

CERTIFIED CHECK FOR THE BID DEPOSIT REQUIRED.

ATTACH TO INSIDE OF FRONT COVER.

**COMPLETED ATTESTATION OF
WORKFORCE CERTIFICATE (EO # 18)
(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

**COMPLETED NEW YORK STATE VENDOR RESPONSIBILITY
QUESTIONNAIRE
FOR-PROFIT CONSTRUCTION (CCA-2), ATTACHMENT A,
ATTACHMENT B AND ATTACHMENT C**

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.

It being acknowledged and agreed that all responses included in this questionnaire are to the knowledge, information and belief of the Business Entity, the undersigned certifies under penalties of perjury that they:

The undersigned certifies that he/she:

- are knowledgeable about the submitting Business Entity's business and operations;
- have legal authority to bind the Business Entity;
- have read and understand all of the questions contained in the questionnaire, including all definitions;
- have not altered the content of the questionnaire in any manner;
- have reviewed and/or supplied full and complete responses to each question;
- have provided true, accurate and complete responses, including all attachments, if applicable;
- understand 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
- are 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 _____

Date _____

**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) NO P.O. Boxes		<u>New York State Vendor Identification Number</u>		
		Telephone ext.	Fax	
		Website (include all)		
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 (LLC or 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:	
1.0 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:	

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

I. BUSINESS CHARACTERISTICS				
<input type="checkbox"/> United States	State			
<input type="checkbox"/> Other	Country			
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> <u>maintain</u> 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> , <u>Women-Owned Business Enterprise</u> , <u>Service-Disabled Veteran-Owned Business</u> , <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"/> New York State certified <u>Service-Disabled Veteran-Owned Business</u> (SDVOB)				
<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, a Business Entity Official, or a <u>Principal Owner</u> of 5.0% or more of the Reporting Entity's shares; 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.				
Each Business Entity identified as a Principal Owner must also submit a Vendor Responsibility Questionnaire.				
(Add additional sheets if necessary.) For each person, include name, title, date of birth, percentage of ownership, and employment status. For each Business Entity that is a Principal Owner, include name, address, EIN, and percentage of ownership.				
If there is no person or <u>Business Entity</u> that owns 5% or more of the Reporting Entity, check here: <input type="checkbox"/>				
Name <i>(For each person, include a middle initial)</i>	Title	Date of Birth	Percentage of ownership (Enter 0%, if not applicable)	Employment status with the firm

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

I. BUSINESS CHARACTERISTICS				
				<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> N/A
				<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> N/A
				<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> N/A
				<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> N/A
Name of <u>Each Business Entity</u> owning 5% or more of <u>Reporting Entity</u>	Address	EIN	Percentage Ownership	

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? If yes, identify below and if there is more than one, <i>attach additional pages with required information.</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 the disclosed firm(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name <i>(Include middle initial)</i>	Position/Title with Firm/Company	

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

II. AFFILIATE and JOINT VENTURE RELATIONSHIPS		
2.1 Does the <u>Business Entity</u> have any <u>construction-related affiliates</u> not identified in the response to question 2.0 above? If yes, identify below and if there is more than one, <i>attach additional pages with the required information.</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 (<i>enter N/A, if not applicable</i>):		
Are there any shareholders, directors, officers, owners, partners or proprietors that the submitting Business Entity has in common with the disclosed affiliate(s)?		<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? If yes, identify below and if there is more than one, <i>attach additional pages with the required information.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Venture Name	Joint Venture EIN (If available)	Identify parties to the Joint Venture

III. CONTRACT HISTORY	
3.0 Has the <u>Business Entity</u> completed any <u>construction</u> contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," list the ten most recent <u>construction</u> contracts the <u>Business Entity</u> has completed for <u>government</u> clients using Attachment A – Completed Construction Contracts, found at www.osc.state.ny.us/vendrep/documents/questionnaire/ac3294s.doc. At the <u>Business Entity</u>'s option, it may include <u>construction</u> contracts completed for private clients. If less than ten, include most recent subcontracts on projects up to that number.</i>	
3.1 Does the <u>Business Entity</u> currently have uncompleted <u>construction</u> contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," list all current uncompleted <u>construction</u> contracts for <u>government</u> clients 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. At the <u>Business Entity</u>'s option, it may include <u>construction</u> contracts uncompleted for private clients.</i>	

