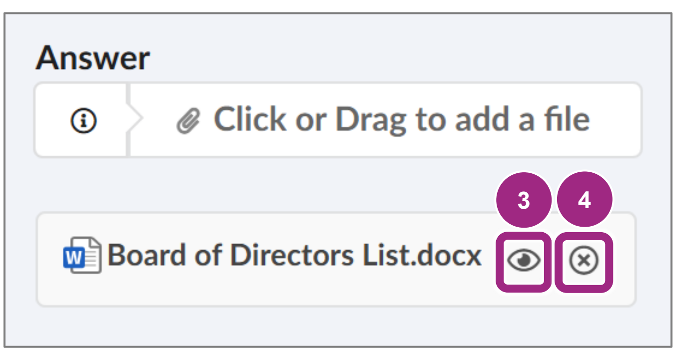
1. To upload the business documents, click the **Click or Drag to add a file** button by each business document listed, locate the file on your local computer and select it.



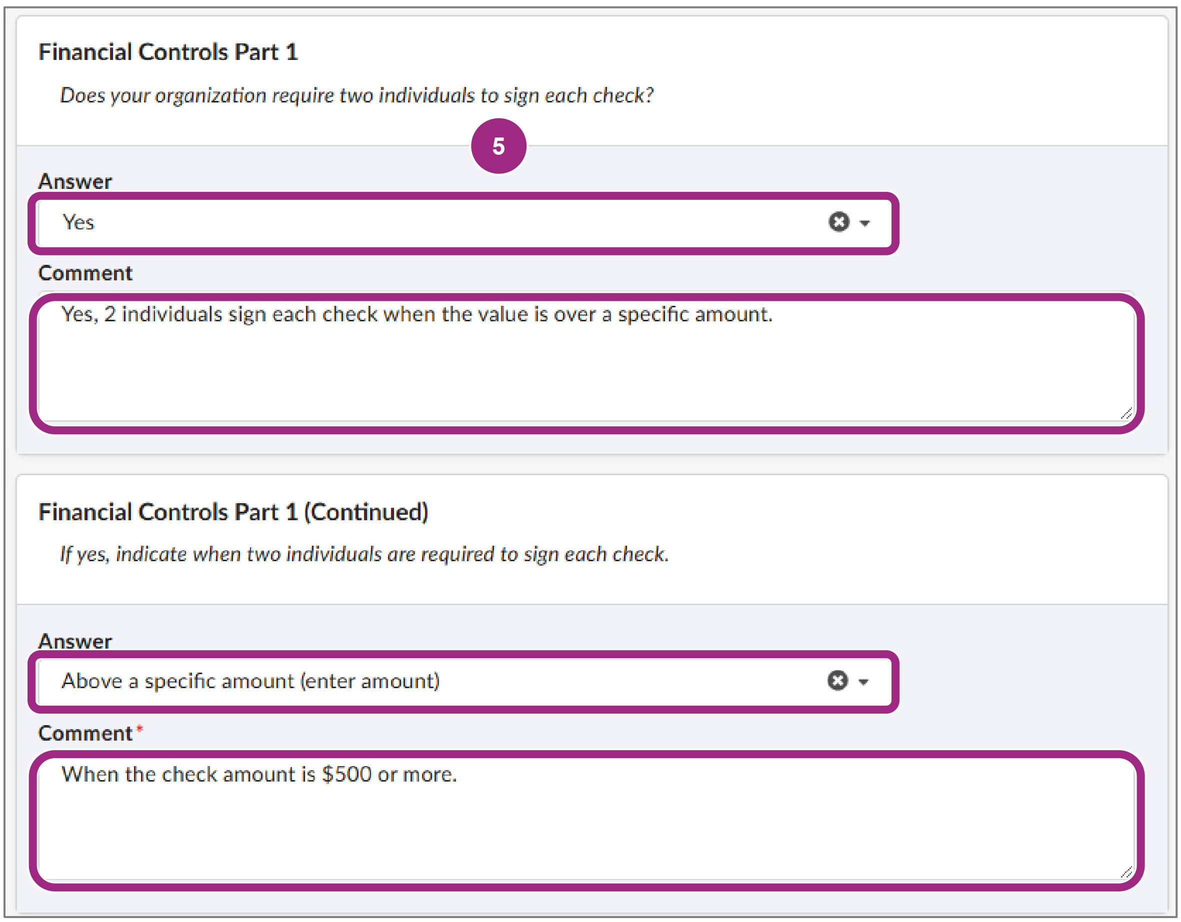


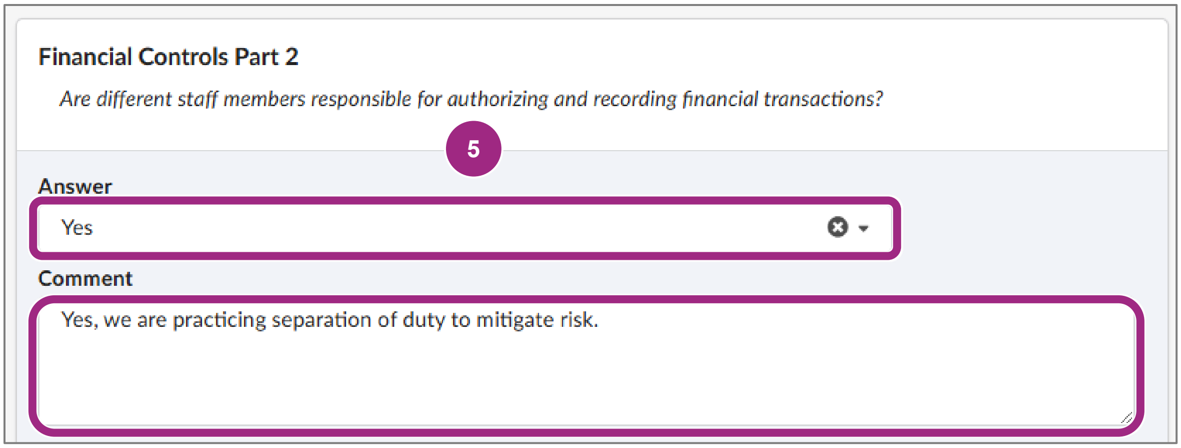
2. Each uploaded file will appear beneath the Click or Drag to add files button.

3. Click the **preview** icon to the right of the file name to preview and verify the correct file was uploaded.
4. 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.



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 *.
    a. **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.
    b. **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.
    c. **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.

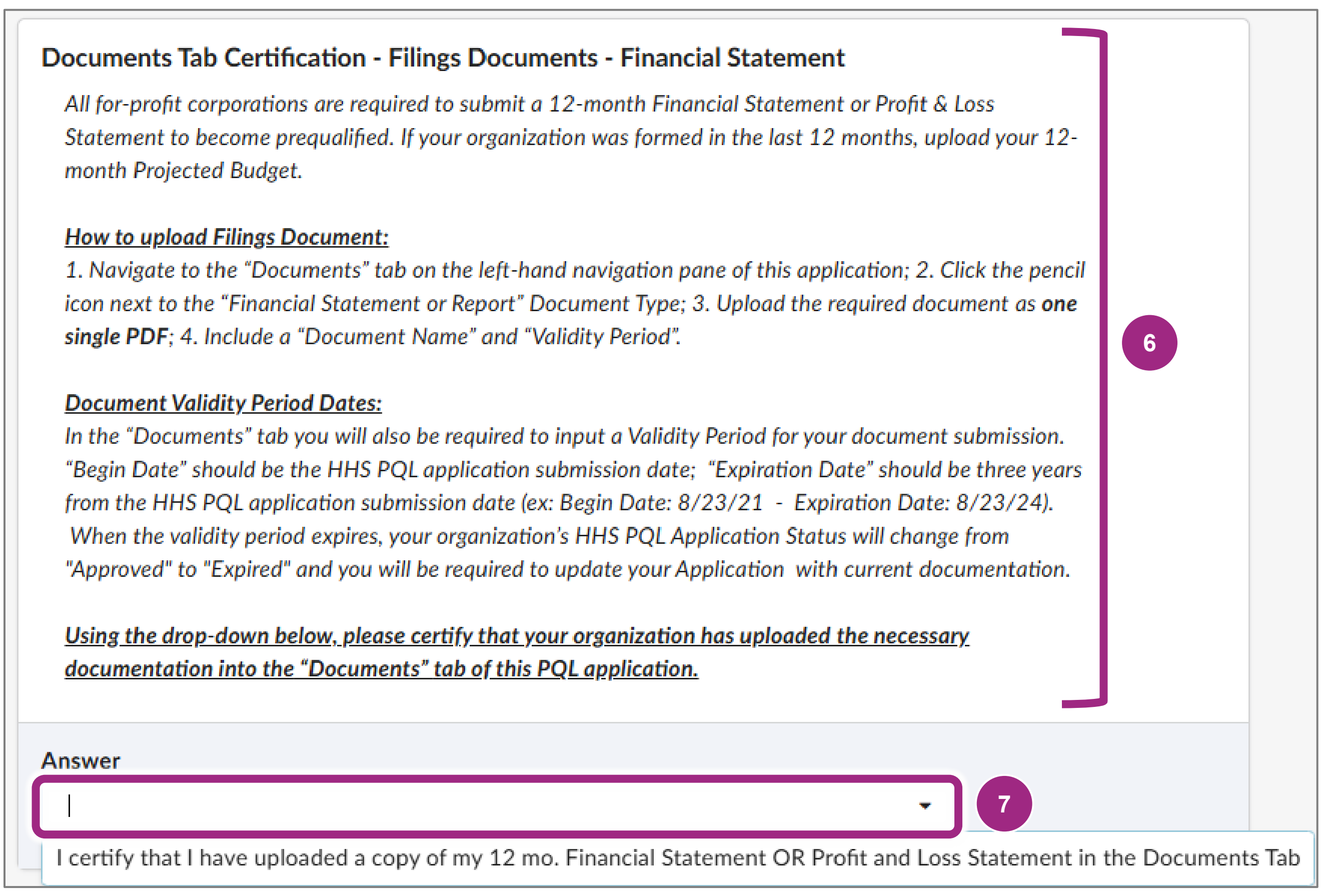




6. Read the instructions under the Documents Tab Certification – Filings Documents – Financial Statement. This final prompt in the Questionnaire will be to certify that your organization has uploaded the necessary documentation into the Documents tab of this PQL application.

