

# *Itemized Proposal, Special Provisions and Contract*

**Bids will not be accepted unless the bid package is downloaded directly from [www.erie.gov/dpw](http://www.erie.gov/dpw) and contact information is captured.**

*Replacements of 2022 Culvert Group 1  
Boston State Road (CIN 227-07A),  
East Eden Road (CIN 220-03)*

*Towns of Boston & Eden*

*Project Number CAP-CUL-2022*

**The Contractor's attention is drawn to the following items:**

**e) BID SUBMITTAL ITEMS:**

The Contractor is hereby notified that the following items SHALL be submitted with his/her bid otherwise the bid SHALL NOT be considered:

**REQUIRED FOR ALL PROJECTS:**

- Certified Check for the bid deposit required. Attach to inside of front cover.
- Completed Attestation of Workforce Certificate (EO # 18) (Exhibit 2)
- Completed New York State vendor responsibility questionnaire FOR-PROFIT construction (CCA-2), Attachment A, Attachment B and Attachment C)
- Project Construction Schedule, with description of tasks as detailed on SI 8, SI 9, SI 17 AND SI 18. Attach to inside of back cover.
- Identify the proposed Project Superintendent on the Project Schedule.
- Completed Form DA 1, Acknowledgement of Drug and Alcohol Testing Program Compliance.
- Completed Itemized Proposal Including:  
    Fill in IP Pages **IP 1 through IP 11**  
    Execute the proposal by signing on **IP 14 and completing IP 15**
- Completed Apprenticeship Training Program form.
- Completed Pay Equity Certification
- Supply Minority Business Enterprise forms as required on SI 2 and SI 20 through SI 24 and MBE 1-7, as applicable. The Contractor shall submit Part A of the Erie County Minority/Women Business Enterprise Utilization Report with the bid. **CONTRACTOR'S BID SHALL NOT BE CONSIDERED WHERE A CONTRACTOR FAILS TO COMPLY WITH THIS REQUIREMENT.**

**f) SPECIAL NOTES:**

- 1) The Contractor is advised to make a site visit prior to the bid to familiarize himself with the scope of work and component quantities required to complete the work.

## **ITEMIZED PROPOSAL**



**ERIE COUNTY DEPARTMENT OF PUBLIC WORKS**  
**2022 CULVERT GROUP 1**  
**PROJECT NUMBER: CAP-CUL-2022**  
**BID SUMMARY FORM**

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			DOLLARS	CENTS	DOLLARS	CENTS
201.06	1.00	CLEARING AND GRUBBING  FOR: _____ _____ Per   LS				
203.02	1,205	UNCLASSIFIED EXCAVATION & DISPOSAL  FOR: _____ _____ Per   CY				
203.03	400	EMBANKMENT IN PLACE  FOR: _____ _____ Per   CY				
203.21	828	SELECT STRUCTURE FILL  FOR: _____ _____ Per   CY				
206.01	851	STRUCTURE EXCAVATION (Main Culvert Removals)  FOR: _____ _____ Per   CY				
206.0201	113	TRENCH AND CULVERT EXCAVATION (Small Pipe Installations)  FOR: _____ _____ Per   CY				



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			DOLLARS	CENTS	DOLLARS	CENTS
206.05	4	TEST PIT EXCAVATION  FOR: _____ Per EACH				
207.20	192	GEOTEXTILE BEDDING  FOR: _____ Per SY				
209.13	120	SILT FENCE or STRAW BALE DYKE - TEMPORARY  FOR: _____ Per LF				
304.12	815	SUBBASE COURSE, TYPE 2  FOR: _____ Per CY				
402.098204	185	9.5 F2 TOP COURSE HMA, 80 SERIES COMPACTION  FOR: _____ Per TON				
402.198904	275	19 F9 BINDER COURSE HMA, 80 SERIES COMPACTION  FOR: _____ Per TON				



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			DOLLARS	CENTS	DOLLARS	CENTS
402.378904	300	37.5 F9 BASE COURSE HMA, 80 SERIES COMPACTION  FOR: _____ _____ Per TON				
407.0102	266	DILUTED TACK COAT  FOR: _____ _____ Per GAL				
490.30	175	MISCELLANEOUS COLD MILLING OF BITUMINOUS CONCRETE  FOR: _____ _____ Per SY				
552.17	576	SHIELDS AND SHORING  FOR: _____ _____ Per SF				
553.030001	1	TEMPORARY WATERWAY DIVERSION STRUCTURE (Boston State Rd)  FOR: _____ _____ Per EACH				
553.030002	1	TEMPORARY WATERWAY DIVERSION STRUCTURE (East Eden Rd)  FOR: _____ _____ Per EACH				



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			DOLLARS	CENTS	DOLLARS	CENTS
EC 562.03	41	PRECAST CONCRETE BLOCKS (6' x 2' x 2')  FOR: _____ _____ Per EACH				
595.50000018	1,120	SHEET APPLIED WATERPROOFING MEMBRANE  FOR: _____ _____ Per SF				
603.171516	1	GALVANIZED STEEL END SECTION - PIPE 15" DIA., 16 GAUGE  FOR: _____ _____ Per EACH				
603.63060415	68.5	PRECAST CONCRETE BOX CULVERT, 6'-0" Span, 4'-0" Rise  FOR: _____ _____ Per LF				
603.77	4	CONCRETE COLLARS  FOR: _____ _____ Per EACH				
603.9812	20	SMOOTH INTERIOR CORR POLYETHYLENE CULVERT 12" DIA. (or use Galv. CMP)  FOR: _____ _____ Per LF				



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			DOLLARS	CENTS	DOLLARS	CENTS
603.9818	80	SMOOTH INTERIOR CORR POLYETHYLENE CULVERT 18" DIA. (or use Galv. CMP)  FOR: _____ _____ Per LF				
603.9860	60	SMOOTH INTERIOR CORR POLYETHYLENE CULVERT 60" DIA.  FOR: _____ _____ Per LF				
604.300103	4.4	RECTANGULAR DRAINAGE STRUCTURE (TYPE A) FOR #3 WELDED FRAME  FOR: _____ _____ Per LF				
606.51	100	RESETTING CORRUGATED BEAM GUIDE RAILING  FOR: _____ _____ Per LF				
606.5801	95	RESETTING HPBO (MOD.) CORRUGATED BEAM GUIDE RAILING (NEW POSTS)  FOR: _____ _____ Per LF				
606.61	100	REMOVING AND STORING CORRUGATED BEAM GUIDE RAILING  FOR: _____ _____ Per LF				