IV. INTEGRITY – CONTRACT BIDDING	
<i>Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:</i>	
4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Had any bid rejected by a <u>government entity</u> for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a proposed subcontract rejected by a <u>government entity</u> for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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IV. INTEGRITY – CONTRACT BIDDING	
<i>Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:</i>	
4.4 Had a bid rejected on a <u>government contract</u> for failure to make <u>good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6 Requested or been permitted to withdraw a bid submitted to a <u>government entity</u> or made any claim of an error on a bid submitted to a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>For each "Yes," provide an explanation of the issue(s), the Business Entity, affiliate, predecessor company or 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 to explain each "YES" response.</i></p>	

V. INTEGRITY – CONTRACT AWARD	
<i>Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:</i>	
5.0 Defaulted on or been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action, including arbitration, seeking specific performance or restitution (except any disputed work proceeding) in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement, integrity agreement, consent decree, or stipulation, settlement as specified by, or agreed to with, any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3 Had its surety called upon to complete any contract whether government or private sector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4 Forfeited all or part of a standby letter of credit in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>For each "Yes," provide an explanation of the issue(s), the Business Entity, affiliate, predecessor company or 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 to explain each "YES" response.</i></p>	

VI. CERTIFICATIONS/LICENSES	
<i>Within the past five (5) years, has the Business Entity, an affiliate, or any predecessor company or entity:</i>	
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, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business</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
<p><i>For each "Yes," provide an explanation of the issue(s), the Business Entity affiliate, predecessor company or 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 to explain each "YES" response.</i></p>	

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:

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 (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> , <u>Service-Disabled Veteran-Owned Business</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, monitoring agreement or other type of oversight with the New York State Department of Environmental Conservation, or a <u>federal</u> , state or local government enforcement entity involving a violation of <u>federal</u> , state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: <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; • <u>Federal</u>, state, or local tax laws? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes," provide an explanation of the issue(s), the Business Entity, affiliate, predecessor company or 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 to explain each "YES" response.

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.

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

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:

8.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 <u>Suspended, debarred or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: (i.) Any business-related activity, including but not limited to theft, 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 to explain each "YES" response.

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY

9.0 Within the past five (5) years, has the <u>Business Entity</u> or any <u>affiliate</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," provide an explanation of the issue(s), the <u>Business Entity</u> or affiliate involved, the relationship to the submitting <u>Business Entity</u>, the <u>government entity</u> 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 to explain the "Yes" response.</i>	
9.1 Within the past five (5) years, has the <u>Business Entity</u> or any <u>affiliate</u> had any <u>liquidated damages</u> assessed over \$25,000 for any reason, including failure to meet <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business, or Disadvantaged Business Enterprise goals</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," provide an explanation of the issue(s), the name of the <u>Business Entity</u> or affiliate involved, the relationship to the submitting <u>Business Entity</u>, relevant dates, the contracting party involved, the amount assessed and the current status of the issue(s), and the balance of the assessment not yet paid. Provide answer below or attach additional sheets with numbered responses.</i>	
9.2 Within the past five (5) years, has the <u>Business Entity</u> or any <u>affiliate</u> had any <u>liens, claims or judgments</u> over \$25,000 filed against the <u>Business Entity</u> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY		
<p><i>If "Yes," provide an explanation of the issue(s), the name of the <u>Business Entity</u> or affiliate involved, the relationship to the submitting <u>Business Entity</u>, relevant dates, the Lien holder or Claimants' name(s), the amount of the <u>lien(s)</u>, the current status of the issue(s), and the balance of the lien, claim or judgment not yet paid. Provide answer below or attach additional sheets with numbered responses.</i></p>		
9.3 In the last seven (7) years, has the <u>Business Entity</u> or any <u>affiliate</u> , or <u>official</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If "Yes," provide the name of the <u>Business Entity</u>, affiliate or official involved, the relationship to the submitting <u>Business Entity</u>, 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 to explain the YES response.</i></p>		
9.4 What is the <u>Business Entity's</u> Bonding Capacity?		
a. Single Project	b. Aggregate (All Projects)	
9.5 List <u>Business Entity's</u> 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 <u>Business Entity's</u> 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 <u>Business Entity's</u> most recent annual <u>financial statement</u> and accompanying notes or complete Attachment C – Financial Information, found at www.osc.state.ny.us/vendrep/documents/questionnaire/ac3296s.xls . <i>(This information must be attached.)</i>		

