

# NY RISING HOUSING RECOVERY PROGRAM

## DESIGN PROFESSIONAL REQUEST FOR INFORMATION AND PRELIMINARY CERTIFICATION FORM

### A. DESIGN PROFESSIONAL INFORMATION

Firm name or Design Professional / DBA Name:

\_\_\_\_\_  
Corporation\_\_\_\_\_ LLC\_\_\_\_\_ LLP\_\_\_\_\_ Partnership\_\_\_\_\_ Individual\_\_\_\_\_ Other\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above)

\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

EIN / Tax ID # \_\_\_\_\_

### B. REQUEST FOR INFORMATION

- This form must be completed and the certification executed and scanned along with the documents listed below into one PDF file. The file should be named with the Design Professional or Firm name and the submission date (e.g. *Smith Design Services LLC 2013-1015.pdf* and e-mailed to [Designers@RecreateNYS.org](mailto:Designers@RecreateNYS.org). The Subject line of the email shall be the Design Professional's / Firm's name as completed on the form only.  
*Example: Smith Design Services, LLC***

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After a review of the submitted documents has been completed, Design Professionals meeting with the minimum standards for the Program will be placed on “NY Rising Storm Recovery – Design Professionals List”. The list will be posted by HTFC on the NY Rising Storm Recovery Website <http://stormrecovery.ny.gov>. The listing will be updated on a periodic basis as new design professionals are added. ***PLEASE NOTE: Being placed on the list does not guarantee any amount of work under the Program.***

2. The completed response to this RFI must include the following:
  - a. Copy of a valid, appropriate Professional License for the State of New York for the design work being undertaken:
    - i. Architects – Copy of Registered Architect License
    - ii. Engineers – Copy of Certificate of Authorization
    - iii. Asbestos Project Designers – Copy of Department of Labor Certification
  
  - b. Documentation of a at least three (3) years of residential design experience, including repair, remodeling, and/or elevation appropriate to the specific project as demonstrated by the following Project Experience List:

Project Experience List – complete the table below with the requested information. Additional sheets may be added to submission to include all requested information.

	<b>Client Name</b>	<b>Type Work</b>	<b>Contract Value</b>	<b>Date Complete</b>	<b>Reference Name and Phone #</b>
1					
2					
3					
4					
5					

- c. Certificates of insurance for minimum levels of coverage in accordance with program guidelines as listed below:
  - i. Professional Liability insurance, \$1,000,000 per occurrence, \$1,000,000 aggregate;
  - ii. Commercial General Liability insurance, \$1,000,000 per occurrence, \$1,000,000 aggregate;
  - iii. Automobile Liability insurance, \$1,000,000;
  - iv. Workers Compensation and Employer's Liability insurance as required to meet New York State requirements; and
  - v. Excess/Umbrella Liability, \$2,000,000, covering Prime and all Subconsultants, on a primary and non-contributory basis.
  
- d. This completed and signed Certification form

**FALSE CLAIMS ACT JURISDICTION**

Funding provided through the Program is subject to the New York State False Claims Act (State Finance Law §§ 187-194). Any person or conspirator who knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; or who knowingly makes, uses, or causes to be made or used, a false record or statement material to a fraudulent claim, including making or delivering a receipt without completely knowing whether the information contained therein is true, is in violation of the New York State False Claims Act.

Persons who violate the New York False Claims Act may be liable for a civil penalty of not less than \$6,000 and not more than \$12,000, plus three times the amount of all damages resulting from the fraudulent act, including any consequential damages, which the state sustains due to the violation as well as costs incurred in prosecuting the action.

Funding provided through the Program is also subject to the provisions of the federal False Claims Act (31 U.S.C. §§ 3729-3733). Any person or conspirator who knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; or who knowingly makes, uses, or causes to be made or used, a false record or statement material to a fraudulent claim, including making or delivering a receipt without completely knowing whether the information contained therein is true, is in violation of the federal False Claims Act.

Persons who violate the federal False Claims Act may be liable for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990, plus three times the amount of damages which the Government sustains because of the act of that person.

**By executing this Design Professional Certification Form, Design Professional acknowledges the jurisdiction of the New York Attorney General and law enforcement**

**agencies to pursue violations of the New York State False Claims Act and the federal False Claims Act in connection with receipt of funds from the Program.**

**By executing this Design Professional Certification Form, Design Professional acknowledges that fraud or failure to complete the agreed Scope of Work will be considered to be a breach of contract and a violation of the New York State False Claims Act and that the New York Attorney General will have jurisdiction to enforce laws that protect homeowners against violations of law by contractors.**

**By executing this Design Professional Certification Form, Design Professional certifies that it is not currently on any public exclusion list, including but not limited to, the SAM-Federal Debarment List, the U.S. Treasury-OFAC Specially Designated Nationals List, the New York State Department of Labor Debarment List and the New York State Workers Compensation Debarment List.**

**By executing this Design Professional Certification Form, Design Professional certifies that it has no outstanding New York State or Federal tax warrants or levies and/or is not in violation of any current repayment plan.**

**By executing this Design Professional Certification Form, Design Professional acknowledges and understands that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.**

**By executing this Design Professional Certification Form, Design Professional acknowledges and understands that Section 189 of the New York State Finance Law: (1) makes it a violation of state law to knowingly present or cause to be presented to any employee, officer or agent of the State of New York (including any division or public benefit corporation) (a) a false or fraudulent claim for payment or approval; or (b) to use or cause to be made or use a false record or statement to get a false or fraudulent claim paid or approved by the State of New York. Persons who violate this Section may be liable for a civil penalty of not less than \$6,000 and not more than \$12,000, plus three times the amount of all damages, including consequential damages, sustained because of their action as well as costs incurred to recover any such penalties or damages.**

I hereby certify the truth and accuracy of the information contained herein.

**DESIGN PROFESSIONAL:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**CORPORATE ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )

) ss:

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is (are) the \_\_\_\_\_ (insert title, i.e.: president or other officer or director or attorney in fact duly appointed) of the \_\_\_\_\_ (insert name of corporation), the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by order of the board of directors of said corporation.

\_\_\_\_\_

Notary Public

(If oath is taken outside of New York State, an official certificate as to the authority of the officer administering the oath must be attached.)