

Submission Forms

Bids will not be accepted unless the bid package is downloaded directly from www.erie.gov/dpw and contact information is captured.

FEDERAL AID PROJECT

FOUR ROD ROAD BRIDGE BR-356-01 OVER LITTLE BUFFALO CREEK (BIN 3328050)

TOWN OF MARILLA

PROJECT NUMBER FA-5763.37-25, PIN 5763.37

ERIE COUNTY, NEW YORK

BIDS RECEIVED: March 27, 2025

AT: 10 am LOCAL TIME

Office of William E. Geary, Jr.

Commissioner of Public Works

95 Franklin Street – 14TH Floor

Buffalo, New York 14202

**William E. Geary, Jr.
Commissioner of Public Works
95 Franklin Street – 14TH Floor
Buffalo, New York 14202**

not relieve him/her of the responsibility for estimating properly the difficulty or cost of successfully performing the work.

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 New York State vendor responsibility questionnaire FOR-PROFIT construction (CCA-2), Attachment A, Attachment B and Attachment C (Q 1 to Q 31)
- Project Construction Schedule, with description of tasks as detailed on SI 8, SI 9, SI 16 AND SI 17. 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-16](#)
 - Execute the proposal by signing on [IP-19 and completing IP-20](#)
- Completed Apprenticeship Training Program form (ATP 1).
- Completed Pay Equity Certification (PEC 1)
- Completed Locally Administered Federal Aid Contract Forms section of this document (FAF 1 to FAF 8)

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.
- 2) The Contractor shall give particular attention and care to protect from damage all existing vegetation, including turf, trees, ornamental plantings, etc. which is not within the actual construction limits. Every attempt shall be made to protect and save the vegetation that is near construction limits according to the instructions of the Engineer.



ERIE COUNTY DEPARTMENT OF PUBLIC WORKS

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ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
201.06	NEC	FOR: <u>CLEARING AND GRUBBING</u>				
		_____ Per LS				
202.120001	NEC	FOR: <u>REMOVING EXISTING SUPERSTRUCTURES</u>				
		_____ Per LS				
202.19	325	FOR: <u>REMOVAL OF SUBSTRUCTURES</u>				
		_____ Per CY				
203.02	500	FOR: <u>UNCLASSIFIED EXCAVATION AND DISPOSAL</u>				
		_____ Per CY				
203.03	1000	FOR: <u>EMBANKMENT IN PLACE</u>				
		_____ Per CY				
203.07	75	FOR: <u>SELECT GRANULAR FILL</u>				
		_____ Per CY				



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			DOLLARS	CENTS	DOLLARS	CENTS
203.21	1200	FOR: <u>SELECT STRUCTURE FILL</u>				
		_____ Per CY				
206.01	2400	FOR: <u>STRUCTURE EXCAVATION</u>				
		_____ Per CY				
206.0201	25	FOR: <u>TRENCH AND CULVERT EXCAVATION</u>				
		_____ Per CY				
207.26	250	FOR: <u>PREFABRICATED COMPOSITE STRUCTURAL DRAIN</u>				
		_____ Per SY				
209.13	405	FOR: <u>SILT FENCE-TEMPORARY</u>				
		_____ Per LF				
209.1501	200	FOR: <u>TURBIDITY CURTAIN - TEMPORARY</u>				
		_____ Per LF				



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			DOLLARS	CENTS	DOLLARS	CENTS
210.3302	30	FOR: REMOVAL AND DISPOSAL OF BOND BREAKER/FILLER ACM				
		_____ Per SF				
304.12	375	FOR: SUBBASE COURSE, TYPE 2				
		_____ Per CY				
404.0001	17	FOR: PLANT PRODUCTION QUALITY ADJUSTMENT TO ASPHALT ITEMS	\$90	00	\$1,530	00
		Ninety Dollars and No Cents _____ Per QU				
404.0189	40	FOR: TRUING & LEVELING F9, ASPHALT, 80 SERIES COMPACTION				
		_____ Per TON				
404.0983	100	FOR: 9.5 F3 TOP COURSE ASPHALT, 80 SERIES COMPACTION				
		_____ Per TON				
404.1989	75	FOR: 19 F9 BINDER COURSE ASPHALT, 80 SERIES COMPACTION				
		_____ Per TON				



