



WBS #: H218

Pre-Proposal Conference

**CMF IV - CLE Snow Removal Equipment Storage
Vehicle Maintenance Building addition**

**Fred Szabo
Interim Director**

Introductions



- Ø Ren Camacho – Chief of Planning and Engineering
- Ø Hugh Holley - Engineering Manager
- Ø Dino Lustri– Program Manager, Design Services
- Ø Kassan Buhhur– Procurement Officer
- Ø Project Manager (TBD)
- Ø Ed McDonald – Safety and Risk Management Manager
- Ø Kim McGreal – Environmental Services Manager
- Ø Bob Fischietto – Airport Operations Manager
- Ø Paul Fisk – Security Manager
- Ø Jennifer Wiman - Contract Compliance Officer
- Ø Rosita Turner – Wage Compliance

Pre-Proposal Conference Agenda



- Ø Introductions
- Ø Scope of Services
- Ø Safety Requirements
- Ø Operations and Security Requirements
- Ø DBE Requirements
- Ø Selection Criteria
- Ø Submittal Requirements
- Ø Questions and Answers

Authorizing Ordinance No.

- Introduction to City Council this summer

Review of Project History



- ∅ Need for equipment and storage
- ∅ Conceptual review for FAA
- ∅ FAA penalty
- ∅ Settlement includes Storage facility and Vehicle Maintenance components

Funding



Ø FAA and City-funded

- FAA to provide 75% for eligible facilities
- City funding Vehicle Maintenance, non-eligible and 25% match

Federal Requirements



∅ FAA

- ∅ AC 150/5220-18A - *Buildings for Storage and Maintenance of Airport Snow and Ice Control Equipment and Materials*
- ∅ 5300-13A Airport Design
- ∅ FAR Part 77 and any applicable Advisories
- ∅ Safety Phasing Plan per AC 150/5370-2F
- ∅ ADO review of 90% set

Project Location



Cleveland Hopkins International Airport

Site Overview



Scope of Services



Design / Builder's Role:

- ∅ Design Services and Related Professional Services
- ∅ Construction Services

Scope of Services



Design Services:

- ∅ Schematic Design
- ∅ Design Development
- ∅ Construction Documents
- ∅ Construction Administration & Management

Professional Services:

- ∅ Architectural Design
- ∅ Civil Engineering
- ∅ Structural Engineering
- ∅ Mechanical Engineering
- ∅ Electrical Engineering
- ∅ Geotechnical Services
- ∅ Environmental Services
- ∅ Surveying Services
- ∅ Landscape Design

Scope of Services



Construction Services:

- ∅ Project & Construction Management
- ∅ Integrated schedule for design & Construction
- ∅ Extension of Designs
- ∅ Permit Preparation & Application
- ∅ Cost Control
- ∅ Material and Equipment Acquisition
- ∅ Construction
- ∅ Environmental SWPPP
- ∅ Sustainability design and Construction
- ∅ LEED Certification
- ∅ Inspection and QA/QC
- ∅ Value Engineering
- ∅ As –built survey
- ∅ Training for operation and maintenance
- ∅ Turnover, warranty and record (“as-built”) drawings

Scope of Project



- ∅ SRE extension to south of existing CMF
- ∅ SRE extension to north of existing CMF
- ∅ Re-purpose of existing CMF to Vehicle Maintenance
- ∅ Build-out of Second floor - existing CMF
- ∅ Site work and paving

