



**THE CITY OF NEW YORK  
DEPARTMENT OF DESIGN AND CONSTRUCTION  
DIVISION OF INFRASTRUCTURE**

30-30 THOMSON AVENUE  
LONG ISLAND CITY, NEW YORK 11101-3045  
TELEPHONE (718) 391-1000  
WEBSITE [www.nyc.gov/buildnyc](http://www.nyc.gov/buildnyc)

**LAW**

**VOLUME 1 OF 3**

**BID BOOKLET**

FOR FURNISHING ALL LABOR AND MATERIALS NECESSARY AND REQUIRED  
FOR:

**PROJECT ID: HWK1048B**

**RECONSTRUCTION OF FLUSHING AVENUE**

**FROM NAVY STREET TO WILLIAMSBURG STREET  
(BROOKLYN WATERFRONT GREENWAY)**

**INCLUDING CURB AND SIDEWALK RECONSTRUCTION, SEWER,  
STREET LIGHTING, AND TRAFFIC SIGNAL WORK**

**Together With All Work Incidental Thereto  
BOROUGH OF BROOKLYN  
CITY OF NEW YORK**

FOR THE DEPARTMENT OF TRANSPORTATION  
PREPARED BY  
*PARSONS*

**DECEMBER 30, 2014**

NYS DOT PIN X772.25  
Fed. Aid Project No. \_\_\_\_\_

Bid Opening 11:00 A.M. on

Location 1st Floor Bid Room, 30-30 Thomson Ave., Long Island City, N.Y. 11101



**15-106**



**Department of  
Design and  
Construction**

**Dr. Feniosky Peña-Mora**  
Commissioner

Andrea Glick  
Deputy Commissioner  
Administration

John Goddard  
Agency Chief  
Contracting Officer

Lorraine Holley  
Deputy ACCO  
Competitive Sealed  
Bid Contracts

June 10, 2015

**CERTIFIED MAIL - RETURN RECEIPT REQUEST**

JLJ IV Enterprises Inc.  
213-19 99th Avenue  
Queens Village, NY 11429

RE: FMS ID: HWK1048B  
E-PIN: 85015B0081001  
DDC PIN: 8502015HW0027C  
Reconstruction of Flushing Avenue from Navy  
Street to Williamsburg Street - Borough of Brooklyn  
**NOTICE OF AWARD**

Dear Contractor:

You are hereby awarded the above referenced contract based upon your bid in the amount of \$6,651,909.89 submitted at the bid opening on March 25, 2015. Within ten (10) days of your receipt of this notice of award, you are required to take the actions set forth in Paragraphs (1) through (3) below. For your convenience, attached please find a copy of Schedule A of the General Conditions to the Contract, which sets forth the types and amounts of insurance coverage required for this contract.

- (1) Execute four copies of the Agreement in the Contracts Unit, 30-30 Thomson Avenue, 1<sup>st</sup> Floor, Long Island City, New York (IDCNY Building). A Commissioner of Deeds will be available to witness and notarize your signature. The Agreement must be signed by an officer of the corporation or a partner of the firm.
- (2) Submit to the Contracts Unit four properly executed performance and payment bonds. If required for this contract, copies of performance and payment bonds are attached.
- (3) Submit to the Contracts Unit the following insurance documentation: (a) original certificate of insurance for general liability in the amount required by Schedule A, and (b) original certificates of insurance or other proof of coverage for workers' compensation and disability benefits, as required by New York State Law. The insurance documentation specified in this paragraph is required for registration of the contract with the Comptroller's Office.



Department of  
Design and  
Construction

On or before the contract commencement date, you are required to submit all other certificates of insurance and/or policies in the types and amounts required by Schedule A. Such certificates of Insurance and/or policies must be submitted to the Agency Chief Contracting Office, Attention: Risk Manager, Fourth Floor at the above indicated department address.

Your attention is directed to the section of the Information for Bidders entitled "Failure to Execute Contract". As indicated in this section, in the event you fail to execute the contract and furnish the required bonds within the (10) days of your receipt of this notice of award, your bid security will be retained by the City and you will be liable for the difference between your bid price and the price for which the contract is subsequently awarded, less the amount of the bid security retained.

Sincerely,

A handwritten signature in cursive script that reads 'Lorraine Holley'. The signature is written in dark ink and is positioned above the printed name.

Lorraine Holley

02/06/2015  
11:12AM  
Ver 5.00.01



NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
DIVISION OF INFRASTRUCTURE - BUREAU OF DESIGN

Contract PIN 8502015HW0027C  
Project ID HWK1048B

BID SCHEDULE

- NOTE:
- (1) The Agency may reject a bid if it contains unbalanced bid prices. An unbalanced bid is considered to be one containing lump sum or unit items which do not reflect reasonable actual costs plus a reasonable proportionate share of the Bidder's anticipated profit, overhead costs, and other indirect costs, anticipated for the performance of the items in question.
  - (2) The following bid prices on Unit Price Contracts are to be paid for the actual quantities of the several classes of work in the completed work or structure, and they cover the cost of all work, labor, material, tools, plant and appliances of every description necessary to complete the entire work, as specified, and the removal of all debris, temporary work and appliances.
  - (3) PLEASE BE SURE A LEGIBLE BID IS ENTERED, IN INK, FOR EACH ITEM. Alterations must be initialed in ink by the bidder.
  - (4) The Extended Amount entered in Column 5 shall be the product of the Estimated Quantity in Column 2 times the Unit Price Bid in Column 4.
  - (5) Prospective bidders must examine the Bid Schedule carefully and, before bidding, must advise the Commissioner, in writing, if any pages are missing, and must request that such missing pages be furnished them. The pages of this Bid Schedule are numbered consecutively, as follows: B - 3 through B - 50

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BID PAGES



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8502015HW0027C  
HWK1048B

COL. 1 ITEM NUMBER (SEQUENCE NO.)	COL. 2 ENGINEER'S ESTIMATE OF QUANTITIES	COL. 3 CLASSIFICATIONS	COL. 4 UNIT PRICES (IN FIGURES)		COL. 5 EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
4.02 AG (001)	25,976.0 S.Y.	ASPHALTIC CONCRETE WEARING COURSE, 3" THICK	\$ 20	00	\$ 519,520	00
4.02 CB (002)	930.0 TONS	ASPHALTIC CONCRETE MIXTURE	\$ 200	00	\$ 186,000	00
4.04 DD (003)	3,047.0 C.Y.	CONCRETE BASE FOR PAVEMENT, 9" THICK, CLASS A-40	\$ 175	00	\$ 533,225	00
4.05 AX (004)	156.0 C.Y.	HIGH-EARLY STRENGTH REINFORCED CONCRETE PAVEMENT (BUS STOPS)	\$ 200	00	\$ 31,200	00

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			DOLLARS	CTS	DOLLARS	CTS
4.05 B (005)	28.0 C.Y.	REINFORCED CONCRETE PAVEMENT (FULL WIDTH PAVEMENT)	\$ 400	<sup>00</sup>	\$ 11,200	<sup>00</sup>
4.06 (006)	3.0 C.Y.	CONCRETE IN STRUCTURES, CLASS A-40	\$ 900	<sup>00</sup>	\$ 2,700	<sup>00</sup>
4.08 AA (007)	2,750.0 L.F.	CONCRETE CURB (18" DEEP)	\$ 42	<sup>00</sup>	\$ 115,500	<sup>00</sup>
4.09 AD (008)	3,987.0 L.F.	STRAIGHT STEEL FACED CONCRETE CURB (18" DEEP)	\$ 50	<sup>00</sup>	\$ 199,350	<sup>00</sup>

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			DOLLARS	CTS	DOLLARS	CTS
4.09 AE (009)	1,430.0 L.F.	STRAIGHT STEEL FACED CONCRETE CURB (21" DEEP)	\$ 50	00	\$ 71,500	00
4.09 AF (010)	380.0 L.F.	STRAIGHT STEEL FACED CONCRETE CURB (27" DEEP)	\$ 50	00	\$ 19,000	00
4.09 BD (011)	192.0 L.F.	DEPRESSED STEEL FACED CONCRETE CURB (18" DEEP)	\$ 58	00	\$ 11,136	00
4.09 BE (012)	20.0 L.F.	DEPRESSED STEEL FACED CONCRETE CURB (21" DEEP)	\$ 58	00	\$ 1,160	00

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			DOLLARS	CTS	DOLLARS	CTS
4.09 CD (013)	234.0 L.F.	CORNER STEEL FACED CONCRETE CURB (18" DEEP)	\$ 98 <sup>00</sup>		\$ 22,932 <sup>00</sup>	
4.09 CE (014)	643.0 L.F.	CORNER STEEL FACED CONCRETE CURB (21" DEEP)	\$ 98 <sup>00</sup>		\$ 63,014 <sup>00</sup>	
4.13 AAS (015)	41,841.0 S.F.	4" CONCRETE SIDEWALK (UNPIGMENTED)	\$ 7 <sup>00</sup>		\$ 292,887 <sup>00</sup>	
4.13 ABX (016)	9,565.0 S.F.	4" CONCRETE SIDEWALK WITH SPECIAL SCORING (PIGMENTED)	\$ 9 <sup>00</sup>		\$ 86,085 <sup>00</sup>	



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			DOLLARS	CTS	DOLLARS	CTS
4.13 BAS (017)	6,491.0 S.F.	7" CONCRETE SIDEWALK (UNPIGMENTED)	\$ 10	00	\$ 64910	00
4.13 DE (018)	605.0 S.F.	EMBEDDED PREFORMED DETECTABLE WARNING UNITS	\$ 1	00	\$ 605	00
4.13 ICB (019)	12.0 EACH	IMPRINTED CONCRETE BLOCKS	\$ 535	00	\$ 6420	00
4.14 (020)	448.0 LBS.	STEEL REINFORCEMENT BARS	\$ 0	10 100	\$ 44	80 100

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			DOLLARS	CTS	DOLLARS	CTS
4.15 (021)	880.0 C.Y.	TOPSOIL	\$ 20	00	\$ 17,600	00
4.15 SS (022)	1,504.0 C.Y.	STRUCTURAL SOIL FOUNDATION MATERIAL	\$ 80	00	\$ 120,320	00
4.16 AA (023)	25.0 EACH	TREES REMOVED (4" TO UNDER 12" CALIPER)	\$ 1	00	\$ 25	00
4.16 BA (024)	21.0 EACH	TREES PLANTED, 2-1/2" TO 3" CALIPER, ALL TYPES	\$ 1	00	\$ 21	00

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			DOLLARS	CTS	DOLLARS	CTS
4.17 AC (025)	193.0 EACH	SHRUBS PLANTED, 18" TO 24" HIGH, ALL TYPES	\$ 35 <sup>00</sup>		\$ 6755 <sup>00</sup>	
4.17 PG1G (026)	924.0 EACH	PERENNIALS OR GROUNDCOVERS, PLANTED, 1 GALLON, ALL TYPES	\$ 12 <sup>00</sup>		\$ 11,088 <sup>00</sup>	
4.18 A (027)	41.0 EACH	MAINTENANCE TREE PRUNING (UNDER 12" CAL.)	\$ 1 <sup>00</sup>		\$ 41 <sup>00</sup>	
4.21 (028)	220.0 P/HR	TREE CONSULTANT	\$ 70 <sup>00</sup>		\$ 15,400 <sup>00</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
51.41S001 (029)	39.0 EACH	STANDARD CATCH BASIN, TYPE 1	\$ 7500 <sup>00</sup>		\$ 292,500 <sup>00</sup>	
51.42S1S0 (030)	5.0 EACH	INCREMENTAL COST OF STANDARD CATCH BASIN TYPE 3 WITH CURB PIECE IN LIEU OF STANDARD CATCH BASIN TYPE 1	\$ 5000 <sup>00</sup>		\$ 25,000 <sup>00</sup>	
52.11D12 (031)	652.0 L.F.	12" DUCTILE IRON PIPE BASIN CONNECTION	\$ 200 <sup>00</sup>		\$ 130,400 <sup>00</sup>	
6.01 AA (032)	1.0 L.S.	CLEARING AND GRUBBING	\$ 100 <sup>00</sup>		\$ 100 <sup>00</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
6.02 AAN (033)	5,687.0 C.Y.	UNCLASSIFIED EXCAVATION	\$ 95 <sup>00</sup>		\$ 540,265 <sup>00</sup>	
6.03 AA (034)	13,662.0 S.Y.	STRIPPING PAVEMENT SURFACE (ASPHALTIC CONCRETE)	\$ 14 <sup>00</sup>		\$ 191,268 <sup>00</sup>	
6.06 AB (035)	1,125.0 S.Y.	GRANITE BLOCK SIDEWALK (GROUTED JOINTS) (FURNISH BLOCK)	\$ 80 <sup>00</sup>		\$ 90,000 <sup>00</sup>	
6.22 F (036)	550.0 LBS.	ADDITIONAL HARDWARE	\$ 0 <sup>10</sup> / <sub>100</sub>		\$ 55 <sup>00</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
6.23 XBE (037)	71.0 L.F.	FURNISH AND INSTALL 2" GALVANIZED STEEL CONDUIT (WITH PAVEMENT EXCAVATION)	\$ 30	<sup>00</sup>	\$ 2130	<sup>00</sup>
6.24 (038)	36,212.0 S.F.	ASPHALTIC CONCRETE SIDEWALK	\$ 5	<sup>00</sup>	\$ 181060	<sup>00</sup>
6.25 RS (039)	1,320.0 S.F.	TEMPORARY SIGNS	\$ 8	<sup>00</sup>	\$ 10560	<sup>00</sup>
6.26 (040)	8,514.0 L.F.	TIMBER CURB	\$ 15	<sup>00</sup>	\$ 127,710	<sup>00</sup>

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			DOLLARS	CTS	DOLLARS	CTS
6.28 AA (041)	396.0 L.F.	LIGHTED TIMBER BARRICADES	\$ 15 <sup>00</sup>		\$ 5940 <sup>00</sup>	
6.40 C (042)	24.0 MONTH	ENGINEER'S FIELD OFFICE (TYPE C)	\$ 10,000 <sup>00</sup>		\$ 240,000 <sup>00</sup>	
6.43 (043)	1,200.0 SETS	PHOTOGRAPHS	\$ 15 <sup>00</sup>		\$ 18,000 <sup>00</sup>	
6.44 (044)	139,950.0 L.F.	THERMOPLASTIC REFLECTORIZED PAVEMENT MARKINGS (4" WIDE)	\$ 0 <sup>50</sup> / <sub>100</sub>		\$ 69975 <sup>00</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
6.49 (045)	11,726.0 L.F.	TEMPORARY PAVEMENT MARKINGS (4" WIDE)	\$ 0 $\frac{25}{100}$		\$ 2,931 $\frac{50}{100}$	
6.50 (046)	38.0 EACH	CLEANING OF DRAINAGE STRUCTURES	\$ 1 $\frac{00}{100}$		\$ 38 $\frac{00}{100}$	
6.52 FED (047)	1.0 F.S.	UNIFORMED FLAGPERSON  PRICE BID SHALL BE FOR THE FIXED SUM OF \$ 206,250.00	\$ 206,250.00		\$ 206,250.00	
6.53 (048)	11,726.0 L.F.	REMOVE EXISTING LANE MARKINGS (4" WIDE)	\$ 0 $\frac{25}{100}$		\$ 2,931 $\frac{50}{100}$	