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			DOLLARS	CENTS	DOLLARS	CENTS
606.66	95	REMOVING AND STORING HPBO (MOD.) CORRUGATED BEAM GUIDE RAILING  FOR: _____ Per LF				
610.1402	83	TOPSOIL - ROADSIDE  FOR: _____ Per CY				
610.1601	1,000	TURF ESTABLISHMENT - ROADSIDE  FOR: _____ Per SY				
EC 619.0101	1	BASIC WORK ZONE TRAFFIC CONTROL (Boston State Road)  FOR: _____ Per LS				
EC 619.0102	1	BASIC WORK ZONE TRAFFIC CONTROL (East Eden Road)  FOR: _____ Per LS				
619.04	34	TYPE III CONSTRUCTION BARRICADE  FOR: _____ Per EACH				



ITEM NUMBER	APPROX QUANTITY	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
619.080101	5,500	REMOVE PAVEMENT MARKING STRIPES, TRAFFIC PAINT  FOR: _____ _____ Per LF				
619.100101	5,860	INTERIM PAVEMENT MARKINGS, STRIPES (TRAFFIC PAINT)  FOR: _____ _____ Per LF				
619.111211	28	PORTABLE VARIABLE MESSAGE SIGN (PVMS) STD. SIZE – LINE OR CHAR. MATRIX (LED)  FOR: _____ _____ Per WEEKS				
619.1711	720	TEMPORARY POSITIVE BARRIER - CATEGORY 1 (PINNING PROHIBITED)  FOR: _____ _____ Per LF				
619.1719	15	WARNING LIGHTS ON TEMPORARY POSITIVE BARRIERS  FOR: _____ _____ Per EACH				
619.27	5	MAILBOXES  FOR: _____ _____ Per EACH				



ITEM NUMBER	APPROX QUANTITY	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
620.04	60	STONE FILLING (MEDIUM)  FOR: _____ _____ Per _____ CY				
623.12	59	CRUSHED STONE (IN-PLACE MEASURE)  FOR: _____ _____ Per _____ CY				
624.01	480	CONVENTIONALLY FORMED OR MACHINE FORMED CONCRETE GUTTERS  FOR: _____ _____ Per _____ SF				
625.01	1	SURVEY OPERATIONS  FOR: _____ _____ Per _____ LS				
627.50140008	1,496	CUTTING PAVEMENT  FOR: _____ _____ Per _____ LF				
655.1103	1	WELDED FRAME AND RETICULINE GRATE 3  FOR: _____ _____ Per _____ EACH				



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			DOLLARS	CENTS	DOLLARS	CENTS
660.21240008	15	FURNISH AND INSTALL STEEL CASING 24 NPS (OUTSIDE DIAMETER)  FOR: _____ _____ Per LF				
663.0112	30	DUCTILE IRON CEMENT LINED WATER PIPE, 12"  FOR: _____ _____ Per LF				
663.2002	860	IRON WATERMAIN FITTINGS (10" - 16")  FOR: _____ _____ Per LB				
685.11	1,650	WHITE EPOXY REFLECTORIZED PAVEMENT STRIPES - 20 MILS  FOR: _____ _____ Per LF				
685.12	1,650	YELLOW EPOXY REFLECTORIZED PAVEMENT STRIPES - 20 MILS  FOR: _____ _____ Per LF				
697.03	40,000	FIELD CHANGE PAYMENT  FOR: ONE DOLLAR AND ZERO CENTS _____ Per D-C	\$1	00	\$40,000	00



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			DOLLARS	CENTS	DOLLARS	CENTS
698.04	2,000	ASPHALT PRICE ADJUSTMENT FOR: ONE DOLLAR AND ZERO CENTS _____ Per D-C	\$1	00	\$2,000	00
698.05	1,500	FUEL PRICE ADJUSTMENT FOR: ONE DOLLAR AND ZERO CENTS _____ Per D-C	\$1	00	\$1,500	00
698.06	100	STEEL / IRON PRICE ADJUSTMENT FOR: ONE DOLLAR AND ZERO CENTS _____ Per D-C	\$1	00	\$100	00



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ITEM NUMBER	APPROX QUANTITY	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
		Subtotal	\$ _____			
699.040001	1	MOBILIZATION (MAX 4%) FOR: _____ _____ Per LS				
<b>PLEASE BE SURE A BID IS ENTERED FOR EACH ITEM</b> <b>TOTAL OR GROSS SUM WRITTEN IN WORDS</b> _____ _____			<b>TOTAL BID IN NUMBERS</b> \$ _____			

**NOTES:**

1. Please ensure a bid is entered for each item.
2. In the event that there is a discrepancy within the bid schedule, the written words will be the accepted value.

To the Commissioner of Public Works, Erie County, New York

In submitting this bid the undersigned declares that he is or they are the only person or persons interested in the said bid; that it is made without any connection with any person making another bid for the same contract, that the bid is in all respects fair and without collusion, fraud or mental reservation; and that no official of the County, or any person in the employ of the County is directly or indirectly interested in said bid or in the supplies or work to which it relates, or in any portion of the profits thereof.

The undersigned also, hereby declares that he has or they have carefully examined the plans, specifications and form of contract, and that he has or they have personally inspected the actual location of the work together with the local sources of supply, has or have satisfied himself or themselves as to all the quantities and conditions, and understand that in signing this proposal he or they waive all right to plead any misunderstanding regarding the same.

The undersigned further understands and agrees that he is or they are to furnish and provide for the respective item price bid all the necessary material, machinery, implements, tools, labor, services, and other items of whatever nature, and to do and perform all the work necessary under the aforesaid conditions to complete the improvement of the aforementioned highway in accordance with the plans and specifications for said improvement, which plans and specifications it is agreed are a part of this proposal, and to accept in full compensation therefore the amount of the summation of the products of the approximate quantities multiplied by the unit prices bid. This summation will hereinafter be referred to as the gross sum bid.

The undersigned further agrees to accept the aforesaid "unit bid" prices as compensation for any additions or deductions caused by variation in quantities due to more accurate measurement, or by any changes or alterations in the plans or specifications of the work, and for use in the computation of the value of the work performed for monthly estimates.

The undersigned further agrees that at any time during the progress of work the County adds, alters or omits portions of the work he shall so perform such work and accept compensation in accordance with the Standard Specifications.

Accompanying this proposal in cash, a draft or certified check for \$40,000. In case this proposal shall be accepted by the County of Erie, New York, and the undersigned shall fail to execute the contract and in all respects comply with the provisions of Section 38 of the Highway Law, as amended, the monies represented by such cash, draft or certified check shall be regarded as liquidated damages and shall be forfeited and become the property of the County of Erie, otherwise to be returned to the depositor in accordance with the provisions of said Section 38 of the Highway Law, as amended.