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			DOLLARS	CENTS	DOLLARS	CENTS
404.3789	160	FOR: 37.5 F9 BASE COURSE ASPHALT, 80 SERIES COMPACTION				
		_____ Per TON				
407.0103	95	FOR: STRAIGHT TACK COAT				
		_____ Per GAL				
490.30	785	FOR: MISCELLANEOUS COLD MILLING OF BITUMINOUS CONCRETE				
		_____ Per SY				
553.010001	1	FOR: COFFERDAMS (TYPE 1)				
		_____ Per EACH				
553.010002	1	FOR: COFFERDAMS (TYPE 1)				
		_____ Per EACH				
555.0012	190	FOR: FOOTING CONCRETE, PERFORMANCE - INTERNAL CURE				
		_____ Per CY				



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ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
555.0022	270	FOR: CONCRETE FOR STRUCTURES, PERFORMANCE - INTERNAL CURE _____ Per CY				
555.9901	1	PERFORMANCE CONCRETE QUALITY ADJUSTMENT - FOOTING FOR: CONCRETE Ninety Dollars and No Cents _____ Per QU	\$90	00	\$90	00
555.9902	1	PERFORMANCE CONCRETE QUALITY ADJUSTMENT - CONCRETE FOR FOR: STRUCTURES Ninety Dollars and No Cents _____ Per QU	\$90	00	\$90	00
556.0203	31500	FOR: GALVANIZED BAR REINFORCEMENT FOR STRUCTURES _____ Per LB				
556.03	539	FOR: STUD SHEAR CONNECTORS FOR BRIDGES _____ Per EACH				
557.1013	180	STRUCTURAL APPROACH SLAB WITH INTEGRAL WEARING SURFACE FOR: TYPE 3 FRICTION _____ Per SY				

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			DOLLARS	CENTS	DOLLARS	CENTS
557.1113	280	SUPERSTRUCTURE SLAB WITH INTEGRAL WEARING SURFACE BOTTOM FOR: FORMWORK REQUIRED - TYPE 3 FRICTION				
		_____ Per SY				
557.29	450	WINTER SURFACE TREATMENT - SUPERSTRUCTURE SLABS AND FOR: STRUCTURAL APPROACH SLABS				
		_____ Per SY				
557.9901	1	PERFORMANCE CONCRETE QUALITY ADJUSTMENT - FOR: SUPERSTRUCTURE AND APPROACH SLAB	\$90	00	\$90	00
		Ninety Dollars and No Cents _____ Per QU				
558.02	425	FOR: LONGITUDINAL SAWCUT GROOVING OF STRUCTURAL SLAB SURFACE				
		_____ Per SY				
559.01	4600	PROTECTIVE SEALING OF STRUCTURAL CONCRETE ON NEW BRIDGE, FOR: DECKS AND BRIDGE DECK OVERLAYS				
		_____ Per SF				
559.02	3000	FOR: PROTECTIVE SEALING OF NEW STRUCTURAL CONCRETE				
		_____ Per SF				



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			DOLLARS	CENTS	DOLLARS	CENTS
564.0501	NEC	FOR: <u>STRUCTURAL STEEL, TYPE 1</u>				
		_____ Per LS				
564.20010008	5250	FOR: <u>HOT-DIP GALVANIZING OF STRUCTURAL STEEL</u>				
		_____ Per LB				
565.2023	4	FOR: <u>TYPE E.B. FIXED BEARING (112 TO 168 KIPS)</u>				
		_____ Per EACH				
565.2033	4	FOR: <u>TYPE E.B EXPANSION BEARING (112 TO 168 KIPS)</u>				
		_____ Per EACH				
568.51	165	FOR: <u>STEEL BRIDGE RAILING (FOUR RAIL)</u>				
		_____ Per LF				
568.70	128	FOR: <u>TRANSITION BRIDGE RAILING</u>				
		_____ Per LF				