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			DOLLARS	CTS	DOLLARS	CTS
6.55 (049)	6,836.0 L.F.	SAWCUTTING EXISTING PAVEMENT	\$ 1	00	\$ 6836	00
6.67 (050)	53.0 C.Y.	SUBBASE COURSE, SELECT GRANULAR MATERIAL	\$ 50	00	\$ 2650	00
6.68 (051)	3,058.0 S.Y.	PLASTIC FILTER FABRIC	\$ 1	00	\$ 3058	00
6.82 A (052)	346.0 S.F.	REMOVING EXISTING TRAFFIC AND STREET NAME SIGNS	\$ 1	00	\$ 346	00

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			DOLLARS	CTS	DOLLARS	CTS
6.82 B (053)	647.0 L.F.	REMOVING EXISTING TRAFFIC AND STREET NAME SIGN POSTS	\$ 1	00	\$ 647	00
6.83 AA (054)	68.0 S.F.	FURNISHING NEW NON-REFLECTORIZED TRAFFIC SIGNS	\$ 21	01	\$ 1428	00
6.83 AB (055)	1,004.0 L.F.	FURNISHING NEW TRAFFIC SIGN POSTS	\$ 7	50	\$ 7530	00
6.83 AR (056)	387.0 S.F.	FURNISHING NEW REFLECTORIZED TRAFFIC SIGNS	\$ 23	00	\$ 8901	00

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			DOLLARS	CTS	DOLLARS	CTS
6.83 BA (057)	455.0 S.F.	INSTALLING TRAFFIC SIGNS	\$ 16 <sup>00</sup>		\$ 7,280 <sup>00</sup>	
6.83 BB (058)	1,004.0 L.F.	INSTALLING TRAFFIC SIGN POSTS	\$ 15 <sup>95</sup> / <sub>100</sub>		\$ 16,013 <sup>80</sup> / <sub>110</sub>	
6.84 B (059)	1.0 F.S.	LOLLIPOP TYPE BUS STOP SIGNS  PRICE BID SHALL BE FOR THE FIXED SUM OF \$ 20,000.00	\$ 20,000.00		\$ 20,000.00	
6.86 AA (060)	35.0 S.F.	FURNISHING NEW STREET NAME SIGNS	\$ 35 <sup>50</sup> / <sub>100</sub>		\$ 1,242 <sup>50</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
6.86 BA (061)	35.0 S.F.	INSTALLING STREET NAME SIGNS	\$ 16	$\frac{20}{100}$	\$ 567	$\frac{00}{100}$
6.87 (062)	4,630.0 EACH	PLASTIC BARRELS	\$ 20	$\frac{00}{100}$	\$ 92,600	$\frac{00}{100}$
6.91 (063)	14,971.0 L.F.	REFLECTIVE CRACKING MEMBRANE (18" WIDE)	\$ 0	$\frac{75}{100}$	\$ 11,228	$\frac{25}{100}$
6.99 (064)	1.0 L.S.	AUDIO AND VIDEO DOCUMENTATION SURVEY	\$ 20,000	$\frac{00}{100}$	\$ 20,000	$\frac{00}{100}$

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			DOLLARS	CTS	DOLLARS	CTS
60.11R520 (065)	330.0 L.F.	FURNISHING AND DELIVERING 20-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 55)	\$ 250	00	\$ 82,500	00
60.11R606 (066)	88.0 L.F.	FURNISHING AND DELIVERING 6-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 56)	\$ 55	00	\$ 4,840	00
60.11R608 (067)	22.0 L.F.	FURNISHING AND DELIVERING 8-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 56)	\$ 80	00	\$ 1,760	00
60.11R612 (068)	132.0 L.F.	FURNISHING AND DELIVERING 12-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 56)	\$ 90	00	\$ 11,880	00

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			DOLLARS	CTS	DOLLARS	CTS
60.12D06 (069)	116.0 L.F.	LAYING 6-INCH DUCTILE IRON PIPE AND FITTINGS	\$ 80	00	\$ 9,280	00
60.12D08 (070)	28.0 L.F.	LAYING 8-INCH DUCTILE IRON PIPE AND FITTINGS	\$ 80	00	\$ 2,240	00
60.12D12 (071)	143.0 L.F.	LAYING 12-INCH DUCTILE IRON PIPE AND FITTINGS	\$ 200	00	\$ 28,600	00
60.12D20 (072)	347.0 L.F.	LAYING 20-INCH DUCTILE IRON PIPE AND FITTINGS	\$ 250	00	\$ 86,750	00

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			DOLLARS	CTS	DOLLARS	CTS
60.13M0A24 (073)	5.0 TONS	FURNISHING AND DELIVERING DUCTILE IRON MECHANICAL JOINT 24-INCH DIAMETER AND SMALLER FITTINGS, INCLUDING WEDGE TYPE RETAINER GLANDS	\$ 1000	00	\$ 5,000	00
61.11DMM06 (074)	4.0 EACH	FURNISHING AND DELIVERING 6-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	\$ 1100		\$ 4400	00
61.11DMM20 (075)	2.0 EACH	FURNISHING AND DELIVERING 20-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	\$ 18,000	00	\$ 36,000	00
61.12DMM06 (076)	4.0 EACH	SETTING 6-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	\$ 250	00	\$ 1,000	00

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			DOLLARS	CTS	DOLLARS	CTS
61.12DMM20 (077)	2.0 EACH	SETTING 20-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	\$ 500	00	\$ 1,000	00
62.11SD (078)	4.0 EACH	FURNISHING AND DELIVERING HYDRANTS	\$ 3,000	00	\$ 12,000	00
62.12SG (079)	4.0 EACH	SETTING HYDRANTS COMPLETE WITH WEDGE TYPE RETAINER GLANDS	\$ 750	00	\$ 3,000	00
62.13RH (080)	4.0 EACH	REMOVING HYDRANTS	\$ 1	00	\$ 4	00



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			DOLLARS	CTS	DOLLARS	CTS
62.14FS (081)	8.0 EACH	FURNISHING, DELIVERING AND INSTALLING HYDRANT FENDERS	\$ 250	00	\$ 2,000	00
63.11VC (082)	2.0 TONS	FURNISHING AND DELIVERING VARIOUS CASTINGS	\$ 100	00	\$ 200	00
637.9520 (083)	1.0 F.S.	FIELD INFORMATION MANAGEMENT SYSTEM  PRICE BID SHALL BE FOR THE FIXED SUM OF \$ 50,000.00	\$ 50,000	00	\$ 50,000	00
64.11EL (084)	2.0 EACH	WITHDRAWING AND REPLACING HOUSE SERVICES USING 1-1/2-INCH OR LARGER SCREW TAPS	\$ 500	00	\$ 1,000	00

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			DOLLARS	CTS	DOLLARS	CTS
64.11ST (085)	2.0 EACH	WITHDRAWING AND REPLACING HOUSE SERVICES USING SMALLER THAN 1-1/2-INCH SCREW TAPS	\$ 300	00	\$ 600	00
64.12COEG (086)	22.0 L.F.	CUTTING AND OFFSETTING HOUSE SERVICE WATER CONNECTIONS (EQUAL TO OR GREATER THAN 3-INCH DIAMETER)	\$ 1	00	\$ 22	00
64.12ESEG (087)	22.0 L.F.	EXTENDING HOUSE SERVICE WATER CONNECTIONS (EQUAL TO OR GREATER THAN 3-INCH DIAMETER)	\$ 85	00	\$ 1870	00
64.13WC20 (088)	2.0 EACH	FURNISHING, DELIVERING AND INSTALLING WET CONNECTION SLEEVE ON 20-INCH WATER MAIN PIPE WITH VARIOUS OUTLETS	\$ 2600	00	\$ 5200	00

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			DOLLARS	CTS	DOLLARS	CTS
65.11BR (089)	200.0 LBS.	FURNISHING, DELIVERING AND INSTALLING BANDS, RODS, WASHERS, ETC., COMPLETE, FOR RESTRAINING JOINTS	\$ 0	$\frac{50}{100}$	\$ 1.00	00
65.21PS (090)	286.0 L.F.	FURNISHING AND PLACING POLYETHYLENE SLEEVE  Unit price bid shall not be less than: \$ 0.50	\$ 0	$\frac{50}{100}$	\$ 143	00
65.31FF (091)	5,841.0 S.F.	FURNISHING, DELIVERING AND PLACING FILTER FABRIC  Unit price bid shall not be less than: \$ 0.10	\$ 0	$\frac{10}{100}$	\$ 584	$\frac{10}{100}$
65.51PC (092)	3.0 C.Y.	FURNISHING AND PLACING CAST-IN-PLACE CONCRETE CLASS 40 AND PRECAST CONCRETE CLASS 50	\$ 200	00	\$ 600	00

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			DOLLARS	CTS	DOLLARS	CTS
65.61SS (093)	5,060.0 LBS.	FURNISHING, DELIVERING AND PLACING STRUCTURAL, REINFORCING AND MISCELLANEOUS STEEL	\$ 0	<sup>50</sup> / <sub>100</sub>	\$ 2,530	<sup>00</sup>
65.71SG (094)	44.0 C.Y.	FURNISHING, DELIVERING AND PLACING SCREENED GRAVEL OR SCREENED BROKEN STONE BEDDING	\$ 50	<sup>00</sup>	\$ 2,250	<sup>00</sup>
7.13 B (095)	18.0 MONTH	MAINTENANCE OF SITE  Unit price bid shall not be less than: \$ 8,000.00	\$ 25,000	<sup>00</sup>	\$ 450,000	<sup>00</sup>
7.36 (096)	16,352.0 L.F.	PEDESTRIAN STEEL BARRICADES	\$ 8	<sup>00</sup>	\$ 130,816	<sup>00</sup>

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			DOLLARS	CTS	DOLLARS	CTS
7.88 AA (097)	1.0 L.S.	RODENT INFESTATION SURVEY AND MONITORING  Unit price bid shall not be less than: \$ 6,250.00	\$ 6250 <sup>00</sup>		\$ 6250 <sup>00</sup>	
7.88 AB (098)	2,142.0 EACH	RODENT BAIT STATIONS  Unit price bid shall not be less than: \$ 60.00	\$ 60 <sup>00</sup>		\$ 128520 <sup>00</sup>	
7.88 AC (099)	2,142.0 EACH	BAITING OF RODENT BAIT STATIONS  Unit price bid shall not be less than: \$ 9.50	\$ 9 <sup>50</sup>		\$ 20349 <sup>00</sup>	
7.88 AD (100)	950.0 BLOCK	WATERBUG BAIT APPLICATIONS  Unit price bid shall not be less than: \$ 65.00	\$ 65 <sup>00</sup>		\$ 61750 <sup>00</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
70.31FN (101)	660.0 L.F.	FENCING  Unit price bid shall not be less than: \$ 2.00	\$ 2	00	\$ 1320	00
70.81CB (102)	338.0 C.Y.	CLEAN BACKFILL  Unit price bid shall not be less than: \$ 15.00	\$ 15	00	\$ 5070	00
70.91SW12 (103)	275.0 S.F.	FURNISHING AND PLACING SHEETING AND BRACING IN TRENCH FOR WATER MAIN PIPE 12-INCH IN DIAMETER AND LESS	\$ 0	25 100	\$ 68	25 100
70.91SW20 (104)	4,620.0 S.F.	FURNISHING AND PLACING SHEETING AND BRACING IN TRENCH FOR WATER MAIN PIPE 20-INCH IN DIAMETER	\$ 0	25 100	\$ 1155	00

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			DOLLARS	CTS	DOLLARS	CTS
8.02 A (105)	3,300.0 S.F.	SPECIAL CARE EXCAVATION AND RESTORATION FOR SIDEWALK WORK	\$ 2	00	\$ 6600	00
8.02 B (106)	451.0 L.F.	SPECIAL CARE EXCAVATION AND RESTORATION FOR CURB WORK	\$ 4	00	\$ 1804	00
8.52 FP (107)	330.0 LBS.	STEEL FOUNDATION PLATE	\$ 6	00	\$ 1980	00
8.52 PT-A (108)	4.0 EACH	PAVING TRAY (PATHWAY TOTEM)	\$ 1150	00	\$ 4600	00

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			DOLLARS	CTS	DOLLARS	CTS
9.00 C (109)	688.0 C.F.	EXPLORATORY TEST PITS	\$ 10	00	\$ 6880	00
9.04 HW (110)	1.0 F.S.	ALLOWANCE FOR ANTI-FREEZE ADDITIVE IN CONCRETE PRICE BID SHALL BE FOR THE FIXED SUM OF \$ 50,000.00	\$ 50,000	00	\$ 50,000	00
9.07 (111)	619.0 S.Y.	NON-WOVEN GEOTEXTILE (FOR BACKFILL AND UNDERDRAINS)	\$ 3	00	\$ 1857	00
9.99 M (112)	12.0 MONTH	FLASHING ARROW BOARD	\$ 500	00	\$ 6000	00



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			DOLLARS	CTS	DOLLARS	CTS
HW-914 (113)	1.0 F.S.	ALLOWANCE FOR WAYFINDING TOTEMS  PRICE BID SHALL BE FOR THE FIXED SUM OF \$ 36,000.00	\$ 36,000	00	\$ 36,000	00
PK-278 (114)	4.0 EACH	TRASH RECEPTACLE ON CONCRETE BASE	\$ 1200	00	\$ 4800	00
SL-20.02.02 (115)	4.0 EACH	FURNISH AND INSTALL STANDARD TYPE ANCHOR BOLT FOUNDATION, AS PER DRAWING E-3788	\$ 1090	00	\$ 4360	00
SL-20.08.01 (116)	1.0 EACH	REMOVE STANDARD TYPE ANCHOR BOLT CONCRETE FOUNDATION	\$ 150	00	\$ 150	00

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			DOLLARS	CTS	DOLLARS	CTS
SL-21.03.02 (117)	3.0 EACH	FURNISH AND INSTALL TYPE 2S, 4S, 6S, 8S OR 12S LAMPPOST WITH TRANSFORMER BASE	\$ 2799	<sup>00</sup>	\$ 8397	<sup>00</sup>
SL-21.03.03 (118)	1.0 EACH	FURNISH AND INSTALL TYPE 2T, 6T, 8T OR 12T LAMPPOST WITH TRANSFORMER BASE	\$ 3457	<sup>00</sup>	\$ 3457	<sup>00</sup>
SL-21.09.05 (119)	1.0 EACH	REMOVE STANDARD FABRICATED STEEL, SPUN ALUMINUM NO. 10, ETC. WITH ARM(S), LUMINAIRE(S), CONTROL(S) WITH ALL ATTACHMENTS, IF ANY.	\$ 626	<sup>00</sup>	\$ 626	<sup>00</sup>
SL-21.09.08 (120)	4.0 EACH	REMOVE ALL STREET LIGHTING EQUIPMENT FROM TYPE "M-2" TRAFFIC POST (ARM(S), PHOTOELECTRIC CONTROLLER, LUMINAIRE(S), SHAFT EXTENSION, WIRING, ETC.)	\$ 626	<sup>00</sup>	\$ 2504	<sup>00</sup>