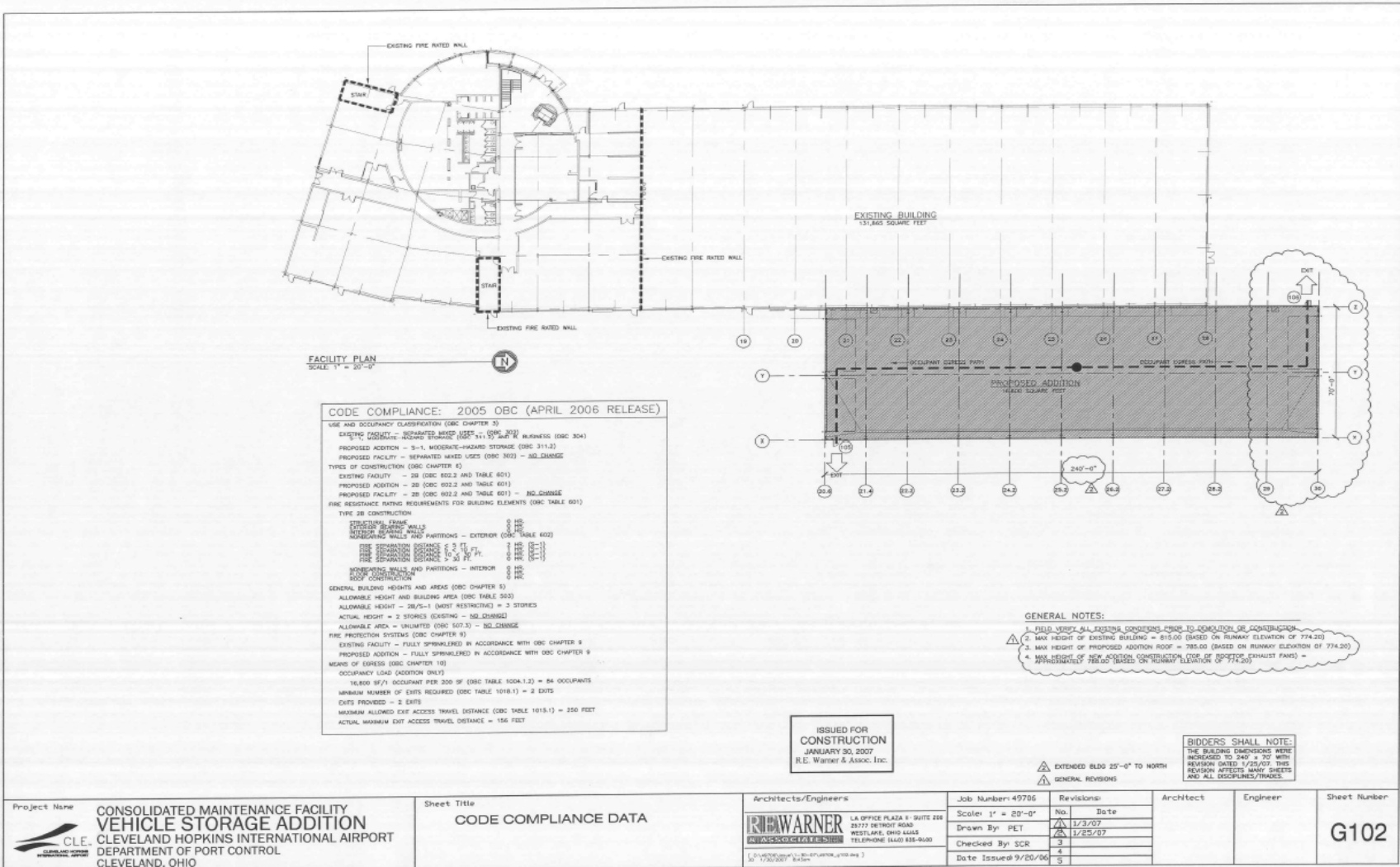
SRE Extension - South of Existing CMF



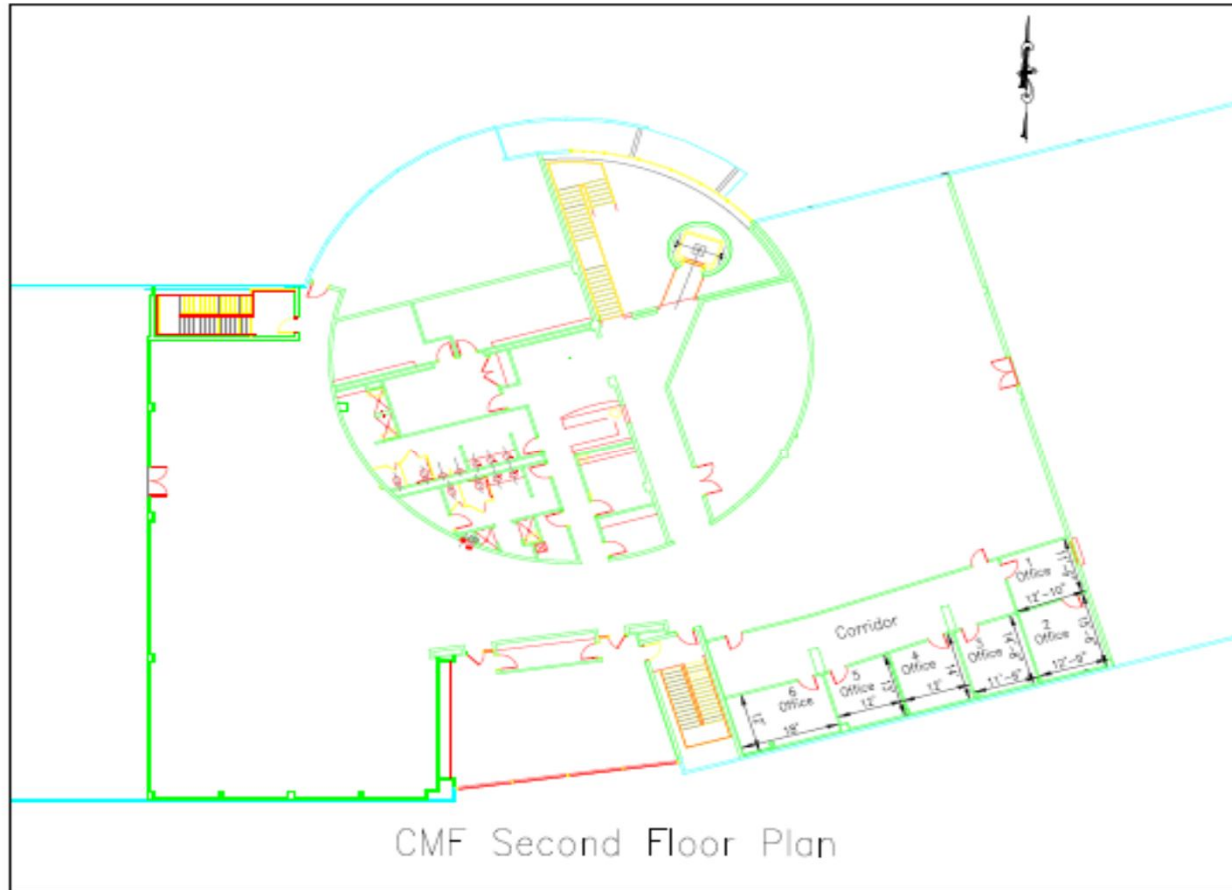
SRE Extension - North of Existing CMF



Re-purpose CMF for Vehicle Maintenance



Build out second floor CMF



Sustainability Options



- Ø Storm water management
- Ø Reduce heat island effects
- Ø Landscaping
- Ø Construction waste management
- Ø Pervious pavement
- Ø LED lighting

Edward K. McDonald III
Deputy Chief of Administration
(216) 265-4901

- Ø **“Safety Always” Philosophy**
- Ø **OSHA/FAA/DPC Requirements**
- Ø **Competent Persons (As Defined by OSHA)**
- Ø **Site Specific Health and Safety Plan (HASP)**
- Ø **Safety Data Sheets required submission**
- Ø **Insurance Liabilities requirements**
- Ø **Incident Reporting**

DPC Environmental Services

Kim McGreal – Manager
216-265-6615

Beau Williams
216-265-6009
216-857-7036

Environmental



- ∅ A comprehensive storm water pollution prevention plan (SWP3) will be required for this project for compliance with CLE NPDES permit, SPCC plan, Industrial SWP3 and the City of Cleveland MS4 NPDES permit.
- ∅ SWP3 requirements and guidelines based on State of Ohio General Construction Permit OHC000003 and Ohio Department of Natural Resources Rainwater and Land Development Manual. SWP3 reviews and approvals through DPC Environmental Services and the Department of Building and Housing.
- ∅ Design consultant will be required to work with DPC Environmental Services and USDA Wildlife Services to develop post-construction best management practices (PCBMP) that align with CLE's storm water management and sustainability strategies (e.g. rain gardens, rain harvesting, pervious surfaces, green roofs, wildlife and maintenance minimization, retrofitting detention basins, offsite mitigation, etc.).
- ∅ The design consultant will need to work with USDA Wildlife Services when developing the canopy to minimize wildlife attractants and DPC for techniques for energy conservation such as sky lights.
- ∅ Demolition/Waste Management: All materials will need to be managed in accordance with local, state, and federal laws. Examples: light ballasts, used light bulbs, mercury thermostats, etc. Waste minimization techniques should be considered during design. Examples: recycling concrete and using onsite as pavement base materials.

Environmental



- Q Specification Section C-55 contains information relating to storm water pollution control among other environmental issues such as unexpected materials (e.g. foundry sand, slag, regulated wastes) and impacted trench water management.
- Q Be prepared to respond to equipment leaks and fuel spills. Store materials such as equipment batteries, fuel cans, and fluids in manner that prevents storm water contamination. DPC response to contractor spills will be billed directly to the contractor.
- Q ARFF for confined space entry permits and hot work permits, Cleveland Fire for hazardous materials permit (e.g. temporary fuel storage tanks, etc.)
- Q Please be aware that all fines resulting from violations of Environmental Specifications will be passed directly to the Contractor. Such violations may be as high as \$25,000 per day. DPC may also levy fines as detailed in C-55.

