Mass Ave Community Homes

GENERAL CONTRACTOR BID NOTIFICATION PACKAGE

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NOTE: THIS IS SUPPLEMENTARY INFORMATION TO THE PROJECT MANUAL. THE COMPLETE PROJECT MANUAL SHOULD BE REFERENCED IN ADDITION TO THIS BID NOTIFICATION PACKAGE.

PROJECT NUMBER # 20120112.0006 SHARS # 20126085

Buffalo, New York

CONTRACTOR

Housing Visions Construction Co., Inc
1201 E. Fayette St.
Syracuse, NY 13210
315-472-3820 phone
315-234-5724 fax

HOUSINGVISIONS
Real Plans. Real People. Real Progress.

SECTION 001116 – INVITATION TO BID – GENERAL CONTRACTOR

You are invited to Bid as a Subcontractor for Mass Ave Community Homes in Buffalo, NY.

We are now accepting bids for: General Contractor

Bid Submittal deadline : Friday, May 30th by 5pm

The following documents are mandatory requirements for all Bids:

- Bid Form: All Bids must be submitted on the Housing Visions Construction Co., Inc., Bid form. (Additional Bid proposal breakouts may be attached to Bid Form)
- Include copy of signed Section 002413 Scope of Bid with Bid Form for same Subcontract
- Contract Requirements
- Specifications & Drawings

Responsibilities of chosen subcontractors include:

- Certificate of Insurance per Section 007316
- EEO and M/WBE Policy Statement
- A good faith outreach effort to solicit participation of Buffalo /or NYS certified Minority and Women Owned Business (M/WBE).
- Compliance with City of Buffalo Living Wage Requirement 2014:
  - $11.28 (if employee has health insurance)
  - $12.66 (if employee does not have health insurance)

The plans, drawings, and specifications may be examined at the following locations:

1. Housing Visions Construction Co., Inc.
   1201 E. Fayette St.
   Syracuse, NY 13210
   315-472-3820

2. On-Line www.housingvisions.org , Construction, Bid Opportunities

   Note-There is a link to go directly to our Plan Room.

3. Builder's Exchange: http://www.conexbuff.com/

4. McGraw Hill Construction/Dodge: www.network.construction.com

5. The Construction Journal: www.ConstructionJournal.com

Full or partial sets may be purchased on-line through Avalon Copy Center, or by calling Avalon:

- Buffalo Office 716-995-7777
- Rochester Office 585-242-9999
- Syracuse Office 315-471-3333

NOTE: All bidders are responsible for their full scope of work. If partial set is purchased, be sure to review all pages to be sure there is no pertinent information on other pages.

This project is tax exempt. Bidders are not to include Sales Tax in their proposal.

All Minority and Woman Owned Business Enterprises (W/MBE), suppliers, contractors, and/or businesses will be afforded equal opportunity without discrimination.

All NYS Certified M/WBE should include a copy of their certification with the bid document.

Please contact the Site Superintendent, Ed Claffey, at 315-269-0835 or the Project Manager, Dave Brazell, at 315-569-6948 with any **technical** questions.

Please contact Jennifer Esterley, Housing Visions Construction Co., Inc. 315-472-3820 or jesterley@housingvisions.org , with any **administrative** questions.

Bids may be emailed to Jennifer Esterley or faxed to HVCC's Corporate Office at 315-234-5724.

SECTION 002113 INSTRUCTIONS TO BIDDERS

1. BID FORMS

   A. Submit separate price for each building that you wish to bid on. You are not required to bid on all buildings.
   Each building shall be awarded separately.
   Bid form is found in Project Manual or Bid Notification Package.
   Fully complete one bid form listing your bid by address to the form.
   Indicate any potential savings for multiple building awards.

   B. Include estimated work days. This is critical to the overall bid assessment. Note, contract requirements for work schedules will be strictly adhered to. See contract articles 9 and 7.2.1.

   C. All bids shall be submitted subject to **all requirements** of the Scope of Work included in Project Manual and Drawings. Bid Forms shall be <u>properly signed and completed and submitted</u>.

   D. Bid documents must be submitted in a sealed envelope which is clearly labeled with the words **"Bid Documents"**, and states the project name, date, and name of the bidder.`

2. BIDDER'S CONSTRUCTION EXPERIENCE
   Before a bid is considered for award, the bidder may be requested by HVCC to submit a statement regarding his/her previous experience in performing comparable work, his/her business and technical organization, and financial resources.