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			DOLLARS	CTS	DOLLARS	CTS
SL-21.09.09 (121)	3.0 EACH	REMOVE F.S. SPUN ALUMINUM, #10, ETC LAMPPOST, WITH ARMS(S), LUMINAIRE(S), ETC., WITH ALL ATTACHMENTS, IF ANY. REMOVE PORTION OF FOUNDATION. RESTORE TO SURROUNDING CONDITIONS.	\$ 522	00	\$ 1566	00
SL-22.09.02 (122)	48.0 EACH	REMOVE LUMINAIRE AND CONTROL, IF ANY, OTHER THAN PARK TYPE OR LOW PRESSURE SODIUM	\$ 104	00	\$ 4992	00
SL-22.16.05 (123)	57.0 EACH	FURNISH AND INSTALL ROADWAY TYPE LED FIXTURE AS PER SPECIFICATION 466 WITH PEC RECEPTACLE AND PEC	\$ 620	00	\$ 35340	00
SL-24.02.02 (124)	4.0 EACH	FURNISH AND INSTALL FABRICATED STEEL 8 Ft. ARM ON LAMPPOST OR "M-2" TRAFFIC POLE SHAFT EXTENSION.	\$ 616	00	\$ 2464	00

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			DOLLARS	CTS	DOLLARS	CTS
SL-24.02.16 (125)	4.0 EACH	FURNISH AND INSTALL FABRICATED STEEL 6 FT. SHAFT EXTENSION (SINGLE ARM) FOR "M-2" TRAFFIC POST AS PER DWGS H-5159 OR H-5255.	\$ 889	00	\$ 3556	00
SL-26.01.04 (126)	57.0 EACH	FURNISH AND INSTALL LONG LIFE PHOTO ELECTRIC CONTROL WITH SURGE PROTECTION FOR LED LIGHT	\$ 93	00	\$ 5301	00
SL-26.06.02 (127)	2.0 EACH	FURNISH AND INSTALL LED FIRE ALARM LUMINAIRES.	\$ 361	00	\$ 722	00
SL-29.01.01 (128)	8.0 EACH	FURNISH, INSTALL, MAINTAIN AND REMOVE EQUIPMENT FOR TEMPORARY LIGHTING (PYLON), AS PER DRAWINGS F-5005 AND F-5005A	\$ 1731	00	\$ 13848	00

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			DOLLARS	CTS	DOLLARS	CTS
SL-33.02.02 (129)	1,600.0 L.F.	FURNISH AND INSTALL NO. 6 AWG XLP COPPER CABLE OR EQUAL FOR OVERHEAD INSTALLATION	\$ 5 <sup>00</sup>		\$ 8000 <sup>00</sup>	
T-1.1 (130)	9.0 EACH	INSTALL TYPE "S" OR "T" FOUNDATION	\$ 1097 <sup>00</sup>		\$ 9873 <sup>00</sup>	
T-1.18 (131)	2.0 EACH	REMOVE TYPE "A", "B", "S" OR "T" SERIES FOUNDATION	\$ 100 <sup>00</sup>		\$ 200 <sup>00</sup>	
T-1.20 (132)	6.0 EACH	REMOVE TYPE "M" SERIES FOUNDATION	\$ 100 <sup>00</sup>		\$ 600 <sup>00</sup>	

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			DOLLARS	CTS	DOLLARS	CTS
T-1.29 (133)	2.0 EACH	RAISE OR LOWER FOUNDATION TO GRADE	\$ 1100	<sup>00</sup>	\$ 2200	<sup>00</sup>
T-1.3 (134)	8.0 EACH	INSTALL TYPE "M2-5S" FOUNDATION	\$ 1571	<sup>00</sup>	\$ 12568	<sup>00</sup>
T-2.1 (135)	8.0 EACH	INSTALL TYPE "S-1" OR "T-1" SERIES POST	\$ 626	<sup>00</sup>	\$ 5008	<sup>00</sup>
T-2.16 (136)	1.0 EACH	FURNISH, INSTALL, MAINTAIN AND REMOVE TEMPORARY POST OR PYLON WITH SIGNALS	\$ 1811	<sup>00</sup>	\$ 1811	<sup>00</sup>

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			DOLLARS	CTS	DOLLARS	CTS
T-2.22 (137)	2.0 EACH	REMOVE TYPE "S-1" OR "T-1" SERIES POST	\$ 522	00	\$ 1044	00
T-2.24 (138)	6.0 EACH	REMOVE TYPE "M" SERIES POST	\$ 1252	00	\$ 7512	00
T-2.28 (139)	4.0 EACH	REMOVE MAST ARM FROM ANY POST	\$ 626	00	\$ 2504	00
T-2.32 (140)	4.0 EACH	INSTALL STREET LIGHT LUMINAIRE SUPPORT ARM ON "M-2" POST	\$ 417	00	\$ 1668	00

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			DOLLARS	CTS	DOLLARS	CTS
T-2.4 (141)	6.0 EACH	INSTALL TYPE "M-2" POST	\$ 2,088	00	\$ 12,516	00
T-20000 (142)	8.0 EACH	FURNISH TEN FOOT ALUMINUM SIGNAL POST TYPE "S-1"	\$ 978	00	\$ 7,824	00
T-20020 (143)	27.0 EACH	a) FURNISH 3/4" ANCHOR BOLT ASSEMBLIES FOR S-1 (EACH) (3 REQUIRED PER POST)	\$ 30	00	\$ 810	00
T-20160 (144)	6.0 EACH	FURNISH 20 FOOT SIGNAL MAST ARM POLE ASSEMBLY TYPE "M-2"	\$ 4,673	00	\$ 28,038	00



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			DOLLARS	CTS	DOLLARS	CTS
T-20184 (145)	5.0 EACH	a) FURNISH 5' EXTENSION ARM ASSEMBLY WITH FITTINGS	\$ 614	<sup>00</sup>	\$ 3070	<sup>00</sup>
T-20220 (146)	32.0 EACH	c) FURNISH 1-1/4" ANCHOR BOLT ASSEMBLIES FOR M-2 (EACH) (4 REQUIRED PER POST)	\$ 53	<sup>00</sup>	\$ 1696	<sup>00</sup>
T-3.1 (147)	32.0 EACH	INSTALL "ONE-WAY" SIGNAL UNIT ON MAST ARM OR TOP OF TRAFFIC POST	\$ 209	<sup>01</sup>	\$ 6688	<sup>00</sup>
T-3.18 (148)	7.0 EACH	REMOVE SIGNAL HEAD FROM ANY TYPE POST	\$ 209	<sup>00</sup>	\$ 1463	<sup>00</sup>

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			DOLLARS	CTS	DOLLARS	CTS
T-3.2 (149)	18.0 EACH	INSTALL "ONE-WAY" SIGNAL UNIT ON THE SHAFT OF ANY POST	\$ 417	<sup>00</sup>	\$ 7506	<sup>00</sup>
T-3.21 (150)	12.0 EACH	REMOVE PEDESTRIAN SIGNAL OR SIGN UNIT OR OTHER ILLUMINATED SIGNS FROM ANY POST	\$ 209	<sup>00</sup>	\$ 2508	<sup>00</sup>
T-3.26 (151)	4.0 EACH	REMOVE STREET LIGHT LUMINAIRE AND PHOTO ELECTRIC CONTROL FROM STREET LIGHT ARM	\$ 104	<sup>00</sup>	\$ 416	<sup>00</sup>
T-3.27 (152)	4.0 EACH	INSTALL STREET LIGHT LUMINAIRE AND PHOTO ELECTRIC CONTROL ON STREET LIGHT MAST	\$ 209	<sup>00</sup>	\$ 836	<sup>00</sup>

02/06/2015  
11:12AM  
BID PAGES



NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
DIVISION OF INFRASTRUCTURE - BUREAU OF DESIGN

Contract PIN  
Project ID

8502015HW0027C  
HWK1048B

COL. 1 ITEM NUMBER (SEQUENCE NO.)	COL. 2 ENGINEER'S ESTIMATE OF QUANTITIES	COL. 3 CLASSIFICATIONS	COL. 4 UNIT PRICES (IN FIGURES)		COL. 5 EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
T-3.6 (153)	12.0 EACH	INSTALL PEDESTRIAN SIGNAL ON ANY TYPE POST	\$ 417	00	\$ 5004	00
T-30013L (154)	48.0 EACH	FURNISH ADJUSTABLE 3 SECTION 1-WAY, DIE CAST ALUMINUM TRAFFIC SIGNALS 8" - W/LED LENS	\$ 355	00	\$ 17,040	00
T-31150 (155)	3.0 EACH	FURNISH "1SA" ALUMINUM DIE CASTINGS AND ASSEMBLY FOR POST SIGNAL MOUNTING	\$ 73	00	\$ 219	00
T-31175 (156)	4.0 EACH	b) "2SPA"	\$ 312	00	\$ 1248	00

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BID PAGES



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COL. 1 ITEM NUMBER (SEQUENCE NO.)	COL. 2 ENGINEER'S ESTIMATE OF QUANTITIES	COL. 3 CLASSIFICATIONS	COL. 4 UNIT PRICES (IN FIGURES)		COL. 5 EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
T-31200 (157)	19.0 EACH	e) "VB" ASSEMBLY *ASSEMBLY IS EQUAL TO ONE PAIR	\$ 73	00	\$ 1387	00
T-31210 (158)	30.0 EACH	h) "HUB" ASSEMBLY *ASSEMBLY IS EQUAL TO ONE PAIR	\$ 36	00	\$ 1080	00
T-31225 (159)	2.0 EACH	c) "3MS"	\$ 268	00	\$ 536	00
T-31235 (160)	4.0 EACH	d) "4MS"	\$ 239	00	\$ 956	00

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			DOLLARS	CTS	DOLLARS	CTS
T-31340 (161)	6.0 EACH	f) "VB-P" ASSEMBLY *ASSEMBLY IS EQUAL TO ONE PAIR	\$ 87	00	\$ 522	00
T-31351 (162)	5.0 EACH	g) "VB-2P" ASSEMBLY *ASSEMBLY IS EQUAL TO ONE PAIR	\$ 210	00	\$ 1050	00
T-33000L (163)	4.0 EACH	FURNISH POLYCARBONATE INCANDESCENT PED SIGNAL W/LED LENS	\$ 290	00	\$ 1160	00
T-33001-L (164)	8.0 EACH	FURNISH POLYCARBONATE PEDESTRIAN SIGNAL (16 X 16) W/LED COUNT LENS (SPECIFICATION A-L)	\$ 362	00	\$ 2896	00

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			DOLLARS	CTS	DOLLARS	CTS
T-5.1 (165)	600.0 L.F.	FURNISH AND INSTALL 2" RIGID UNDERGROUND CONDUIT IN UNPAVED ROADWAY	\$ 47	00	\$ 28,200	00
T-5.2 (166)	175.0 L.F.	FURNISH AND INSTALL 2" RIGID UNDERGROUND CONDUIT IN PAVED ROADWAY	\$ 51	00	\$ 8,925	00
T-5.32 (167)	175.0 L.F.	RESTORING PERMANENT ROADWAY (INCLUDING SAWCUT)	\$ 50	00	\$ 8,750	00
T-5.7 (168)	25.0 L.F.	FURNISH AND INSTALL ADDITIONAL 2" RIGID UNDERGROUND CONDUIT	\$ 51	00	\$ 1,275	00

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COL. 1 ITEM NUMBER (SEQUENCE NO.)	COL. 2 ENGINEER'S ESTIMATE OF QUANTITIES	COL. 3 CLASSIFICATIONS	COL. 4 UNIT PRICES (IN FIGURES)		COL. 5 EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
T-6.1 (169)	500.0 L.F.	INSTALL CABLE (INCLUDES OVERHEAD)	\$ 8	00	\$ 4,000	00
T-6.10 (170)	2,000.0 L.F.	REMOVE CABLE (INCLUDES OVERHEAD)	\$ 4	00	\$ 8,000	00
T-6.2 (171)	2,000.0 L.F.	INSTALL MULTIPLE CABLE (INCLUDES OVERHEAD)	\$ 13	00	\$ 26,000	00
T-60000B (172)	2,000.0 L.F.	FURNISH 2 c # 10B (BREAKDOWN = 2#10 WITH 3RD WIRE FOR GROUNDING).	\$ 2	00	\$ 4,000	00

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BID PAGES



NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
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COL. 1 ITEM NUMBER (SEQUENCE NO.)	COL. 2 ENGINEER'S ESTIMATE OF QUANTITIES	COL. 3 CLASSIFICATIONS	COL. 4 UNIT PRICES (IN FIGURES)		COL. 5 EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
T-60040 (173)	1,000.0 L.F.	c) 7 CONDUCTOR, 14 A.W.G.	\$ 2	00	\$ 2000	00
T-60190 (174)	2,500.0 L.F.	e) 13 CONDUCTOR, 14 A.W.G.	\$ 3	00	\$ 7500	00
T-7.38 (175)	1.0 EACH	REMOVE POST MOUNTED SENSOR	\$ 209	00	\$ 209	00
T-7.45 (176)	4.0 EACH	REMOVE PEDESTRIAN PUSHBUTTON AND PUSHBUTTON SIGN	\$ 104	00	\$ 416	00



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COL. 1 ITEM NUMBER (SEQUENCE NO.)	COL. 2 ENGINEER'S ESTIMATE OF QUANTITIES	COL. 3 CLASSIFICATIONS	COL. 4 UNIT PRICES (IN FIGURES)		COL. 5 EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
T-7.78 (177)	1.0 EACH	INSTALL MICROWAVE SENSOR ON METAL POLE (CENTER SUPPORT BRACKET)	\$ 994	00	\$ 994	00
T-8.10 (178)	6.0 EACH	RELOCATE CONCRETE PYLON WITH POST	\$ 1252	00	\$ 7512	00
T-8.8 (179)	6.0 EACH	INSTALL CONCRETE PYLON	\$ 834	00	\$ 5004	00
T-8.9 (180)	6.0 EACH	REMOVE CONCRETE PYLON	\$ 417	00	\$ 2502	00

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NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
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Contract PIN  
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HWK1048B

<u>COL. 1</u>	<u>COL. 2</u>	<u>COL. 3</u>	<u>COL. 4</u>		<u>COL. 5</u>	
ITEM NUMBER  (SEQUENCE NO.)	ENGINEER'S ESTIMATE OF QUANTITIES	CLASSIFICATIONS	UNIT PRICES (IN FIGURES)		EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
SUB-TOTAL:					\$ 6396067	20
6.39 A  (182)	1.0  LUMP SUM	MOBILIZATION  PRICE BID SHALL NOT EXCEED 4% OF THE ABOVE SUB-TOTAL PRICE.			\$ 255842	69
TOTAL BID PRICE:					\$ 6,651,909	89/100

PLEASE BE SURE A LEGIBLE BID IS ENTERED FOR EACH ITEM.

THE BIDDER SHALL INSERT THE TOTAL BID PRICE IN  
THE BID FORM ON PAGE C-4 OF THIS BID BOOKLET.

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BID PAGES



NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
DIVISION OF INFRASTRUCTURE - BUREAU OF DESIGN

Contract PIN 8502015HW0027C  
Project ID HWK1048B

<u>COL. 1</u> ITEM NUMBER (SEQUENCE NO.)	<u>COL. 2</u> ENGINEER'S ESTIMATE OF QUANTITIES	<u>COL. 3</u> CLASSIFICATIONS	<u>COL. 4</u> UNIT PRICES (IN FIGURES)		<u>COL. 5</u> EXTENDED AMOUNTS (IN FIGURES)	
			DOLLARS	CTS	DOLLARS	CTS
T-81000 (181)	6.0 EACH	FURNISH CONCRETE PYLON	\$ 640	<sup>00</sup>	\$ 3840	<sup>00</sup>

**BID FORM  
THE CITY OF NEW YORK  
DEPARTMENT OF DESIGN AND CONSTRUCTION  
DIVISION OF INFRASTRUCTURE**

**BID FOR FURNISHING ALL LABOR AND  
MATERIAL NECESSARY AND REQUIRED FOR:**

**PROJECT ID: HWK1048B**

**RECONSTRUCTION OF FLUSHING AVENUE**

**FROM NAVY STREET TO WILLIAMSBURG STREET  
(BROOKLYN WATERFRONT GREENWAY)**

**INCLUDING CURB AND SIDEWALK RECONSTRUCTION, SEWER,  
STREET LIGHTING, AND TRAFFIC SIGNAL WORK**

**Together With All Work Incidental Thereto  
BOROUGH OF BROOKLYN  
CITY OF NEW YORK**

Name of Bidder: JLYN Enterprises Inc.