Environmental Inspections

- Q Cuyahoga Soil Water Conservation District
- Q DPC or designated contractor
- Q Contractor weekly and storm event (increase frequency if needed)
- Q Ohio EPA

Security and Operations Requirements



Robert Fischietto

CLE Operations Manager

(216) 265-6090

Paul Fisk

Airport Security Deputy
Commissioner

(216) 265-3305

Security Requirements



- ∅ Emergency Phone contacts of personnel will be delivered to Airport Operations (OPS) for contacts regarding project site and its activities.
- ∅ Logos are required on all vehicles entering the AOA. For vehicles remaining on-site, a ramp permit is required and applications are available at Security.
- ∅ Fingerprint results will be processed at \$65.00 payable to Transportation Security Clearing House. Payment is required at time of fingerprinting.
- ∅ No credentials will be issued until a Notice to Proceed is issued. Please allow 7-14 days for processing after Fingerprint results are received. This will allow time for the TSA to process the Security Threat Assessment.

Operations Requirements



- ∅ Activity on the airport must comply with FAA rules & regulations.
- ∅ All construction activity must comply with the requirements of the project's construction and safety/phasing plan.
- ∅ Cranes and/or obstructions require airspace approval; obtained by filing an FAA form 7460-1 through the Detroit Airports District Office (ADO), 734.229.2900 . (The Airport will be responsible for this. Contractor must allow adequate time for approval).

OEO Requirements



Jennifer Wiman
OEO Contract Compliance Officer
Phone 216-664-2667
Fax 216-664-3870
JWiman1@city.cleveland.oh.us

OEO Chapter 188

Fannie M. Lewis Resident Employment Law Requirements Optional

- q 20% of the total work hours to be performed by Cleveland Residents
- q 4% of the 20% to be performed by Cleveland Low Income Residents
 - § Cleveland Low Income Employees must be approved by OEO
 - § Prime Contractors can be penalized if the resident employment requirements are not met



Emerging Business Enterprise Development (EBED) Team



Contact Information:

Herlinda Bradley, *Manager*

(O) 216-265-6791

E-mail: hbradley@clevelandairport.com

Rosita Turner, *Contract Compliance Officer/Prevailing Wage*

(O)216-265-6606

E-mail: rturner@clevelandairport.com

Roman Orinoco, *Contract Compliance Monitor/Auditor*

(O) 216-265-6197

E-mail: rorinoco@clevelandairport.com

Jermaine Brooks, *Certification/Outreach Officer*

(O) 216-265-3389

E-mail: jbrooks@clevelandairport.com

POINTS OF DISCUSSIONS:

- 1. Provisions of the DBE/ACDBE Program**
- 2. Project Goals**
- 3. Statement of Qualifications (SOQ)**
- 4. SBE Verification and Validation**
- 5. DBE/Non DBE-SBE Forms**
- 6. Project Compliance Requirements**
- 7. Fraud and Sanctions**

1. PROVISIONS OF THE DBE/ACDBE AND SBE PROGRAM

1a. 49 CFR PART 26 - DISADVANTAGED BUSINESS
ENTERPRISE (DBE)

1b. 49 CFR PART 23 - AIRPORT CONCESSIONS DISADVANTAGED
BUSINESS ENTERPRISE (ACDBE)

* Effective March 2013:

Small Business Enterprise element of DBE/ACDBE
Program

2. PROJECT GOALS

Specific Project Goal _____%

ü **based on willingness, readiness and availability**

ü Certified DBE/ACDBE website: <http://www.dot.state.oh.us/dbe/Pages/UCP.aspx>

Small Business Enterprise (SBE) Project Goal: _____%

Note:

Do not use the same DBE firm as DBE and SBE at the same time.

3. STATEMENT OF QUALIFICATION (SOQ)

WHAT TO DO?

1. Statement Of Qualification (SOQ)

- ü DBE Utilization Plan
- ü Must demonstrate Good Faith Efforts in obtaining DBEs.

Note: No Good Faith Effort will be considered a non-responsive SOQ.

2. When selected, complete ALL required DBE Forms:

- a. Attachments A (5 Enclosures)
- b. Attachments B (10 Enclosures)

4. SBE CERTIFICATION AND VALIDATION

- a. **Certified DBEs** – need not apply to be SBEs
- b. **For Non-certified DBEs** seeking to be SBEs, submit:
 - b1. DBE Unified Certification Application
 - b2. Most recent three (3) years business tax returns
 - b3. One of the following certifications:
 - b3-1. CSB Certification - Cleveland OEO
 - b3-2. Small Business Certification - Cuyahoga County
 - b3-3. US SBA 8(a) Certification
 - b3-4. NEORSD Certification
 - b3-5. Northern Ohio Supplier Diversity Council Certification
- c. Apply EBED's SBE Certification and Validation **Guidelines**

5. DBE/ACDBE, NON CERTIFIED DBE/ACDBE, SBE FORMS

5a. Certified DBEs/ACDBEs:

5a1. **B-3** (*DBE/ACDBE Participation Plan*)

5a2. **B-2** (*DBE/ACDBE Affidavit*)

5a3. **B-4A** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

5b. Good Faith Effort

5c. Non Certified DBEs/ACDBEs and SBEs:

5c1. **B-6** (*Non DBE/ACDBE and SBE Participation Plan*)

5c2. **B-4B** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

5d. Tier Subcontractors

5d1. **B-8** (*2nd Tier/3rd Tier Subcontractor/Sub-consultant*)

5d2. **For DBE:** B-2 and B-4A; **For Non DBE:** B-4B

5e. Emergency Utilization of Subcontractors

5e1. **B-9** (*Emergency Addition-Conditional Approval of Subcontractor/ Sub-consultant*)



5a1. ENCLOSURE B-3 (DBE/ACDBE Participation Plan)



ENCLOSURE B-3

CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PARTICIPATION PLAN

Name of Prime Contractor

Name of Project

Project/Contract No

Total Bid/Proposal
Amount

***** All firms must provide FEDERAL TAX ID NUMBER*** and must complete and sign a B-4A form*******

Name of CERTIFIED DBE/ACDBE	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total DBE/ACDBE Dollars (%)						

The undersigned will enter into formal agreement with the certified DBE/ACDBEs listed above for work in this schedule conditioned upon the award of a contract by the Cleveland Airport System.

Signature of Prime Contractor Representative

Phone Number

Date



5a2. Enclosure B-2 (DBE/ACDBE AFFIDAVIT)

5a3. Enclosure B-4A (INTENT TO PERFORM...)



Enclosure B2

(DBE/ACDBE AFFIDAVIT)

**ENCLOSURE B-2
DBE/ACDBE AFFIDAVIT**

**THIS PAGE IS TO BE COMPLETED BY ALL DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PROPOSED TO PARTICIPATE
ON THIS PROJECT.**

I hereby declare and affirm that I am (company representative) _____ and
duly authorized representative of the _____
_____ (name of corporation or joint venture) whose
address is _____.

I HEREBY DECLARE AND AFFIRM THAT I AM A DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) AS DEFINED BY 49 CFR
Part(s) 23 or 26. I WILL PROVIDE INFORMATION AND/OR THE CERTIFICATION TO DOCUMENT THIS
FACT **(attach copy of certification)**.

I DO SOLEMNLY SWEAR OR DECLARE AND AFFIRM THAT THE CONTENTS OF THE FOREGOING
STATEMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE
FIRM, TO MAKE THIS AFFIDAVIT.