3. TIME FOR RECEIVING BIDS
   Bids shall be delivered to the Syracuse Office of Housing Visions Construction Co., Inc, (HVCC) 1201 E Fayette St., Syracuse, NY 13210, 315-472-3820, by the time indicated on the Invitation to Bid.

4. OPENING OF BIDS
   HVCC will review all bids and inform all bidders of their results within one week of the bid award.

5. AWARD OF CONTRACT AND REJECTION OF BIDS
   A. The contract will be awarded for the work to the responsible bidders submitting the proposal complying with the conditions of the Invitation to Bid, provided their bid is reasonable and it is to the interest of HVCC to accept it. The bidder to whom the award is made will be notified at the earliest practical date. HVCC, however, reserves the right to reject any and all bids and to waive any informality in bids received whenever such rejection or waiver is in its interest. An award of a contract shall consist of the base bid and the sum of any combination of alternate bids that are in the best interests of HVCC to accept.

B. HVCC is prohibited from making any awards to sub-contractors or accepting as subcontractors any individuals or firms that are included on the most recent lists of contractors ineligible to work on federally funded projects for the United States, as per the US General Services Administration "List of Parties Excluded from Federal Procurement."

C. HVCC also reserves the right to reject the bid of any bidder who has previously failed to perform properly, or to complete on time, contracts of a similar nature; who is not in a position to perform the contract; or who has habitually and without just cause neglected the payment of bills or otherwise disregarded his obligations to subcontractors, materials, workers, suppliers, or customers.

6. PRECONSTRUCTION CONFERENCE

Prior to the start of construction HVCC will hold a pre-construction meeting. The successful bidder or his/her representative shall attend. The meeting will serve to acquaint the Participants with the general plan of contract administration and requirements under which the construction operation is to proceed. The date, time and place of the meeting will be announced by HVCC.

END OF INSTRUCTIONS TO BIDDERS

002413 SCOPE OF BID – GENERAL CONTRACTOR CONTRACT

Provide all labor, material (unless noted otherwise), equipment, supervision, management, and administration required for the total performance of the Work of this Contract including:

1. Work Scope Notes:

- Please provide a labor and material price to complete a full house build per plans and specifications.

- Please exclude footer, foundation, foundation waterproofing, and back fill around excavation site.

- Contractor will be responsible for all other aspects of work.

- HVCC Site Superintendent to have daily inspections and weekly meetings with the General Contractor (progress report).

- All safety equipment necessary to complete this scope of work shall be responsibility of the General Contractor.

- General Contractor is responsible for daily clean up and removal of debris for this scope of work, including all packaging to HVCC supplied dumpster.

- All contractors must be licensed in the city of Buffalo to perform work at Mass Ave Community Homes. Please contact the city for licensing requirements.

Sign below and return a copy of this section with Bid Form

Signature_____

SECTION 004113 BID FORM – GENERAL CONTRACTOR CONTRACT

FOR PROJECT: *MASS AVENUE COMMUNITY HOMES*

ALL BIDDERS MUST SUBMIT THIS BID FORM

REFER TO INVITATION TO BID FOR BID DATE, TIME, AND LOCATION FOR RECEIPT OF BIDS

I, _____,
(Insert Bidder Name and Company)
the Undersigned Subcontractor, having visited the project and familiarized him/herself with the actual conditions affecting the cost of the work and with *Mass Ave Community Homes* Project Manual, its Table of Contents, Drawings, and any subsequent Addenda , hereby proposes to furnish all materials, labor, equipment and services required to perform *GENERAL CONTRACTOR CONTRACT*

You may bid on any and all buildings. Identify Bid Amount in Words and Numbers for each building and or combination of buildings.

