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NYC Mayor's Office of Contract Services

Doing Business Data Form

To be completed by the City agency prior to distribution Agency_____ Transaction ID_____

Check One ☐ Proposal ☐ Award

Transaction Type (check one) ☐ Concession ☐ Economic Development Agreement ☐ Franchise ☐ Grant ☐ Pension Investment Contract ☐ Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the enitity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPort registration or VENDEX requirements.**

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@mocs.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

*If you are completing this form by hand, **please print clearly.***

Entity Information

Entity EIN/TIN 13-5602319 Entity Name Catholic Medical Mission Board Inc

Filing Status

***NEW:** Data Forms submitted now must include the listing of **organizations,** as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.*

(Select One)

■ Entity has never completed a Doing Business Data Form. Fill out the entire form.

☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*

☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit ■ Yes ☐ No

Entity Type ■ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type) ☐ Sole Proprietor ☐ Other (specify) _____

Address 33-01 11th Street

City Long Island City State NY Zip 11106

Phone 800.678.5659 E-mail ddamond@cmmb.org

Provide your e-mail address in order to receive notices regarding this form by e-mail.

Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database,* and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer ☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name Mary Beth MI ___ Last Powers Birth Date (mm/dd/yy) 08/27/62

Office Title President & CEO Employer (if not employed by entity) _____

Home Address 3 Ackerman Court, Croton-on-Hudson, NY 10520

■ This person replaced former CEO Bruce Wilkinson on date September 2020

Chief Financial Officer (CFO) or equivalent officer ☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name David MI ___ Last Damond Birth Date (mm/dd/yy) 12/08/64

Office Title Chief Financial Officer Employer (if not employed by entity) _____

Home Address 3215 Old Dominion Blvd, Alexandria, VA 22305

■ This person replaced former CFO Michael O'Hara on date February 2023

Chief Operating Officer (COO) or equivalent officer ■ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former COO _____ on date _____

Principal Owners

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity.** If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

■ The entity is not-for-profit ☐ The entity is an individual ☐ No individual or organization owns 10% or more of the entity

Other (explain) _____

Individual Owners (who own or control 10% or more of the entity)

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

Organization Owners (that own or control 10% or more of the entity)

Organization Name _____

Organization Name _____

Organization Name _____

Remove the following previously-reported Principal Owners

Name _____ Removal Date _____

Name _____ Removal Date _____

Name _____ Removal Date _____

Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers

First Name Darnelle MI ___ Last Bernier Birth Date (mm/dd/yy) 08/07/1973

Office Title VP, Medical Donations Program Employer (if not employed by entity) _____

Home Address 230 Park Place, Brooklyn, NY 11238

First Name Richard MI C Last Day Birth Date (mm/dd/yy) 02/28/53

Office Title SVP, Programs & Volunteers Employer (if not employed by entity) _____

Home Address 4674 Carisbrooke Lane, Fairfax, VA 22030

First Name Heather MI E Last Dennis Birth Date (mm/dd/yy) 08/21/70

Office Title VP, Development Employer (if not employed by entity) _____

Home Address 62 Sinawoy Road, Cos Cob, CT 06807

Remove the following previously-reported Senior Managers

Name _____ removal date _____

Name _____ removal date _____

Certification

I certify that the information submitted on these two pages and ____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name David Damond Title Chief Financial Officer

Entity Name Catholic Medical Mission Board Inc Work Phone # 571 220 5372

Signature DocuSigned by: David Damond FC49DF849819426 Date 4/18/2024

Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project. **Standard Form**