(Affiant) (Date)

State of _____)
City and County of _____)

On this _____ day of _____, _____, before me, the undersigned
officer personally appeared _____,
known to me to be the person described in the
abovementioned Affidavit, and acknowledged that he/she executed the same in the capacity therein
stated and for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

My Commission Expires: _____

(Notary Public)

(SEAL)

Enclosure B4-A

(Intent to Perform as Certified DBE/ACDBE)

**ENCLOSURE B-4A
LETTER OF INTENT TO PERFORM AS A CERTIFIED DBE/ACDBE SUB-
CONTRACTOR/CONSULTANT**

*This form is to be completed by Prime Contractors and Consultants and ALL certified DBE and ACDBE Sub-
contractors and Sub-consultants.*
Project Name: _____
Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____
(FEDERAL TAX ID – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of)
_____, which intends to perform work for the above project
operating as (strike out conditions that do not apply) an Individual, a Company, a Corporation, organized
and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint
Venture consisting of:

TO BE COMPLETED BY CERTIFIED SUB-CONTRACTORS/CONSULTANTS

DBE/ACDBE Subcontractors/consultants: _____

The firm I represent is a Disadvantaged Business Enterprise/Airport Concession Disadvantaged Business
Enterprise which is currently certified by the Ohio Unified Certification Program as DBE/ACDBE with a
certification date of _____. My firm is certified to perform work in the
following areas: (Please provide a description of ALL work along with the NAICS Code for which your firm is
certified):

The undersigned is prepared to perform the following described work in connection with the above project:
(Specify in appropriate detail particular work items or parts to be performed along with NAICS Code for this
project only. Also, please provide associated pricing with work outlined)

Type of Work and Items	Price Associated
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

You have projected the following commencement date for such work, and the undersigned is projecting
completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL
procurements with the exception of RFQ's (task order) and concessions (ACDBE) projects.

36
Rev 3/2013

5b. Good Faith Effort

(49 CFR Part 26.53)

**All solicitation documentations
must be included with proposals
upon submissions**

[49CFR Part 26-Appendix A49 CFR 26.53(a)(2)]

ENCLOSURE B-5 GOOD FAITH EFFORTS GUIDELINES

Instructions: In the event a competitor is unable to commit to full attainment of an established AC/DBE contract specific goal, a good faith efforts evaluation must be conducted by the Airport. All competitors must provide documentation demonstrating all of the steps outlined below were taken in attempting to obtain AC/DBE participation. **ALL GOOD FAITH EFFORT DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF BID/PROPOSAL/QUALIFICATION.** With the exception of the RFQ process, the Airport is not allowed to contact potential contractors/consultants prior to selection of the successful bidder/proposer regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/proposer will be deemed **NON-COMPLIANT.**

1. Whether the contractor attended any pre-solicitation or pre-bid meetings that were scheduled by the recipient to inform AC/DBEs of contracting and subcontracting opportunities.
2. Whether the contractor advertised in general circulation, trade association, and minority-focus media concerning the subcontracting opportunities.
3. Whether the contractor provided written notice to a reasonable number of specific AC/DBEs, that their interest in the contract was being solicited in sufficient time to allow the AC/DBEs to participate effectively.
4. Whether the contractor followed up initial solicitations of interest by contacting AC/DBEs to determine with certainty whether the AC/DBEs were interested.
5. Whether the contractor selected portions of the work to be performed by AC/DBEs in order to increase the likelihood of meeting the AC/DBE goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate AC/DBE participation).
6. Whether the contractor provided interested AC/DBEs with adequate information about the plans, specifications and requirements of the contract.
7. Whether the contractor negotiated in good faith with interested AC/DBEs, not rejecting AC/DBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
8. Whether the contractor made efforts to assist interested AC/DBEs in obtaining bonding, lines of credit, or insurance required by the recipient or contractor; and
9. Whether the contractor effectively used the services of available minority community organizations; disadvantaged contractors' groups; local, state and Federal disadvantaged business assistance offices; and other organizations that provide assistance in the recruitment and placement of AC/DBEs.

***PLEASE ATTACH ALL SUPPORTING DOCUMENTATION OF THE GOOD FAITH EFFORTS TO THE BID/PROPOSAL/QUALIFICATIONS. COMPETITORS WILL BE DETERMINED NON-COMPLIANT WITHOUT THE APPROPRIATE SUPPORTING GOOD FAITH EFFORTS DOCUMENTATION.**



5c1. ENCLOSURE B-6

(NON CERTIFIED DBE/ACDBE and SBE PARTICIPATION PLAN)



ENCLOSURE B-6

NON-CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE / AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE SUB-CONTRACTOR/CONSULTANT (NON-CERTIFIED DBE/ACDBE) AND SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN

Name of Prime Contractor			
Name of Project			
Project/Contract No		Total Bid Amount	

All firms must provide FEDERAL TAX ID NUMBER AND COMPLETE FORM B-4B

SBE		Name of NON-CERTIFIED DBE/ACDBE	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work (Non-Certified DBE/ACDBE)	Dollar Value of Work (SBE)
YES	NO								
		1.							
		2.							
		3.							
		4.							
		5.							
		6.							
Total NON-CERTIFIED DBE/ACDBE Dollars (%)									

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

_____ **Signature of Prime Contractor Representative** _____ **Phone Number** _____ **Date**



5c2. ENCLOSURE B-4B

(LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE AND SBE SUBCONTRACTOR/SUB-CONSULTANT)



ENCLOSURE B-4B

LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE and SBE SUBCONTRACTOR/SUBCONSULTANT

This form is to be completed by Prime Contractors and Consultants and ALL NON-CERTIFIED DBE, ACDBE and SBE Subcontractors and Sub-consultants.

Project Name: _____

Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____
 (Federal Tax ID Number – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

TO BE COMPLETED BY NON-CERTIFIED DBE/ACDBE/SBE SUB-CONTRACTORS/CONSULTANTS

Sub-Contractor/Consultant: _____

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (revenue generating))

projects. If the chart below has not been completed the form will be considered INCOMPLETE and will be returned and potentially delay the procurement process):

<u>Type of Work and Items</u>	<u>Work Hours Involved</u>	<u>Projected Commencement Date</u>	<u>Projected Completion Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

REPRESENTATION TO UTILIZE 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (___ %) of the dollar value of my subcontract will be performed by 2nd/3rd tier subcontractors and/or suppliers, which are: ___ certified / ___ not certified by the Airport as an Airport Concession/Disadvantaged Business Enterprise. (*Please provide 2nd/3rd tier sub information on form B-7.*)

NOTE: All sub-contractor/consultant agreements with certified and non-certified sub-contractors/consultants must be provided to the Airport prior to issuance of the DBE/ACDBE/SBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

TO BE COMPLETED BY NON-CERTIFIED SUB-CONTRACTOR/CONSULTANTS

The undersigned sub-contractor/consultant will enter into a formal agreement for the above work with _____ (prime contractor/consultant) conditioned upon the execution of a contract with the Airport.