Date of Bid Opening: 3/25/15

Bidder is: (Check one, whichever applies) Individual ( ) Partnership ( ) Corporation (X)

Place of Business of Bidder: 213-19 99th Ave QUNY 11429

Bidder's Telephone Number: 7184658000 Fax Number: 7184655100

Bidder's E-Mail Address: jy@jlyn.com

Residence of Bidder (If Individual): \_\_\_\_\_

If Bidder is a Partnership, fill in the following blanks:

Names of Partners

Residence of Partners

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Bidder is a Corporation, fill in the following blanks:

Organized under the laws of the State of New York

Name and Home Address of President: James Juliano  
30 Andover Ct Plandome Manor NY 11030

Name and Home Address of Secretary: Stephen Licata  
60 Old Salt Rd Mattituck NY 11952

Name and Home Address of Treasurer: Raymond Rudolph  
101 Wetherill Rd, Garden City NY 11530

## BID FORM

---

The above-named Bidder affirms and declares:

1. The said bidder is of lawful age and the only one interested in this bid; and no person, firm or corporation other than hereinbefore named has any interest in this bid, or in the Contract proposed to be taken.
2. 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 its 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 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 purpose of restricting competition.
3. No councilman or other officer or employee or person whose salary is payable in whole or in part from the City Treasury is directly or indirectly interested in this bid, or in the supplies, materials, equipment, work or labor to which it relates, or in any of the profits thereof.
4. The bidder is not in arrears to the City of New York upon debt or contract or taxes, and is not a defaulter, as surety or otherwise, upon any obligation of the City of New York, and has not been declared not responsible, or disqualified, by any agency of the City of New York or State of New York, nor is there any proceeding pending relating to the responsibility or qualification of the bidder to receive public contracts except as set forth on the Affirmation included as page C-6 of this Bid Booklet.

The bidder hereby affirms that it has paid all applicable City income, excise and other taxes for all years it has conducted business activities in New York City.

5. The bidder, as an individual, or as a member, partner, director or officer of the bidder, if the same be a firm, partnership or corporation, executes this document expressly warranting and representing that should this bid be accepted by the City and the Contract awarded to him, he and his subcontractors engaged in the performance: (1) will comply with the provisions of Section 6-108 of the Administrative Code of the City of New York and the non-discrimination provisions of Section 220a of the New York State Labor Law, as more expressly and in detail set forth in the Agreement; (2) will comply with Section 6-109 of the Administrative Code of the City of New York in relation to minimum wages and other stipulations as more expressly and in detail set forth in the Agreement; (3) have complied with the provisions of the aforesaid laws since their respective effective dates, and (4) will post notices to be furnished by the City, setting forth the requirements of the aforesaid laws in prominent and conspicuous places in each and every plant, factory, building and structure where employees engaged in the performance of the Contract can readily view it, and will continue to keep such notices posted until the supplies, materials and equipment, or work labor and services required to be furnished or rendered by the Contractor have been finally accepted by the City. In the event of any breach or violation of the foregoing, the Contractor may be subject to damages, liquidated or otherwise, cancellation of the Contract and suspension as a bidder for a period of three years. (The words, "the bidder", "he", "his", and "him" where used herein shall mean the individual bidder, firm, partnership or corporation executing this bid).

**BID FORM**

**PROJECT ID. HWK1048B**

**TOTAL BID PRICE:** In the space provided below, the Bidder shall indicate its Total Bid Price in figures. Such Total Bid Price is set forth on the final page of the Bid Schedule.

**TOTAL BID PRICE:  
( a/k/a BID PROPOSAL)**

\$ 6,651,909<sup>89</sup>  
BB 3/25/15

**BIDDER'S SIGNATURE AND AFFIDAVIT**

Bidder: JJIN Enterprises Inc.

By: Stephen Licata  
(Signature of Partner or corporate officer)

Attest:  
(Corporate Seal)

Secretary of Corporate Bidder

Affidavit on the following page should be subscribed  
and sworn to before a Notary Public

**BID FORM (TO BE NOTARIZED)**

**AFFIDAVIT WHERE BIDDER IS AN INDIVIDUAL**

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_ ss:

\_\_\_\_\_ being duly sworn says:  
I am the person described in and who executed the foregoing bid, and the several matters therein stated are in all respects true.

\_\_\_\_\_  
(Signature of the person who signed the Bid)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

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

**AFFIDAVIT WHERE BIDDER IS A PARTNERSHIP**

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_ ss:

\_\_\_\_\_ being duly sworn says:  
I am a member of \_\_\_\_\_ the firm described in and which executed the foregoing bid. I subscribed the name of the firm thereto on behalf of the firm, and the several matters therein stated are in all respects true.

\_\_\_\_\_  
(Signature of Partner who signed the Bid)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

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

**AFFIDAVIT WHERE BIDDER IS A CORPORATION**

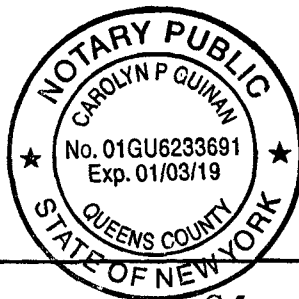
STATE OF NEW YORK, COUNTY OF Westchester ss:

Stephen Licata being duly sworn says:  
I am the secretary of the above named corporation whose name is subscribed to and which executed the foregoing bid. I reside at Hatfield NY.  
I have knowledge of the several matters therein stated, and they are in all respects true.

[Signature]  
(Signature of Corporate Officer who signed the Bid)

Subscribed and sworn to before me this  
24th day of March, 2015

[Signature]  
Notary Public



**AFFIRMATION**

**PROJECT ID. HWK1048B**

The undersigned bidder affirms and declares that said bidder is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not been declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the bidder to receive public contracts except: NONE

(If none, the bidder shall insert the word "None" in the space provided above.)

Full Name of Bidder: SUN ENTERPRISES INC.  
Address: 23-19 99th Ave  
City: Queens Village State: NY Zip Code: 11429

**CHECK ONE BOX AND INCLUDE APPROPRIATE NUMBER:**

- ☐ A - Individual or Sole Proprietorship\*  
SOCIAL SECURITY NUMBER  
-----
- ☐ B - Partnership, Joint Venture or other unincorporated organization  
EMPLOYER IDENTIFICATION NUMBER  
-----
- ☒ C - Corporation  
EMPLOYER IDENTIFICATION NUMBER

113630758

By: [Signature]  
Signature

Title: Secretary

If a corporation, place seal here

This affirmation must be signed by an officer or duly authorized representative.

\*Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on City contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder's disqualification. Social Security Numbers will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws, as well as to provide the City a means of identifying of businesses which seek City contracts.



BID BOND 1  
FORM OF BID BOND

KNOW ALL MEN BY THESE PRESENTS. That we, J.L.J. IV Enterprises, Inc.  
213-19 99th Avenue, Queens Village, NY 11429

hereinafter referred to as the "Principal", and Liberty Mutual Insurance Company  
1200 MacArthur Blvd., Mahwah, NJ 07043

hereinafter referred to as the "Surety" are held and firmly bound to THE CITY OF NEW YORK,  
hereinafter referred to as the "CITY", or to its successors and assigns in the penal sum of \_\_\_\_\_

**TEN PERCENT OF AMOUNT BID**

( 10% Amt Bid ), Dollars lawful money of the United States, for the payment of which said sum of money well and truly to be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Whereas, the Principal is about to submit (or has submitted) to the City the accompanying proposal, hereby made a part hereof, to enter into a contract in writing for \_\_\_\_\_

Cont. #HWK1048B - Reconstruction of Flushing Ave., Including Sewer mains, Street Lighting and Traffic Signal  
Work - Boro of Brooklyn

NOW, THEREFORE, the conditions of this obligation are such that if the Principal shall not withdraw said Proposal without the consent of the City for a period of forty-five (45) days after the opening of bids and in the event of acceptance of the Principal's Proposal by the City, if the Principal shall:

- (a) Within ten (10) days after notification by the City, execute in quadruplicate and deliver to the City all the executed counterparts of the Contract in the form set forth in the Contract Documents, in accordance with the proposal as accepted, and
- (b) Furnish a performance bond and separate payment bond, as may be required by the City, for the faithful performance and proper fulfillment of such Contract, which bonds shall be satisfactory in all respects to the City and shall be executed by good and sufficient sureties, and
- (c) In all respects perform the agreement created by the acceptance of said Proposal as provided in the Information for Bidders, bound herewith and made a part hereof, or if the City shall reject the aforesaid Proposal, then this obligation shall be null and void; otherwise to remain in full force and effect.

BID BOND 2

In the event that the Proposal of the Principal shall be accepted and the Contract be awarded to him the Surety hereunder agrees subject only to the payment by the Principal of the premium therefore, if requested by the City, to write the aforementioned performance and payment bonds in the form set forth in the Contract Documents.

It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

There shall be no liability under this bond if, in the event of the acceptance of the Principal's Proposal by the City, either a performance bond or payment bond, or both, shall not be required by the City on or before the 30th day after the date on which the City signs the Contract.

The surety, for the value received, hereby stipulates and agrees that the obligations of the Surety and its bond shall in no way be impaired or affected by any postponements of the date upon which the City will receive or open bids, or by any extensions of the time within which the City may accept the Principal's Proposal, or by any waiver by the City of any of the requirements of the Information for Bidders, and the Surety hereby waives notice of any such postponements, extensions, or waivers.

IN WITNESS WHEREOF, the Principal and the Surety have hereunto set their hands and seals and such of them as are corporations have caused their corporate seals to be hereto affixed and these presents to be signed by their proper officers the 9th day of March, 2015.

(Seal)

J.L.J. IV Enterprises, Inc.

(L.S.)

Principal

By: 

(Seal)

Liberty Mutual Insurance Company

Surety

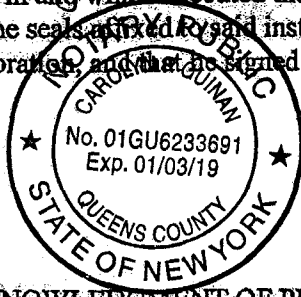
By: 

Robert Kempner, Attorney-in-Fact

BID BOND 3

ACKNOWLEDGMENT OF PRINCIPAL IF A CORPORATION

State of Queens County of Queens ss:  
On this 21<sup>st</sup> day of March, 2015, before me personally came  
Stephen Licata to me known, who, being by me duly sworn, did depose and say  
that he resides at Matthuck NY  
that he is the Secretary of SYN Enterprises Inc.  
the corporation described in and which executed the foregoing instrument; that he knows the seal of said  
corporation; that one of the seals affixed to said instrument is such seal; that it was so affixed by order of  
the directors of said corporation, and that he signed his name thereto by like order.



Carolyn Quinn  
Notary Public

ACKNOWLEDGMENT OF PRINCIPAL IF A PARTNERSHIP

State of \_\_\_\_\_ County of \_\_\_\_\_ ss:  
On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared  
\_\_\_\_\_ to me known and known to me to be one of the members of the  
firm of \_\_\_\_\_ described in and who executed the foregoing  
instrument, and he acknowledged to me that he executed the same as and for the act and deed of said  
firm.

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

ACKNOWLEDGMENT OF PRINCIPAL IF AN INDIVIDUAL

State of \_\_\_\_\_ County of \_\_\_\_\_ ss:  
On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared  
\_\_\_\_\_ to me known and known to me to be the person described in  
and who executed the foregoing instrument and acknowledged that he executed the same.

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

AFFIX ACKNOWLEDGMENTS AND JUSTIFICATION OF SURETIES

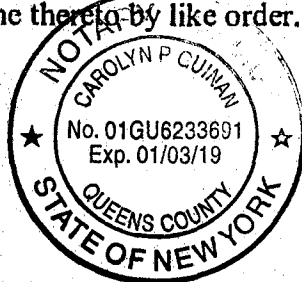
ACKNOWLEDGEMENT OF PRINCIPAL, OF A CORPORATION

STATE OF New York

COUNTY OF Queens

SS:

On this 24<sup>th</sup> day of March, 2015 before me personally came Stephen Licata to me known, who, being by me duly sworn did depose and say that he resides at Wattuck that he is the Secretary of JLN Enterprises Inc. the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that one of the seals affixed to the foregoing instrument is such seal; that it was an affixed by order of the board of directors of said corporation; and that he signed his name thereto by like order.



Carolyn P. Guinan  
Notary Public

ACKNOWLEDGEMENT OF SURETY

STATE OF New York

COUNTY OF Nassau

SS:

On this 9<sup>th</sup> day of March, 2015, before me personally came Robert Kempner to me known, who, being by me duly sworn, did depose and say that he is an Attorney-In-Fact of Liberty Mutual Insurance Company the corporation described in and which executed the within instrument; that he knows the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he signed and said instrument and affixed the said seal as Attorney-In-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

**LYNN ANN INFANTI**  
Notary Public, State of New York  
No. 01IN8004351  
Qualified in Suffolk County  
Commission Expires March 23, 2018

My commission expires \_\_\_\_\_

L  
Notary Public

**THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.**

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 6777181

American Fire and Casualty Company  
The Ohio Casualty Insurance Company

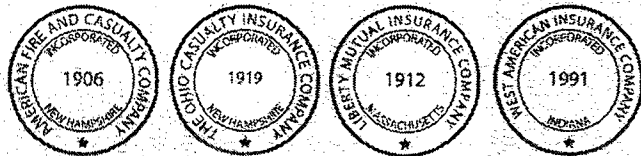
Liberty Mutual Insurance Company  
West American Insurance Company

**POWER OF ATTORNEY**

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Joseph Sforzo; Robert Kempner; Robert W. O'Kane; Susan P. Hammel

all of the city of Plainview, state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of November, 2014



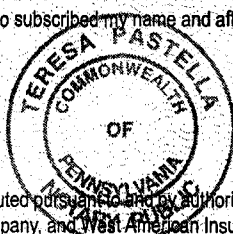
American Fire and Casualty Company  
The Ohio Casualty Insurance Company  
Liberty Mutual Insurance Company  
West American Insurance Company

By: David M. Carey  
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA  
COUNTY OF MONTGOMERY

On this 10th day of November, 2014, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Teresa Pastella, Notary Public  
Plymouth Twp., Montgomery County  
My Commission Expires March 28, 2017  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV - OFFICERS** - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

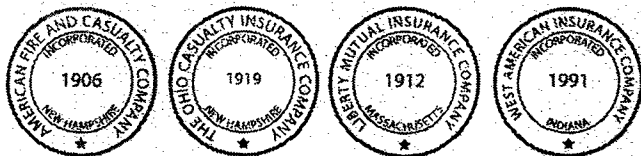
**ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings.** Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of March, 20 15



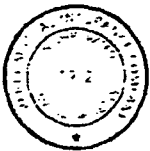
By: Gregory W. Davenport  
Gregory W. Davenport, Assistant Secretary

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



LIBERTY MUTUAL INSURANCE COMPANY  
FINANCIAL STATEMENT — DECEMBER 31, 2013

Assets		Liabilities	
Cash and Bank Deposits.....	\$1,118,180,550	Unearned Premiums.....	\$5,940,431,054
*Bonds — U.S Government.....	1,888,225,943	Reserve for Claims and Claims Expense.....	17,305,063,560
*Other Bonds.....	12,039,490,815	Funds Held Under Reinsurance Treaties.....	212,659,311
*Stocks.....	9,030,962,112	Reserve for Dividends to Policyholders.....	1,226,236
Real Estate.....	251,301,907	Additional Statutory Reserve.....	63,343,987
Agents' Balances or Uncollected Premiums.....	4,781,042,931	Reserve for Commissions, Taxes and	
Accrued Interest and Rents.....	149,855,386	Other Liabilities.....	<u>5,826,683,629</u>
Other Admitted Assets.....	<u>15,216,749,451</u>	Total.....	<u>\$29,349,412,770</u>
Total Admitted Assets.....	<u>\$44,475,809,095</u>	Special Surplus Funds.....	\$55,636,852
		Capital Stock.....	11,250,000
		Paid in Surplus.....	7,895,235,167
		Unassigned Surplus.....	7,161,171,306
		Surplus to Policyholders.....	<u>15,126,396,325</u>
		Total Liabilities and Surplus.....	<u>\$44,475,809,095</u>



\* Bonds are stated at amortized or investment value. Stocks at Association Market Values.  
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2013, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 20th day of March, 2014.