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). <i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If "Yes," indicate the question number(s) and explain the basis for the claim.</i></p>	

Authorizee

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name	Telephone	Fax
	ext.	
Title	Email	

**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	

**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)		\$ -
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		\$ -

**COMPLETED FORM DA-1, ACKNOWLEDGEMENT
OF 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)

**COMPLETED ITEMIZED PROPOSAL INCLUDING:
FILL IN IP PAGES IP-1 THROUGH IP-6
EXECUTE THE PROPOSAL BY SIGNING ON IP-9
AND COMPLETING IP-10**



ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY

Erie County Parks Signage Phase 2 CAP-SIGNS2-25

BID SUMMARY FORM - BASE BID

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

IP 1

ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
203.02	20.0	FOR: <u>Unclassified Excavation and Disposal</u> _____ Per CY				
207.21	60.0	FOR: <u>Geotextile Separation</u> _____ Per SY				
304.12	10.0	FOR: <u>Subbase Couse, Type 2</u> _____ Per CY				
608.0101	6.0	FOR: <u>Concrete Sidewalks and Driveways</u> _____ Per CY				
619.01	1.0	FOR: <u>Basic Work Zone Traffic Control</u> _____ Per LS				



ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY

Erie County Parks Signage Phase 2 CAP-SIGNS2-25

BID SUMMARY FORM - BASE BID

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

ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
645.5102	60.0	FOR: <u>Ground -Mounted Sign Panels Less Than or Equal to 32 SF, with Z-bars</u> _____ Per SF				
645.81	7	FOR: <u>Type A Sign Posts</u> _____ Per EA				
645.8107	7	FOR: <u>Concrete Footing for Type A Sign Posts</u> _____ Per EA				
690.01000115	3	FOR: <u>Type A-1 Park Identification Sign, Foundation</u> _____ Per EA				
690.01000125	3	FOR: <u>Type A-1 Park Identification Sign, Sign Panel</u> _____ Per EA				

IP 2



ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY

Erie County Parks Signage Phase 2 CAP-SIGNS2-25

BID SUMMARY FORM - BASE BID

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

ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
690.01000215	2	FOR: <u>Type A-2 Park Identification Sign, Foundation</u> EA _____ Per				
690.01000225	3	FOR: <u>Type A-2 Park Identification Sign, Sign Panel</u> EA _____ Per				
690.01000305	2	FOR: <u>Type B-1 Park Identification Sign</u> EA _____ Per EA				
690.01000405	2	FOR: <u>Type C-1A Park Identification Sign</u> EA _____ Per EA				
690.01000505	9	FOR: <u>Type D-1 Vehicular Directional Sign</u> EA _____ Per EA				

IP 3



ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY

Erie County Parks Signage Phase 2 CAP-SIGNS2-25

BID SUMMARY FORM - BASE BID

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

ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
690.01000605	3	FOR: <u>Type D-2 Vehicular Directional Sign</u> _____ Per EA				
690.01000705	4	FOR: <u>Type F-1 Primary Orientation Sign</u> _____ Per EA				
690.01000805	1	FOR: <u>Type X-5 Black Rock Canal Park Identification Sign</u> _____ Per EA				
697.03	50000	FOR: <u>Field Change Payment</u> <u>One Dollar and No Cents</u> Per DC	\$1	00	\$50,000	00



ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY

Erie County Parks Signage Phase 2 CAP-SIGNS2-25

BID SUMMARY FORM - BASE BID

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

ITEM NUMBER	ESTIMATE OF QUANTITIES	ITEMS WITH UNIT BID PRICE WRITTEN IN WORDS	UNIT BID PRICE		AMOUNT OF BID	
			DOLLARS	CENTS	DOLLARS	CENTS
		Subtotal	\$ _____			
699.040001	1.0	Mobilization (Must not exceed 4% of subtotal above. See specification for this item) FOR: _____ _____ Per				
Total or Gross Sum in Written Words						
						\$ _____

IP 5

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.



ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY

Erie County Parks Signage Phase 2 CAP-SIGNS2-25

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

BID SUMMARY

TOTAL OR GROSS SUM IN WRITTEN WORDS	AMOUNT BID
BASE BID _____ _____	\$ _____

IP 6

Notes:

Project will be awarded to the lowest responsible bidder in accordance with the Instructions to Bidders.

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

To the Commissioner of Parks, Recreation and Forestry, 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 \$25,000. 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>
_____	_____
_____	_____
_____	_____

**COMPLETED 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 _____, 20____.

Notary Public or Commissioner of Deeds

**COMPLETED PAY EQUITY
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__

SUPPLY MINORITY/WOMEN BUSINESS ENTERPRISE FORMS AS REQUIRED ON SI-2 AND SI-21 THROUGH SI-25 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.

COUNTY OF ERIE DEPARTMENT OF PUBLIC WORKS
OFFICE OF THE COMMISSIONER

BID DATE: _____

TODAY'S DATE: _____

**ERIE COUNTY MINORITY/WOMEN BUSINESS ENTERPRISE & SERVICE-DISABLED
VETERAN-OWNED BUSINESS UTILIZATION REPORT- PART A**

COMPANY: _____

AUTHORIZED REPRESENTATIVE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PROJECT NAME: _____

PROJECT NUMBER: _____

I. List actions taken to identify, solicit, and contact Minority Business Enterprise (MBE), Women Business Enterprise (WBE) & Service-Disabled Veteran-Owned Business (SDVOB) to bid on subcontracts for this project.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

II. List all bona-fide Minority/Women Business Enterprise & Service-Disabled Veteran-Owned Businesses, 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.

MBE/WBE/SDVOB OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	PRIOR CERTIFICATION	CONTRACT EXECUTED	REASON IF CONTRACT NOT AWARDED
---------------------------	-----------------	--------------------	---------------------	-------------------	--------------------------------

NAME: _____

YES

ADDRESS: _____

CITY, STATE: _____

TELEPHONE: _____

NO

IRS #: _____

COUNTY OF ERIE DEPARTMENT OF PUBLIC WORKS
OFFICE OF THE COMMISSIONER

MBE/WBE/SDVOB OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	PRIOR CERTIFICATION	CONTRACT EXECUTED	REASON IF CONTRACT NOT AWARDED
---------------------------	-----------------	--------------------	---------------------	-------------------	--------------------------------

NAME: _____ YES

ADDRESS: _____

CITY, STATE: _____

TELEPHONE: _____ NO

IRS #: _____

MBE/WBE/SDVOB OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	PRIOR CERTIFICATION	CONTRACT EXECUTED	REASON IF CONTRACT NOT AWARDED
---------------------------	-----------------	--------------------	---------------------	-------------------	--------------------------------

NAME: _____ YES

ADDRESS: _____

CITY, STATE: _____

TELEPHONE: _____ NO

IRS #: _____

MBE/WBE/SDVOB OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	PRIOR CERTIFICATION	CONTRACT EXECUTED	REASON IF CONTRACT NOT AWARDED
---------------------------	-----------------	--------------------	---------------------	-------------------	--------------------------------