Respectfully submitted, this
 ____ Day _____, 20____

(NON-CERTIFIED DBE/ACDBE/SBE Firm Name) _____
 (Address) _____

 (Signature) _____
 (Name Typed) _____
 (Title) _____

(SEAL IF PROPOSER IS A CORPORATION)

5d1. ENCLOSURE B-8

(2ND TIER/3RD TIER SUBCONTRACTOR/SUB-CONSULTANT)

ENCLOSURE B-8

2ND/3RD TIER SUBCONTRACTOR/SUBCONSULTANT FORM

THIS FORM IS TO PROVIDE A LISTING OF ALL 2ND/3RD TIER SUB-CONTRACTORS AND SUBCONSULTANTS PERFORMING ON THE PROJECT. ALL SUBCONTRACTOR AGREEMENTS MUST BE PROVIDED PRIOR TO RECEIVING A DBE/ACDBE NTP (NOTICE TO PROCEED). DELAY IN RECEIPT OF THIS INFORMATION CAN DIRECTLY IMPACT PROJECT SCHEDULE.

DEFINITIONS

2ND TIER SUB-CONTRACTORS/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 1ST TIER CONTRACTORS/CONSULTANTS.

3RD TIER SUB-CONTRACTOR/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 2ND TIER CONTRACTORS/CONSULTANTS.

Name of Prime Contractor		
Name of Project		Total Bid Amount

*****All firms must provide FEDERAL TAX ID NUMBER AND COPIES OF AGREEMENTS*****

<u>2nd/3rd Tier Sub-Contractor/Consultant Name</u>	<u>1st TIER Sub-Contractor/Consultant w/Agreement w/ 2nd/3rd Tier</u>	<u>Identify 2nd Tier 3rd Tier</u>	<u>CERTIFIED DBE/ ACDBE (YES / NO)</u>	<u>Federal Tax ID (must provide)</u>	<u>Address</u>	<u>Contact Person</u>	<u>Scope of Work</u>	<u>Total Dollar Amount</u>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
TOTAL DOLLARS								

5d2. TIER FORM 2

v **If Tier is a DBE/ACDBE, use:**

1. DBE/ACDBE form 2 (Enclosure B-2)
2. DBE/ACDBE form 3 (Enclosure B-4A)

v **If Tier is Non Certified DBE/ACDBE, use:**

1. NON CERTIFIED DBE/ACDBE-SBE form 2 (Enclosure B-4B)

v **If Tier is SBE:**

1. Apply SBE Verification and Validation rule
2. NON CERTIFIED DBE/ACDBE-SBE form 2 (Enclosure B-4B)

5e1. ENCLOSURE B-9 (EMERGENCY FORM)

Emergency Form Requirements:

1. Acquire prior approval before utilization of sub/s
2. Submit revised documents to add/exclude a sub
 - ü For DBE – B-3, B-2, B-4A
 - ü Non DBE – B6, B-4B
 - ü For Tier – use forms accordingly

ENCLOSURE B-9
EMERGENCY ADDITION-CONDITIONAL APPROVAL OF SUB-CONTRACTOR/CONSULTANT FORM
THIS FORM IS TO BE USED ONLY WHEN SUBCONTRACTORS/CONSULTANTS ARE TO BE ADDED
ON AN EMERGENCY BASIS

APPROVAL WILL BE GRANTED WITHIN 24 HOURS OF THE FORMAL REQUEST

PROJECT: _____

CONTRACT AMOUNT: _____

EST. WORK START DATE: _____

EST. COMPLETION DATE: _____

SUPPLIER ONLY: _____ YES/NO

TO THE DIRECTOR OF THE CLEVELAND AIRPORT SYSTEM,
I RESPECTFULLY REQUEST YOUR CONSENT TO SUBLET THE FOLLOWING WORK TO:
SUBCONTRACTOR/CONSULTANT TO PERFORM:

FEDERAL TAX ID: _____

WORK TO BE PERFORMED (ADD NAICS CODES):

CONTACT PERSON: _____

ADDRESS AND PHONE NUMBER: _____

SUB-SUB (ONLY FOR SUBS OF SUBS – PLEASE LIST ORIGINAL SUBS NAME):

TIER: 1, 2 OR 3	DBE CERTIFIED & CERTIFICATION DATE (YES/NO)	EST. START & COMPLETION DATE	PERCENTAGE (%)	TOTAL CONTRACT AMOUNT (\$)

BY SIGNING THIS FORM, THE CONTRACTOR LISTED BELOW HAS MADE ASSURANCES THAT ALL SUBCONTRACTORS LISTED ABOVE WHO ARE UTILIZED TOWARDS THE FULFILLMENT OF A DBE GOAL WILL BE PERFORMING A COMMERCIALY USEFUL FUNCTION AS OUTLINED IN 49 CFR PART 26. IF IT IS DISCOVERED THAT THE DBE IS NOT PERFORMING OR HAS NOT PERFORMED A COMMERCIALY USEFUL FUNCTION, THE PRIME CONTRACTOR WILL IMMEDIATELY NOTIFY THE EBED OFFICE OF ITS FINDINGS. **THE APPROVAL OF THIS FORM IS CONDITIONAL.** FINAL APPROVAL WILL NOT BE GRANTED UNTIL ALL EBED A & B FORMS ARE COMPLETED & CONTRACTUAL AGREEMENTS ARE SIGNED AND PROVIDED TO THE EBED OFFICE WITHIN 5 DAYS OF SIGNATURE. THIS ADDITION MUST BE APPROVED BY THE AIRPORT DIRECTOR AND CITY OF CLEVELAND BOARD OF CONTROL. THIS CONTRACT IS SUBJECT TO STATE OF OHIO PREVAILING WAGE OR FEDERAL DAVIS BACON (WAGE & HOUR) REQUIREMENTS. PLEASE CONTACT 216-265-3353 FOR ADDITIONAL INFORMATION. IF THE WAGE & HOUR STANDARDS ARE NOT COMPLIED, PAYMENT TO THE CONTRACTOR CAN BE STOPPED OR THE PROJECT CAN BE STOPPED ENTIRELY.

CONTRACTOR SIGNATURE: _____

REQUESTED SUB-CONTRACTOR SIGNATURE: _____

EBED SIGNATURE: _____

APPROVED: _____ DENIED: _____

REASON FOR DENIAL: _____

6a. Project Audit

- v Discuss further with selected candidate

6b. Monthly Payments Compliance Report

- v Discuss further with selected candidate

6c. Project contract modifications

- v Adding/reducing sub-consultants agreements

6d. Additions/Exclusions/Replacements/ Substitutions/Terminations of sub-consultants

6e. Project Contract Clause

ü 49 CFR Part 26.53

ü City of Cleveland

Effective November 1, 2011, the City enforced its policy and procedure for additions and substitutions of sub-contractors.

Note: The City assumes no obligation to pay, and **will not** pay a contractor for any work and or services performed by a sub-contractor on the contract prior to Board of Control approval of that subcontractor.