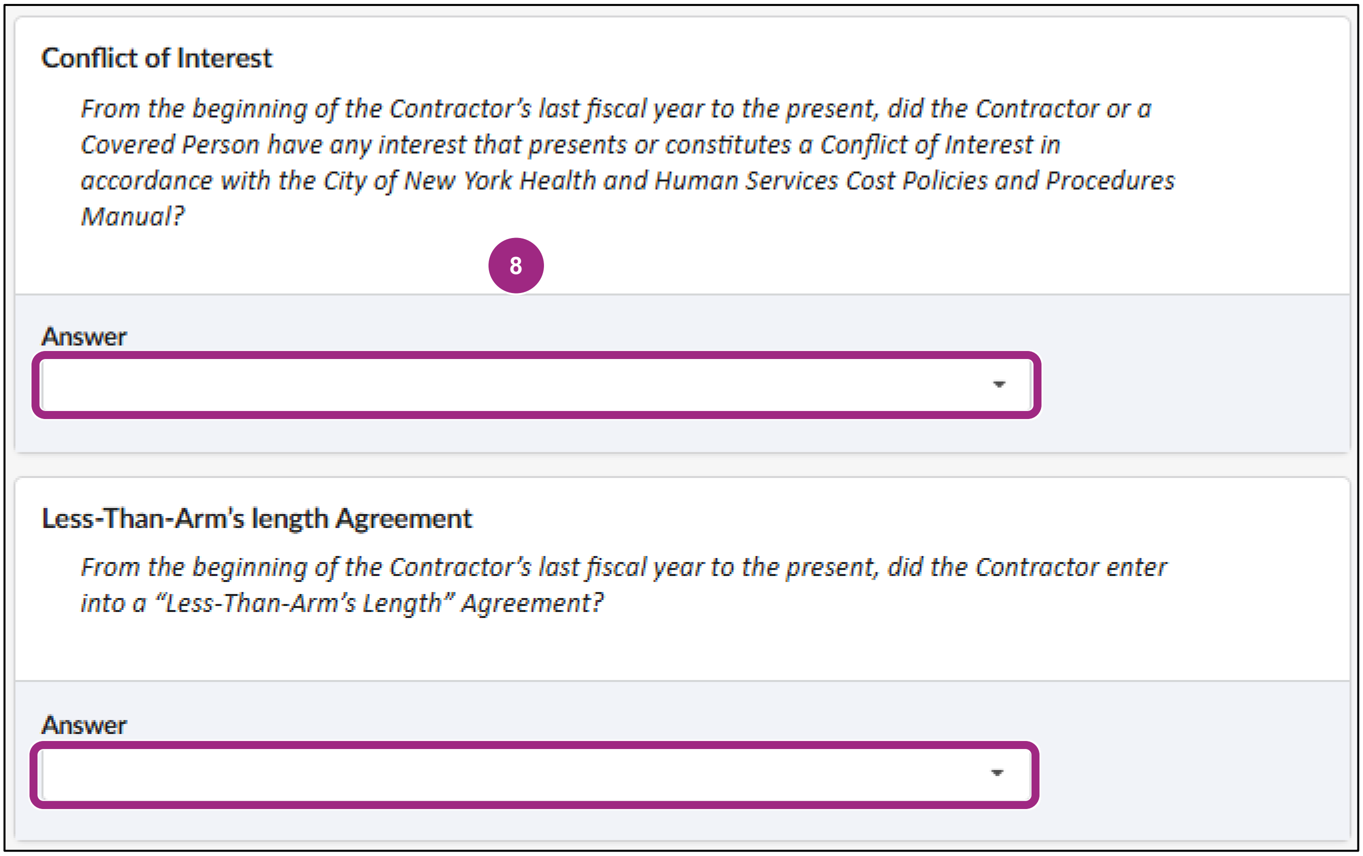
   At this point, you may skip to the Add a Required Document section in this guide, **then return to complete the final step in the Questionnaire** to certify you uploaded the Financial Statement per the instructions provided.

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**.



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.



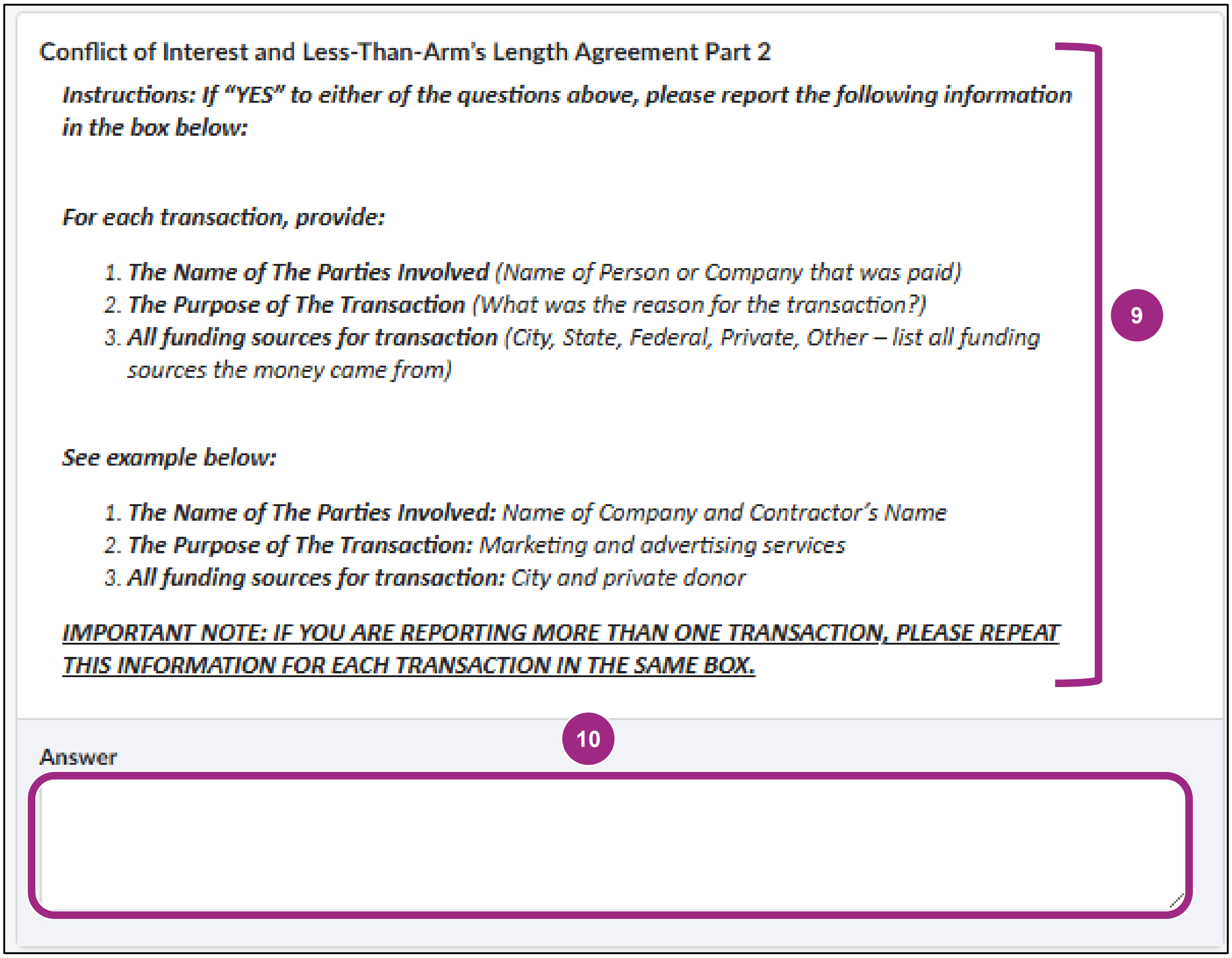
If **Yes** is selected in **either** question, additional questions will display in parts 2 and 3.

If **No** is selected in **both** questions, proceed to Add a 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*

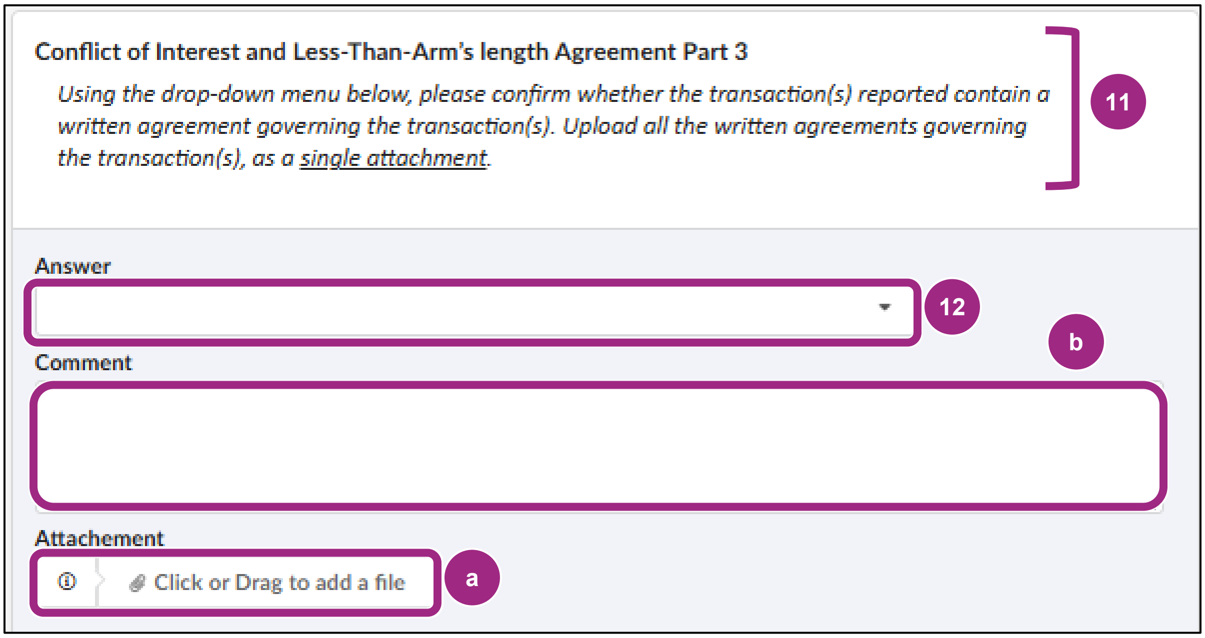
IMPORTANT NOTE: IF YOU ARE REPORTING MORE THAN ONE TRANSACTION, PLEASE REPEAT THIS INFORMATION FOR EACH TRANSACTION IN THE SAME BOX.