12-16 Sherwood St Total in Words_____Dollars $_____

18-20 Sherwood St Total in Words_____Dollars $_____

269-271 Hampshire Total in Words_____Dollars $_____

494 Mass Ave Total in Words_____Dollars $_____

37 19th St Total in Words_____Dollars $_____

135 Chenango St Total in Words_____Dollars $_____

Multiple Award Discount:_____

Prompt Pay Discount:_____

In submitting this bid, it is understood that the right is reserved by Housing Visions Construction Co., Inc. (HVCC) to reject any and all bids and bid combinations. All bids are required to be valid for a minimum of **90** calendar days after time and date of receiving the bid. If written notice of acceptance of this bid is mailed, faxed or delivered to the Undersigned prior to expiration of bid, or at any time thereafter before this bid is withdrawn, the Undersigned agrees to execute and deliver a Contract in the prescribed form within five (5) days after the Contract is presented to him/her for signature.

Certifications of Non-Segregated facilities: by signing this Bid, the Bidder certifies that he/she does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. As used in this certification, the term segregated facilities means any waiting rooms, work areas, time clocks, locker rooms, storage areas, dressing areas, rest rooms, wash rooms, restaurants, entertainment areas, transportation, or housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin, because of habit, local custom or otherwise.

In submitting this Bid , it is understood that the proposal is genuine; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any other bidder or person, to put in a non-genuine Bid or to refrain from quoting, and has not in any manner, directly or indirectly sought by agreement, collusion, communication or conference, with any person, to fix the Bid price of any other bidder or to fix any overhead, profit or cost any advantage against the Owner or any person interested in the proposed contract; and that all statements in said proposal are true.

Receipt of the following Addenda is hereby acknowledged:

No._____Date:_____ Received By: _____

No._____Date:_____ Received By: _____

No._____Date:_____ Received By: _____

PROJECT AND CONTRACT SCHEDULE:

Project Schedule: Anticipated project start mid-April 2014 and project substantial completion end of June 2015.

Contract Schedule – **General Contractor**

Contract Substantial Completion date for each building shall as indicated on Project Construction Schedule. Construction schedule includes an assumed date for the notice to proceed for each contract. Contract Substantial Completion dates will be adjusted if notice to proceed is delayed by mutual agreement between HVCC and Subcontractor.

SIGNATURES

_____ _____

Legal name of Bidding Company Federal Tax

Identification #

Signature of Bidder

Date

PRINT Name and Title of Signatory

Address:

@
Email

Telephone#

Cell Phone #

Fax#

If a Corporation:

affix Corporate Seal

Name of Officers:

President
Secretary
Treasurer

Address:

If a Partnership:

Name of Partners:

Address:

If a Joint Venture:

Name of Members:

Address:

If an individual:

Name of Individual:

Address:

BIDDERS QUALIFICATIONS:

1. How many years has your organization been in business as a Contractor? _____

2. How many years has your organization been in business under its present name? _____

3. Under what other names has your organization operated? _____

4. Are you licensed to perform the scope of work you are bidding for? _____

5. List the categories your organization normally performs with your own forces.
_____

6. Claims & Suits-if the answer to any questions below is yes, please attach details.

- Has your organization ever failed to complete any work awarded? _____

- Are there any judgments, claims, suits, or arbitration proceedings pending or outstanding against your organization or its officers? _____

- Has your company filed any lawsuits or requested arbitration with regard to Construction contracts within the last 5 years? _____

7. On a separate sheet, please list major projects and estimated work dates that your organization has completed within the last 5 years.

8. Are you an MBE_____ WBE_____ Dual MWBE_____ DBE_____

9. Will you be using subcontractors for this project? _____

10. If so, for what percentage of the work? _____

11. Name of Proposed Subcontractor (s)_____

12. Trade References

Company Name/ Address /Phone_____

_____

Company Name/ Address /Phone _____

_____

Company /Name /Address /Phone _____

_____

Return Bid to:

Jennifer Esterley, Construction Administrator
Housing Visions Construction Co., Inc.
1201 E Fayette St.
Syracuse, NY 13210
315-472-3820 phone
315-234-5724 fax

jesterley@housingvisions.org

SUBCONTRACTORS BID REQUEST FOR INFORMATION FORM (BID RFI)

Technical questions regarding this bid solicitation should be submitted (**48**) hours prior to close of bidding period utilizing this form only. E-mail completed forms to Dave Brazell dbrazell@housingvisions.org or sent by fax 315-234-5724. RFIs not using this form cannot be accepted.