For more information: <http://www.city.cleveland.oh.us>

Contract Assurance 49 CFR §26.13 Inclusion:

Each contract you sign with contractor (and each subcontract the prime contractor signs with a subcontractor) **must include the following assurance:**

The contractor, sub recipient or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT assisted contracts. Failure by the contractor to carry out these requirements is a material breach of contract, which may result in the termination of this contract or such other remedy, as the recipient deems appropriate, which may include, but not limited to withholding monthly progress payments, assessing sanctions, liquidated damages, disqualifying the contractor from future bidding as non-responsible.

7. FRAUD AND SANCTIONS

Penalties in part as stated in *29CFR Part 26 & Attachment B DBE/ACDBE Utilization Guidelines III(i)*:

1. Immediate work suspension; payment withholding, stop work, contract termination for breach
2. Relevant performance bond(s) may be enforced; contract payments reduction
3. Suspension or debarment



**Written questions - send to
designated Procurement Officer**

POINTS OF DISCUSSIONS

1. Provisions of Davis Bacon
2. Davis Bacon Project Contract Clause
3. Applications of Davis Bacon
4. Submissions Requirements
5. Compliance Requirements
6. Project On-Site Requirements
7. Retainage Release Requirements



1. PROVISIONS OF DAVIS BACON



Davis-Bacon and Related Acts:

29 CFR Parts 1,3,5,6,and 7

United States Code:

40 3141-3144, 3146-3148

Copeland "Anti-Kickback" Act:

18 USC 874; 40 USC 3145; 29CFR Part 3

2. DAVIS BACON PROJECT CONTRACT CLAUSE

Inclusion Requirement of 29 CFR Part 5.5

*The contractor or subcontractor shall insert in any subcontracts the clauses contained in **29 CFR Part 5.5(a)(1) through (10)** and such other clauses as the Federal Aviation Administration may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts.*

The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all the contract clauses in 29 CFR Part 5.5

As explained in 29 CFR § 5.5(a):

∅ **Federal construction contracts over \$2,000**

∅ **Construction includes:**

- ü New construction
- ü Re-construction
- ü Alteration
- ü Painting and decorating
- ü Repair of public improvement over the established dollar threshold

WHO IS COVERED UNDER DAVIS BACON?

Ø Laborers and Mechanics on work site (29CFR § 5.2)

Which Includes:

§ Registered Apprentices

§ Classified Helpers

§ Working foremen

- 20% x time as labor/mechanic + exemption under 29CFR Part 541

§ Truck drivers not under *de minimis* (29CFR § 5.2)

Excluded in PWR:

Executive, Administrative, Non-working foremen, Professional employees

i.e. timekeepers, inspectors, architects, engineers

4. SUBMISSIONS REQUIREMENTS

- ∅ **Pay Rates List** = submitted **prior** to start of project
- ∅ **Apprentice Registrations and Trainees certifications**
- ∅ **Certified Payrolls + Original Statement of Compliance**
 - ü Initial Submission: After 2 weeks of project inception
 - ü Thereafter: Weekly **through one year warranty period**
 - ü Form WH -347 (<http://dol.gov/esa/whd/forms/wh347instr.htm>)

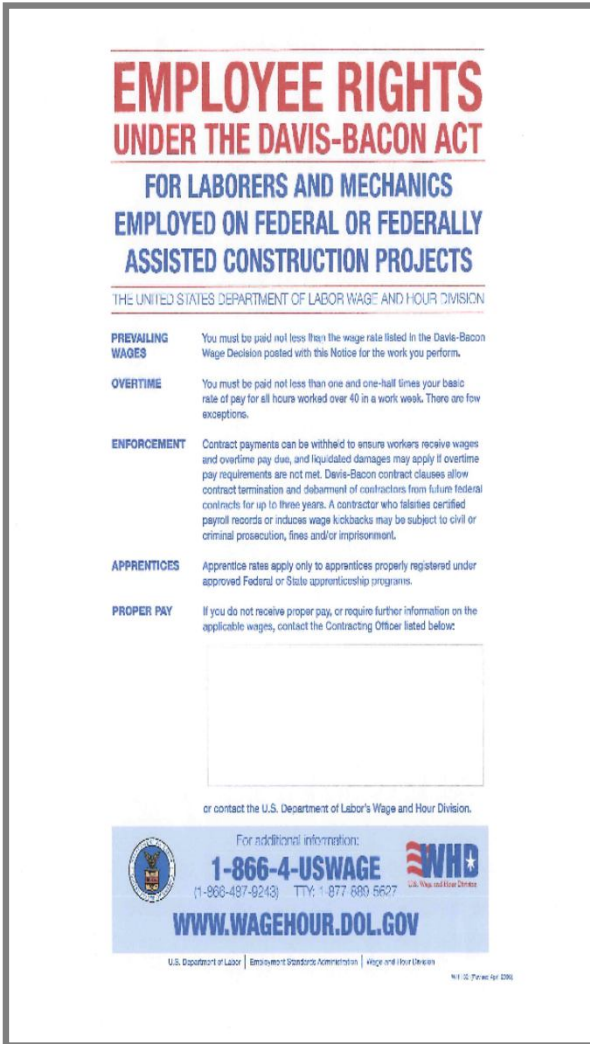
SUBMISSIONS ARE WEEKLY!

5. COMPLIANCE REQUIREMENTS

- ∅ **Payroll records contains** [29CFR § 5.5(3)]:
 - ü Name, address, social security number
 - ü Correct classification
 - ü Hourly rates [*inclusions of contributions for bonafide fringe benefits or cash equivalents described in Davis Bacon Act 1(b)(2)(B)*]
 - ü Daily and weekly hours worked
 - ü Deductions made and actual wages paid

- ∅ **Project on-site interview**
 - ü Union/Non-Union Employees must have: Drivers license/State ID/Union ID
 - ü Posters and prevailing wage rates displayed

5. PROJECT ON-SITE REQUIREMENTS



EMPLOYEE RIGHTS UNDER THE DAVIS-BACON ACT
FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PREVAILING WAGES You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.

OVERTIME You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

ENFORCEMENT Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.

APPRENTICES Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.