On acceptance of this proposal for said work the undersigned does or do hereby bind himself or themselves to enter into written contract within ten days of date of notice of award, with the said County of Erie and to comply in all respects with Subdivision 6 of Section 38 of the Highway Law, as amended, in relation to security for the faithful performance of the terms of said contract.

NON-COLLUSIVE BIDDING CERTIFICATION  
(REQUIRED BY SECTION 103-d OF THE GENERAL MUNICIPAL LAW)

Section 103-d "Statement of non-collusion of bids and proposals to political subdivision of the state.

1. Every bid or proposal hereafter made to a subdivision of the state or any public department, agency or official thereof where competitive bidding is required by statute, rule or regulation or local law, for work or services performed or to be performed or goods sold or to be sold, shall contain the following statement subscribed by the bidder and affirmed by such bidder as true under the penalties of perjury: Non-collusive bidding certification.
  - a. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:
    - 1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
    - 2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
    - 3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purposes of restricting competition.
  - b. A bid shall not be considered for award nor shall any award be made where "a" (1) (2) and (3) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where "a" (1) (2) and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of subparagraph one "a".
2. Any bid hereafter made to any political subdivision of the state or any public department, agency, or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule or regulation, and where such bid contains the certification referred to in subdivision one of this section, shall be deemed to have been authorized by the board of directors of the bidder and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation."



BY EXECUTING THIS PROPOSAL, THE CONTRACTOR AGREES TO:

- 1) perform all work listed in accordance with the Contract Documents at the unit prices bid;
- 2) all non-collusive bidding certifications required by Section 103-d of the General Municipal Law;
- 3) the affirmation of the Minority Business Enterprises Bidder's Certification;
- 4) certification of Specialty Items category selected, if contained in this proposal;
- 5) certification of any other clauses required by this proposal and contained herein.

Date\_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Legal Name of Individual, Partnership, or  
Corporation

By:\_\_\_\_\_  
Signature and Title

Please Complete Information Requested Below

The address of the bidder is:

\_\_\_\_\_ Street  
\_\_\_\_\_ City and State  
\_\_\_\_\_ Telephone/Fax  
\_\_\_\_\_ E-mail  
\_\_\_\_\_ Federal Employer Tax I.D. Number

IF A CORPORATION

<u>Name</u>		<u>Address</u>
_____	President	_____
_____	Secretary	_____
_____	Treasurer	_____

IF A PARTNERSHIP

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

**LOCAL LAW 2-2021 and  
EXPERIENCE QUESTIONNAIRE**

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

You have selected the For-Profit Construction questionnaire, commonly known as the “CCA-2,” which may be printed and completed in this format or, **for your convenience, may be completed online using the [New York State VendRep System](#).**

### COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor’s business and operations. An owner or official must certify the questionnaire and the signature must be notarized.

### NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us) or call 866-370-4672.

### DEFINITIONS

All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” found at <http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf>. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

### RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity, is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### BUSINESS ENTITY INFORMATION

<u>Legal Business Name</u>		<u>EIN</u> _____		
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		<u>New York State Vendor Identification Number</u>		
		Telephone ext.	Fax	
		Website		
Authorized Contact for this Questionnaire				
Name		Telephone ext.	Fax	
Title		Email		
Additional <u>Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years, the state or county where filed and the status (active or inactive).				
Type	Name	EIN	State or County where filed	Status

### I. BUSINESS CHARACTERISTICS

1.0 <u>Business Entity</u> Type – Check appropriate box and provide additional information:			
a) <input type="checkbox"/> <u>Corporation</u> (including <u>PC</u> )	Date of Incorporation		
b) <input type="checkbox"/> <u>Limited Liability Company</u> ( <u>LLC</u> or <u>PLLC</u> )	Date Organized		
c) <input type="checkbox"/> <u>Limited Liability Partnership</u>	Date of Registration		
d) <input type="checkbox"/> <u>Limited Partnership</u>	Date Established		
e) <input type="checkbox"/> <u>General Partnership</u>	Date Established	County (if formed in NYS)	
f) <input type="checkbox"/> <u>Sole Proprietor</u>	How many years in business?		
g) <input type="checkbox"/> Other	Date Established		
If Other, explain:			
1.1 Was the <u>Business Entity</u> formed in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “No,” indicate jurisdiction where the <u>Business Entity</u> was formed:			
<input type="checkbox"/> United States	State		
<input type="checkbox"/> Other	Country		

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

I. BUSINESS CHARACTERISTICS			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the <u>CIK code</u> or Ticker Symbol:			
1.3 Is the <u>Business Entity</u> currently <u>registered to do business in New York State</u> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: Select "Not Required" if the Business Entity is a Sole Proprietor or General Partnership</i>			<input type="checkbox"/> Not Required
If "No," explain why the <u>Business Entity</u> is not required to be <u>registered to do business in New York State</u> :			
1.4 Is the responding <u>Business Entity</u> a <u>Joint Venture</u> ? Note: If the submitting <u>Business Entity</u> is a <u>Joint Venture</u> , also submit a separate questionnaire for each <u>Business Entity</u> comprising the <u>Joint Venture</u> .			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5 If the <u>Business Entity's Principal Place of Business</u> is not in New York State, does the <u>Business Entity</u> maintain an office in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Select "N/A" if <u>Principal Place of Business</u> is in New York State.)</i>			<input type="checkbox"/> N/A
If "Yes," provide the address and telephone number for one office located in New York State.			
1.6 Is the Business Entity a New York State certified <u>Minority-Owned Business Enterprise</u> , or <u>Women-Owned Business Enterprise</u> , or <u>New York State Small Business</u> , or federally certified <u>Disadvantaged Business Enterprise</u> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," check all that apply: <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> <u>New York State Small Business</u> <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)			
1.7 Identify each person or business entity that is, or has been within the past five (5) years, <u>Principal Owner</u> of 5.0% or more of the firm's shares; a Business Entity Official; or one of the five largest shareholders, if applicable. <i>(Attach additional pages if necessary.)</i> <u>Joint Ventures</u> : Provide information for all firms involved.			
Name <i>(For each person, include middle initial)</i>	Title	Percentage of ownership (Enter 0%, if not applicable)	Employment status with the firm
			<input type="checkbox"/> Current <input type="checkbox"/> Former
			<input type="checkbox"/> Current <input type="checkbox"/> Former
			<input type="checkbox"/> Current <input type="checkbox"/> Former
			<input type="checkbox"/> Current <input type="checkbox"/> Former

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### II. AFFILIATE and JOINT VENTURE RELATIONSHIPS