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:

- **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.
- **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).



After completing the questionnaire, if you have not already added the required document, go to the Add a Required Document section for steps.

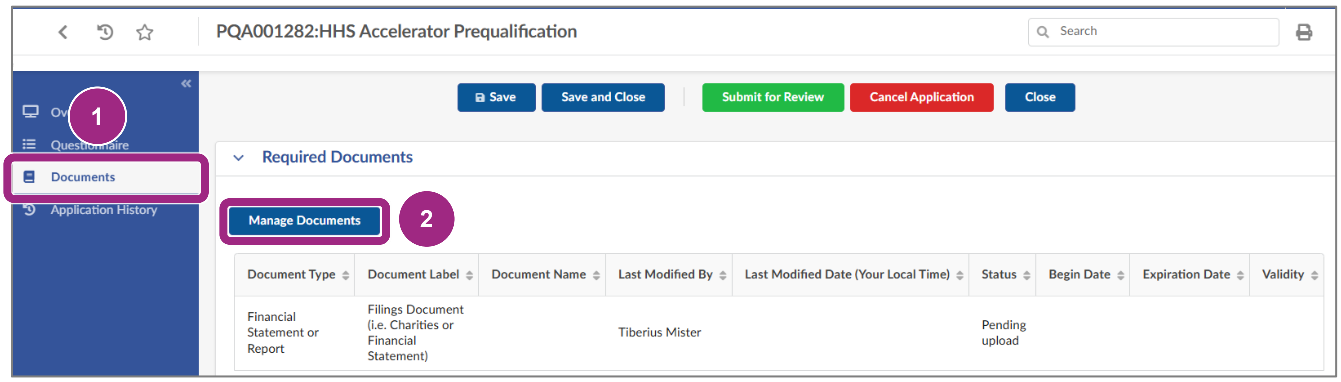
Back to Top

Add a 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.

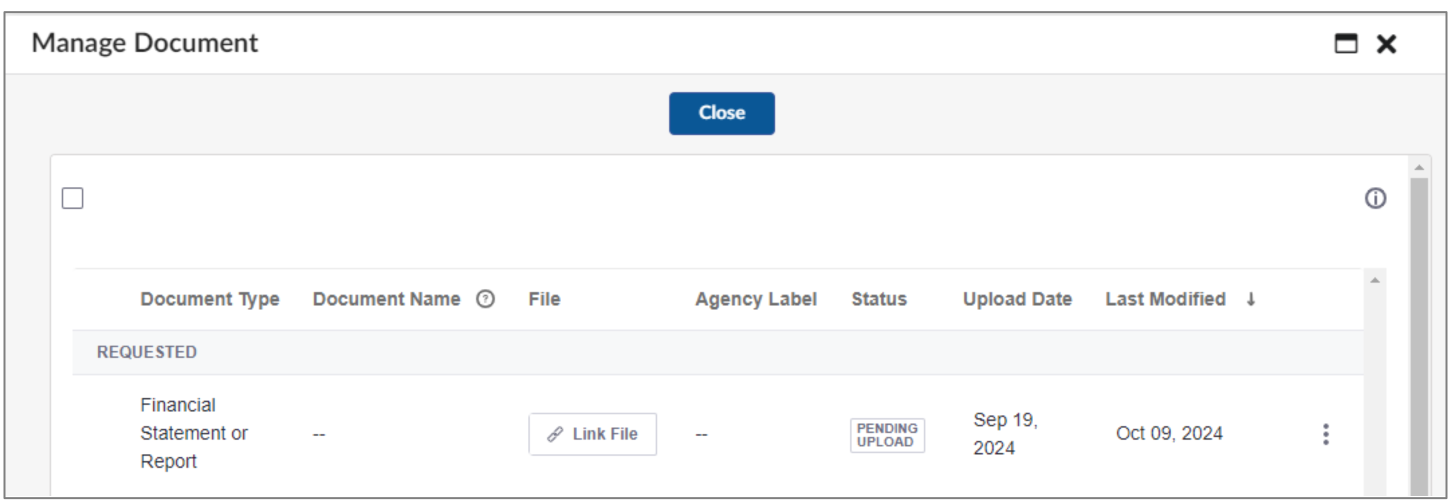
To add the Required Document(s) in the Documents tab, follow the steps below to upload your document from your computer or link to it from the PASSPort Vault.

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 and the Status which is currently Pending Upload.
2. Click the **Manage Documents** button to edit the Required Document in this PQL application.



3. The Manage Document window opens. Here you will be able to **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.



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).

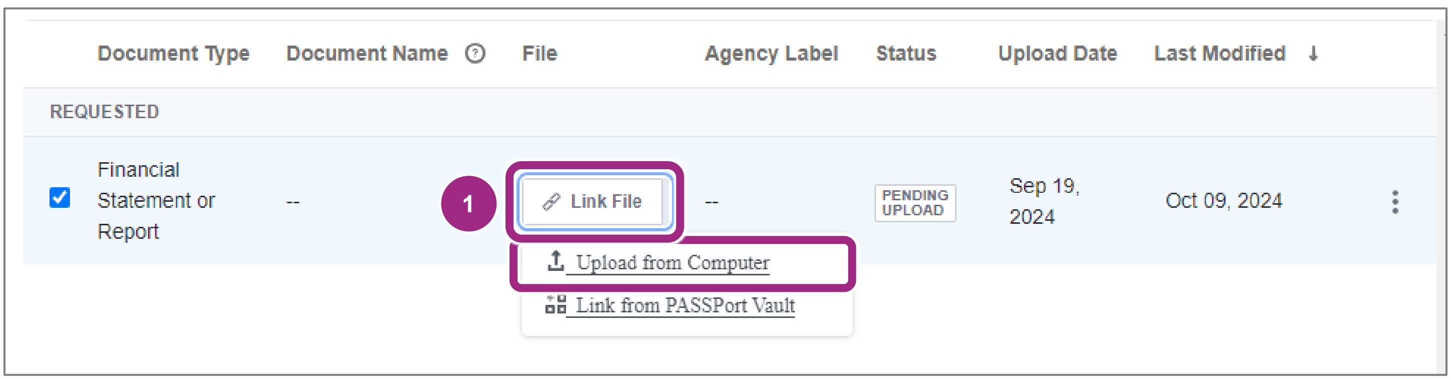
Adding a required document can be done in one of two ways:

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).

Option 1: Upload a Document From Your Computer

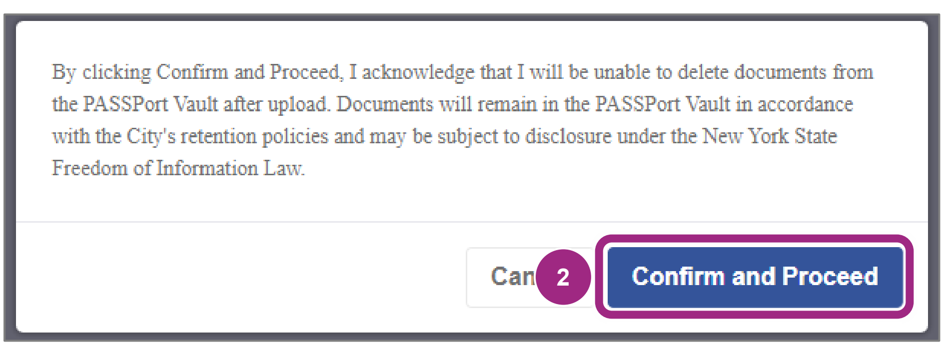
Choose this option if you need to **upload** the document from your computer. Follow the instructions below to attach it to your PQL application.