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			DOLLARS	CENTS	DOLLARS	CENTS
570.090001	NEC	FOR: ENVIRONMENTAL GROUND PROTECTION				
		_____ Per LS				
570.100001	NEC	FOR: ENVIRONMENTAL WATERWAY PROTECTION				
		_____ Per LS				
571.03	490	FOR: DISPOSAL OF HAZARDOUS PAINT WASTE CONTAINING LEAD				
		_____ Per LB				
572.00020101	NEC	FOR: METALIZING, TYPE 1				
		_____ Per LS				
603.171416	1	GALVANIZED STEEL END SECTIONS-PIPE (2-2/3" X 1/2"CORRUGATIONS) FOR: 24 INCH DIAMETER, 16 GAUGE				
		_____ Per EACH				
603.9818	90	SMOOTH INTERIOR CORRUGATED POLYETHYLENE CULVERT AND FOR: STORMDRAIN 18 INCH DIAMETER				
		_____ Per LF				



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			DOLLARS	CENTS	DOLLARS	CENTS
606.10	168	FOR: BOX BEAM GUIDE RAILING				
		_____ Per LF				
606.120201	4	FOR: BOX BEAM GUIDE RAILING END ASSEMBLY, TYPE IIA				
		_____ Per EACH				
606.58	190	RESETTING HEAVY POST BLOCKED-OUT (MOD.) CORRUGATED BEAM FOR: GUIDE RAILING				
		_____ Per LF				
606.5941	2	RESETTING ANCHORAGE UNITS FOR HEAVY POSTS BLOCKED-OUT FOR: (MOD.) CORRUGATED BEAM GUIDE RAILING				
		_____ Per EACH				
606.7101	445	REMOVING AND DISPOSING HEAVY POSTS BLOCKED-OUT (MOD.) FOR: CORRUGATED BEAM GUIDE RAILING				
		_____ Per LF				
606.7941	4	REMOVING AND DISPOSING ANCHORAGE UNITS FOR HEAVY POSTS FOR: BLOCKED OUT (MOD.) CORRUGATED BEAM GUIDE RAILING				
		_____ Per EACH				



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			DOLLARS	CENTS	DOLLARS	CENTS
608.000013	1	PLANT PRODUCTION QUALITY ADJUSTMENT TO ASPHALT SIDEWALKS, FOR: DRIVEWAYS, BICYCLE PATHS, AND VEGETATION CONTROL STRIPS	\$90	00	\$90	00
		Ninety Dollars and No Cents Per QU				
608.020102	28	ASPHALT SIDEWALKS, DRIVEWAYS AND BICYCLE PATHS, AND FOR: VEGETATION CONTROL STRIPS				
		Per TON				
610.1402	55	FOR: TOPSOIL - ROADSIDE				
		Per CY				
610.1601	340	FOR: TURF ESTABLISHMENT - ROADSIDE				
		Per SY				
610.1602	160	FOR: TURF ESTABLISHMENT - LAWNS				
		Per SY				
614.060101	5	TREE REMOVAL OVER 4 INCHES TO 6 INCHES DIAMETER BREAST FOR: HEIGHT - STUMPS CUT TO ABOVE GRADE				
		Per EACH				