2.0 Are there any other construction-related firms in which, now or in the past five years, the submitting Business Entity or any of the individuals or business entities listed in question 1.7 either owned or owns 5.0% or more of the shares of, or was or is one of the five largest shareholders or a director, officer, partner or proprietor of said other firm? *(Attach additional pages if necessary.)* ☐ Yes ☐ No

Firm/Company Name	Firm/Company EIN (If available)	Firm/Company's Primary Business Activity

Firm/Company Address

Explain relationship with the firm and indicate percent of ownership, if applicable (enter N/A, if not applicable):

Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting Business Entity has in common with this firm? ☐ Yes ☐ No

Individual's Name <i>(Include middle initial)</i>	Position/Title with Firm/Company
---	----------------------------------

2.1 Does the Business Entity have any construction-related affiliates not identified in the response to question 2.0 above? *(Attach additional pages if necessary.)* ☐ Yes ☐ No

Affiliate Name	Affiliate EIN (If available)	Affiliate's Primary Business Activity
----------------	------------------------------	---------------------------------------

Affiliate Address

Explain relationship with the affiliate and indicate percent of ownership, if applicable *(enter N/A, if not applicable)*:

Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting Business Entity has in common with this affiliate? ☐ Yes ☐ No

Individual's Name <i>(Include middle initial)</i>	Position/Title with Firm/Company
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2.2 Has the Business Entity participated in any construction-related Joint Ventures within the past three (3) years? *(Attach additional pages if necessary.)* ☐ Yes ☐ No

Joint Venture Name	Joint Venture EIN (If available)	Identify parties to the Joint Venture
--------------------	----------------------------------	---------------------------------------

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### III. CONTRACT HISTORY

3.0 Has the Business Entity completed any construction contracts? ☐ Yes ☐ No

*If "Yes," list the ten most recent construction contracts the Business Entity has completed using Attachment A – Completed Construction Contracts, found at [www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.doc](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.doc).*

*If less than ten, include most recent subcontracts on projects up to that number.*

3.1 Does the Business Entity currently have uncompleted construction contracts? ☐ Yes ☐ No

*If "Yes," list all current uncompleted construction contracts by using Attachment B – Uncompleted Construction Contracts, found at [www.osc.state.ny.us/vendrep/documents/questionnaire/ac3295s.doc](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3295s.doc).*

*Note: Ongoing projects must be included.*

### IV. INTEGRITY – CONTRACT BIDDING

***Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:***

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement? ☐ Yes ☐ No

4.1 Been subject to a denial or revocation of a government prequalification? ☐ Yes ☐ No

4.2 Had any bid rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid? ☐ Yes ☐ No

4.3 Had a proposed subcontract rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid? ☐ Yes ☐ No

4.4 Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract? ☐ Yes ☐ No

4.5 Agreed to a voluntary exclusion from bidding/contracting with a government entity? ☐ Yes ☐ No

4.6 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity? ☐ Yes ☐ No

*For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, project(s), relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.*

### V. INTEGRITY – CONTRACT AWARD

***Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:***

5.0 Defaulted on or been suspended, cancelled or terminated for cause on any contract? ☐ Yes ☐ No

5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution (except any disputed work proceeding) in connection with any government contract? ☐ Yes ☐ No

5.2 Entered into a formal monitoring agreement, consent decree or stipulation settlement as specified by, or agreed to with, any government entity? ☐ Yes ☐ No

5.3 Had its surety called upon to complete any contract whether government or private sector? ☐ Yes ☐ No

5.4 Forfeited all or part of a standby letter of credit in connection with any government contract? ☐ Yes ☐ No



## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### V. INTEGRITY – CONTRACT AWARD

***Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:***

*For each “Yes,” provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity/owners involved, project(s), contract number(s), relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.*

### VI. CERTIFICATIONS/LICENSES

***Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:***

6.0 Had a revocation or <u>suspension</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or a federal certification of <u>Disadvantaged Business Enterprise</u> status, for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

*For each “Yes,” provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.*

### VII. LEGAL PROCEEDINGS/GOVERNMENT INVESTIGATIONS

***Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:***

7.0 Been the subject of a criminal <u>investigation</u> , whether open or closed, or an indictment for any business-related conduct constituting a crime under local, state or <u>federal</u> law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

7.1 Been the subject of:	
(i.) An indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii.) Any criminal <u>investigation</u> , felony indictment or conviction concerning the formation of, or any business association with, an allegedly false or fraudulent <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> , or a <u>Disadvantaged Business Enterprise</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.2 Received any <u>OSHA</u> citation, which resulted in a final determination classified as <u>serious</u> or <u>willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

7.4 Had a New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

7.5 Entered into a consent order with the New York State Department of Environmental Conservation, or a <u>federal</u> , state or local government enforcement determination involving a violation of <u>federal</u> , state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### VII. LEGAL PROCEEDINGS/GOVERNMENT INVESTIGATIONS

***Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:***

<p>7.6 Other than previously disclosed, been the subject of any <u>citations</u>, notices or violation orders; a pending administrative hearing, proceeding or determination of a violation of:</p> <ul style="list-style-type: none"> <li>• <u>Federal</u>, state or local health laws, rules or regulations;</li> <li>• <u>Federal</u>, state or local environmental laws, rules or regulations;</li> <li>• Unemployment insurance or workers compensation coverage or <u>claim</u> requirements;</li> <li>• Any labor law or regulation, which was deemed willful;</li> <li>• Employee Retirement Income Security Act (ERISA);</li> <li>• <u>Federal</u>, state or local human rights laws;</li> <li>• <u>Federal</u>, state or local security laws?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

*For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.*

*Note: Information regarding a determination or finding made in error, which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity, is not required.*

### VIII. LEADERSHIP INTEGRITY

***If the Business Entity is a Joint Venture Entity, answer "N/A - Not Applicable" to questions in this section.***

***Within the past five (5) years has any individual previously identified or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the Business Entity with any government entity been:***

<p>8.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>8.1 <u>Suspended, debarred or disqualified</u> from any <u>government contracting process</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>8.2 The subject of a criminal <u>investigation</u>, whether open or closed, or an indictment for any business-related conduct constituting a crime under local, state or <u>federal</u> law?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>8.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:</p> <ul style="list-style-type: none"> <li>(i.) Any business-related activity, including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price-fixing or collusive bidding; or</li> <li>(ii.) Any crime, whether or not business-related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

*For each "Yes," provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.*

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### IX. FINANCIAL AND ORGANIZATIONAL CAPACITY

9.0 Within the past five (5) years, has the Business Entity or any affiliate received any formal unsatisfactory performance assessment(s) from any government entity on any contract? ☐ Yes ☐ No