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



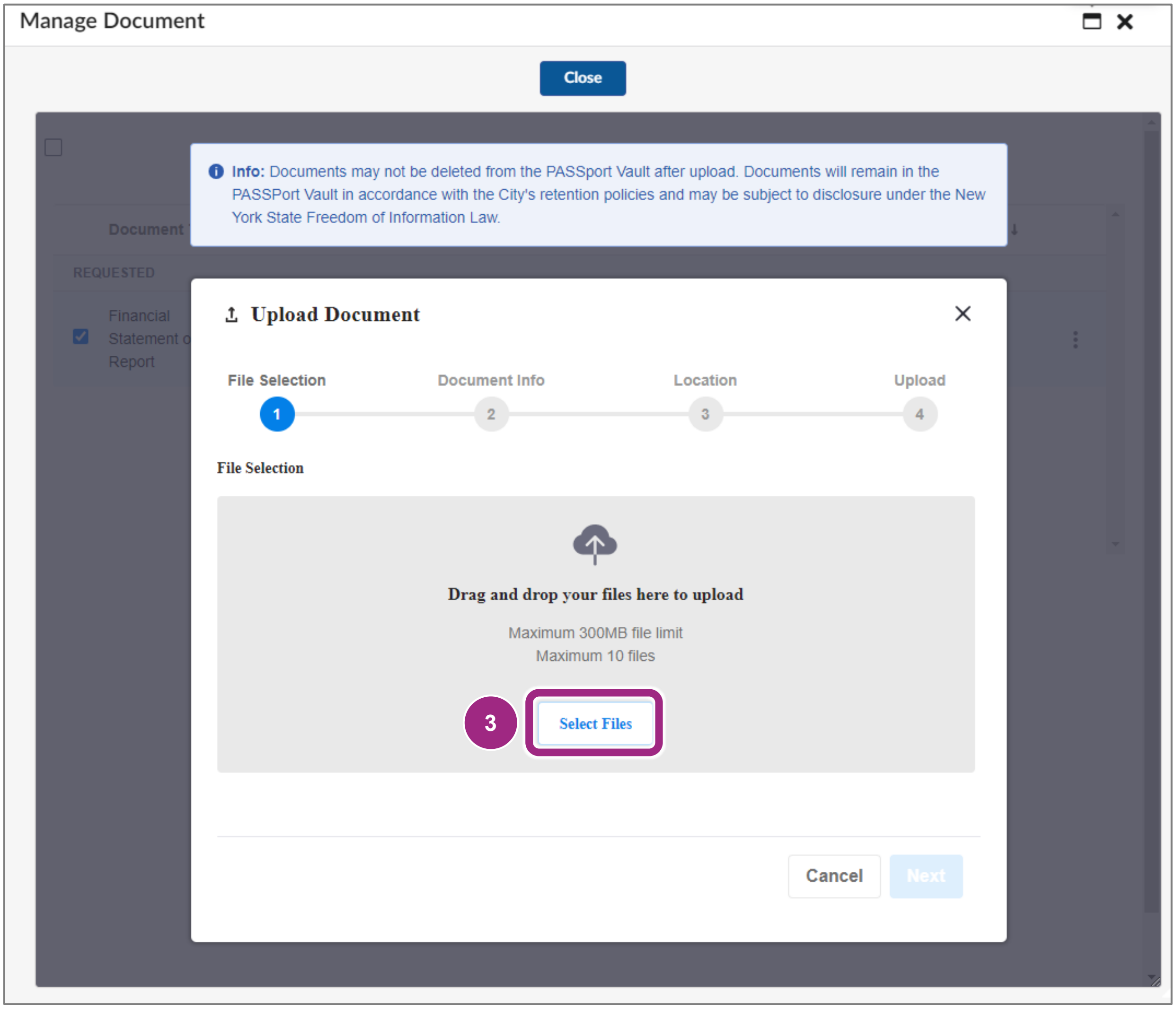
A window with a message appears. Confirm you understand that any files uploaded to the Vault cannot be deleted after upload in accordance with City record retention policies and may be subject to FOIL.

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



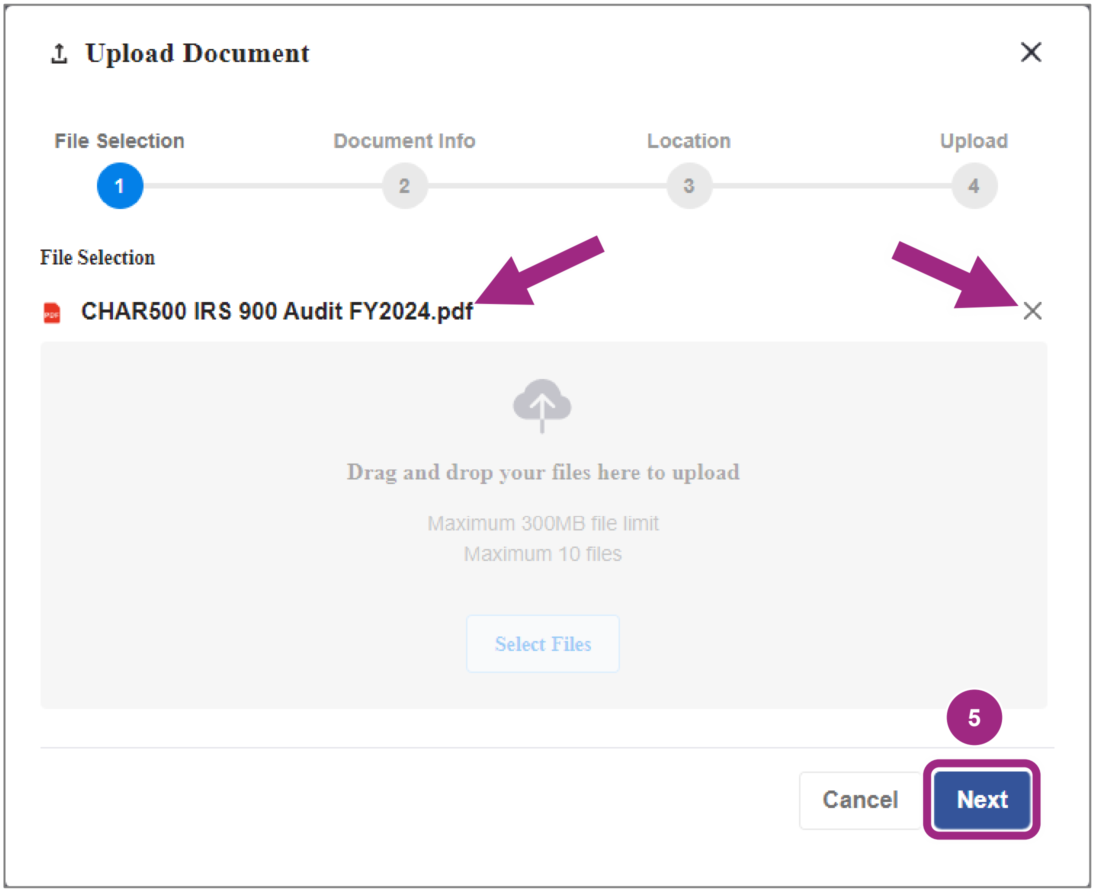
The Upload Document window displays.

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

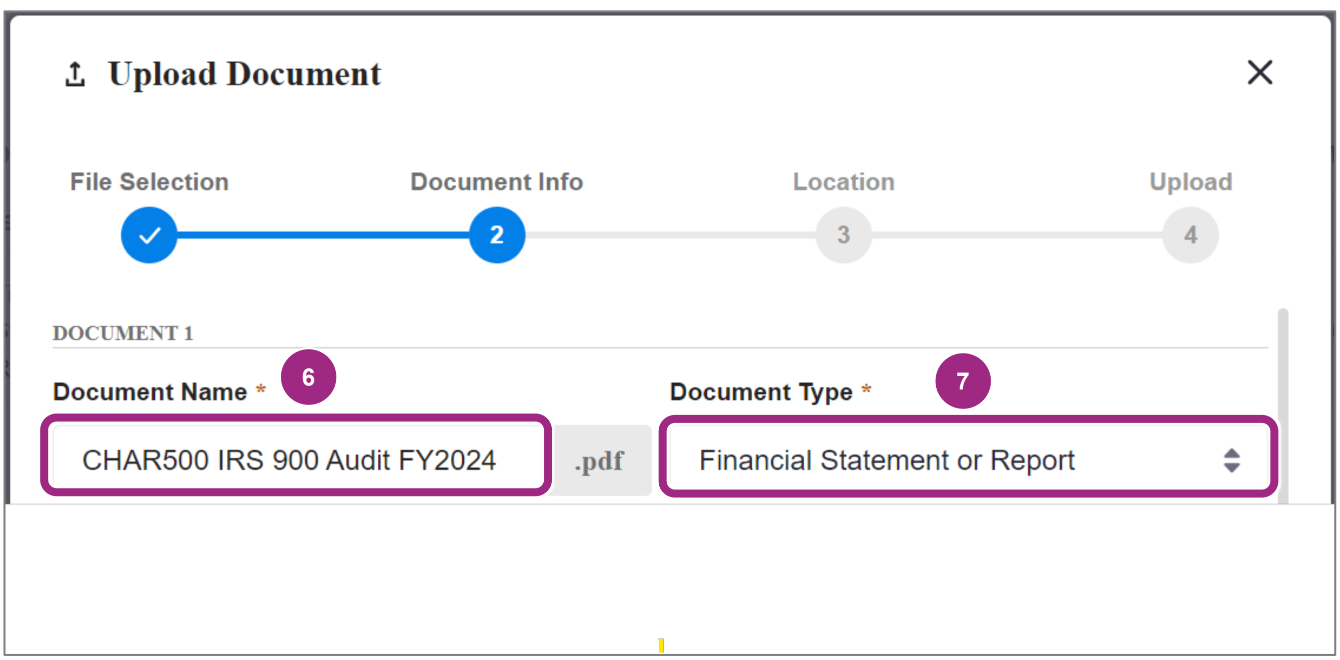


4. After a file is selected from your computer, the name will display in the File Selection section. If the wrong file was selected, click the **X** to the right of the file listed and repeat step 3.