*Tim Mikolajewski*

Assistant Secretary

## M/WBE PROGRAM

### M/WBE UTILIZATION PLAN

**M/WBE Program Requirements:** The requirements for the M/WBE Program are set forth on the following pages of this Bid Booklet, in the section entitled "Notice to All Prospective Contractors".

**Schedule B: M/WBE Utilization Plan:** Schedule B: M/WBE Utilization Plan for this Contract is set forth in this Bid Booklet on the pages following the section entitled "Notice to All Prospective Contractors". The M/WBE Utilization Plan (Part I) indicates whether Participation Goals have been established for this Contract. If Participation Goals have been established for this Contract, the bidder must submit an M/WBE Utilization Plan (Part II) with its bid.

**Waiver:** The bidder may seek a full or partial pre-award waiver of the Participation Goals in accordance with the "Notice to All Prospective Contractors" (See Part A, Section 10). The bidder's request for a waiver must be submitted at least seven (7) calendar days prior to the bid date. Waiver requests submitted after the deadline will not be considered. The form for requesting a waiver of the Participation Goals is set forth in the M/WBE Utilization Plan (Part III).

**Rejection of the Bid:** The bidder must complete Schedule B: M/WBE Utilization Plan (Part II) set forth in this Bid Booklet on the pages following the section entitled "Notice to All Prospective Contractors". A Schedule B submitted by the bidder which does not include the Vendor Certification and Required Affirmations (See Section V of Part II) will be deemed to be non-responsive, unless a full waiver of the Participation Goals is granted (Schedule B, Part III). In the event that the City determines that the bidder has submitted a Schedule B where the Vendor Certification and Required Affirmations are completed but other aspects of the Schedule B are not complete, or contain a copy or computation error that is at odds with the Vendor Certification and Required Affirmations, the bidder will be notified by the Agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a completed Schedule B to the Agency. Failure to do so will result in a determination that the Bid is non-responsive. Receipt of notification is defined as the date notice is emailed or faxed (if the bidder has provided an email address or fax number), or no later than five (5) calendar days from the date of mailing or upon delivery, if delivered.

**Impact on LBE Requirements:** If Participation Goals have been established for the participation of M/WBEs, the contractor is not required to comply with the Locally Based Enterprise Program ("LBE"). The LBE Program is set forth in Article 67 of the Contract.

## NOTICE TO ALL PROSPECTIVE CONTRACTORS

### PARTICIPATION BY MINORITY-OWNED AND WOMEN-OWNED BUSINESS ENTERPRISES IN CITY PROCUREMENT

#### ARTICLE I. M/WBE PROGRAM

Local Law No. 129 of 2005 added and Local Law 1 of 2013 amended Section 6-129 of the Administrative Code of the City of New York (hereinafter "Section 6-129"). Section 6-129 establishes the program for participation in City procurement ("M/WBE Program") by minority-owned business enterprises ("MBEs") and women-owned business enterprises ("WBEs"), certified in accordance with Section 1304 of the New York City Charter. As stated in Section 6-129, the intent of the program is to address the impact of discrimination on the City's procurement process, and to promote the public interest in avoiding fraud and favoritism in the procurement process, increasing competition for City business, and lowering contract costs. The contract provisions contained herein are pursuant to Section 6-129, and the rules of the Department of Small Business Services ("DSBS") promulgated thereunder.

If this Contract is subject to the M/WBE Program established by Section 6-129, the specific requirements of MBE and/or WBE participation for this Contract are set forth in Schedule B of the Contract (entitled the "M/WBE Utilization Plan"), and are detailed below. The Contractor must comply with all applicable MBE and WBE requirements for this Contract.

All provisions of Section 6-129 are hereby incorporated in the Contract by reference and all terms used herein that are not defined herein shall have the meanings given such terms in Section 6-129. Article I, Part A, below, sets forth provisions related to the participation goals for construction, standard and professional services contracts. Article I, Part B, below, sets forth miscellaneous provisions related to the M/WBE Program.

#### PART A

#### PARTICIPATION GOALS FOR CONSTRUCTION, STANDARD AND PROFESSIONAL SERVICES CONTRACTS OR TASK ORDERS

1. The MBE and/or WBE Participation Goals established for this Contract or Task Orders issued pursuant to this Contract, ("Participation Goals"), as applicable, are set forth on Schedule B, Part I to this Contract (see Page 1, line 1 Total Participation Goals) or will be set forth on Schedule B, Part I to Task Orders issued pursuant to this Contract, as applicable.

The Participation Goals represent a percentage of the total dollar value of the Contract or Task Order, as applicable, that may be achieved by awarding subcontracts to firms certified with New York City Department of Small Business Services as MBEs and/or WBEs, and/or by crediting the participation of prime contractors and/or qualified joint ventures as provided in Section 3 below, unless the goals have been waived or modified by Agency in accordance with Section 6-129 and Part A, Sections 10 and 11 below, respectively.

2. If Participation Goals have been established for this Contract or Task Orders issued pursuant to this Contract, Contractor agrees or shall agree as a material term of the Contract that Contractor shall be subject to the Participation Goals, unless the goals are waived or modified by Agency in accordance with Section 6-129 and Part A, Sections 10 and 11 below, respectively.

3. If Participation Goals have been established for this Contract or Task Order issued pursuant to this Contract, a Contractor that is an MBE and/or WBE shall be permitted to count its own participation toward fulfillment of the relevant Participation Goal, provided that in accordance with Section 6-129 the value of Contractor's participation shall be determined by subtracting from the total value of the Contract or Task Order, as applicable, any amounts that the Contractor pays to direct subcontractors (as defined in Section 6-129(c)(13)), and provided further that a Contractor that is certified as both an MBE and a WBE may count its own participation either toward the goal for MBEs or the goal for WBEs, but not both.



A Contractor that is a qualified joint venture (as defined in Section 6-129(c)(30)) shall be permitted to count a percentage of its own participation toward fulfillment of the relevant **Participation Goal**. In accordance with Section 6-129, the value of Contractor's participation shall be determined by subtracting from the total value of the Contract or Task Order, as applicable, any amounts that Contractor pays to direct subcontractors, and then multiplying the remainder by the percentage to be applied to total profit to determine the amount to which an MBE or WBE is entitled pursuant to the joint venture agreement, provided that where a participant in a joint venture is certified as both an MBE and a WBE, such amount shall be counted either toward the goal for MBEs or the goal for WBEs, but not both.

4. A. If **Participation Goals** have been established for this Contract, a prospective contractor shall be required to submit with its bid or proposal, as applicable, a completed Schedule B, M/WBE Utilization Plan, Part II (see Pages 2-4) indicating: (a) whether the contractor is an MBE or WBE, or qualified joint venture; (b) the percentage of work it intends to award to direct subcontractors; and (c) in cases where the contractor intends to award direct subcontracts, a description of the type and dollar value of work designated for participation by MBEs and/or WBEs, and the time frames in which such work is scheduled to begin and end. In the event that this M/WBE Utilization Plan indicates that the bidder or proposer, as applicable, does not intend to meet the **Participation Goals**, the bid or proposal, as applicable, shall be deemed non-responsive, unless Agency has granted the bidder or proposer, as applicable, a pre- award waiver of the Participation Goals in accordance with Section 6-129 and Part A, Section 10 below.

B. (i) If this Contract is for a master services agreement or other requirements type contract that will result in the issuance of Task Orders that will be individually registered ("Master Services Agreement") and is subject to M/WBE **Participation Goals**, a prospective contractor shall be required to submit with its bid or proposal, as applicable, a completed Schedule B, M/WBE Participation Requirements for Master Services Agreements That Will Require Individually Registered Task Orders, Part II (page 2) indicating the prospective contractor's certification and required affirmations to make all reasonable good faith efforts to meet participation goals established on each individual Task Order issued pursuant to this Contract, or if a partial waiver is obtained or such goals are modified by the Agency, to meet the modified **Participation Goals** by soliciting and obtaining the participation of certified MBE and/or WBE firms. In the event that the Schedule B indicates that the bidder or proposer, as applicable, does not intend to meet the **Participation Goals** that may be established on Task Orders issued pursuant to this Contract, the bid or proposal, as applicable, shall be deemed nonresponsive.

(ii) **Participation Goals** on a Master Services Agreement will be established for individual Task Orders issued after the Master Services Agreement is awarded. If **Participation Goals** have been established on a Task Order, a contractor shall be required to submit a Schedule B – M/WBE Utilization Plan For Independently Registered Task Orders That Are Issued Pursuant to Master Services Agreements, Part II (see Pages 2-4) indicating: (a) whether the contractor is an MBE or WBE, or qualified joint venture; (b) the percentage of work it intends to award to direct subcontractors; and (c) in cases where the contractor intends to award direct subcontracts, a description of the type and dollar value of work designated for participation by MBEs and/or WBEs, and the time frames in which such work is scheduled to begin and end. The contractor must engage in good faith efforts to meet the **Participation Goals** as established for the Task Order unless Agency has granted the contractor a pre-award waiver of the Participation Goals in accordance with Section 6-129 and Part A, Section 10 below.

C. **THE BIDDER/PROPOSER MUST COMPLETE THE SCHEDULE B INCLUDED HEREIN (SCHEDULE B, PART II). A SCHEDULE B SUBMITTED BY THE BIDDER/PROPOSER WHICH DOES NOT INCLUDE THE VENDOR CERTIFICATION AND REQUIRED AFFIRMATIONS (SEE SECTION V OF PART II) WILL BE DEEMED TO BE NON-RESPONSIVE, UNLESS A FULL WAIVER OF THE PARTICIPATION GOALS IS GRANTED (SCHEDULE B, PART III). IN THE EVENT THAT THE CITY DETERMINES THAT THE BIDDER/PROPOSER HAS SUBMITTED A SCHEDULE B WHERE THE VENDOR CERTIFICATION AND REQUIRED AFFIRMATIONS ARE COMPLETED BUT OTHER ASPECTS OF THE SCHEDULE B ARE NOT COMPLETE, OR CONTAIN A COPY OR COMPUTATION ERROR THAT IS AT ODDS WITH THE VENDOR CERTIFICATION AND AFFIRMATIONS, THE BIDDER/PROPOSER WILL BE NOTIFIED BY THE AGENCY AND WILL BE GIVEN FOUR (4) CALENDAR DAYS FROM RECEIPT OF NOTIFICATION TO CURE THE SPECIFIED DEFICIENCIES AND RETURN A COMPLETED SCHEDULE B TO THE AGENCY. FAILURE TO DO \_**

**SO WILL RESULT IN A DETERMINATION THAT THE BID/PROPOSAL IS NON-RESPONSIVE. RECEIPT OF NOTIFICATION IS DEFINED AS THE DATE NOTICE IS E-MAILED OR FAXED (IF THE BIDDER/PROPOSER HAS PROVIDED AN E-MAIL ADDRESS OR FAX NUMBER), OR NO LATER THAN FIVE (5) CALENDAR DAYS FROM THE DATE OF MAILING OR UPON DELIVERY, IF DELIVERED.**

5. Where an **M/WBE** Utilization Plan has been submitted, the Contractor shall, within 30 days of issuance by Agency of a notice to proceed, submit a list of proposed persons or entities to which it intends to award subcontracts within the subsequent 12 months. In the case of multiyear contracts, such list shall also be submitted every year thereafter. The Agency may also require the Contractor to report periodically about the contracts awarded by its direct subcontractors to indirect subcontractors (as defined in Section 6-129(c)(22)). **PLEASE NOTE: If this Contract is a public works project subject to GML §101(5) (i.e., a contract valued at or below \$3M for projects in New York City) or if the Contract is subject to a project labor agreement in accordance with Labor Law §222, and the bidder is required to identify at the time of bid submission its intended subcontractors for the Wicks trades (plumbing and gas fitting; steam heating, hot water heating, ventilating and air conditioning (HVAC); and electric wiring), the Contractor must identify all those to which it intends to award construction subcontracts for any portion of the Wicks trade work at the time of bid submission, regardless of what point in the life of the contract such subcontracts will occur. In identifying intended subcontractors in the bid submission, bidders may satisfy any Participation Goals established for this Contract by proposing one or more subcontractors that are MBEs and/or WBEs for any portion of the Wicks trade work. In the event that the Contractor's selection of a subcontractor is disapproved, the Contractor shall have a reasonable time to propose alternate subcontractors.**

6. MBE and WBE firms must be certified by DSBS in order for the Contractor to credit such firms' participation toward the attainment of the **Participation Goals**. Such certification must occur prior to the firms' commencement of work. A list of MBE and WBE firms may be obtained from the DSBS website at [www.nyc.gov/buycertified](http://www.nyc.gov/buycertified), by emailing DSBS at [buyer@sbs.nyc.gov](mailto:buyer@sbs.nyc.gov), by calling (212) 513-6356, or by visiting or writing DSBS at 110 William St., New York, New York, 10038, 7th floor. Eligible firms that have not yet been certified may contact DSBS in order to seek certification by visiting [www.nyc.gov/getcertified](http://www.nyc.gov/getcertified), emailing [MWBE@sbs.nyc.gov](mailto:MWBE@sbs.nyc.gov), or calling the DSBS certification helpline at (212) 513-6311. A firm that is certified as both an MBE and a WBE may be counted either toward the goal for MBEs or the goal for WBEs, but not both. No credit shall be given for participation by a graduate MBE or graduate WBE, as defined in Section 6-129(c)(20).

7. Where an **M/WBE** Utilization Plan has been submitted, the Contractor shall, with each voucher for payment, and/or periodically as Agency may require, submit statements, certified under penalty of perjury, which shall include, but not be limited to, the total amount the Contractor paid to its direct subcontractors, and, where applicable pursuant to Section 6-129(j), the total amount direct subcontractors paid to indirect subcontractors; the names, addresses and contact numbers of each MBE or WBE hired as a subcontractor by the Contractor, and, where applicable, hired by any of the Contractor's direct subcontractors; and the dates and amounts paid to each MBE or WBE. The Contractor shall also submit, along with its voucher for final payment: the total amount it paid to subcontractors, and, where applicable pursuant to Section 6-129(j), the total amount its direct subcontractors paid directly to their indirect subcontractors; and a final list, certified under penalty of perjury, which shall include the name, address and contact information of each subcontractor that is an MBE or WBE, the work performed by, and the dates and amounts paid to each.