IP10



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			DOLLARS	CENTS	DOLLARS	CENTS
614.060201	1	TREE REMOVAL OVER 6 INCHES TO 12 INCHES DIAMETER BREAST FOR: <u>HEIGHT - STUMPS CUT TO ABOVE GRADE</u> _____ Per _____ EACH				
614.060501	1	TREE REMOVAL OVER 24 INCHES TO 36 INCHES DIAMETER BREAST FOR: <u>HEIGHT - STUMPS CUT TO ABOVE GRADE</u> _____ Per _____ EACH				
619.01	NEC	FOR: <u>BASIC WORK ZONE TRAFFIC CONTROL</u> _____ Per _____ LS				
619.04	34	FOR: <u>TYPE III CONSTRUCTION BARRICADE</u> _____ Per _____ EACH				
619.111111	2	(PVMS) STANDARD SIZE - LINE OR CHARACTER MATRIX (LED) NO OPTIONAL EQUIPMENT SPECIFIED NO CELLULAR COMMUNICATIONS FOR: <u>REQD</u> _____ Per _____ EACH				
619.1711	48	FOR: <u>TEMPORARY POSITIVE BARRIER - CATEGORY 1 (PINNING PROHIBITED)</u> _____ Per _____ LF				

IP 11



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			DOLLARS	CENTS	DOLLARS	CENTS
619.1719	12	FOR: <u>WARNING LIGHTS ON TEMPORARY POSITIVE BARRIERS</u> <div> <div></div> <div>Per</div> </div> <div> <div></div> <div>EACH</div> </div>				
619.27	5	FOR: <u>MAILBOXES</u> <div> <div></div> <div>Per</div> </div> <div> <div></div> <div>EACH</div> </div>				
620.05	225	FOR: <u>STONE FILLING (HEAVY)</u> <div> <div></div> <div>Per</div> </div> <div> <div></div> <div>CY</div> </div>				
620.0801	65	FOR: <u>BEDDING MATERIAL, TYPE 1</u> <div> <div></div> <div>Per</div> </div> <div> <div></div> <div>CY</div> </div>				
623.11	7	FOR: <u>CRUSHED GRAVEL (IN-PLACE MEASURE)</u> <div> <div></div> <div>Per</div> </div> <div> <div></div> <div>CY</div> </div>				
625.01	NEC	FOR: <u>SURVEY OPERATIONS</u> <div> <div></div> <div>Per</div> </div> <div> <div></div> <div>LS</div> </div>				



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			DOLLARS	CENTS	DOLLARS	CENTS
625.05	5	FOR: STEEL PIN AND CAP RIGHT-OF-WAY MARKER _____ Per EACH				
627.50140008	375	FOR: CUTTING PAVEMENT _____ Per LF				
637.04	1	FOR: CONCRETE CYLINDER CURING EQUIPMENT _____ Per EACH				
637.11	8	FOR: ENGINEER'S FIELD OFFICE - TYPE 1 _____ Per MNTH				
645.5102	6.25	GROUND-MOUNTED SIGN PANELS LESS THAN OR EQUAL TO 32 SF, FOR: WITH Z-BARS _____ Per SF				
645.81	1	FOR: TYPE A SIGN POSTS _____ Per EACH				



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			DOLLARS	CENTS	DOLLARS	CENTS
646.22	4	DELINEATOR, SNOWPLOWING MARKER, SUPPLEMENTARY FOR: SNOWPLOWING MARKER PANELS _____ Per EACH				
646.32	4	FOR: STEEL POST, 2.0 LB/FT _____ Per EACH				
647.51	7	REMOVE AND DISPOSE SIGN PANEL, SIGN PANEL ASSEMBLY SIZE I FOR: (UNDER 30 SQUARE FEET) _____ Per EACH				
685.1102	1050	FOR: WHITE EPOXY REFLECTORIZED PAVEMENT STRIPES - 20 MILS _____ Per LF				
685.1202	1100	FOR: YELLOW EPOXY REFLECTORIZED PAVEMENT STRIPES - 20 MILS _____ Per LF				
697.03	95900	FOR: FIELD CHANGE PAYMENT One Dollar and No Cents _____ Per DC	\$1	00	\$95,900	00



