SCHEDULE B1

CONTRACT SPECIFIC RESPONSIBILITY FORM

Contract #:

CONTRACT SPECIFIC RESPONSIBILTY FORM

(the "Contract").

This form is to be submitted after Contractor is notified that it is the low bidder, or has otherwise been selected for a contract award, or as directed by MTA. Significant Subcontractors that are proposed to work on the contract referenced below are also required to complete this form. A Significant Subcontractor is defined as: (i) subcontracts in which the subcontractor is proposed to perform work valued in excess of \$1 million; or (ii) in Special Circumstances involving subcontracts of \$100,000 or more.

Contractor/Subcontractor name:			
If Subcontractor, provide prime Con	tractor name:		
1. TECHNICAL RESOURCES Attach an explanation that will as Significant Subcontractor have the work. Please include information re Contractor or Significant Subcontracthis information has already been bid/proposal that is responsive.	necessary technical resources to elating to staffing, facilities, equip ctor will commit to the performan	perform the Contract pment, and tools that ce of this Contract. If	
See Section:			
Please check this box if a separate sh	neet providing an explanation is at	tached.	
2. <u>LICENSES</u> Please list any licenses, permits, or coor your employees hold that may recrtification has been revoked or sus	be relevant to this Contract. If the	he license, permit or	
License/Permit/Certification	Name of Holder	Issuing State or Entity	
		-	

3.	Have any of Contractor or Significant Subcontractor officers, partners, owners,
	managers, or employees had any (irrespective of whether they are contract specific)
	licenses, permits, or certifications revoked or suspended in the past three years? If "Yes",
	explain details below (or attach a separate sheet).

4. PERFORMANCE BOND INFORMATION

(This section is only applicable to solicitations in which the Contractor is required to provide a performance bond. This section is not applicable to Significant Subcontractors.)

Provide the names and addresses of the surety or sureties that will provide the performance bond required by this Contract.

Name	Address	Amount

5. SUBCONTRACTS

(This section is not applicable to Significant Subcontractors.)

Which portions of this Contract, if any, does Contractor expect to subcontract? Attach an additional sheet if necessary. If subcontractors are not currently identified, you may insert TBD in the cell titled, Name and Address of Proposed Subcontractor(s).

Name and Address of Proposed Subcontractor(s)	Portion of Work	Estimated \$ Value of Work



6. PRIOR MTA EMPLOYEES

List all employees of the Contractor who, within the past two (2) years, have been MTA or any MTA subsidiary or affiliate employees who were involved on behalf of Contractor or any subcontractor (including but not limited to Significant Subcontractors) with the preparation of the bid/proposal for the Contract or would be involved in the performance of the Contract if it is awarded to Contractor.

Name:					
		check as appropri	riate)		
MTA □	NYCT □	MaBSTOA □	SIRTOA □	MNR □	LIRR□
TBTA □	MTAC&D □	MTA BC \square			
Name:					
Currently	y employed by: (check as appropri	riate)		
MTA □	NYCT □	MaBSTOA □	SIRTOA □	MNR □	LIRR□
TBTA □	MTAC&D □	MTA BC \square			

7. FINANCIAL INFORMATION

(This section is not applicable to Significant Subcontractors.)

Contractor confirms that it has submitted certified copies of its financial statements for the past three (3) fiscal years and the Financial Responsibility Data Workbook to the Document Repository. If Contractor does not have certified financial statements, it should provide financial statements sworn to by Contractor's Chief Financial Officer, along with any other relevant information that will assist the MTA in evaluating and determining whether the contractor has sufficient financial resources to perform the Contract.



CERTIFICATION

I am duly authorized to sign this Schedule B1 on behalf of the Contractor or Significant Subcontractor and affirm that the information contained in this document is true, accurate and complete. I authorize the MTA to verify the information contained in this schedule and to conduct any background checks or other investigations it deems appropriate.

I understand and agree that typing my name or attaching a digital signature in the space below will have the same force and legally binding effect as my original handwritten signature.

Name:			
Title:			
By:		Date:	
,	Signature		