NAME: _____ YES

ADDRESS: _____

CITY, STATE: _____

TELEPHONE: _____ NO

IRS #: _____

MBE/WBE/SDVOB OWNED FIRMS	SUPPLY/ SERVICE	AMOUNT OF PROPOSAL	PRIOR CERTIFICATION	CONTRACT EXECUTED	REASON IF CONTRACT NOT AWARDED
---------------------------	-----------------	--------------------	---------------------	-------------------	--------------------------------

NAME: _____ YES

ADDRESS: _____

CITY, STATE: _____

TELEPHONE: _____ NO

IRS #: _____

COUNTY OF ERIE DEPARTMENT OF PUBLIC WORKS
OFFICE OF THE COMMISSIONER

III. Assistance offered by contractor to MBE's/WBE's/SDVOB's as to bonding, union requirements obtaining work capital, etc.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

IV. Total Dollar Amount to be subcontracted to:

Minority Business Enterprise(s). \$ _____
Women Business Enterprise(s). (if applicable) \$ _____
Service-Disabled Veteran-Owned Business(s). \$ _____

V. Total Amount of Bid \$ _____

VI. MBE Percent (%) of project bid: (EC goal is 10%) _____ %
WBE Percent (%) of project bid: (EC goal is 2%) _____ %
SDVOB Percent (%) of project bid: (EC goal is 6%) _____ %

VII. YOU MUST ATTACH COPIES OF RELEVANT CORRESPONDENCE AND DOCUMENTS, INCLUDING RETURN RECEIPTS UPON LOW BIDDER STATUS TO EEO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

VIII. CONTRACTOR'S DESIGNATED EQUAL OPPORTUNITY OFFICER (EEO)

NAME

DATE

WAIVER

COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

1. Contractor has made a good faith effort to adopt subcontracting on this project to those trades, professions, suppliers, etc. for which minority/women's business & service-disabled veteran-owned business bids could be solicited; and
2. The total percentage of the bid which could be subcontracted in trades, professions, suppliers, etc. for which minority business enterprises' bids could be solicited is less than 10% for MBE's and/or 2% WBE's and/or 6% SDVOB's.

A waiver 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 enterprises and service-disabled veteran-owned business' in the market area of this project which do subcontracting in the following field (list all trades, professions, suppliers, 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 good faith effort to meet the reduced goal.

SIGNATURE OF AUTHORIZED
REPRESENTATIVE OF COMPANY

DATE

Granted in Whole: _____

Granted In Part: _____

Comments: _____

EQUAL OPPORTUNITY OFFICIAL / TITLE

DATE

LETTING DEPARTMENT REPRESENTATIVE / TITLE

DATE

ADDENDUM 1 RECEIPT

IMPORTANT

PLEASE SIGN THIS PAGE AS CONFIRMATION OF RECEIPT OF:

ADDENDUM NO. 1

SCAN AND E-MAIL BACK TO US IMMEDIATELY

PLEASE E-MAIL TO: Mariely.Ortiz@erie.gov

**PROJECT: ERIE COUNTY PARKS SIGNAGE PHASE 2
PROJECT NO. CAP-SIGNS2-25**

**IT IS REQUIRED THAT YOU COMPLETE AND E-MAIL THIS PAGE
BACK AS SOON AS POSSIBLE TO CONFIRM RECEIPT OF ADDENDUM
NO. 1. THIS FORM IS PART OF OUR PERMANENT RECORDS.**

Signature

Date

Name of Company

PLEASE CHECK THIS BOX IF YOU DO NOT INTEND TO BID

**PROJECT CONSTRUCTION SCHEDULE, WITH
DESCRIPTION OF TASKS AS DETAILED ON SI-8, SI-9,
SI-17 AND SI-18.**

**Identify the proposed Project Superintendent on the Project
Schedule.**

ATTACH TO INSIDE OF BACK COVER.