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			DOLLARS	CENTS	DOLLARS	CENTS
698.04	5000	FOR: ASPHALT PRICE ADJUSTMENT	\$1	00	\$5,000	00
		One Dollar and No Cents Per DC				
698.05	5000	FOR: FUEL PRICE ADJUSTMENT	\$1	00	\$5,000	00
		One Dollar and No Cents Per DC				
698.06	20000	FOR: STEEL/IRON PRICE ADJUSTMENT	\$1	00	\$20,000	00
		One Dollar and No Cents Per DC				



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			DOLLARS	CENTS	DOLLARS	CENTS
		Subtotal	\$ _____			
699.040001	1	Mobilization (Must not exceed 4% of subtotal above. See specification for this item) FOR: _____ _____ Per				
Total or Gross Sum in Written Words						
					\$ _____	

IP 16

Notes:

Please make sure a bid is entered for each item.

In the event that there are discrepancies within the bid schedule, the written words will be the accepted value.

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>
_____	_____
_____	_____
_____	_____

Instructions for New York State Vendor Responsibility Questionnaires

Although it is recommended that vendors complete their questionnaires online using the New York State VendRep System, the four (4) questionnaires found on the VendRep System are also available in paper format.

The questionnaires are intended to elicit information based on vendor type (For-Profit or Not-for-Profit) and activity (Construction or Non-Construction). Each vendor should select the questionnaire that most closely reflects its business characteristics or as directed by an agency's solicitation instructions. The available vendor questionnaires are:

- For-Profit
- For-Profit Construction
- Not-for-Profit
- Not-for-Profit Construction

Business Entities may print the PDF version of a questionnaire form and complete it manually or may select the MS Word version and complete the questionnaire on a computer. Completing the questionnaire in MS Word allows the questionnaire to be saved on the user's computer and updated in the event that the vendor's information changes.

The person(s) completing the vendor responsibility questionnaire must be knowledgeable about the vendor's business and operations. The certification at the end of each questionnaire must be completed by an owner or officer of the Business Entity and must be notarized to be complete.

Business Entities must answer every question contained in the selected questionnaire¹. Most questions require "Yes" or "No" answers and request additional information where necessary. 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. For paper submissions, responses that require additional information must include an attachment containing this information.

If the submitting Business Entity is a Joint Venture, one questionnaire must be submitted for the Joint Venture plus each Business Entity comprising the Joint Venture must also submit separate questionnaires.

¹ If the Business Entity uses a Social Security Number (SSN) as its identification number, providing the SSN on the questionnaire is optional. Individuals and Sole Proprietors may use an SSN but are encouraged to obtain and use an Employer Identification Number.

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 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 <u>construction</u> -related firms in which, now or in the past five years, the submitting <u>Business Entity</u> 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? <i>(Attach additional pages if necessary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>Business Entity</u> has in common with this firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

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

2.1 Does the <u>Business Entity</u> have any <u>construction</u> -related <u>affiliates</u> not identified in the response to question 2.0 above? <i>(Attach additional pages if necessary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

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

2.2 Has the <u>Business Entity</u> participated in any <u>construction-related Joint Ventures</u> within the past three (3) years? <i>(Attach additional pages if necessary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

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

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.

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"> • <u>Federal</u>, state or local health laws, rules or regulations; • <u>Federal</u>, state or local environmental laws, rules or regulations; • Unemployment insurance or workers compensation coverage or <u>claim</u> requirements; • Any labor law or regulation, which was deemed willful; • Employee Retirement Income Security Act (ERISA); • <u>Federal</u>, state or local human rights laws; • <u>Federal</u>, state or local security laws? 	<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</u>, <u>debarred</u> or <u>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"> (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 (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 	<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.
(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).
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.