8. If payments made to, or work performed by, MBEs or WBEs are less than the amount specified in the Contractor's **M/WBE** Utilization Plan, Agency shall take appropriate action, in accordance with Section 6-129 and Article II below, unless the Contractor has obtained a modification of its **M/WBE** Utilization Plan in accordance with Section 6-129 and Part A, Section 11 below.

9. Where an **M/WBE** Utilization Plan has been submitted, and the Contractor requests a change order the value of which exceeds the greater of 10 percent of the Contract or Task Order, as applicable, or \$500,000, Agency shall review the scope of work for the Contract or Task Order, as applicable, and the scale and types of work involved in the change order, and determine whether the **Participation Goals** should be modified.

10. Pre-award waiver of the **Participation Goals**. (a) A bidder or proposer, or contractor with respect to a Task Order, may seek a pre-award full or partial waiver of the **Participation Goals** in accordance with Section 6-129, which requests that Agency change one or more **Participation Goals** on the grounds that the **Participation Goals** are unreasonable in light of the availability of certified firms to perform the services required, or by demonstrating that it has legitimate business reasons for proposing a lower level of subcontracting in its M/WBE Utilization Plan.

(b) To apply for a full or partial waiver of the **Participation Goals**, a bidder, proposer, or contractor, as applicable, must complete Part III (Page 5) of Schedule B and submit such request no later than seven (7) calendar days prior to the date and time the bids, proposals, or Task Orders are due, in writing to the Agency by email at [poped@ddc.nyc.gov](mailto:poped@ddc.nyc.gov) or via facsimile at (718) 391-1886. Bidders, proposers, or contractors, as applicable, who have submitted requests will receive an Agency response by no later than two (2) calendar days prior to the due date for bids, proposals, or Task Orders; provided, however, that if that date would fall on a weekend or holiday, an Agency response will be provided by close-of-business on the business day before such weekend or holiday date.

(c) If the Agency determines that the **Participation Goals** are unreasonable in light of the availability of certified firms to perform the services required, it shall revise the solicitation and extend the deadline for bids and proposals, or revise the Task Order, as applicable.

(d) Agency may grant a full or partial waiver of the **Participation Goals** to a bidder, proposer or contractor, as applicable, who demonstrates—before submission of the bid, proposal or Task Order, as applicable—that it has legitimate business reasons for proposing the level of subcontracting in its M/WBE Utilization Plan. In making its determination, Agency shall consider factors that shall include, but not be limited to, whether the bidder, proposer or contractor, as applicable, has the capacity and the bona fide intention to perform the Contract without any subcontracting, or to perform the Contract without awarding the amount of subcontracts represented by the **Participation Goals**. In making such determination, Agency may consider whether the M/WBE Utilization Plan is consistent with past subcontracting practices of the bidder, proposer or contractor, as applicable, whether the bidder, proposer or contractor, as applicable, has made efforts to form a joint venture with a certified firm, and whether the bidder, proposer, or contractor, as applicable, has made good faith efforts to identify other portions of the Contract that it intends to subcontract.

11. Modification of M/WBE Utilization Plan. (a) A Contractor may request a modification of its M/WBE Utilization Plan after award of this Contract. **PLEASE NOTE: If this Contract is a public works project subject to GML §101(5) (i.e., a contract valued at or below \$3M for projects in New York City) or if the Contract is subject to a project labor agreement in accordance with Labor Law §222, and the bidder is required to identify at the time of bid submission its intended subcontractors for the Wicks trades (plumbing and gas fitting; steam heating, hot water heating, ventilating and air conditioning (HVAC); and electric wiring), the Contractor may request a Modification of its M/WBE Utilization Plan as part of its bid submission.** The Agency may grant a request for Modification of a Contractor's M/WBE Utilization Plan if it determines that the Contractor has established, with appropriate documentary and other evidence, that it made reasonable, good faith efforts to meet the **Participation Goals**. In making such determination, Agency shall consider evidence of the following efforts, as applicable, along with any other relevant factors:

- (i) The Contractor advertised opportunities to participate in the Contract, where appropriate, in general circulation media, trade and professional association publications and small business media, and publications of minority and women's business organizations;
- (ii) The Contractor provided notice of specific opportunities to participate in the Contract, in a timely manner, to minority and women's business organizations;
- (iii) The Contractor sent written notices, by certified mail or facsimile, in a timely manner, to advise MBEs or WBEs that their interest in the Contract was solicited;
- (iv) The Contractor made efforts to identify portions of the work that could be substituted for portions originally designated for participation by MBEs and/or WBEs in the M/WBE Utilization Plan, and for which the Contractor claims an inability to retain MBEs or WBEs;

- (v) The Contractor held meetings with MBEs and/or WBEs prior to the date their bids or proposals were due, for the purpose of explaining in detail the scope and requirements of the work for which their bids or proposals were solicited;
- (vi) The Contractor made efforts to negotiate with MBEs and/or WBEs as relevant to perform specific subcontracts, or act as suppliers or service providers;
- (vii) Timely written requests for assistance made by the Contractor to Agency's M/WBE liaison officer and to DSBS;
- (viii) Description of how recommendations made by DSBS and Agency were acted upon and an explanation of why action upon such recommendations did not lead to the desired level of participation of MBEs and/or WBEs.

Agency's M/WBE officer shall provide written notice to the Contractor of the determination.

(b) The Agency may modify the **Participation Goals** when the scope of the work has been changed by the Agency in a manner that affects the scale and types of work that the Contractor indicated in its M/WBE Utilization Plan would be awarded to subcontractors.

12. If this Contract is for an indefinite quantity of construction, standard or professional services or is a requirements type contract and the Contractor has submitted an M/WBE Utilization Plan and has committed to subcontract work to MBEs and/or WBEs in order to meet the **Participation Goals**, the Contractor will not be deemed in violation of the M/WBE Program requirements for this Contract with regard to any work which was intended to be subcontracted to an MBE and/or WBE to the extent that the Agency has determined that such work is not needed.

13. If **Participation Goals** have been established for this Contract or a Task Order issued pursuant to this Contract, at least once annually during the term of the Contract or Task Order, as applicable, Agency shall review the Contractor's progress toward attainment of its M/WBE Utilization Plan, including but not limited to, by reviewing the percentage of work the Contractor has actually awarded to MBE and/or WBE subcontractors and the payments the Contractor made to such subcontractors.

14. If **Participation Goals** have been established for this Contract or a Task Order issued pursuant to this Contract, Agency shall evaluate and assess the Contractor's performance in meeting those goals, and such evaluation and assessment shall become part of the Contractor's overall contract performance evaluation.

#### **PART B: MISCELLANEOUS**

1. The Contractor shall take notice that, if this solicitation requires the establishment of an M/WBE Utilization Plan, the resulting contract may be audited by DSBS to determine compliance with Section 6-129. See §6-129(e)(10). Furthermore, such resulting contract may also be examined by the City's Comptroller to assess compliance with the M/WBE Utilization Plan.

2. Pursuant to DSBS rules, construction contracts that include a requirement for an M/WBE Utilization Plan shall not be subject to the law governing Locally Based Enterprises set forth in Section 6-108.1 of the Administrative Code of the City of New York.

3. DSBS is available to assist contractors and potential contractors in determining the availability of MBEs and/or WBEs to participate as subcontractors, and in identifying opportunities that are appropriate for participation by MBEs and/or WBEs in contracts.

4. Prospective contractors are encouraged to enter into qualified joint venture agreements with MBEs and/or WBEs as defined by Section 6-129(c)(30).

5. By submitting a bid or proposal the Contractor hereby acknowledges its understanding of the M/WBE Program requirements set forth herein and the pertinent provisions of Section 6-129, and any rules promulgated thereunder, and if awarded this Contract, the Contractor hereby agrees to comply with the M/WBE Program requirements of this Contract and pertinent provisions of Section 6-129, and any rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract. The Contractor hereby agrees to make all reasonable, good faith efforts to solicit and obtain the participation of MBEs and/or WBEs to meet the required **Participation Goals**.

## **ARTICLE II. ENFORCEMENT**

1. If Agency determines that a bidder or proposer, as applicable, has, in relation to this procurement, violated Section 6-129 or the DSBS rules promulgated pursuant to Section 6-129, Agency may disqualify such bidder or proposer, as applicable, from competing for this Contract and the Agency may revoke such bidder's or proposer's prequalification status, if applicable.

2. Whenever Agency believes that the Contractor or a subcontractor is not in compliance with Section 6-129 or the DSBS rules promulgated pursuant to Section 6-129, or any provision of this Contract that implements Section 6-129, including, but not limited to any M/WBE Utilization Plan, Agency shall send a written notice to the Contractor describing the alleged noncompliance and offering the Contractor an opportunity to be heard. Agency shall then conduct an investigation to determine whether such Contractor or subcontractor is in compliance.

3. In the event that the Contractor has been found to have violated Section 6-129, the DSBS rules promulgated pursuant to Section 6-129, or any provision of this Contract that implements Section 6-129, including, but not limited to, any M/WBE Utilization Plan, Agency may determine that one of the following actions should be taken:

- (a) entering into an agreement with the Contractor allowing the Contractor to cure the violation;
- (b) revoking the Contractor's pre-qualification to bid or make proposals for future contracts;
- (c) making a finding that the Contractor is in default of the Contract;
- (d) terminating the Contract;
- (e) declaring the Contractor to be in breach of Contract;
- (f) withholding payment or reimbursement;
- (g) determining not to renew the Contract;
- (h) assessing actual and consequential damages;
- (i) assessing liquidated damages or reducing fees, provided that liquidated damages may be based on amounts representing costs of delays in carrying out the purposes of the M/WBE Program, or in meeting the purposes of the Contract, the costs of meeting utilization goals through additional procurements, the administrative costs of investigation and enforcement, or other factors set forth in the Contract;
- (j) exercising rights under the Contract to procure goods, services or construction from another contractor and charge the cost of such contract to the Contractor that has been found to be in noncompliance; or
- (k) taking any other appropriate remedy.

4. If an M/WBE Utilization Plan has been submitted, and pursuant to this Article II, Section 3, the Contractor has been found to have failed to fulfill its **Participation Goals** contained in its M/WBE Utilization Plan or the **Participation Goals** as modified by Agency pursuant to Article I, Part A, Section 11, Agency may assess liquidated damages in the amount of ten percent (10%) of the difference between the dollar amount of work required to be awarded to MBE and/or WBE firms to meet the **Participation Goals** and the dollar amount the Contractor actually awarded and paid, and/or credited, to MBE and/or WBE firms. In view of the difficulty of accurately ascertaining the loss which the City will suffer by reason of Contractor's failure to meet the **Participation Goals**, the foregoing amount is hereby fixed and agreed as the liquidated damages that the City will suffer by reason of such failure, and not as a penalty. Agency may deduct and retain out of any monies which may become due under this Contract the amount of any such liquidated damages; and in case the amount which may become due under this Contract shall be less than the amount of liquidated damages suffered by the City, the Contractor shall be liable to pay the difference.

5. Whenever Agency has reason to believe that an MBE and/or WBE is not qualified for certification, or is participating in a contract in a manner that does not serve a commercially useful function (as defined in Section 6-129(c)(8)), or has violated any provision of Section 6-129, Agency shall notify the Commissioner of DSBS who shall determine whether the certification of such business enterprise should be revoked.

6. Statements made in any instrument submitted to Agency pursuant to Section 6-129 shall be submitted under penalty of perjury and any false or misleading statement or omission shall be grounds for the application of any applicable criminal and/or civil penalties for perjury. The making of a false or fraudulent statement by an MBE and/or WBE in any instrument submitted pursuant to Section 6-129 shall, in addition, be grounds for revocation of its certification.

7. The Contractor's record in implementing its M/WBE Utilization Plan shall be a factor in the evaluation of its performance. Whenever Agency determines that a Contractor's compliance with an M/WBE Utilization Plan has been unsatisfactory, Agency shall, after consultation with the City Chief Procurement Officer, file an advice of caution form for inclusion in VENDEX as caution data.

Tax ID #: \_\_\_\_\_

APT E-  
PIN #: \_\_\_\_\_

85015B0081

**SCHEDULE B – M/WBE Utilization Plan****Part I: M/WBE Participation Goals****Part I to be completed by contracting agency****Contract Overview**

APT E- Pin # 85015B0081 FMS Project ID#: HWK1048B  
 Project Title/ Agency PIN # Reconstruction of Flushing Avenue / 8502015HW0027C  
 Bid/Proposal Response Date \_\_\_\_\_  
 Contracting Agency Department of Design and Construction  
 Agency Address 30-30 Thomson Ave. City Long Island City State NY Zip Code 11101  
 Contact Person Ramon Rodriguez Title Deputy ACCO  
 Telephone # (718) 391-1505 Email RODRIGUR@ddc.nyc.gov

**Project Description** (attach additional pages if necessary)

RECONSTRUCTION OF FLUSHING AVENUE  
 FROM NAVY STREET TO WILLIAMSBURG STREET  
 (BROOKLYN WATERFRONT GREENWAY)  
 INCLUDING CURB AND SIDEWALK RECONSTRUCTION, SEWER,  
 STREET LIGHTING, AND TRAFFIC SIGNAL WORK  
 Together With All Work Incidental Thereto  
 BOROUGH OF BROOKLYN  
 CITY OF NEW YORK

**M/WBE Participation Goals for Services**

Enter the percentage amount for each group or for an unspecified goal. Please note that there are no goals for Asian Americans in Professional Services.

**Prime Contract Industry: Construction**

Group	Percentage
<b>Unspecified*</b>	<b>EXEMPT %</b>
or	
Black American	UNSPECIFIED*
Hispanic American	UNSPECIFIED*
Asian American	UNSPECIFIED*
Women	UNSPECIFIED*
<b>Total Participation Goals</b>	<b>EXEMPT %</b> <b>Line 1</b>

\*Note: For this procurement, individual ethnicity and gender goals are not specified. The Total Participation Goal for construction contracts may be met by using either Black-American, Hispanic-American, Asian American, or Women certified firms or any combination of such firms.

Tax ID #: \_\_\_\_\_

APT E-  
PIN #: \_\_\_\_\_**SCHEDULE B - Part II: M/WBE Participation Plan****Part II to be completed by the bidder/proposer.**

**Please note:** For Non-M/WBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 17 and 18 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

**Section I: Prime Contractor Contact Information**

<b>Tax ID #</b> _____	<b>FMS Vendor ID #</b> _____
<b>Business Name</b> _____	<b>Contact Person</b> _____
<b>Address</b> _____	
<b>Telephone #</b> _____	<b>Email</b> _____

**Section II: M/WBE Utilization Goal Calculation: Check the applicable box and complete subsection.****PRIME CONTRACTOR ADOPTING AGENCY M/WBE PARTICIPATION GOALS**

<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 13)	Calculated M/WBE Participation Amount
<p>Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture.</p> <p>Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.</p>	\$	X	= \$ Line 2

**PRIME CONTRACTOR OBTAINED PARTIAL WAIVER APPROVAL: ADOPTING MODIFIED M/WBE PARTICIPATION GOALS**

<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Modified M/WBE Participation Goals.	Total Bid/Proposal Value	Adjusted Participation Goal (From Partial Waiver)	Calculated M/WBE Participation Amount
<p>Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture.</p> <p>Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.</p>	\$	X	= \$ Line 3



**Section III: M/WBE Utilization Plan: How Proposer/Bidder Will Fulfill M/WBE Participation Goals. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation. Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:**

☐ As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor:

☐ MBE ☐ WBE

☐ As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.