Project Name _ Mass Ave Community Homes **Bid RFI Number**_____
Job Numbers_____ **Work Scope**_____
Specification Section Number (s)_____
Drawing Sheet No (s)_____ **Detail # / Name (s)**_____
Requesting Contractor - Supplier Contact Info: Email, Tel, Fax_____
_____

INFORMATION REQUESTED:

Date_____ Name_____ Signature_____

RESPONSE:

Date_____ Name_____ Signature_____

Distribution

- ☐ Owners Representative
- ☐ Archtect
- ☐ Civil Engineer Consult
- ☐ Site Consultant
- ☐ Structural Consultant
- ☐ Mechanical Engineering Consultant

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): issue date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Agent/Broker name
Address including
City, State and Zip code

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Insurance Carrier A - please include NAIC #	
INSURER B :	Insurance Carrier B - please include NAIC #	
INSURER C :	Insurance Carrier C - please include NAIC #	
INSURER D :	Insurance Carrier D - please include NAIC #	
INSURER E :		
INSURER F :		

INSURED
Contractor's Name
Contractor's Address
Syracuse NY 13210

COVERAGES **CERTIFICATE NUMBER:** 1953981505 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / X PRO-JECT / X LOC OTHER:	Y	Y	Policy number SAMPLE	eff date	exp date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 $2,000,000 $
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / X SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS	Y	Y	Policy number	eff date	exp date	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $ $
C	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000	Y	Y	Policy number	eff date	exp date	EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Policy number	eff date	exp date	PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
D	Professional Insurance (If Hazards A & D)	Y	Y	Policy number	eff date	exp date	$1,000,000 Limit	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project, address - please include Acord 101 and list all forms that are attached for the Additional Insured, primary, non-contributory and Waiver of Subrogation coverage for General Liability, Automobile and Umbrella coverages.

For NON framing, roofing, & siding contractors

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Your Authorized Signature

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): issue date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Agent/Broker name
Address including
City, State and Zip code

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Insurance Carrier A - please include NAIC #	
INSURER B :	Insurance Carrier B - please include NAIC #	
INSURER C :	Insurance Carrier C - please include NAIC #	
INSURER D :	Insurance Carrier D - please include NAIC #	
INSURER E :		
INSURER F :		

INSURED
Contractor's Name
Contractor's Address
Syracuse NY 13210

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / X PRO-JECT / X LOC OTHER:	Y	Y	Policy number SAMPLE	eff date	exp date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 $2,000,000 $
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / X SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS	Y	Y	Policy number	eff date	exp date	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $ $
C	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000	Y	Y	Policy number	eff date	exp date	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Policy number	eff date	exp date	PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
D	Professional Insurance (If Hazards A & D)	Y	Y	Policy number	eff date	exp date	$1,000,000 Limit	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project, address - please include Acord 101 and list all forms that are attached for the Additional Insured, primary, non-contributory and Waiver of Subrogation coverage for General Liability, Automobile and Umbrella coverages.

For framing, roofing, & siding contractors

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Your Authorized Signature

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SECTION 007338 - INSTRUCTIONS FOR ADMINISTRATIVE REQUIREMENTS

All reporting requirements must be up to date for payment to be released

NOTE: All Subcontractors are responsible for Contractor requirements as noted in the contract AIA 101.

1. **INVOICING / PAY APPLICATION**:

   ALL Change Orders and scope of work changes must be approved in writing and the approved copy attached to pay application for a change to be processed.

   Pay applications: submit monthly by the 1st or 15th of the month, using AIA documents: G702 Application and Certificate for Payment & G703 Continuation Sheet (refer to Section 006276).

2. **DAVIS-BACON WAGE REQUIREMENTS DO NOT APPLY. HOWEVER, THE CITY OF BUFFALO LIVING WAGE RATES WILL APPLY.**

3. **M/WBE OUTREACH EFFORTS**

   At minimum, the bidder must conduct a good faith outreach effort to solicit the participation of New York State certified Minority and Women-Owned Businesses.

   All contract awardees agree to take affirmative steps to utilize MWBE business enterprises. For purposes of this commitment the terms mean:

   MINORITY OR WOMEN-OWNED BUSINESS ENTERPRISE (MWBE):

   At least 51% owned and controlled by the minority members and/or women;
   The minority and/or women ownership interest, is real, substantial and continuing;
   The minority and/or women ownership has and exercises the authority to independently control the day-to-day business decisions;
   Independently owned, operated and authorized to do business in New York State.
   NOTE: Businesses eligible to participate in the program must be owned and operated by women and/or minority group members who are citizens of the United States or permanent resident aliens. Generally they must be in operation for at least one year.