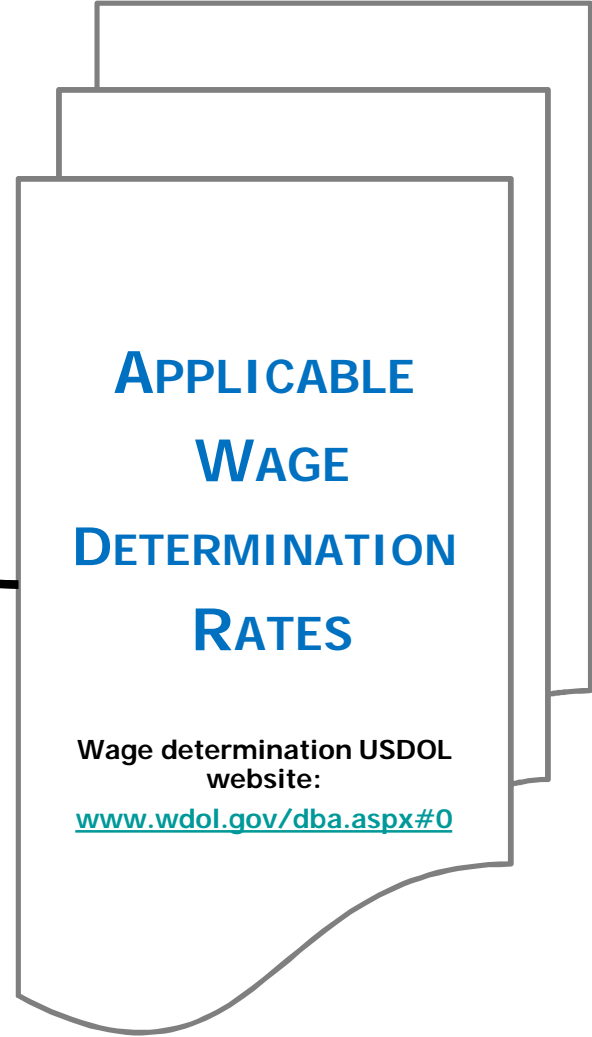
PROPER PAY If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:

or contact the U.S. Department of Labor's Wage and Hour Division.

For additional information:
1-866-4-USWAGE
(1-866-487-9243) TTY: 1-877-680-6627

WWW.WAGEHOUR.DOL.GOV


U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division



6. RETAINAGE RELEASE REQUIREMENTS

A. ENCLOSURE B-10 For Partial Retainage Payment:

B. FINAL AFFIDAVIT For Final Retainage Payment:



ENCLOSURE B-10
AFFIDAVIT OF COMPLIANCE PREVAILING WAGE
PARTIAL RETAINAGE RELEASE

RETAINAGE RELEASE: 5% _____ 2% _____

0%, Complete a FINAL AFFIDAVIT OF COMPLIANCE PREVAILING WAGE

I, _____ do hereby certify that the
(Name of person signing affidavit) (Title)

that the wages paid to all employees of _____
(Company Name)

for all hours worked on project: _____
(Project Name)

(Project Location)

During the period from _____ to _____ are in compliance with
(Project Dates)

Prevailing Wage requirements of Davis-Bacon and Related Acts: 29 CFR Parts 1,3,5,6 and 7; United States Code: 40 3141-3143 and of Chapter 4115 of the Ohio Revised Code. I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages in connection with the project, other than those provided by law.


Signature of Officer or Agent Print Name of Officer or Agent

Sworn to and subscribed in my presence this _____ day of _____, 20____.

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. The affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.

Addendum 1 - EBED



Department of Commerce
Division of Industrial Compliance & Labor

Bureau of Labor and Market Safety
9009 Trapping Road, PO Box 4039
Revere, Ohio 44061-4039
Phone 414-344-7100 | Fax 414-329-9839
TTY 414-344-7074
www.commerce.gov

John F. Kasich, Governor
David Goodman, Director
An Equal Opportunity Employer and Service Provider

FINAL
AFFIDAVIT OF COMPLIANCE
PREVAILING WAGES

I, _____ do hereby certify
(Name of person signing affidavit) (Title)

that the wages paid to all employees of: _____
(Company name)

for all hours worked on project: _____
(Project name)

(Project location)

During the period from _____ to _____ are in compliance with
(Project Dates)

Prevailing Wage requirements of Chapter 4115 of the Ohio Revised Code. I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages paid in connection with this project, other than those provided by law.

Signature of Officer or Agent Print Name of Officer or Agent

Sworn to and subscribed in my presence this _____ day of _____, 20____.

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. This affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.

LAW53780

7. FRAUD AND SANCTIONS

For DBE *[29CFR Part 26 & Attachment B DBE/ACDBE Utilization Guidelines III(i)]:*

1. Immediate work suspension; payment withholding, stop work, contract termination for breach
2. Relevant performance bond(s) may be enforced; contract payments reduction
3. Suspension or debarment

For Prevailing Wage (<http://www.dol.gov/whd/regs/compliance/whdfs66.pdf>)

1. Contract payments withheld under CWHSSA
2. Grounds for contract termination
3. Contractor liability for any resulting costs to the government
4. Debarment from future contracts for a period up to three years



**Written questions - send to
designated Procurement Officer**

Selection Criteria



- ∅ Qualifications/Experience – 15 points
- ∅ Project Approach – 30 points
- ∅ Key Staff – 20 points
- ∅ Management Approach – 25 points
- ∅ Work Product Sample – 10 points

Proposal Discounts Available

- ∅ CSB, MSB, or FBE (or Joint Venture) Credit – 5%
- ∅ LPE, SUBE Credit – 4%

Selection Criteria



- ∅ The technical portions will be reviewed by DPC staff members who will award points as identified previous slide. Summaries of all staff evaluations will be combined and the Proposals will be ranked in order of their score, highest to lowest. The lowest scored Proposal will then be assigned its ranking value of one, the second lowest will be assigned a ranking value of two, etcetera up to the highest technical team.
- ∅ The Fee Proposals will be opened and verified for accuracy and likewise ranked in order of highest to lowest. The highest fee will be assigned a ranking value of one, the second highest will be assigned a ranking value of two, etcetera up to the lowest fee.

Selection Criteria – Con't.

- ∅ The two rankings for each firm will be weighted first by 50% for the Proposal score ranking and then by 50% for the fee ranking. The sum of the two weighted values will be used to determine the overall ranking of the best submittal for award.
- ∅ The Department of Port Control reserves the right to conduct interviews with the highest rated firms.

Forms to be submitted with SOQ's



Non Competitive Bid Contract Statement



NON-COMPETITIVE BID CONTRACT STATEMENT FOR CALENDAR YEAR 2014 (ALL DEPARTMENTS/OFFICES)

Requested By: _____ (Department/Office)

This statement, properly executed and containing all required information must be completed. IF YOU FAIL TO COMPLY, YOUR PROPOSAL WILL NOT BE CONSIDERED.

Entity Name: _____
 Entity's Mailing Address: _____

COMPLETE SECTION I, II, OR III BELOW, WHICHEVER IS APPROPRIATE, AND SECTION IV.

NOTE: For purposes of this Statement, the "Mayor" and "Mayor's Committee" means Frank G. Jackson and the Frank G. Jackson For A Better Cleveland Committee, respectively.

SECTION I. TO BE COMPLETED BY NON-PROFIT CORPORATIONS AND GOVERNMENTAL ENTITIES.

If you are recognized by the IRS as a non-profit corporation or are a governmental entity, mark the appropriate designation below and proceed to the indicated section(s).

- NON-PROFIT CORPORATION GO TO SECTIONS III and IV.
- GOVERNMENTAL ENTITY GO TO SECTION IV.

SECTION II. TO BE COMPLETED BY INDIVIDUALS, SOLE PROPRIETORSHIPS, PARTNERSHIPS, INCORPORATED PROFESSIONAL ASSOCIATIONS, UNINCORPORATED ASSOCIATIONS, ESTATES AND TRUSTS.