☐ As a non M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.

**Section IV: General Contract Information**

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? % \_\_\_\_\_

*Enter brief description of the type(s) and dollar value of subcontracts for all/any services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBEs and/or WBEs and the time frame in which such work is scheduled to begin and end. Use additional sheets if necessary.*

✓ Scopes of Subcontract Work

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_

Tax ID #: \_\_\_\_\_

APT E-  
PIN #: \_\_\_\_\_

**Section V: Vendor Certification and Required Affirmations**

*I hereby:*

- 1) acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;*
- 2) affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;*
- 3) agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;*
- 4) agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and*
- 5) agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or If a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**NOT A**

# SCHEDULE B – PART III – REQUEST FOR WAIVER OF M/WBE PARTICIPATION REQUIREMENT

## Contract Overview

Tax ID # \_\_\_\_\_ FMS Vendor ID # \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Procurement ☐ Competitive Sealed Bids ☐ Other Bid/Response Due Date \_\_\_\_\_  
 APT E-PIN # (for this procurement): \_\_\_\_\_ Contracting Agency: \_\_\_\_\_

## M/WBE Participation Goals as described in bid/solicitation documents

%

Agency M/WBE Participation Goal

## Proposed M/WBE Participation Goal as anticipated by vendor seeking waiver

%

of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for services and/or credited to an M/WBE Prime Contractor or Qualified Joint Venture.

Basis for Waiver Request: Check appropriate box & explain in detail below (attach additional pages if needed)

- ☐ Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- ☐ Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)
- ☐ Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.

## References

List 3 most recent contracts performed for NYC agencies (if any). Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract
CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract
CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

(Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

TYPE OF Contract _____		ENTITY _____	DATE COMPLETED _____
Manager at entity that hired vendor (Name/Phone No./Email) _____			
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____		_____
Type of Work Subcontracted _____	_____		_____

TYPE OF Contract _____		AGENCY/ENTITY _____	DATE COMPLETED _____
Manager at agency/entity that hired vendor (Name/Phone No./Email) _____			
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____		_____
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	

TYPE OF Contract _____		AGENCY/ENTITY _____	DATE COMPLETED _____
Manager at entity that hired vendor (Name/Phone No./Email) _____			
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____		_____
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	

**VENDOR CERTIFICATION:** I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Shaded area below is for agency completion only



## APPRENTICESHIP PROGRAM REQUIREMENTS

Bidders are advised that the Apprenticeship Program Requirements set forth below apply to each contract for which a check mark is indicated before the word "Yes". Compliance with these requirements will be determined solely by the City.

☒ YES ☐ NO

### (1) Apprenticeship Program Requirements

Notice to Bidders: Please be advised that, pursuant to the authority granted to the City under Labor Law Section 816-b, the Department of Design and Construction hereby requires that the contractor awarded a contract as a result of this Invitation for Bids, and any of its subcontractors with subcontracts worth one million dollars or over, have, prior to entering into such contract or subcontract, apprenticeship agreements appropriate for the type and scope of work to be performed that have been registered with, and approved by, the New York State Commissioner of Labor. In addition, the contractor and its subcontractors will be required to show that such apprenticeship programs have three years of current, successful experience in providing career opportunities.

The failure to prove, upon request, that these requirements have been met shall result in the contract not being awarded to the contractor or the subcontract not being approved.

Please be further advised that, pursuant to Labor Law Section 220, the allowable ratio of apprentices to journeypersons in any craft classification shall not be greater than the ratio permitted to the contractor as to its workforce on any job under the registered apprenticeship program.

### (2) Apprenticeship Program Questionnaire

The bidder must submit a completed and signed Apprenticeship Program Questionnaire. The Questionnaire is set forth on the following page of the Bid Booklet.

# APPRENTICESHIP PROGRAM QUESTIONNAIRE

PROJECT ID: HWK1048B

The bidder must submit a completed and signed Apprenticeship Program Questionnaire.

Name of Bidder: JYN Enterprises Inc.

1. Does the bidder have an Apprenticeship Program appropriate for the type and scope of work to be performed?  
[Note: Participation may be by either direct sponsorship or through collective bargaining agreement(s).]

YES NO

2. Has the bidder's Apprenticeship Program been registered with, and approved by, the New York State Commissioner of Labor?

YES NO

3. Has the bidder's Apprenticeship Program had three years of successful experience in providing career opportunities?

YES NO

If the answer to Question #3 is "Yes", the bidder shall, in the space below, provide information regarding the experience the Apprenticeship Program has had in providing career opportunities. The bidder may attach additional pages if necessary.

As evidenced by participation  
in Apprenticeship program pursuant  
to union agreement.

Bidder: JYN Enterprises Inc.

By:

(Signature of Partner or Corporate Officer)

Title:

Secretary

Date:

3/29/15

**LIUNA**  
**LOCAL 731 Training Fund**

3411 35th Avenue  
Astoria, NY 11106

Tel: 718-752-9860 • Fax: 718-752-9880

May 8, 2015

To Whom It May Concern:

This letter is to confirm JL/IV Enterprises, Inc. has a signed agreement with Union Local 731.

Union Local 731 has an Apprenticeship Program approved by the New York State Department of Labor.

Sincerely,



Michael Truscello

Apprenticeship Coordinator



HIGHWAY, ROAD & STREET CONSTRUCTION LABORERS'  
LOCAL UNION 1010

136-25 37<sup>th</sup> Avenue, Suite 502 • Flushing, NY 11354  
Phone: (718) 886-3310 • Fax: (718) 886-8885

JLJIV Enterprises Inc.  
213-19 99<sup>th</sup> Avenue  
Queens Village, NY 11429

May 8<sup>th</sup>, 2015

Dear Sir/Madam:

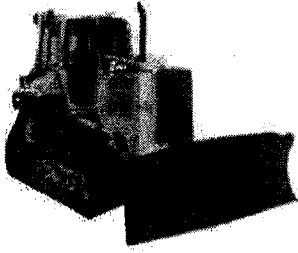
This will confirm that (Local 1010 Apprentice, Skill Improvement and Training Fund) to which you contribute, sponsors the Local 1010 Pavers Join Apprenticeship Committee. The Local 1010 Pavers JAC is a New York State Department of Labor Approved apprenticeship program registered under Sponsor # 12607 and ATP Code 18-514 for Skilled Construction Craft Laborers.

If you have any questions, please contact the undersigned.

Very truly yours,  
Highway, Road & Street Construction  
Laborers' Local 1010.

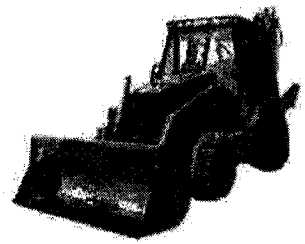
  
Francisco Fernandez  
Secretary-Treasurer





International Union Of Operating Engineers  
Local 15, 15A, 15B, 15C & 15D

# training center



APPRENTICESHIP • SKILL IMPROVEMENT & SAFETY  
P.O. BOX 489 • STATION B • HOWARD BEACH, NEW YORK 11414  
(718) 835-0400 • FAX (718) 835-2210

UNION TRUSTEES  
JAMES T. CALLAHAN  
THOMAS A. CALLAHAN

  
**PATRICK J. PETERSON**  
DIRECTOR

EMPLOYER TRUSTEES  
FRANK DIMENNA  
JOHN BRUNETTI

May 8, 2015

JLJ IV Enterprises Inc.  
213-19 99<sup>th</sup> Ave.  
Queens Village, NY 11429

To Whom It May Concern:

Please be advised that The International Union of Operating Engineers Local 15 has an Apprentice program registered with the New York State Department of Labor which meets the standards established by the Commissioner of Labor and the United States Department of Labor, Bureau of Apprenticeship Training in accordance with (29CFR29).

The IUOE Local 15 Apprentice Training Program is a joint apprenticeship committee operated program. The committee is composed of an equal number of representatives of the employers and of the employees represented by a bona fide collective bargaining agreement and has been established to conduct, operate, and administer the apprenticeship program.

Since the above-mentioned employers are signatory to our agreements, they are therefore participants in our apprenticeship training program.

If any further information is needed, please do not hesitate to contact me at the above number.

Very truly yours

Patrick Peterson  
Director of Training

PP/ev

**SAFETY QUESTIONNAIRE**

The bidder must include, with its bid, all information requested on this Safety Questionnaire. Failure to provide a completed and signed Safety Questionnaire at the time of bid opening may result in disqualification of the bid as non-responsive.

**1. Bidder Information:**Company Name: JYN Enterprises INC.DDC Project Number: HWK10483

Company Size: \_\_\_\_\_ Ten (10) employees or less  
☒ Greater than ten (10) employees

Company has previously worked for DDC \_\_\_\_\_ YES \_\_\_\_\_ NO

**2. Type(s) of Construction Work**

TYPE OF WORK	LAST 3 YEARS	THIS PROJECT
General Building Construction	_____	_____
Residential Building Construction	_____	_____
Nonresidential Building Construction	_____	_____
Heavy Construction, except building	_____	_____
Highway and Street Construction	_____	_____
Heavy Construction, except highways	<u>100</u>	<u>100</u>
Plumbing, Heating, HVAC	_____	_____
Painting and Paper Hanging	_____	_____
Electrical Work	_____	_____
Masonry, Stonework and Plastering	_____	_____
Carpentry and Floor Work	_____	_____
Roofing, Siding, and Sheet Metal	_____	_____
Concrete Work	_____	_____
Specialty Trade Contracting	_____	_____
Asbestos Abatement	_____	_____
Other (specify)	_____	_____

**3. Experience Modification Rate:**

The Experience Modification Rate (EMR) is a rating generated by the National Council of Compensation Insurance (NCCI). This rating is used to determine the contractor's premium for worker's compensation insurance. The contractor may obtain its EMR by contacting its insurance broker or the NCCI. If the contractor cannot obtain its EMR, it must submit a written explanation as to why.

Project ID. HUSKID48B

The Contractor must indicate its Intrastate and Interstate EMR for the past three years. [Note: For contractors with less than three years of experience, the EMR will be considered to be 1.00].

YEAR	INTRASTATE RATE	INTERSTATE RATE
<u>2014</u>	<u>                    </u>	<u>1.02</u>
<u>2013</u>	<u>                    </u>	<u>.91</u>
<u>2012</u>	<u>                    </u>	<u>.87</u>

If the Intrastate and/or Interstate EMR for any of the past three years is greater than 1.00, the contractor must attach, to this questionnaire, a written explanation for the rating and identify what corrective action was taken to correct the situation resulting in that rating.

#### 4. OSHA Information:

- YES   /   NO Contractor has received a willful violation issued by OSHA or New York City Department of Buildings (NYCDOB) within the last three years.
- YES   /   NO Contractor has had an incident requiring OSHA notification within 8 hours (all work-related fatalities) or an incident requiring OSHA notification within 24 hours (all work-related impatient hospitalizations, all amputations and all losses of an eye).

The Occupational Safety and Health Act (OSHA) of 1970 requires employers with ten or more employees, on a yearly basis to complete and maintain on file the form entitled "Log of Work-related Injuries and Illnesses". This form is commonly referred to as the OSHA 300 Log (OSHA 200 Log for 2001 and earlier).

The OSHA 300 Log must be submitted for the last three years for contractors with more than ten employees.

The Contractor must indicate the total number of hours worked by its employees, as reflected in payroll records for the past three years.

The contractor must submit the Incident Rate for Lost Time Injuries (the Incident Rate) for the past three years. The Incident Rate is calculated in accordance with the formula set forth below. For each given year, the total number of incidents is the total number of non-fatal injuries and illnesses reported on the OSHA 300 Log. The 200,000 hours represents the equivalent of 100 employees working forty hours a week, fifty weeks per year.

$$\text{Incident Rate} = \frac{\text{Total Number of Incidents X 200,000}}{\text{Total Number of Hours Worked by Employees}}$$

YEAR	TOTAL NUMBERS OF HOURS WORKED BY EMPLOYEES	INCIDENT RATE
<u>2014</u>	<u>210,000</u>	<u>3.81</u>
<u>2013</u>	<u>202,000</u>	<u>4.95</u>
<u>2012</u>	<u>280,000</u>	<u>1.9</u>

Project ID. HWK10483

If the contractor's Incident Rate for any of the past three years is one point higher than the Incident Rate for the type of construction it performs (listed below), the contractor must attach, to this questionnaire, a written explanation for the relatively high rate.

General Building Construction	8.5
Residential Building Construction	7.0
Nonresidential Building Construction	10.2
Heavy Construction, except building	8.7
Highway and Street Construction	9.7
Heavy Construction, except highways	8.3
Plumbing, Heating, HVAC	11.3
Painting and Paper Hanging	6.9
Electrical Work	9.5
Masonry, Stonework and Plastering	10.5
Carpentry and Floor Work	12.2
Roofing, Siding, and Sheet Metal	10.3
Concrete Work	8.6
Specialty Trade Contracting	8.6

**5. Safety Performance on Previous DDC Project(s)**

☒ YES ☐ NO Contractor previously audited by the DDC Office of Site Safety.

DDC Project Number(s): UED595, HWP2009M, HWP2019.

☒ YES ☐ NO Accident on previous DDC Project(s).

DDC Project Number(s): UED595, HWP2009M, HWP2019.


☐ YES ☒ NO Fatality or Life-altering Injury on DDC Project(s) within the last three years.  
[Examples of a life-altering injury include loss of limb, loss of a sense (e.g., sight, hearing), or loss of neurological function].

DDC Project Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date: 3/24/15

By: [Signature]  
(Signature of Owner, Partner, Corporate Officer)

Title: Secretary

Year 2012   
**U.S. Department of Labor**  
**Occupational Safety and Health Administration**  
 Form approved OMB no. 1218-0176

Establishment name JLJ Enterprises Inc  
City Queens Village State New York

[illegible]

# Summary of Work-Related Injuries and Illnesses

Year 2012



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths

0  
(G)

Total number of cases with days away from work

0  
(H)

Total number of cases with job transfer or restriction

0  
(I)

Total number of other recordable cases

0  
(J)

## Number of Days

Total number of days away from work

0  
(K)

Total number of days of job transfer or restriction

0  
(L)

## Injury and Illness Types

Total number of...

(M)

(1) Injuries

2

(4) Poisonings

0

(2) Skin disorders

0

(5) Hearing loss

0

(3) Respiratory conditions

0

(6) All other illnesses

0

## Establishment Information

Your establishment name JLT Enterprises Inc.Street 213-19 99th AveCity Queens Village State NY ZIP 11429

Industry description (e.g., Manufacturer of motor truck trailers)

Construction

Standard Industrial Classification (SIC), if known (e.g., 3713)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 100Total hours worked by all employees last year 200,000

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Signature [Signature] Date 3/5/2013  
 Title Secy  
 Company 718 565 5600

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Albano Gomez
- 2) Street 95 Fieldwood Rd
- City Waterbury State CT ZIP 06704
- 3) Date of birth 9, 29, 1947
- 4) Date hired 2, 16, 2004
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

## Information about the case

- 10) Case number from the Log 12-1 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 3, 2, 12
- 12) Time employee began work 7 AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☒ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Was Fixing a Fall Protection Guard Rail by nailing wire fencing to a wood frame
- 15) What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
While he was hammering he smash his Finger with his hammer.
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected: more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "car tunnel syndrome."  
Smashed Finger
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
A Hammer
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Masiello  
Title Project Manager  
Phone 718, 465-5600 Date 1, 15, 13

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

1) Full name Robert Hanretty  
2) Street 299 Hillside Ave  
City Roskany Post State NY ZIP 11697

3) Date of birth 7, 6, 1978  
4) Date hired 2, 9, 2012

5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

6) Name of physician or other health care professional \_\_\_\_\_

7) If treatment was given away from the workplace, where was it given?