*If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.*

9.1 Within the past five (5) years, has the Business Entity or any affiliate had any liquidated damages assessed over \$25,000? ☐ Yes ☐ No

*If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.*

9.2 Within the past five (5) years, has the Business Entity or any affiliate had any liens, claims or judgments over \$25,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 90 days? (Note: Including but not limited to tax warrants or liens. Do not include UCC filings.) ☐ Yes ☐ No

*If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the Lien holder or Claimants' name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.*

9.3 In the last seven (7) years, has the Business Entity or any affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? ☐ Yes ☐ No

*If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.*

9.4 What is the Business Entity's Bonding Capacity?

a. Single Project

b. Aggregate (All Projects)

9.5 List Business Entity's Gross Sales for the previous three (3) Fiscal Years:

1st Year (Indicate year )  
Gross Sales

2nd Year (Indicate year )  
Gross Sales

3rd Year (Indicate year )  
Gross Sales

9.6 List Business Entity's Average Backlog for the previous three (3) fiscal years:  
(Estimated total value of uncompleted work on outstanding contracts)

1st Year (Indicate year )  
Amount

2nd Year (Indicate year )  
Amount

3rd Year (Indicate year )  
Amount

9.7 Attach Business Entity's most recent annual financial statement and accompanying notes or complete Attachment C – Financial Information, found at [www.osc.state.ny.us/vendrep/documents/questionnaire/ac3296s.xls](http://www.osc.state.ny.us/vendrep/documents/questionnaire/ac3296s.xls).  
(This information must be attached.)

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT CONSTRUCTION (CCA-2)**

**X. FREEDOM OF INFORMATION LAW (FOIL)**

10.0 Indicate whether any information provided herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).

☐ Yes ☐ No

*Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL. Attach additional pages if necessary.*

*If "Yes," indicate the question number(s) and explain the basis for the claim.*

## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

### Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

#### The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_;

\_\_\_\_\_ Notary Public

**NEW YORK STATE**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**  
**ATTACHMENT A – COMPLETED CONSTRUCTION CONTRACTS**

Vendor Name:

NYS Vendor ID:

**Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontracts on projects up to that number:**

<b>1.</b>	Agency/Owner			Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer		
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable
<b>2.</b>	Agency/Owner			Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer		
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable
<b>3.</b>	Agency/Owner			Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer		
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable
<b>4.</b>	Agency/Owner			Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer		
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable
<b>5.</b>	Agency/Owner			Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer		
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
ATTACHMENT A – COMPLETED CONSTRUCTION CONTRACTS**

Vendor Name:

NYS Vendor ID:

<b>Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontracts on projects up to that number:</b>							
<b>6.</b>	Agency/Owner				Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
<b>7.</b>	Agency/Owner				Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
<b>8.</b>	Agency/Owner				Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
<b>9.</b>	Agency/Owner				Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
<b>10.</b>	Agency/Owner				Award Date	Amount	Date Completed
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	

**NEW YORK STATE**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**  
**ATTACHMENT B – UNCOMPLETED CONSTRUCTION CONTRACTS**

**Vendor Name:****NYS Vendor ID:****Question 3.1: List all current uncompleted construction contracts:**

<b>1.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
			Total Contract Amount	Amount Sublet to others	Uncompleted Amount		
<b>2.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
			Total Contract Amount	Amount Sublet to others	Uncompleted Amount		
<b>3.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
			Total Contract Amount	Amount Sublet to others	Uncompleted Amount		
<b>4.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
			Total Contract Amount	Amount Sublet to others	Uncompleted Amount		



**NEW YORK STATE**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**  
**ATTACHMENT B – UNCOMPLETED CONSTRUCTION CONTRACTS**

**Vendor Name:****NYS Vendor ID:****Question 3.1: List all current uncompleted construction contracts:**

<b>5.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable				EIN of JV, if applicable
			Total Contract Amount	Amount Sublet to others		Uncompleted Amount	
<b>6.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable				EIN of JV, if applicable
			Total Contract Amount	Amount Sublet to others		Uncompleted Amount	
<b>7.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable				EIN of JV, if applicable
			Total Contract Amount	Amount Sublet to others		Uncompleted Amount	
<b>8.</b>	Agency/Owner					Award Date	Completion Date
	Contact Person		Telephone No.	Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable				EIN of JV, if applicable
			Total Contract Amount	Amount Sublet to others		Uncompleted Amount	

**NEW YORK STATE**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**  
**ATTACHMENT B – UNCOMPLETED CONSTRUCTION CONTRACTS**

**Vendor Name:****NYS Vendor ID:****Question 3.1: List all current uncompleted construction contracts:**

<b>9.</b>	Agency/Owner				Award Date		Completion Date	
	Contact Person		Telephone No.		Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable				EIN of JV, if applicable	
				Total Contract Amount		Amount Sublet to others		Uncompleted Amount
<b>10.</b>	Agency/Owner				Award Date		Completion Date	
	Contact Person		Telephone No.		Designer Architect and /or Design Engineer			
	Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable				EIN of JV, if applicable	
				Total Contract Amount		Amount Sublet to others		Uncompleted Amount

<b>Grand Total All Uncompleted Contracts</b>	<b>\$0.00</b>
--	---------------

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE  
ATTACHMENT C - FINANCIAL INFORMATION**

NYS Vendor ID: \_\_\_\_\_

As of Date: \_\_\_\_\_

**ASSETS**Current Assets

1. Cash		\$	_____	
2. Accounts receivable - less allowance for doubtful accounts	\$	-	_____	
Retainers included in accounts receivable	\$	-	_____	
Claims included in accounts receivable not yet approved or in litigation	\$	-	_____	
Total Accounts Receivable		\$	-	
3. Notes receivable - due within one year		\$	-	
4. Inventory - materials		\$	-	
5. Contract costs in excess of billings on uncompleted contracts		\$	-	
6. Accrued income receivable				
Interest	\$	-	_____	
Other (list) _____	\$	-	_____	
_____	\$	-	_____	
Total Accrued Income Receivable		\$	-	
7. Deposits				
Bid and Plan _____	\$	-	_____	
Other (list) _____	\$	-	_____	
_____	\$	-	_____	
Total Deposits		\$	-	
8. Prepaid Expenses				
Income Taxes	\$	-	_____	
Insurance	\$	-	_____	
Other (list) _____	\$	-	_____	
_____	\$	-	_____	
Total Prepaid Expenses		\$	-	
9. Other Current Assets				
Other (list) _____	\$	-	_____	
_____	\$	-	_____	
Total Other Current Assets		\$	-	
10. Total Current Assets				\$ -
11. Investments				
Listed securities-present market value	\$	-	_____	
Unlisted securities-present value	\$	-	_____	
Total Investments				\$ -
12. Fixed Assets				
Land	\$	-	_____	
Building and improvements	\$	-	_____	
Leasehold improvements	\$	-	_____	
Machinery and equipment	\$	-	_____	
Automotive equipment	\$	-	_____	
Office furniture and fixtures	\$	-	_____	
Other (list) _____	\$	-	_____	
_____	\$	-	_____	
Total		\$	-	
Less: Accumulated depreciation		\$	-	
Total Fixed Assets - Net				\$ -
13. Other Assets				
Loans receivable				
Officers	\$	-	_____	