   MINORITY GROUP MEMBER:

   A United States citizen or permanent resident alien who has and can demonstrate membership in one of the following groups:
   Black persons having origins in any of the Black African racial groups;
   Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American Descent of either Indian or Hispanic origin, regardless of race;
   Native American or Alaskan native persons having origins in any of the original peoples of North America; Asian and Pacific Islander persons having origins in any of the Far East

countries, South East Asia, the Indian subcontinent or the Pacific Islands.

CONTRACTOR (HVCC) AND SUBCONTRACTOR:

An individual, a business enterprise including a sole proprietorship, a partnership, a corporation, a not-for-profit corporation, or any other party to a state contract, or a bidder in conjunction with the awarding of a state contract or a proposed party to a state contract.

Minority business enterprises may be employed as construction Subcontractors or as suppliers.

4. SECTION 3 OUTREACH EFFORTS

HVCC and the Subcontractor must reach out into the local community for Section 3 Employees and Businesses for new hires and sub-contracts. Documentation of Outreach is required.

5. FORMS AND SUBMITTALS

HVCC and Subcontractors are each responsible for specific compliance forms (see list below). Samples and instructions are included in the Project Manual.

A. <u>Forms for Contractor (HVCC)</u>:

<u>Forms to be submitted at time of award:</u>

ADM 095 MWBE Utilization Plan-Preliminary
ADM-EEO / M/WBE – EEO & M/WBE Policy

<u>Forms to be submitted monthly:</u>

ADM-136 Monthly Employment Utilization Report (monthly)

<u>Forms to be submitted quarterly:</u>

ADM-123 Quarterly Cumulative Pay Statement
ADM-146 Quarterly Affirmation of Income Payments to MWBE
City of Buffalo Living Wage Commission Quarterly Employer Report

<u>Forms to be submitted upon completion of the project</u>:

OFHEO-S3 Utilization of Section 3 Residents & Business
As Built Drawings
ADM 095 MWBE Utilization Plan-Final

B. FORMS FOR SUBCONTRACTOR

Blank Copies found in Project Manual or at www.Housingvisions.org , Construction

Forms to be submitted at time of award:
ADM-EEO / M/WBE – EEO & M/WBE Policy

Forms to be submitted monthly:
ADM-136 Monthly Employment Utilization Report (monthly)

Forms to be submitted quarterly:
ADM-146 Quarterly Affirmation of Income Payments to MWBE (if pertinent)
City of Buffalo Living Wage Commission Quarterly Employer Report

Forms to be submitted upon completion of the project:
OFHEO-S3 Utilization of Section 3 Residents & Business
Warranty Documents (if applicable)

Items to be submitted throughout contract period:
As Built Drawings (mechanicals only)
Change Order approval-must be attached to any pay application that is applying for change order dollars.

All initial documents must be submitted before work is started.

The following items have been included in this section for the use of the Subcontractor:

- Good Faith Efforts Guide
- EEO and MWBE Policy Statement
- ADM 136 Monthly Employment Utilization Report
- ADM 146 Affirmation of Income Payments to MWBE
- City of Buffalo Living Wage Quarterly Employer Report

These forms may also be obtained by request through Housing Visions Construction Co., Inc.

++

Pay applications cannot be processed unless paperwork is current and approved.

Close-out project submittals must be reviewed and accepted prior to release of retainage.

Any additional requirements will be issued as an addendum.

SECTION 007315 - SUPPLEMENTARY CONDITIONS FOR SUBCONTRACTORS

1. UTILITIES (Refer to Sections 015110 – 015150)
Contractor shall be responsible for the use of utility services, including water used, electricity consumed, or discharges made to sanitary sewers. HVCC will provide temporary sanitary facilities.

2. INSURANCE REQUIREMENTS (Refer to Section - 007316)
See Sample Insurance Certificate listing insurance requirements/amounts. Housing Visions Construction Co, Inc. and the owner(s) of the property shall be named as the additional insured on this project.