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



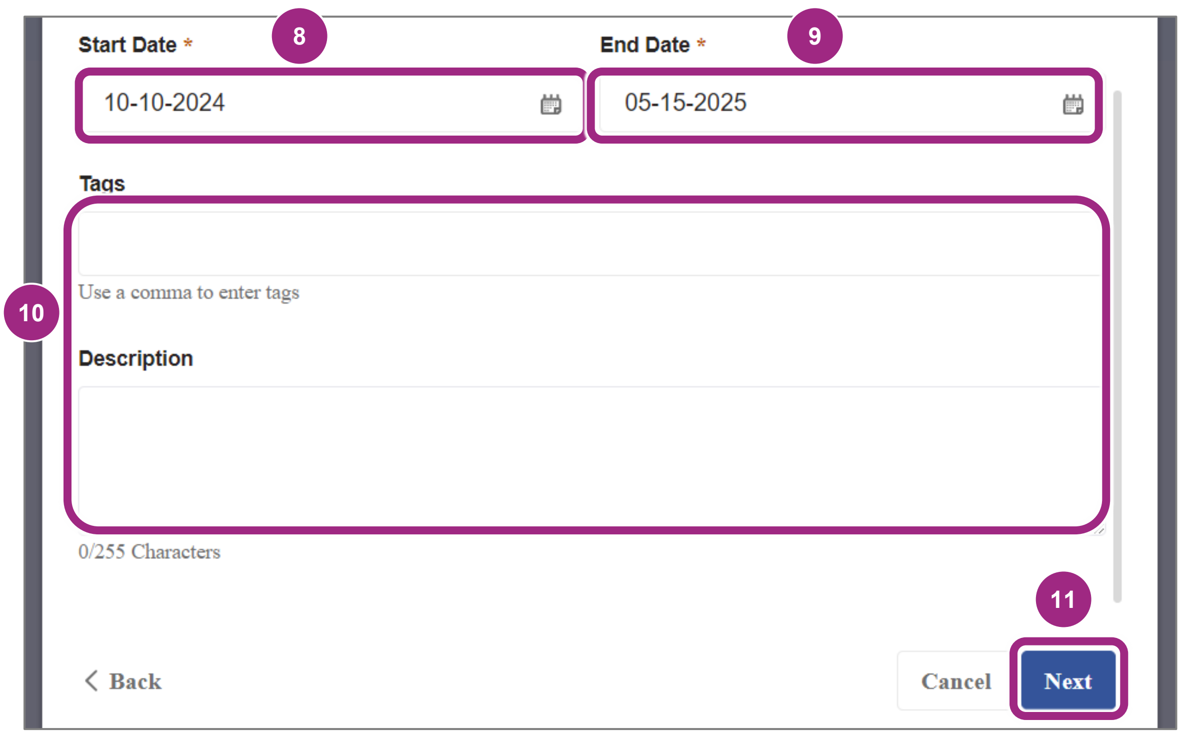
6. Optional: In Document Info, edit the **Document Name** by typing a new name in the text field.
7. Click the **Document Type** drop-down and select **Financial Statement or Report** from the list.



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.

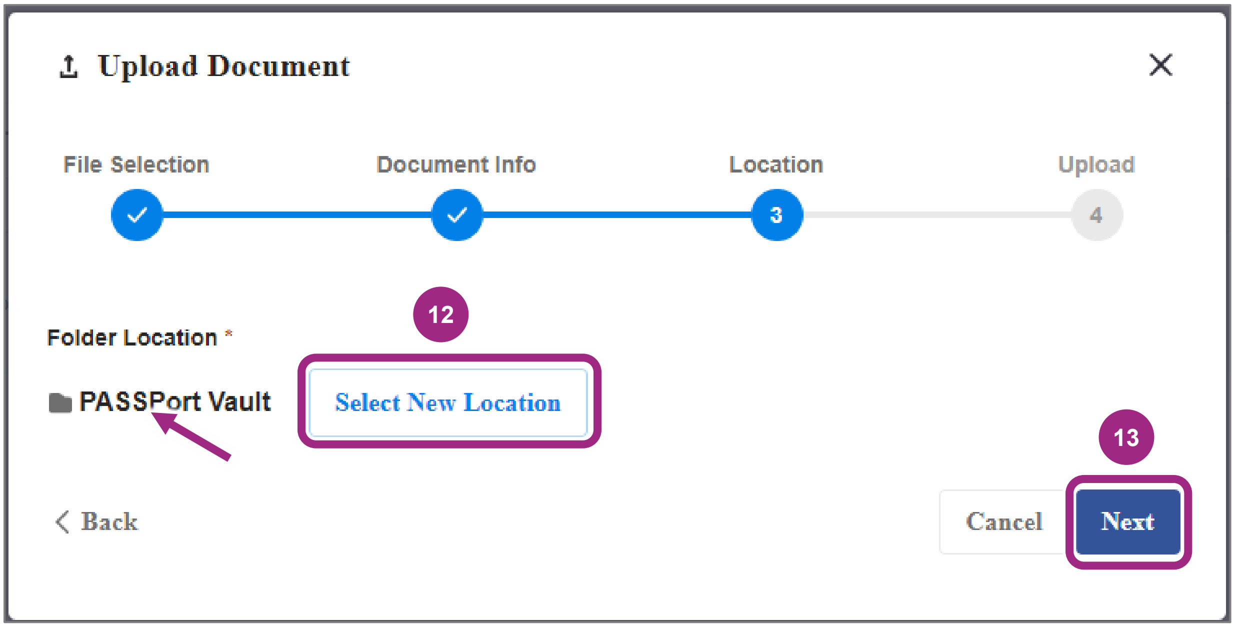


12. In Location, review the Folder Location which defaults to the main PASSPort Vault folder.

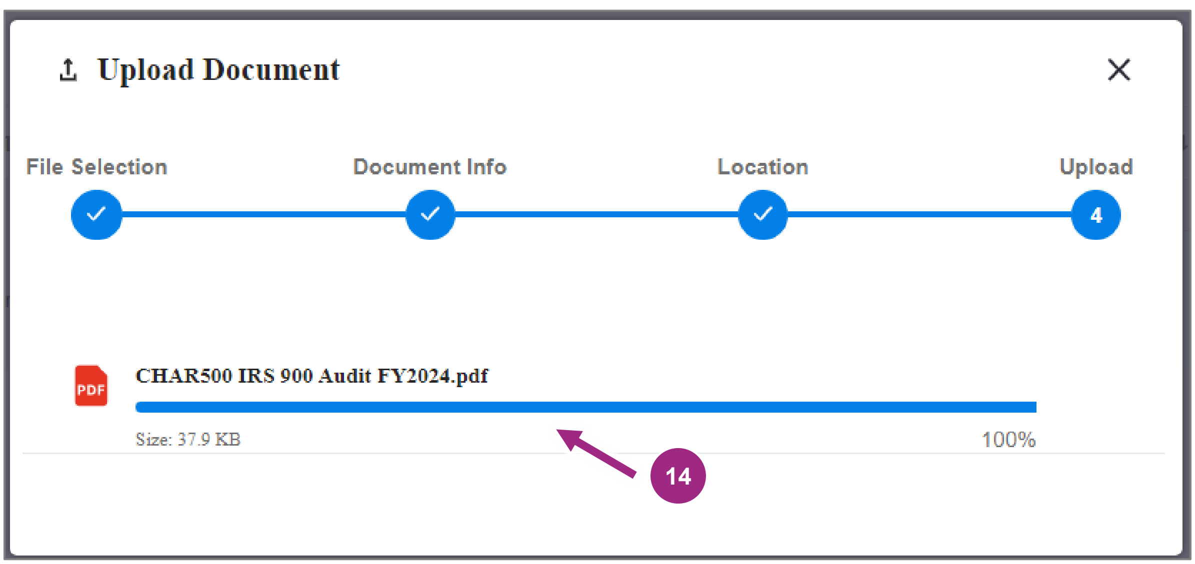
    Optional: To change the destination folder, click the **Select New Location** button and choose the new location.

    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.

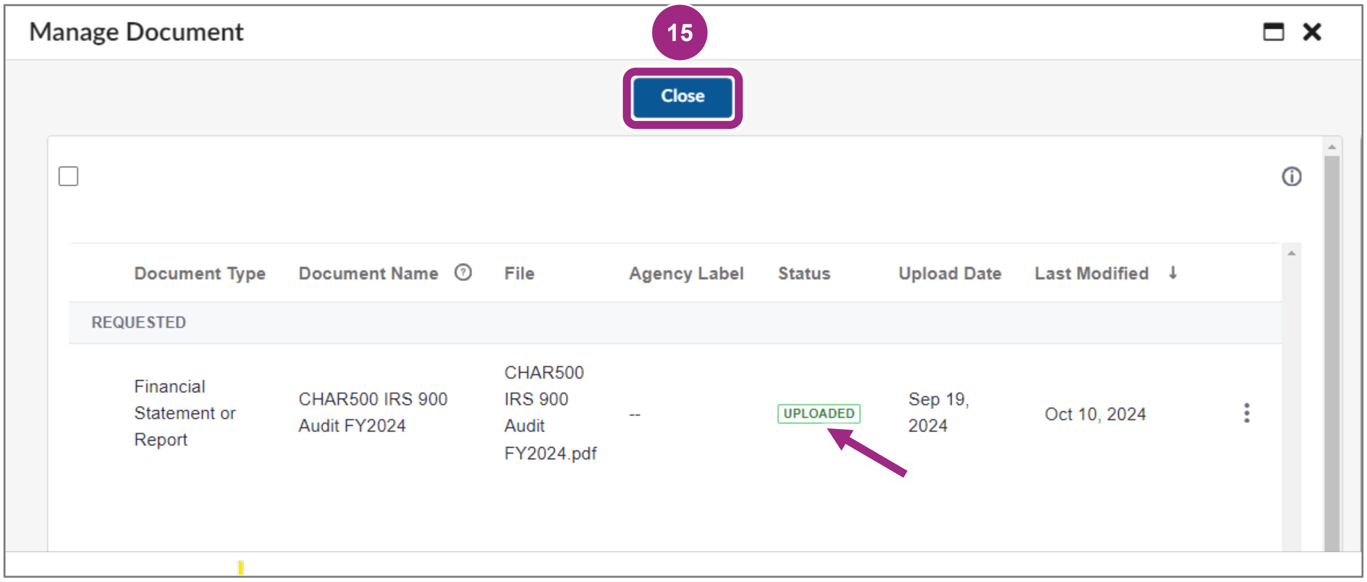


14. In Upload, you should see your PDF and filename with a progress meter below as it is uploading. After a successful upload, you will see the progress meter show 100%.