Employees	\$ -
Shareholders	\$ -
Cash surrender value of officers' life insurance	\$ -
Organization expense – net of amortization	\$ -
Notes receivable - due after one year	\$ -
Other (list) _____	\$ -
_____	\$ -

Total Other Assets

\$ -

#### 14. TOTAL ASSETS

\$ -

### LIABILITIES

#### Current Liabilities

15. Accounts payable	\$ _____
16 a. Loans from shareholders - due within one year	\$ _____
16 b. Other Loans - due within one year	\$ _____
17. Notes payable - due within one year	\$ _____
18. Mortgage payable - due within one year	\$ _____
19. Other payables - due within one year	\$ _____
Other (list) _____	\$ _____
_____	\$ _____

Total Other Payables - due within one year

\$ -

20. Billings in excess of costs and estimated earnings	\$ -
--	------

21. Accrued expenses payable	
Salaries and wages	\$ _____
Payroll taxes	\$ -
Employees' benefits	\$ -
Insurance	\$ -
Other	\$ -

Total Accrued Expenses Payable

\$ -

22. Dividends payable	\$ _____
-----------------------	----------

23. Income taxes payable	
State	\$ -
Federal	\$ _____
Other	\$ -

Total Income Taxes Payable

\$ -

24. Total current liabilities	\$ -
-------------------------------	------

25. Deferred income taxes payable	
State	\$ -
Federal	\$ -
Other	\$ -

Total Deferred Income Taxes

\$ -

26. Long Term Liabilities	
---------------------------	--

Loans from shareholders - due after one year	\$ -
--	------

Other Loans - due within one year	
-----------------------------------	--

Principle	\$ -
-----------	------

Interest	\$ -
----------	------

Notes payable - due after one year	\$ -
------------------------------------	------

Mortgage - due after one year	\$ -
-------------------------------	------

Other payables - due after one year	\$ -
-------------------------------------	------

Other (list) _____	\$ -
--------------------	------

Total Long Term Liabilities

\$ -

27. Other Liabilities	
-----------------------	--

Other (list) _____	\$ _____
--------------------	----------

Total Other Liabilities

\$ -

28. TOTAL LIABILITIES	\$ -
-----------------------	------

NET WORTH

29. Net Worth (if proprietorship or partnership)		\$	<div>-</div>
30. Stockholders' Equity			
Common stock issued and outstanding	\$	-	
Preferred stock issued and outstanding	\$	-	
Retained earnings	\$		
Total	\$	-	
Less: Treasury stock	\$	-	
31. TOTAL STOCKHOLDERS' EQUITY		\$	-
32. TOTAL LIABILITIES AND NET WORTH		\$	-

**DRUG AND ALCOHOL TESTING  
PROGRAM COMPLIANCE**

## ACKNOWLEDGMENT OF DRUG AND ALCOHOL TESTING PROGRAM COMPLIANCE

\_\_\_\_\_ hereby acknowledges that a drug and alcohol  
(PRINT OR TYPE COMPANY NAME)  
program which is required by Federal Department of Transportation rules (CFR, Title 49, Part 40 and 382),  
has been implemented by this Company. The program is administered by:

Please select one

( ) The Company itself - The program administrator is:

\_\_\_\_\_  
Company Administrator's Name and Telephone Number

( ) Third-Party Administrator - The program administrator is:

\_\_\_\_\_  
Third-Party Administrator's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Point of Contact/Telephone Number

\_\_\_\_\_  
Company Official's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(NOTARY SEAL/STAMP)

**LOCAL LAW 3-2018**

**APPRENTICESHIP TRAINING PROGRAM FORM**



NEW YORK STATE CERTIFIED APPRENTICESHIP  
TRAINING PROGRAM CERTIFICATION

**Pursuant to Erie County Local Law 3-2018 the following MUST be submitted along with supporting documentation** unless the Contracting Agency has otherwise determined under Section 2f of the Erie County Rules and Regulations that the New York State Certified Apprenticeship Training Program does not apply.

TO BE FILLED OUT BY BIDDER: please check that which applies on sign below.

[ ] Enclosed is a copy of the certification of approval of the New York State Certified Apprenticeship Training Program (NYSCATP) by the New York State Department of Labor which, as Bidder, will use in connection with the construction contract. Also Enclosed is a written plan demonstrating how apprentices will be utilized by the Bidder As Prime Contractor or by the Subcontractor(s) to the Bidder as Prime Contractor. Such Plan shall include at a minimum:

- i. An organized written plan in place that embodies the terms and conditions of employment, training and supervision of one or more apprentices;
- ii. A schedule of wages to be paid to the apprentices consistent with the skills required and approved by the New York State Department of Labor;
- iii. Equal employment and affirmative action plans;
- iv. **Workforce development and diversification goals to ensure that the contractor will diligently work toward a minority workforce goal of 30% minority and female participation combined in project personnel including trades people, trainees, journeymen, apprentices and supervisory staff;**
- v. **A minimum of ten percent (10%) of the total construction workers. Trades people, trainees, journeymen, and apprentices employed at any given time on a particular project by any and all contractors or subcontractors must be consist of persons participating in a NYSCATP; and**
- vi. **In all cases, such Certified Apprenticeship Training Program must be specific to the type and scope of work which is being performed and must have a graduation rate of at least thirty percent (30%) as determined by the New York State Department of Labor.**

[ ] Enclosed is a detailed explanatory written statement as to the inapplicability of Apprenticeship participation due to: the lack of career opportunities in NYSCATP Approved by New York State Department of Labor Commissioner; OR the magnitude of the construction contract which would make use of apprentices impracticable.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE

**APPRENTICESHIP UTILIZATION  
CERTIFICATION FOR FINAL PAYMENT**

**APPRENTICESHIP UTILIZATION**  
**CERTIFICATION FOR FINAL PAYMENT**

STATE OF NEW YORK

COUNTY OF ERIE

\_\_\_\_\_ being duly sworn, deposes and says that he is the Contractor for the work associated with \_\_\_\_\_

\_\_\_\_\_ for the COUNTY OF ERIE, the Owner; and says that he is the \_\_\_\_\_

\_\_\_\_\_, the contracting company.