3. BONDS (Refer to Section - 006113)
N/A

4. SUBSTANTIAL COMPLETION (Refer to Section - 005216)
Contractual timeframe will be estimated. Comply with Notice to Proceed and adhere to A401-2007 Article 9, Date of Commencement, Total Calendar Days and / or Date of Substantial Completion. (Article 7, 7.2.1 is a critical element of the contract.)
The contract date shall be the date of the written Notice to Proceed unless noted by HVCC otherwise. All work shall be substantially completed within the number of days from date of Notice to Proceed or substantial completion date indicated in the AIA Document A401-2007 Contract between Contractor and Subcontractor.

5. LIQUIDATED DAMAGES AND BONUS PAYMENTS (AIA A401-2007 Standard From of Agreement Between Contractor / Subcontractor)
N/A

6. PAYMENT (Refer to Section - 010270)
Terms: Invoices are due by the 1st or 15th of the monthly, payable 30 days from the 1st or 15th of the month, as long as invoices are correct.
HVCC will not release payment until the current scope of work has been approved by HVCC and appropriate inspectors, and the administrative submittals are current.
Retainage of 10% is withheld until the entire scope of work is complete and all documentation is submitted.

7. CHANGE ORDERS (Refer to Section - 010280)
Notify HVCC immediately of any unforeseen circumstances that could influence contract schedule or cost.
Coordinate all field changes with HVCC representatives and obtain approval in writing before continuation of work. No changes in scope or specifications will be paid without written approval. All change orders and contract amendments must be pre-approved in writing on the authorized HVCC form. A copy of the approved change must be submitted with the invoice billing for the change.

8. CONTRACTS and REQUIREMENTS (Refer to Sections - 005213, 007213, 005216)
All contracts reference Contract AIA101 with General Conditions A201. Contract requirements included in AIA 101 are part of contract AIA401, as detailed in the Bid Form and Scope of Bid. Copies of Contracts are found in the Project Manual. Confirm Scope of Works with HVCC and follow request for interpretation procedures per Instruction to Bidders Section 002113.

9. RECYCLING & DIVERSION POLICY (Refer to Section - 007317)
All contractors are required to adhere to the HVCC Recycling & Diversion Policy.

10. ADMINISTRATIVE REQUIREMENTS (Refer to Section - 007338)
All Subcontractors are responsible for administrative items as indicated in the Project Manual.

This is includes, but may not be limited to, the following items:

- Equal Opportunity Policy
- Monthly Utilization Report
- Quarterly Reporting for NYS Certified M/WBE

11. SAFETY (Refer to section - 016000)
Participation in HVCC Safety Meetings is required. All subcontractors must follow OSHA and other safety measures as required by governing agencies and Housing Visions.

12. CONSTRUCTION WORK SITE
Subcontractor is responsible for keeping equipment, tools and materials in secure location on site. Clean work site at end of each work day.

13. COORDINATION (Refer to Section - 013113)
Coordinate all contract work with HVCC in a manner that will accommodate all other trades.

14. WARRANTY
In addition to all other guarantees and warranties set forth in the Contract Documents, the Subcontractor warrants and guarantees to the Owner and Contractor that all work will be in accordance with the Contract Documents and will not be defective. If within **one (1)** year after the date of Substantial Completion or such longer period as may be prescribed by laws or regulations or by the terms of any applicable special guarantee required by the Contract Documents or by any specific provision of the Contract Documents, any work is found to be defective, the Subcontractor shall promptly without cost of Owner and Contractor in accordance with Owner's written instructions, either correct such defective work, or, if it has been rejected by Owner, remove it from the site and replace it with non-defective work. If Subcontractor does not promptly comply with the terms of such instructions, or in an emergency where a delay would cause serious risk of loss or damage, Owner may have the defective work corrected or the rejected work removed and replaced, and all direct, indirect and consequential costs of such removal and replacement (including but not limited to fees and charges of engineers, attorneys and other professionals) will be paid by Subcontractor. In special circumstances where a particular item of equipment is placed in continuous service before Substantial Completion of all the work, the correction period for that item may start to run from an earlier date if so provided in the specifications or by written amendment."

Housing Visions Construction Co., Inc. is available to help with completing the Administrative Requirements.

Please contact Jennifer Esterley: Phone: 315-472-3820 or Email: jesterley@housingvisions.org with questions.