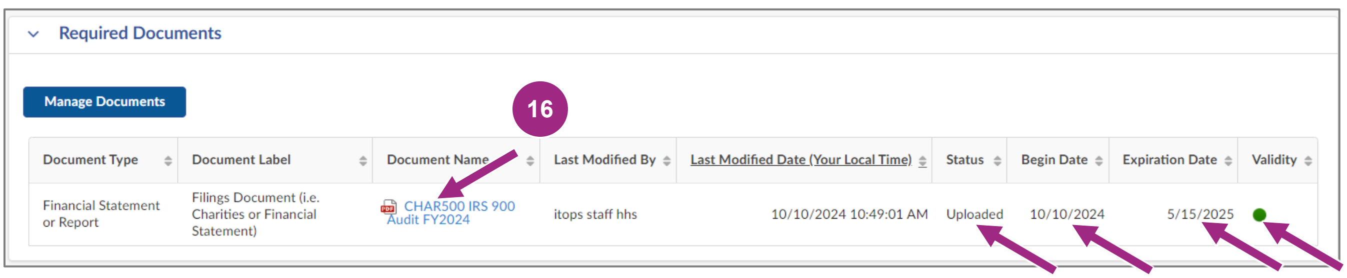
Tip: If your log in session times out or if the PDF doesn't upload as expected, be sure to completely log off PASSPort and close your web browser, then try again.
After upload, you are returned to the Manage Documents window.

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 application to MOCS for review.

Back to Top

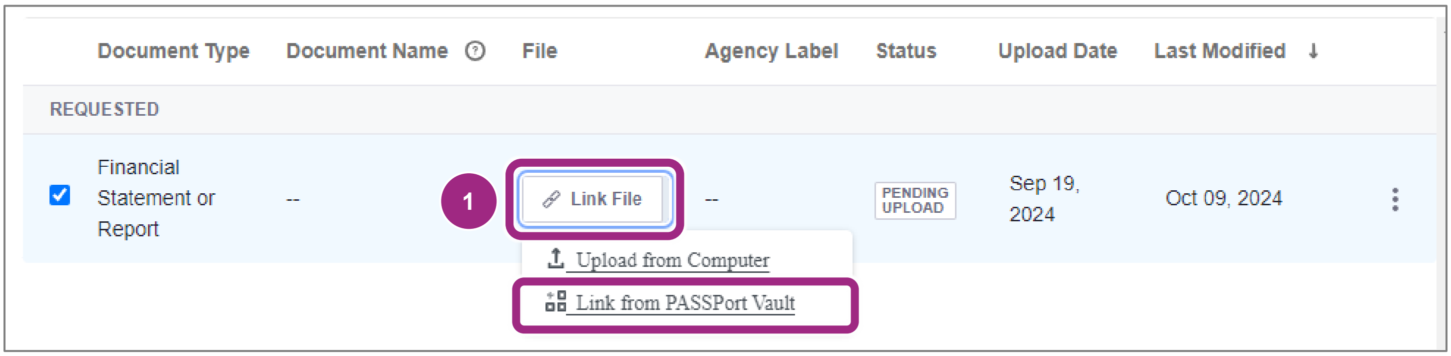
Option 2: Link a Document Via the Vault

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.

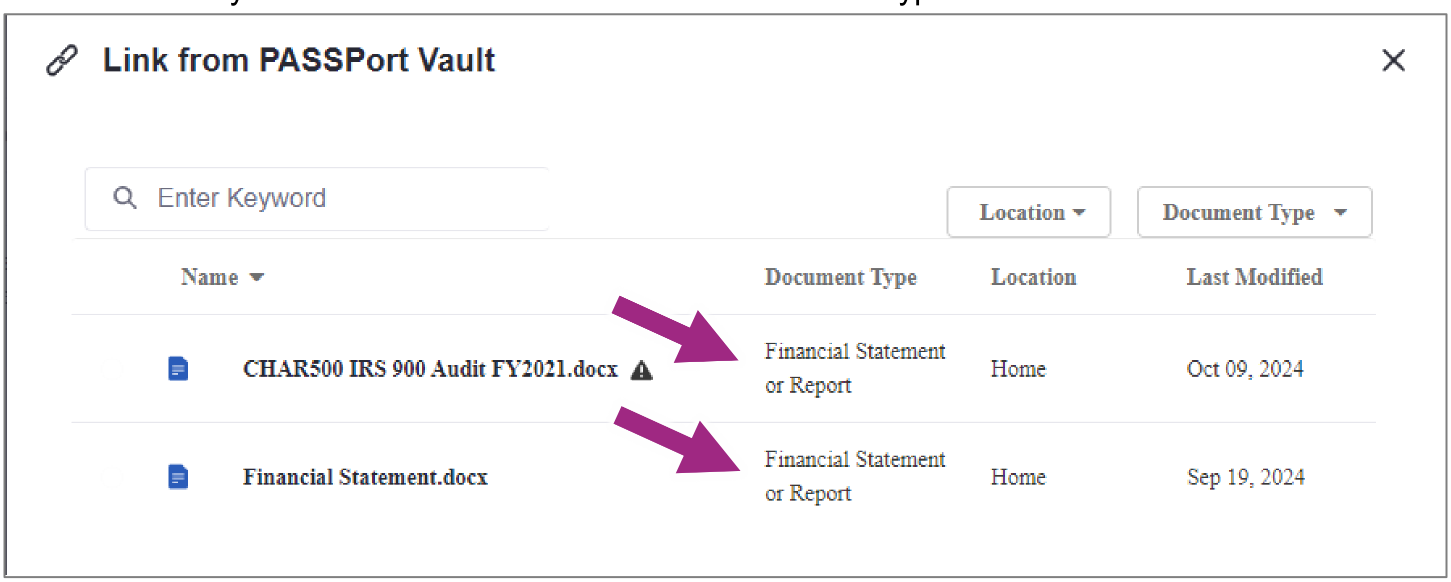
Follow the instructions below to link the required document to your PQL Application.

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



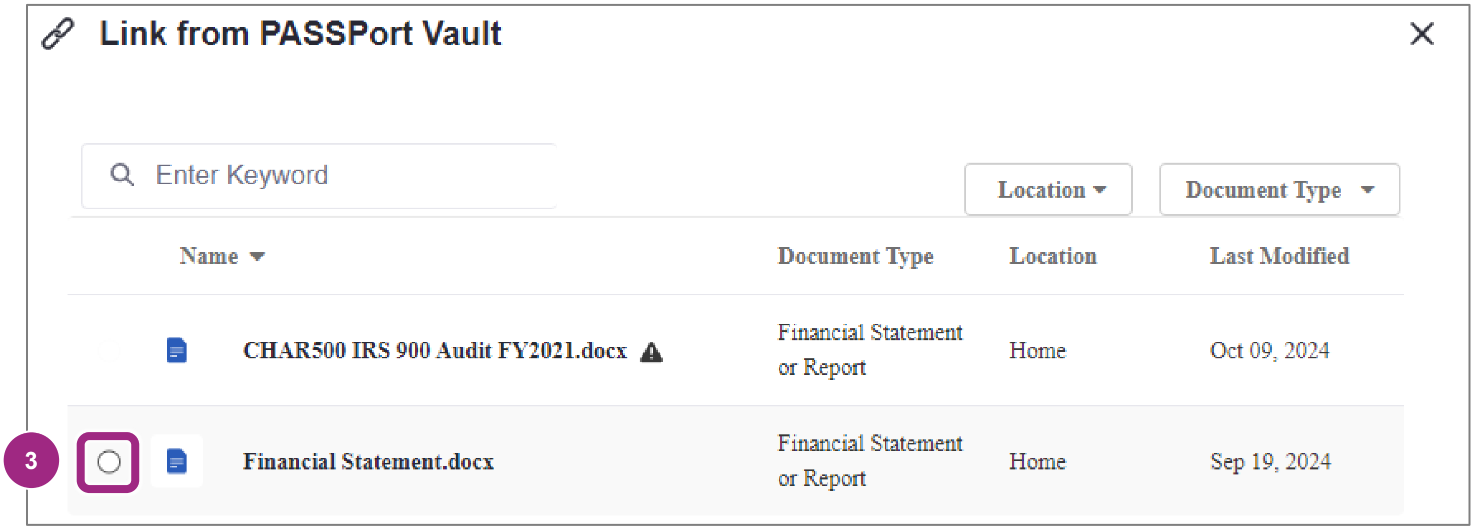
The Link from PASSPort Vault window appears.

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.

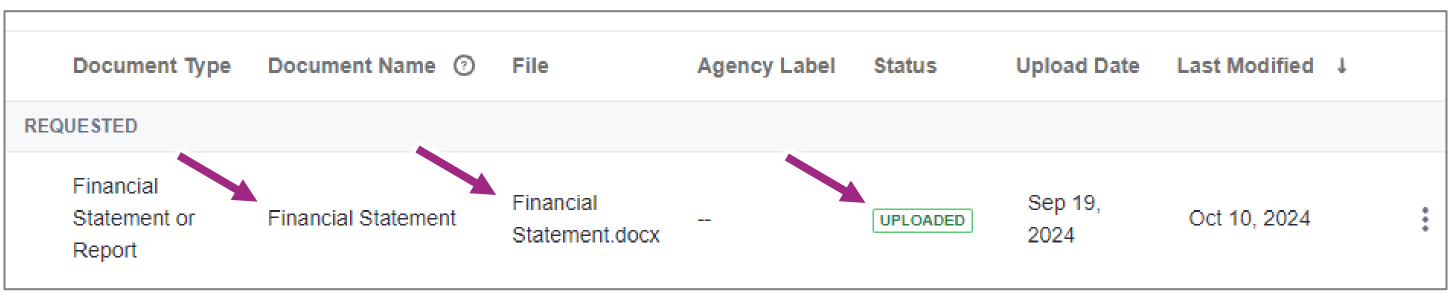
Tip: The radio button displays only when the mouse moves over **the area to the left of the file icon**. Once it becomes visible it can be clicked.