The above-named entity is a (Please mark appropriate designation):

- SOLE PROPRIETORSHIP TRUST
- INCORPORATED PROFESSIONAL ASSOCIATION ESTATE
- UNINCORPORATED ASSOCIATION PARTNERSHIP
- LIMITED LIABILITY COMPANY JOINT VENTURE

For purposes of Section II, a "principal" means an individual, an owner, a partner, a shareholder, a member, an administrator, an executor or trustee connected with the above-named entity, or the spouse of any of them.

PLEASE READ PARAGRAPHS (A) and (B) and mark the appropriate paragraph. If paragraph (B) is checked, the City of Cleveland is prohibited by Section 3517.13 of the Revised Code from awarding a non-competitively bid contract over \$500.00 to the entity during calendar year 2014 unless Council makes a direct award.

- (A) NO ONE PRINCIPAL of the above named entity made one or more contributions to the Mayor or the Mayor's Committee between January 1, 2012 and December 31, 2013 that totaled in excess of \$1,000.00 per individual. (This paragraph also applies if no principal of the above-named entity made any contributions to the Mayor or the Mayor's Committee).
- (B) ONE OR MORE PRINCIPALS of the above named entity made, as individual(s), one or more contributions to the Mayor or the Mayor's Committee between January 1, 2012 and December 31, 2013 that totaled in excess of \$1,000.00.

Affidavit

NOTE: Sections 181.23 and 185.04 of The Codified Ordinances of Cleveland, Ohio 1978 require that this affidavit, properly executed and containing all required information, accompany your bid. IF YOU FAIL TO COMPLY, YOUR BID WILL NOT BE CONSIDERED.

STATE OF _____ } SS AFFIDAVIT
 COUNTY OF _____ }

_____ being first duly sworn deposes and says:

Individual only: That he/she is an individual doing business under the name of _____

at _____, State of _____

Partnership only: That he/she is the duly authorized representative of a partnership doing business under the name of _____

_____ in the City of _____

State of _____

Corporation only: That he/she is the duly authorized, qualified and acting _____ of _____

_____ a corporation organized

and existing under the laws of the State of _____;

and that said individual, said partnership or said corporation, is filing herewith

a bid to the City of Cleveland in conformity with the foregoing specifications;

Affiant further says that the following is a complete and accurate list of the names

and addresses of all persons interested in said proposed contract: _____

Individual only:

Affiant further says that he/she is represented by the following attorneys:

_____ and is also represented by the following resident agents in the City of Cleveland:

Partnership only: Affiant further says that the following is a complete and accurate list of the names and addresses of the members of said partnership:

Affiant further says that said partnership is represented by the following attorneys:

_____ and is also represented by the following resident agents in the City of Cleveland:

Forms to be submitted with SOQ's

Northern Ireland Fair Employment Practices Disclosure

W-9 Taxpayer ID

W-9 Form (Rev. October 2007) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return)				
Business name, if different from above				
<input type="checkbox"/> Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (S-disregarded entity, C-corporation, P-partnership) in <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions)				
Address (number, street, and apt. or suite no.)			Requester's name and address (optional)	
City, state, and ZIP code				
List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.				
Social security number			Employer identification number	
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and				
3. I am a U.S. citizen or other U.S. person (defined below).				
Certification instructions. You must check out from 1 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 4.				
Sign Here		Signature of U.S. person		Date
General Instructions				
Section references are to the Internal Revenue Code unless otherwise noted.				
Purpose of Form				
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.				
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:				
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).				
2. Certify that you are not subject to backup withholding, or				
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on "foreign partner" share of effectively connected income.				
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.				
• The U.S. owner of a disregarded entity and not the entity.				

NORTHERN IRELAND FAIR EMPLOYMENT PRACTICES DISCLOSURE

INSTRUCTIONS: Pursuant to Codified Ordinance Sec. 181.36, the information requested on this page must be supplied by all contractors and any subcontractors having more than a fifty percent (50%) interest in the proposed contract prior to any contract being awarded by the City of Cleveland. Any contractor or subcontractor who is deemed to have made a false statement shall be declared in default of its contract and shall be subject to the remedies for default contained in its contract. For failure to cure such a default, the contractor or subcontractor shall be automatically excluded from bidding for the supply of any goods or services for use by the City for a period of two (2) years.

CHECK WHICHEVER IS APPLICABLE:

- A. The undersigned or any controlling shareholder,* subsidiary, or parent corporation of the undersigned is **NOT ENGAGED IN ANY BUSINESS OR TRADING FOR PROFIT IN NORTHERN IRELAND.** (if paragraph A. is checked, proceed to the signature line.)
- B. The undersigned or any controlling shareholder,* subsidiary, or parent corporation is **ENGAGED IN ANY BUSINESS OR TRADING FOR PROFIT IN NORTHERN IRELAND.** (if paragraph B. is checked, please either check the stipulation contained in paragraph C. or attach documentation that shows that the undersigned has complied with the stipulation contained in paragraph C.)
- C. The undersigned and all enterprises identified in paragraph B. are **TAKING LAWFUL AND GOOD FAITH STEPS TO ENGAGE IN FAIR EMPLOYMENT PRACTICES WHICH ARE RELEVANT TO THE STANDARDS EMBODIED IN THE "MACBRIDE PRINCIPLES FOR FAIR EMPLOYMENT IN NORTHERN IRELAND."** A copy of the MacBride Principles can be obtained from the Office of the Commissioner of Purchases and Supplies. In lieu of checking this paragraph, the undersigned must attach documentation which the undersigned believes shows compliance with the stipulation contained in this paragraph C.

Name of Contractor or Subcontractor
By: _____
Title: _____

* "Controlling shareholder" means any shareholder owning more than fifty percent (50%) of the stock in the corporation or more than twenty-five percent (25%) of the stock in the corporation if no other shareholder owns a larger share of stock in the corporation.

Proposal Submittal



DIRECT ALL QUESTIONS TO:

Kassan Bahhur

VIA FACSIMILE AT (216) 265-6021

OR E-MAIL TO kbahhur2@clevelandairport.com (PREFERRED)

PROPOSAL SUBMITTAL:

- A. PLEASE PROVIDE: 7 COPIES (+ 1 UNBOUND) + 1 CD**
- B. SUBMITTAL DUE DATE: July 22, 2016 at 5:00 PM EST**
- C. SUBMITTAL LOCATION:**
 - Cleveland Hopkins International Airport**
 - Administration Offices**
 - 5300 Riverside Drive**
 - Cleveland, Ohio 44135**
 - Attention: Kassan Bahhur, Procurement Officer**

Questions and Answers



**Please send all future questions to:
Department of Port Control
Attn: Kassan Bahhur
via fax: (216) 265-6021**

via email: kbahhur2@clevelandairport.com (PREFERRED)

**Deadline for all question submittals is
June 24, 2016 by 5:00 PM EST**

All questions will be answered via website posting

**PLEASE PROVIDE A VALID AND READABLE EMAIL
ADDRESS ON THE SIGN-IN SHEET**