☐ Yes ☐ No

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:							
1.	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	
2.	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	
3.	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	
4.	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	
5.	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:

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:							
6.	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	
7.	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	
8.	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	
9.	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	
10.	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:**

1.	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		
2.	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		
3.	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		
4.	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:**

5.	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
6.	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
7.	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
8.	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:**

9.	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
10.	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

Grand Total All Uncompleted Contracts	\$0.00
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NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT C - FINANCIAL INFORMATION

NYS Vendor ID: _____

As of Date: _____

ASSETSCurrent 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)			\$ -
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

**ERIE COUNTY EQUAL PAY CERTIFICATION
(EXECUTIVE ORDER #13)**

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

A) OWNER/PARTNERSHIP

STATE OF _____)
COUNTY OF _____) SS:

_____, 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.

Sworn to before me this _____ Day of _____, 20__

Notary

B) CORPORATE

STATE OF _____)
COUNTY OF _____) SS:

_____, 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__

Notary

Rev 5/5/15

APPENDIX 12-1A

CONSTRUCTION CONTRACT REQUIREMENTS FILLABLE FORMS

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**ALL FORMS MUST BE INCLUDED IN ALL FEDERAL AID CONTRACTS AND MUST BE INCLUDED
IN EACH BID PROPOSAL.**

**NON-COLLUSIVE BIDDING CERTIFICATION
BIDDER INFORMATION**

Bidder to provide information listed below:

Bidder Address:

Street or P. O. Box No.

City

State

ZIP

Federal Identification No.:

Name of Contact Person:

Phone # of Contact Person:

If Bidder is a Corporation:

President's Name & Address:

Secretary's Name & Address:

Treasurer's Name & Address:

If Bidder is a Partnership:

Partner's Name & Address:

Partner's Name & Address:

If Bidder is a Sole Proprietorship:

Owner's Name & Address:

**THIS PAGE MUST BE INCLUDED IN ALL FEDERAL AID CONTRACTS AND MUST BE INCLUDED IN
EACH BID PROPOSAL.**

Offerer Disclosure of Prior Non-Responsibility Determinations

Name of Individual of Entity Seeking to Enter into the Procurement Contract:

Address:

Name and Title of Person Submitting this Form:

Contract Procurement Number:

Date:

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years?

NO ☐ YES ☐

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law § 139-j?

NO ☐ YES ☐

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity?

NO ☐ YES ☐

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity:

Date of Finding of Non-Responsibility:

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary.)

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information?

NO ☐ YES ☐

6. If yes, please provide details below.

Governmental Entity:

Date of Termination or Withholding of Contract:

Basis of Termination or Withholding:

(Add additional pages as necessary.)

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

By: _____ Date:

Signature

Name:

Title:

COMBINED CERTIFICATION FORM

BY EXECUTING THIS DOCUMENT, THE CONTRACTOR AGREES TO:

1. Perform all work listed in accordance with the Contract Documents including all amendments, at the prices bid; subject to the Changed Conditions provisions if applicable,
2. Accompany this proposal with a bid bond, certified check or bank cashier's check for the specified amount of deposit required,
3. All the terms and conditions of the non-collusive bidding certifications required by §139-d of the State Finance Law and 2 CFR Part 1200,
4. Certify, under penalty of perjury, as to the current history regarding suspensions, debarments, voluntary exclusions, determinations of ineligibility, indictments, convictions or civil judgments required by FHWA Form 1273 Required Contract Provisions Federal-Aid Construction Contracts-Section X "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion",
5. Certify that no Federal appropriated funds have been paid or will be paid, to any person for lobbying a Federal official or employee, or disclosure was made in accordance with 31 USC 1352 required by FHWA Form 1273 Required Contract Provisions Federal-Aid Construction Contracts-Section XI "Certification Regarding Use of Contract Funds for Lobbying",
6. Attest that its performance of the services outlined in this proposal does not and will not create a conflict of interest with nor position the firm to breach any other contract currently in force with the State of New York,
7. Certify that it understands the prohibitions under the Federal False Claims Act (31 USC §3729) and the New York State False Claims Act (NYS Finance Law Article 13),
8. Certify that all information provided to the Department with respect to the requirements contained in the Procurement Lobbying Law (State Finance Laws §139-j and §139-k) is complete, true and accurate,
9. Affirm, under penalty of perjury, that all the responses provided to the Department with respect to its submitted Form CCA-2 New York State Vendor Responsibility Questionnaire For-Profit Construction, are complete, true, and accurate, and further affirms and acknowledges that it must remain a responsible Contractor throughout the duration of the contract, in accordance with §105-05 Vendor Responsibility,
10. Provide commitments to meet the established DBE goal(s) prior to award or demonstrate good faith efforts to do so,
11. 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 the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of Section 201-g of the New York State Labor Law.