Deponent certifies that in accordance with Erie County Local Law 3-2018, \_\_\_\_\_% is the final percentage of persons participating in an apprenticeship program that the undersigned employed in the performance of this Contract.

Deponent further states that he has read the above statement and knows the content thereof, and that the same is true of his own knowledge.

\_\_\_\_\_  
(Name of Contractor)

“CORPORATE  
SEAL”

By\_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

# **ERIE COUNTY EQUAL PAY CERTIFICATION**

### Erie County Equal Pay Certification

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Equal Pay Law.

We certify that we have not been the subject of an adverse finding under the Equal Pay Law within the previous five years and, in the alternative, if we were the subject of an adverse finding under the Equal Pay Law within the previous five years, we have annexed a detailed description of the finding(s). In addition, we have annexed a detailed description of any currently pending claims under the Equal Pay Law in which we are involved.

\_\_\_\_\_  
Signature

#### Verification

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS:  
A)

\_\_\_\_\_, being duly sworn, states he or she is the owner of (or a partner in) \_\_\_\_\_, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

B)  
\_\_\_\_\_, being duly sworn, states that he or she is the Name of Corporate Officer \_\_\_\_\_, of \_\_\_\_\_, Title of Corporate Officer Name of Corporation the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_

**ERIE COUNTY M/WBE  
CERTIFICATION AND  
UTILIZATION REPORTS**

**The following section does not apply to Bridge NY (Culverts only) Projects:**

ERIE COUNTY MBE/WBE OFFICE  
CERTIFICATION BY PROPOSED PRIME OR SUBCONTRACTOR REGARDING  
EQUAL EMPLOYMENT OPPORTUNITY

\_\_\_\_\_  
Name of Prime Contractor

\_\_\_\_\_  
Project Number

**INSTRUCTIONS**

This certification is required pursuant to Executive Order 11246, Part II, Section 203 (b), (30 F.R. 12319-25). Any bidder or prospective contractor, or any of their proposed subcontractors, shall state as an initial part of the bid or negotiations of the contract whether it has participated in any previous contract or subcontract subject to the equal opportunity clause; and, if so, whether it has filed all compliance reports due under applicable instructions.

Where the certification indicated that the prime or subcontractor has not filed a compliance report due under applicable instructions, such contractor shall be required to submit a compliance report.

\_\_\_\_\_  
**CONTRACTOR'S CERTIFICATION**

Contractor's Name \_\_\_\_\_

Address \_\_\_\_\_

1. Bidder has participated in a previous contract or subcontract subject to the Equal Opportunity Clause.

2. Yes \_\_\_\_\_ No \_\_\_\_\_

2. Compliance reports were required to be filed in connection with such contract or subcontract.

3. Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" state what reports were filed and with what agency.

\_\_\_\_\_

4. Bidder has filed all compliance reports due under applicable instructions.

5. Yes \_\_\_\_\_ No \_\_\_\_\_

6. If answer to item 3 is "No", please explain in detail on reverse side of this certification.

7. Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION** – The information above is true and complete to the best of my knowledge and belief. A willful false statement is punishable by law (U.S. Code, Title 18, Section 1001).

\_\_\_\_\_  
(NAME AND TITLE OF SIGNER – PLEASE TYPE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**The following section does not apply to BridgeNY (Culverts only) Projects:**

BID WILL NOT BE CONSIDERED IF THIS FORM IS NOT SUBMITTED WITH BID AS REQUIRED REGARDLESS OF THE BID AMOUNT.

(1)

BID DATE: \_\_\_\_\_  
TODAY'S DATE: \_\_\_\_\_

**ERIE COUNTY MINORITY/WOMEN BUSINESS ENTERPRISE  
UTILIZATION REPORT – PART A**

COMPANY: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

List action taken to identify, solicit, and contact Minority Business Enterprises (MBE)/Women Business Enterprises (WBE) to bid on subcontracts for this project.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

- I. List all bona-fide Minority/Women Business Enterprise, sub-contractors, suppliers, professional personnel, solicited, contracted, or presently negotiating a contract in accordance with the minority business utilization goal set forth by the County of Erie. (Attach additional sheets if necessary).

MBE/WBE, OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	PRIOR CERTI- FICATION	CONTRACT EXECUTED	REASON IF CONTRACT NOT AWARDED
----------------------	--------------------	-----------------------	-----------------------------	----------------------	---

Name: \_\_\_\_\_ Yes \_\_\_\_\_

Address: \_\_\_\_\_ No \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS # \_\_\_\_\_

Name: \_\_\_\_\_ Yes \_\_\_\_\_

Address: \_\_\_\_\_ No \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS# \_\_\_\_\_



**The following section does not apply to BridgeNY (Culverts only) Projects:**

**BID WILL NOT BE CONSIDERED IF THIS FORM IS NOT SUBMITTED WITH BID AS REQUIRED REGARDLESS OF THE BID AMOUNT.**

	(2)		REASON IF	
MBE/WBE, OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	CONTRACT EXECUTED	ONTRACT NOT AWARDED

Name: \_\_\_\_\_ Yes \_\_\_\_\_

Address: \_\_\_\_\_ No \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS # \_\_\_\_\_

Name: \_\_\_\_\_ Yes \_\_\_\_\_

Address: \_\_\_\_\_ No \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS# \_\_\_\_\_

Name: \_\_\_\_\_ Yes \_\_\_\_\_

Address: \_\_\_\_\_ No \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS# \_\_\_\_\_

II. Assistance offered by contractor to MBEs/WBEs as to bonding, union requirements, obtaining work capital, etc.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

III. Total Dollar Amount to be subcontracted to:

Minority Business Enterprise (s). \$ \_\_\_\_\_

Women Business Enterprise (s). \$ \_\_\_\_\_

V. Total Amount of Bid. \$ \_\_\_\_\_

VI. MBE Percent (%) of project bid. % \_\_\_\_\_

WBE Percent (%) of project bid. (If applicable) % \_\_\_\_\_

VII. YOU MUST ATTACH COPIES OF RELEVANT CORRESPONDENCE AND DOCUMENTS, INCLUDING RETURN RECEIPTS.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

**The following section does not apply to BridgeNY (Culverts only) Projects:**

COUNTY OF ERIE  
MINORITY/WOMEN BUSINESS ENTERPRISE UTILIZATION REPORT PART – B  
Certification of Expenditures at 30% Completion of Project

CONTRACTOR: \_\_\_\_\_

CONTRACT NAME: \_\_\_\_\_

- I. List all bona-fide minority/women business enterprises, subcontractors, suppliers, professional personnel, or joint venture firms, with whom you have entered into a binding agreement in accordance with the Minority/Women Business Utilization Goal set forth by the County of Erie. Include minority trucking firms that will be utilized and include an estimated dollar amount. This information must be submitted to the County of Erie when the project is 30% complete.