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

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.



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

[Back to Top](#)

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.

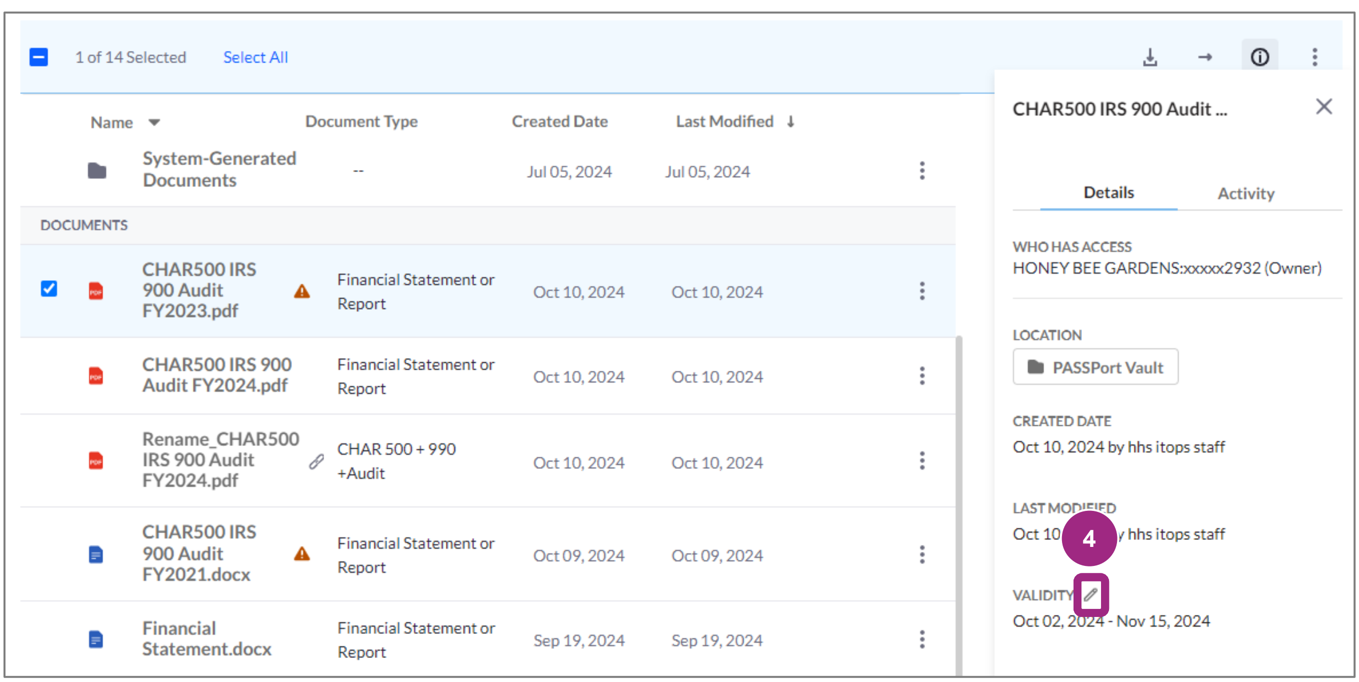
Follow the steps below to change the dates:

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**.

The Details panel appears on the right of the screen.

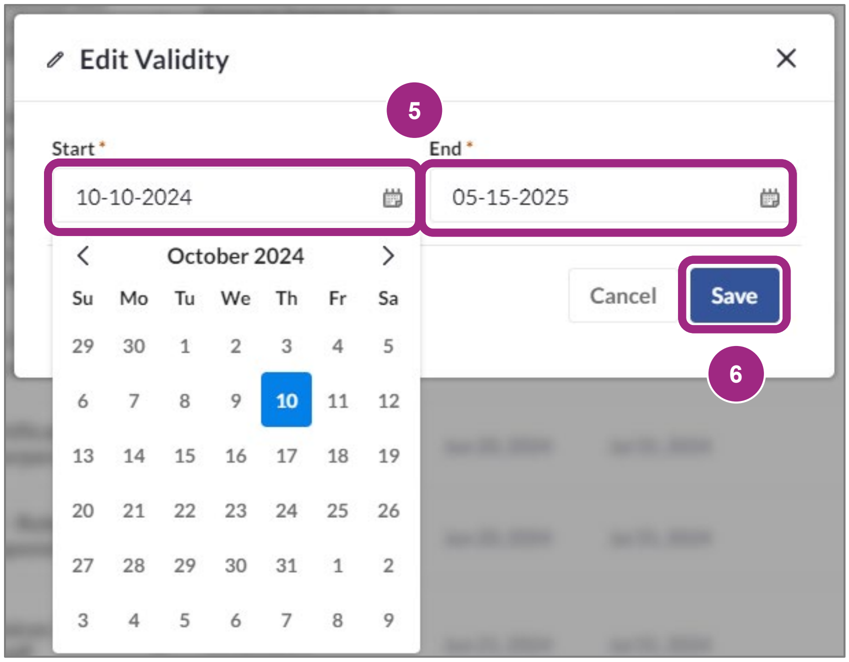
4. The Details tab displays as default. Locate the Validity and click the **pencil** icon next to it.

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



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.



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.

[Back to Top](#)

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 with two exceptions: the combined Char500C and short filings.
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 Application.

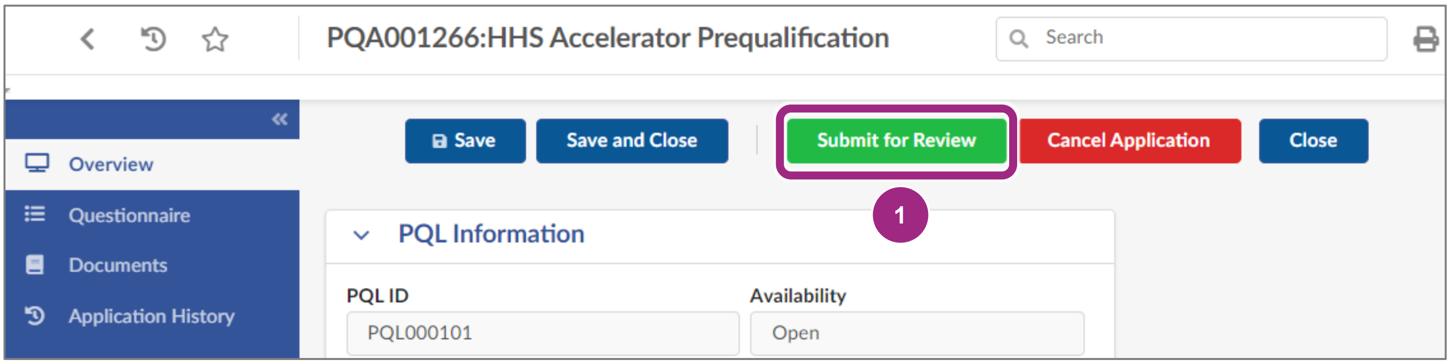
Back to Top

Submit HHS Accelerator PQL Application to MOCS for Review

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

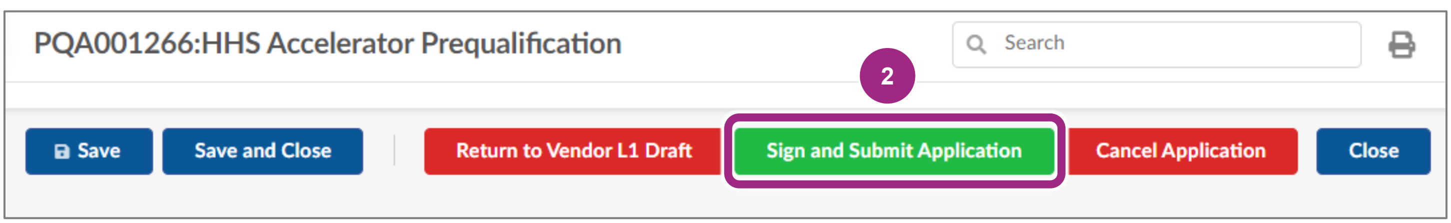
Note: Not all organizations will require 2 individuals (levels) to complete and submit their HHS Accelerator PQL Application. It's common for organizations to have a user with only the Vendor Procurement L2 or Vendor Admin role complete and submit the application to MOCS without the assistance of a colleague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

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

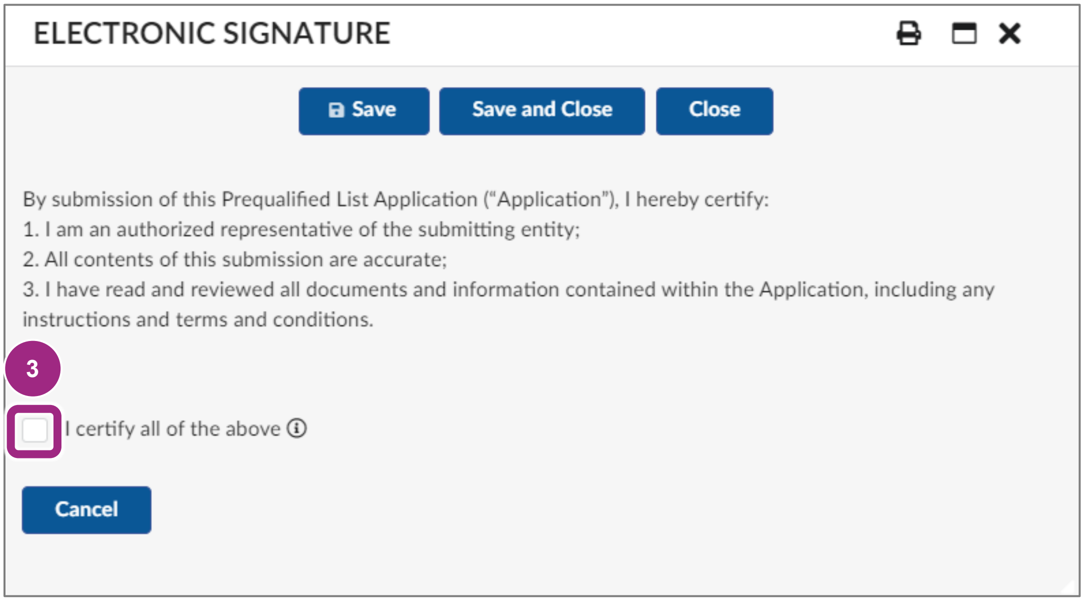


2. Click the **Sign and Submit Application** button to proceed to the Electronic Signature. **Important:** To make any changes to the PQL application **before signing and submitting**, click the **Return to Vendor L1 Draft** button.

