



New York City Comptroller
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
Form Version: NYC-COMPT-BLA-CD-A2

Contract Dispute Claim Form

Pursuant to PPB Rules Section 4-09

The New York City Procurement Policy Board Rule § 4-09 and New York City Standard Contracts establish a dispute resolution process that applies to all disputes between the City and vendors that arise under, or by virtue of, a contract between them, except as limited by PPB Rules § 4-09 (a) (1) & (2). Please refer to the PPB Rules and your contract for provisions that apply to your claim.

This claim form is only for claims that are subject to the dispute resolution process set forth in New York City Procurement Policy Board Rule § 4-09 and New York City Standard Contracts. Please use the Contract Claim form for claims that are not subject to the dispute resolution process.

Claimant Information

*Contractor:
(or Claimant Last Name)

First Name:

Contact:

*Address:

Address 2:

*City:

*State:

*Zip Code:

Tax ID:

*Phone:

*Email Address:

*Confirm Email:

Attorney is filing (enter attorney info below if checked)

Attorney Information

+Firm:
(or Attorney Last Name)

First Name:

+Address:

Address 2:

+City:

+State:

+Zip Code:

Tax Id:

+Phone:

+Email Address:

+Confirm Email:

Project / Contract Information

*Project/Contract Title:

*Comptroller's Registration Number:
(Master Contract Number)

*Contracting Agency:

*Agency Project Number:

Purchase/Open Market Order #:

*Is the subject contract for construction or construction related services? Yes No

Dispute Information

*Date the agency issued a written decision that gave rise to this dispute:

*Date notice of dispute was presented to the agency head:

*Did the agency head issue a determination? Yes No •Date of agency head determination:

• Required if "Yes" is checked for "Did the agency head issue a determination?"

* Denotes required fields.

+ Denotes field that is required if Attorney is filing.



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*Please provide a brief statement of the substance of the dispute (attach additional pages as necessary):

*Please specify the reason(s) you contend the dispute was wrongly decided by the Agency Head (attach additional pages as necessary):

*Please provide a breakdown of amount of money claimed (attach additional pages as necessary):

****Total Claimed Amount:** *(Enter 0 if none)*

**Denotes field that is required.*

***Total Claimed Amount cannot be entered until after all other required fields are completed.*



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The following documentation must be attached when filing your Claim:

- Written decision that gave rise to the dispute
- Notice of Dispute to the Agency
- All materials submitted to the Agency relative to the dispute
- The Agency Head's Determination (if issued)

Additional Documents that should be attached for Construction or Construction Related Services claims:

- All extension of time requests and extension of time certificates
- All contractor notices to the Commissioner regarding damages by reason of the act or omission of the City or its agents per Standard City Construction Contract Article 30 or equivalent

Name

Position/Title

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.

By submitting this notice of claim, I expressly consent to the resolution of this dispute pursuant to the provisions of PPB Rule § 4-09.

Claimant hereby agrees to receive all communications from the Comptroller's Office regarding this claim electronically at the email address provided in this notice of claim, or other email addresses provided by claimant in the future.