(Use reverse side if more space is needed) MBE/WBE Owned Firms	Type of Work	Date Contract Executed	Total Expended To Date	Estimated Amount Remaining
Name: _____ Address: _____ Telephone: _____ MBE _____ WBE _____ IRS # _____				
Name: _____ Address: _____ Telephone: _____ MBE _____ WBE _____ IRS # _____				

Erie County reserves the right to require documentation including, but not limited to, cancelled checks to verify these amounts.

- II. Total Dollar Amount to be sub-contracted to  
Minority Business Enterprise (s). \$ \_\_\_\_\_  
Women Business Enterprise (s) \$ \_\_\_\_\_
- III. Total Dollar Amount expended to date. \$ \_\_\_\_\_
- IV. Total Amount of Bid. \$ \_\_\_\_\_
- V. MBE percent (%) of project bid. % \_\_\_\_\_  
WBE percent % of bid. % \_\_\_\_\_

I, \_\_\_\_\_, as an official representative of \_\_\_\_\_  
\_\_\_\_\_, do hereby certify that the information listed above is  
correct and complete.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**The following section does not apply to BridgeNY (Culverts only) Projects:**

**MINORITY/WOMEN BUSINESS ENTERPRISE UTILIZATION REPORT – PART C**  
**CERTIFICATION OF EXPENDITURES TO MBEs/WBEs**

(To be completed by the Prime Contractor and submitted at the 75% payment level)

CONTRACTOR: \_\_\_\_\_ CONTRACT: \_\_\_\_\_

\_\_\_\_\_

Amount	MBE/WBE	Part B Contract	Total Expended	Estimate
		Amount or Estimate	To Date	Remaining
<u>MBEs</u>				
<u>WBEs</u>				

Erie County reserves the right to require documentation, including, but not limited to, cancelled checks to verify these amounts.

I, \_\_\_\_\_, as an official representative of \_\_\_\_\_

\_\_\_\_\_, do hereby certify that the information listed above is

correct and complete.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**The following section does not apply to BridgeNY (Culverts only) Projects:**

**MINORITY BUSINESS ENTERPRISE UTILIZATION REPORT – PART D**

**FINAL CERTIFICATION OF EXPENDITURES TO MBEs/WBEs**

(To be completed by the prime contractor and submitted when contract is complete)

Erie County reserves the right to require documentation, including, but not limited to, cancelled checks to verify these amounts.

CONTRACTOR: \_\_\_\_\_ CONTRACT: \_\_\_\_\_

MBE	TOTAL AMOUNT EXPENDED
-----	-----------------------


WBE
-----


TOTAL OF ALL MBE SUBCONTRACTS	\$ _____
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TOTAL OF ALL WBE SUBCONTRACTS (if applicable)	\$ _____
---	----------

AMOUNT OF CONTRACT (PRIME)	\$ _____
----------------------------	----------

FINAL MBE PERCENTAGE	% _____
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FINAL WBE PERCENTAGE (if applicable)	% _____
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I, \_\_\_\_\_, as an official representative of \_\_\_\_\_

\_\_\_\_\_, do hereby certify that the information listed above is

correct and complete.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**The following section does not apply to BridgeNY (Culverts only) Projects:**

WAIVER

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
(Area Code) (Number)

1. Contractor has made a good faith effort to adopt subcontracting on this project to those trades, professions, supplies, etc. for which minority/women's business enterprises bids could be solicited; and
2. The total percentage of the bid which could be subcontracted in trades, professions, supplies, etc. for which minority business enterprises bids could be solicited is less than 10% for MBE's and/or 2% for WBE's.

A waiver as provided for by Erie County Local Law, is hereby requested on the ground that there are no/insufficient (circle the appropriate term) minority/women's business enterprise in the market area of this project which do subcontracting in the following field (list all trades, professions, supplies, etc. which could be subcontracted on this project):

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |
- (Use additional sheets if necessary)

If a partial waiver is granted, the Contractor will make a good faith effort to meet the reduced goal.

_____ Date	_____ Signature of Authorized Representative of Company
---------------	---

Granted in Whole: \_\_\_\_\_

Granted in Part: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Equal Opportunity Official	_____ Title	_____ Date
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_____ Letting department Representative	_____ Title	_____ Date
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**EXECUTIVE ORDER #18**

**ATTESTATION AND STATEMENT OF WORKFORCE**

**EXHIBIT 2**

**EXHIBIT 2**

**ERIE COUNTY EXECUTIVE ORDER #18  
ATTESTATION AND  
STATEMENT OF WORKFORCE**

We hereby attest that we have read and understand Erie County Executive Order #18 ("EO #18"). We acknowledge that the project we are bidding on may be subject to the provisions thereof. We further attest that, should we be identified as the successful bidder and should the appropriate individual or entity determine that this project is subject to EO #18, we will be in compliance with such Order, or we will have been granted a partial waiver by the Erie County Office of Equal Employment Opportunity prior to starting work on the project.

We further acknowledge that in order for Erie County to determine if the project we are bidding on is subject to EO #18, they need to analyze the workforce that we intend to use on such project. We therefore now do attest that it is our current intention to use \_\_\_\_\_ #\_\_\_\_\_ construction workers, which number includes any subcontracted construction workers, on this project should it be awarded to us. For purposes of this attestation we understand that construction worker shall mean a laborer, workman, or mechanic who is directly involved in the construction, reconstruction, improvement, rehabilitation, installation, alteration, renovation, demolition or otherwise providing for any building, facility, roads, highways, bridges, or physical structure of any kind, but does not include professional services employees.

\_\_\_\_\_  
Signature

**Verification**

**STATE OF NEW YORK )**

**COUNTY OF ERIE ) SS:**

A)

\_\_\_\_\_, being duly sworn, states he or she is the owner of (or partner in) \_\_\_\_\_, and is making the foregoing Attestation and Statement of Workforce and that such representations made are true to his or her own knowledge.

B)

\_\_\_\_\_, being duly sworn, states that he or she is the (Name of Corporate Officer) \_\_\_\_\_, of (Name of Corporation or Enterprise) \_\_\_\_\_, that he or she has read the Attestation and Statement of Workforce and that such representations made are true to his or her knowledge, and are made at the direction of the Board of Directors of the Corporation.

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public