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

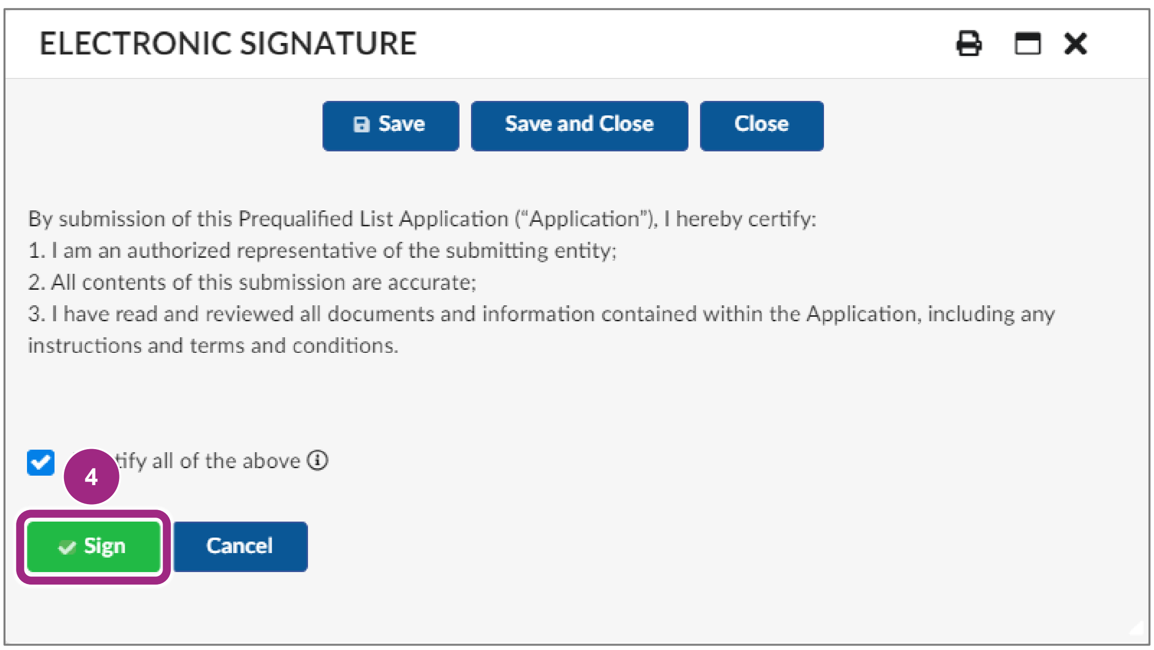


3. Read the statement and click the **I Certify All of the Above** checkbox.



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

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

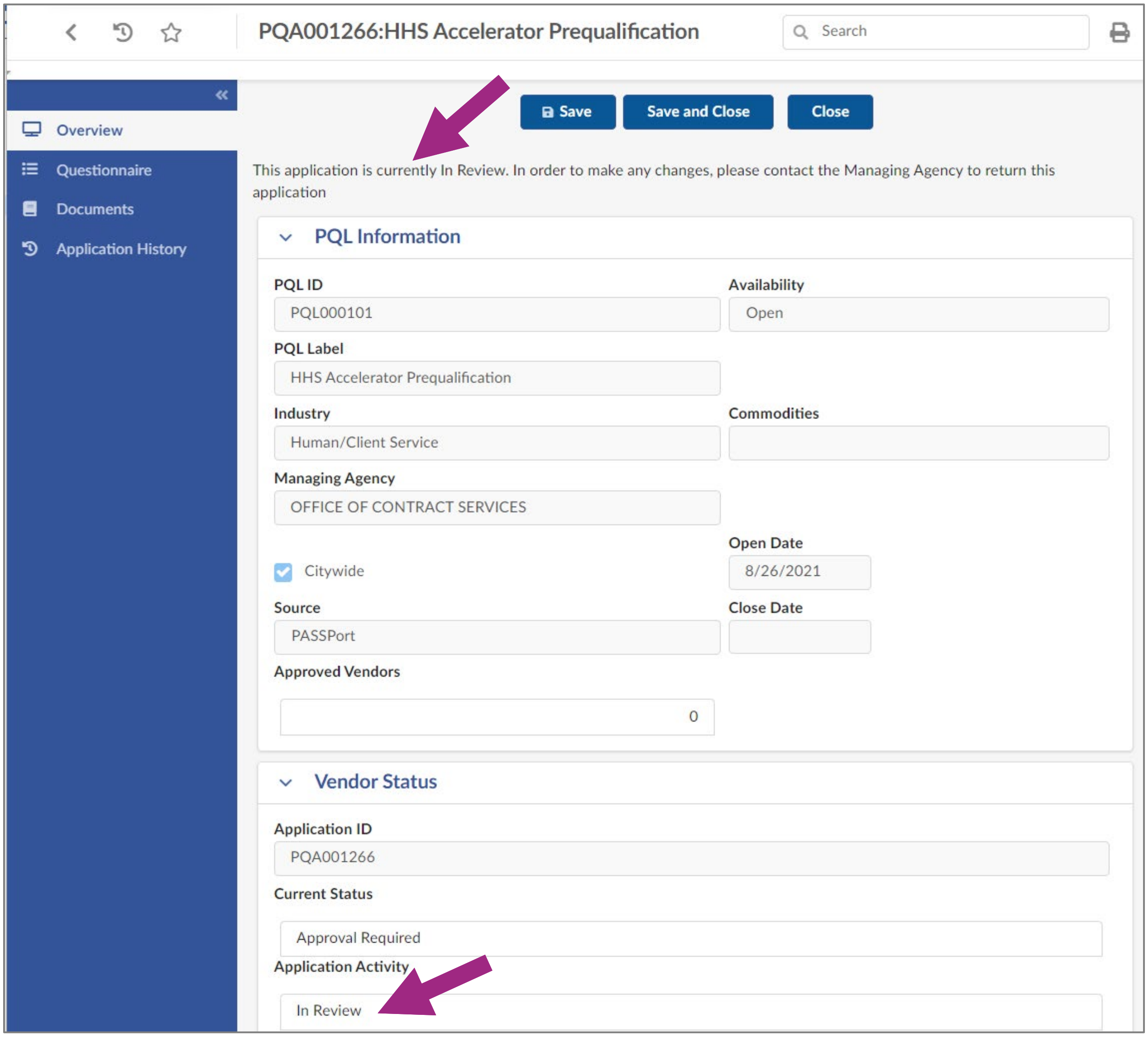


5. The HHS Accelerator PQL application is now In Review with MOCS. **Note the message** above the PQL Information section in the Overview tab:

   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**.



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.

Back to Top

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

[Back to Top]

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.

[Back to Top]

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.

<table>
<tr><th></th><th colspan="9">Certificate of Incorporation (COI), Equivalents and Other Required Documents</th></tr>
<tr><th></th><th colspan="6">COI + Equivalents</th><th colspan="3">Documents by Scenario</th></tr>
<tr><th>Type of Organization</th><th>Certificate of Incorporation or Formation</th><th>Provisional Charter</th><th>Absolute Charter</th><th>Articles of Association</th><th>Articles of Organization</th><th>County Clerk Certificate</th><th>Certificate of Amendment(s)</th><th>Application of Authority (issued by NYS)</th><th>Certificate of Assumed Name (DBA)</th></tr>
<tr><td>Corporation (Inc.)
For Profit or Nonprofit</td><td>Required</td><td></td><td></td><td></td><td></td><td></td><td>Required for name change</td><td></td><td>Required w/ Doing Business As</td></tr>
<tr><td>Limited Liability Company (LLC)</td><td></td><td></td><td></td><td></td><td>Required</td><td></td><td>Required for name change</td><td></td><td>Required w/ Doing Business As</td></tr>
<tr><td>Foreign Organizations Formed Outside New York State (NYS)</td><td>Required</td><td></td><td></td><td></td><td></td><td></td><td>Required for name change</td><td>Required for all Foreign Entities</td><td>Required w/ Doing Business As</td></tr>
<tr><td>Sole Proprietorship</td><td></td><td></td><td></td><td></td><td></td><td>Required</td><td>Required for name change</td><td></td><td>Required w/ Doing Business As</td></tr>
<tr><td>Educational Institution Charted under NYS Dept of Education
(library, museum, etc.)</td><td></td><td colspan="2">Either Provisional (time limited) or Absolute is Required</td><td></td><td></td><td></td><td>Required for name change</td><td></td><td>Required w/ Doing Business As</td></tr>
<tr><td>Foundations (private)</td><td></td><td></td><td></td><td>Required</td><td></td><td></td><td>Required for name change</td><td></td><td>Required w/ Doing Business As</td></tr>
</table>