12. Certify to all other clauses required by this proposal and contained herein.

Dated _____, 20____

Legal Name of person, firm or corporation

By _____
Signature (Title)

(Acknowledgment by **Individual Contractor**)

STATE OF NEW YORK _____)
COUNTY OF _____) SS:

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be described in and who executed the foregoing instrument, and that he/she acknowledged that he/she executed the same.

Notary Public

(Acknowledgment by **Individual Contractor, If a Corporation**)

STATE OF NEW YORK _____)
COUNTY OF _____) SS:

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person who executed the above instrument, who being duly sworn by me, did depose and say that he/she resides at _____, and that he/she is the _____ of the _____ the corporation described in and which executed the above instrument, and that he/she signed his/her name thereto on behalf of said Corporation by order of the Board of Directors of said Corporation.

Notary Public

(Acknowledgment of **Co-Partnership Contractor**)

STATE OF NEW YORK _____)
COUNTY OF _____) SS:

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in and who executed the above instrument, who, being duly sworn by me, did for himself/herself depose and say that he/she is a member of the firm of _____, consisting of himself/herself and _____, and that he/she executed the foregoing instrument in the firm name of _____ and that he/she had authority to sign same, and did duly acknowledge to me that he/she executed same as the act and deed of said firm of _____ for the uses and purposes mentioned herein.

Notary Public

Federal DBE Commitment and GFE Bid Requirements

Letting Date:

Proposer Name

Address:

PIN
 Contract #
 DBE Goal % as Stated in the Advertisement

We hereby submit a DBE commitment of % for the above-referenced project.

Identified below are the commitment(s) to certified* DBE's for this contract:

<u>DBE Name:</u>	<u>Work Category*</u>	<u>Description of Work</u>	<u>DBE Credit % (A)</u>	<u>Commitment (B)</u>	<u>DBE Credit (AxB)</u>
Example Company: Drainage R Us Address: 2543 Lexington Street, Troy, NY 12180	Construction	Closed Drainage Installation	100	\$1,120,000	\$1,120,000
<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address: <input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address: <input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address: <input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address: <input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

**Only submit DBE(s) that you have verified are certified to perform/supply the identified commitments.*

Total Commitment:

You are required to have firm commitments at the time of Letting. Within 5 calendar days of notification as apparent Low Bidder, you shall enter exactly (as shown) all of the DBE commitments identified here, into Equitable Business Opportunity Solution (EBO), NYSDOT's civil rights reporting software. No substitutions or reductions in commitments will be allowed without prior approval by the Sponsor, in accordance with NYSDOT Standard Specification §105-21.D.3.

NOTE: Bids may be submitted below the DBE Goal. If you do not meet the DBE Goal and are identified as apparent Low Bidder, you will be required to submit a Good Faith Effort package to the Sponsor, within 5 calendar days of notification.

<u>*Key:</u>	<u>Work Categories:</u>	<u>DBE Credit %</u>
	Construction	100
	Fabricator	100
	Manufacturer	100
	Material Supplier	60
	Professional Service	100
	Trucking Firm	100

Submitted By:

Enter Proposers Contact Information

Name:

Title:

Company Federal Tax ID XX-XXXXXXX