Labor Peace Agreement Certification

Certification Prior to Contract Award or Renewal

Pursuant to NYC Admin. Code § 6-145(c)

Contract Name:_____ **E-PIN#:** _____

This certification is (select one): ☐ **The first such certification under for contract award/renewal.**

☐ **a subsequent (yearly) certification. If so, provide date of first certification:** _____

I,_____ ***(print),*** **the undersigned,**

am a duly authorized officer of_____ ***(vendor name)***

Chief Executive Officer (CEO) of the city service contractor, bidder or proposer seeking award or the city service contractor seeking renewal of a city service contract, as applicable:

Check if updated from a previous certification

CEO Name:_____ ☐

Address:_____ ☐

Telephone:_____ Email:_____ ☐

If the city service contract is awarded or renewed (as applicable), I, the undersigned, agree to comply with the requirements of NYC Admin. Code § 6-145, and with all applicable federal, state and local laws.

Labor Relations findings: Instances during the preceding five years in which the bidder or proposer seeking award, or the city service contractor seeking renewal, as applicable, has been found by a court or government agency to have violated federal, state or local laws regulating labor relations, in which any government body initiated a judicial action, administrative proceeding or investigation of the bidder, proposer, or city service contractor in regard to such labor relations laws.

In lieu of manually entering the labor relation findings in the spaces provided below, a city service contractor, bidder or proposer seeking awardor a city service contractor seeking renewal of a city service contract may, by completing the check box below, affirm that such contractor has fully submitted and certified its PASSPort questionnaires pursuant to Subdivision (b) of Section 6-116.2 of the New York City Administrative Code, including the Vendor Questionnaire and Principal Questionnaires, and that such questionnaires and any material uploaded to the PASSPort system associated with such questionnaires contain records of all labor relations findings and are accurate as of the date that this Labor Peace Agreement Certification is executed: ☐

If a city service contractor elects to enter labor relations findings information manually, enter such information below. Add pages as necessary. If not applicable write "N/A."

Violation:_____ Date of Action:_____ Charging Agency: _____

Summary: _____

_____

_____ ***Check if updated from a previous certification*** ☐

Violation:_____ Date of Action:_____ Charging Agency: _____

Summary: _____

_____

_____ ***Check if updated from a previous certification*** ☐

I_____ *(print)* **swear or affirm, under penalty of perjury, that the above information is accurate as of the date noted below.**

Signed:_____ Date: _____

State:_____ County:_____ S.S.

Sworn or affirmed before me on: _____

[Stamp]

Notary Public: _____