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8) Was employee treated in an emergency room?

☐ Yes  
☐ No

9) Was employee hospitalized overnight as an in-patient?

☐ Yes  
☐ No

## Information about the case

10) Case number from the Log 12-2 (Transfer the case number from the Log after you record the case.)

11) Date of injury or illness 8, 26, 12

12) Time employee began work 7 ☒ AM ☐ PM

13) Time of event 10 ☒ AM ☐ PM ☐ Check if time cannot be determined

14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Was getting tools out of the Box Truck.

15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

As Robert was exiting the Box Truck he slipped off the back of the Truck and landed on left knee.

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Left knee popped out of its socket

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Not Applicable

18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Masiello  
Title Project Manager  
Phone 718, 465-5600 Date L 15, 13



# Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related death and every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name JLT IV Enterprises Inc.  
 City Queens Village State New York

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was		Enter the number of days the injured or ill worker was							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				(J) Away from work	(L) On job transfer or restriction	(M) Injury outcome at time of reporting					
						(G) Fatal	(H) Days away from work	(I) Job transfer or restriction	(K) Medical treatment beyond first aid	(J) days	(L) days	(1) Death	(2) Days away from work	(3) Job transfer or restriction	(4) Medical treatment beyond first aid	(5) First aid only	(6) None
13-1	Carlos Pinto	Laborer	4/12	West End Ave + 70 <sup>th</sup> St.	right index finger cut off.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-2	Miguel Guzman	Timberman	4/23	E. Houston St + 26 <sup>th</sup> Ave	Fractured Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-3	Jason Jimenez	Laborer	5/6	E. Houston St + 26 <sup>th</sup> Ave	twisted right ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-4	Victor Games	Laborer	5/8	10 <sup>th</sup> Ave + 42 <sup>nd</sup> St.	Injured lower back	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-5	Jose Lanzot	Timberman	9/20	10 <sup>th</sup> Ave + 42 <sup>nd</sup> St.	Fractured lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# Summary of Work-Related Injuries and Illnesses

Year 2013

 U.S. Department of Labor  
 Occupational Safety and Health Administration  
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths <u>0</u> (a)	Total number of cases with days away from work <u>25</u> (b)	Total number of cases with job transfer or restriction <u>0</u> (c)	Total number of other recordable cases <u>0</u> (d)
-------------------------------------------	--------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------

## Number of Days

Total number of days away from work <u>3</u> (e)	Total number of days of job transfer or restriction <u>0</u> (f)
--------------------------------------------------------	------------------------------------------------------------------------

## Injury and Illness Types

Total number of ... (g)	<u>5</u>	(4) Poisonings <u>0</u>
(1) Injuries	<u>0</u>	(5) Hearing loss <u>0</u>
(2) Skin disorders	<u>0</u>	(6) All other illnesses <u>0</u>
(3) Respiratory conditions		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

## Establishment Information

Your establishment name JL JV Enterprises, Inc.  
 Street 213-19 79th Ave  
 City Queens Village State NY ZIP 11429

Industry description (e.g., Manufacturer of metal truck trailers)  
General Contractors

Standard Industrial Classification (SIC), if known (e.g., 3715)  
 \_\_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 108  
 Total hours worked by all employees last year 202,000

## Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

70465/5600 Secretary  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Carlos Pinto
- 2) Street 190 White Rd.  
City Mineola State NY ZIP 11501
- 3) Date of birth 6.19.1963
- 4) Date hired 4.26.1999
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility Beth Israel Medical Center  
Street 10 Nathan D. Perlman Pl.  
City New York State NY ZIP 10003

- 8) Was employee treated in an emergency room?  
☒ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☒ No

## Information about the case

- 10) Case number from the Log 13-1 (Transfer this case number from the Log after you record the case.)
- 11) Date of injury or illness 4.12.13
- 12) Time employee began work 8:00 AM/PM
- 13) Time of event 12:45 AM/PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry"  
Removing Timber Scaffolding from Trench
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
Carlos' right index finger got caught between the timber & concrete barrier
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "car tunnel syndrome."  
The right index finger was cut off just below the finger nail.
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Timber scaffolding & concrete barrier
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Majella  
Title Project Manager  
Phone 718.465.5600 Date 1.6.14

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Miguel Guzman
- 2) Street 108 Schenck Ave  
City Brooklyn State NY ZIP 11207
- 3) Date of birth 9-23-1965
- 4) Date hired 10-12-2001
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility Mersey Medical Center  
Street 1000 N. Village Ave  
City Rockville Centre State NY ZIP 11570

- 8) Was employee treated in an emergency room?  
☐ Yes  
☒ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☒ No

## Information about the case

- 10) Case number from the Log 13-2 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 4-22-13
- 12) Time employee began work 7:00 AM ☒ PM
- 13) Time of event 9:00 AM ☒ PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Miguel was backfilling trench.
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
Large chunk of compact dirt rolled onto Left Leg.
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected: more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "tunnel syndrome."  
Fractured Ankle
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Chunk of Dirt/Mud
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Masiello  
Title Project Manager  
Phone 718.465.9000 Date 4-6-13

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1216-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Jason Jimenez
- 2) Street 310 E. 109<sup>th</sup> St. Apt 4B  
City New York State NY ZIP 10029
- 3) Date of birth 12, 6, 1978
- 4) Date hired 7, 9, 2009
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility St. Barnabas Hospital  
Street 4422 Third Ave  
City Bronx State NY ZIP 10457

- 8) Was employee treated in an emergency room?  
☒ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☒ No

## Information about the case

- 10) Case number from the Log 13-3 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 5, 16, 13
- 12) Time employee began work 7:00 AM PM
- 13) Time of event 3:15 AM PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Flagging
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
Directing Pedestrians when tripped on a divet in the street
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "tunnel syndrome."  
twisted right ankle
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Divet in street.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Masiello  
Title Project Manager  
Phone 212, 465-5600 Date 1, 6, 14

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Victor Gomes
- 2) Street 3443 Weider Ave
- City Oceanside State NY ZIP 11572
- 3) Date of birth 4.9.1970
- 4) Date hired 1.2.2003
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility Belleview Hospital Center
- Street 462 1st Ave
- City New York State NY ZIP 10016

- 8) Was employee treated in an emergency room?  
☒ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☒ No

## Information about the case

- 10) Case number from the Log 13-4 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 5.8.13
- 12) Time employee began work 7:00 AM ☒ PM
- 13) Time of event 1:00 AM ☒ PM ☐ Check if date cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Crossing the street
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed sprains in wrist over time."  
While crossing the street Victor Gomes was struck by a moving vehicle.
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected, more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "car tunnel syndrome."  
Injured lower back
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
car/vehicle
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Masiello  
Title Project Manager  
Phone 718 465-5600 Date 1.6.13

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1216-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

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If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Jose Lanzot
- 2) Street 217 Riviera Parkway  
City Lindenhurst State NY ZIP 11757
- 3) Date of birth 5/31/1957
- 4) Date hired 4/1/2002
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility Roosevelt Hospital  
Street 1111 Amsterdam Ave  
City New York State NY ZIP 10027

- 8) Was employee treated in an emergency room?  
☒ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☒ Yes  
☐ No

## Information about the case

- 10) Case number from the Log 13-5 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 9/20/13
- 12) Time employee began work 7:00 AM ☒ PM
- 13) Time of event 3:00 AM ☒ PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Jose was assisting Tony with holding the spike to Borg in place. This is to secure the plates.
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
Once the spike was partially in place Jose stood off to the side. Tony used a Sledgehammer to finish securing the plate. Once the spike was hit, it shot off to the side and hit Jose in the leg.
- 16) What area of the body or part of the body was affected and how it was affected more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "tunnel syndrome."  
The spike had Fractured his lower leg.
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
railroad spike.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by John Maville  
Title Project Manager  
Phone 718 465-5600 Date 1.6.14

# Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.


You must record information about every work-related death and every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name JLJ Enterprises Inc.  
Queens Village, New York

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was		Enter the number of days the injured or ill worker was							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				(K) Away from work	(L) On job transfer or restriction	(M) Injury or illness categories or OSHA recordable cases					
						(1) Death	(2) Days away from work	(3) Job transfer or restriction	(4) Medical treatment beyond first aid	(5) Significant injury or illness	(6) Other recordable case	(1)	(2)	(3)	(4)	(5)	(6)
14-1	Jose Magalhães	Laborer	7/21	JLJ Yard Queens	Injured back loading Truck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-2	Victor Gomes	Laborer	7/22	30 <sup>th</sup> St + 11 <sup>th</sup> Ave	Lumber fell on index finger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-3	Dorotea Mercedes	Laborer	8/11	E Houston St + Ellin Ave	Middle toe on right foot is broken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-4	Victor Pestonit	Laborer	11/23	E 64 <sup>th</sup> St + 1st Ave	Middle finger + pointer on right hand crushed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Log of Work-Related Injuries and Illnesses

Year 2014   
U.S. Department of Labor  
Occupational Safety and Health Administration

Establishment Name JLT JV Enterprises Inc  
or Queens Village New York

Identify the person			Describe the case		Classify the case						Enter the number of days lost or reduced or both because of injury or illness		Enter the number of days lost or reduced or both because of injury or illness										
(A) Case no.	(B) Employer's name	(C) Job title (e.g., Miller)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe the injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Injury or illness classification						(H) Days lost or reduced	(I) Days lost or reduced	(J) Days lost or reduced									
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
14-1	Jorge Magalhães	Laborer	7/21	JCT Yard Shop	Injured back loading Truck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-2	Vicente Gomes	Laborer	7/22	30 <sup>th</sup> St + 1 <sup>st</sup> Ave	Lumber fell on index finger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-3	Doroteo Mercedes	Laborer	8/11	E Houston St + E 1 <sup>st</sup> Ave	Middle toe on right foot is broken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-4	Victor Pestovik	Laborer	11/23	E 64 <sup>th</sup> St + 1 <sup>st</sup> Ave	Middle finger + pointer on right hand broken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Page totals 0 4 0 0  
Be sure to transfer these totals to the Summary page Form 300A before you post.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20543, Office of Management and Budget, Paperwork Project (0704-0188).

(1) (2) (3) (4) (5) (6)

OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses

Year 2014



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OSHA no. 1015-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35. In OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths <u>0</u> (a)	Total number of cases with days away from work <u>4</u> (b)	Total number of cases with job transfer or restriction <u>0</u> (c)	Total number of other recordable cases <u>0</u> (d)
-------------------------------------------	-------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------

## Number of Days

Total number of days away from work <u>5</u> (e)	Total number of days of job transfer or restriction <u>0</u> (f)
--------------------------------------------------------	------------------------------------------------------------------------

## Injury and Illness Types

Total number of (g)	<u>4</u>	(h) Poisonings <u>0</u>	(i) Hearing loss <u>0</u>
(1) Injuries <u>0</u>	(j) Skin disorders <u>0</u>	(k) All other illnesses <u>0</u>	
(2) Respiratory conditions <u>0</u>			

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the collection of information to this office.

## Establishment Information

Your establishment name JLT Enterprises Inc.  
Street 213-19 99th Ave  
City Queens Village State NY ZIP 11429  
Industry description (e.g., Manufacturer of metal work, printer)  
General Contractors  
Standard Industrial Classification (SIC), if known (e.g., 3715)  
OR  
North American Industrial Classification (NAICS), if known (e.g., 354212)

Employment information (If you don't have this figure, say the "best estimate" on the basis of this page to estimate.)

Annual average number of employees 110  
Total hours worked by all employees last year 219,000

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Secretary  
709-905-5600 1/15/15

# OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 9110-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Jose Magalhães
- 2) Street 95 Dow Ave
- City Mineola State NY ZIP 11501
- 3) Date of birth 12/31/68
- 4) Date hired 2/9/70
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 8) Was employee treated in an emergency room?

- ☐ Yes  
☐ No

## 9) Was employee hospitalized overnight or as an inpatient?

- ☐ Yes  
☐ No

## Information about the case

- 10) Case number from the Log 14-1 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 7.21.14
- 12) Time employee began work 5:00 AM/PM
- 13) Time of event 5:45 AM/PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "dolly computer key-entry."  
Loading Box Truck with 100 AC casks used for Asphalt operation
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gas can broke during replacement"; "Worker developed aneurysm in wrist over time."  
He said as he was lifting the AC bag he pulled his back
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Strained his back
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
N/A

## 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

N/A

Completed by John Masiello  
Title Project Manager  
Phone 718.465.5600 Date 1.15.15

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMS no. 1216-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Victor Gomes
- 2) Street 34-43 Weidner Ave.
- City Oceanside State NY Zip 11572
- 3) Date of birth 4.18.70
- 4) Date hired 1.2.03
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight or an inpatient?  
☐ Yes  
☐ No

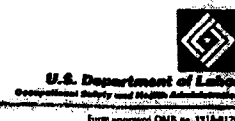
## Information about the case

- 10) Case number from the Log 14-2 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 7.22.14
- 12) Time employee began work 7:00 ☒ AM ☐ PM
- 13) Time of event 8:30 ☒ AM ☐ PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Lifting Lumber
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed carpal tunnel syndrome in wrist over time."  
while lifting lumber the load was too heavy and fell on left index finger
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Left index finger cut + broken
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Lumber
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
N/A

Completed by John Masjello  
Title Project Manager  
Phone 714.965.3600 Date 1.15.15

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by John Masiello  
Title Project Manager  
Phone 718.465.5600 Date 1.15.15

## Information about the employee

1) Full name Darlene Mercedes  
2) Street 221 Etna St.  
City Brooklyn State NY ZIP 11208  
3) Date of birth 2.6.74  
4) Sex Male  
☒ Male  
☐ Female

## Information about the physician or other health care professional

5) Name of physician or other health care professional \_\_\_\_\_  
6) If treatment was given away from the workplace, where was it given?  
Building \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

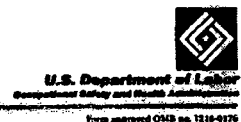
7) Was employee treated in an emergency room?  
☐ Yes  
☐ No  
8) Was employee hospitalized overnight in an inpatient?  
☐ Yes  
☐ No

## Information about the case

9) Case number from the Log 14-3 (Transfer the case number from the Log after you record the case.)  
10) Date of injury or illness 1.11.14  
11) Time employee began work 7 AM PM  
12) Time of event 11 AM PM ☐ Check if time cannot be determined  
13) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "dolly computer key-entry."  
he was jack-hammering cement  
14) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 50 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed carpal tunnel in wrist over time."  
jack-hammer bit broke while jackhammering & hit his right foot  
15) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Middle toe on right foot is broken  
16) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Jack-hammer  
17) If the employee died, when did death occur? Date of death \_\_\_\_\_  
N/A

# OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Victor Pestonit
- 2) Street 84 Marsh Ave
- City Sayreville State NJ ZIP 08872
- 3) Date of birth 10.11.66
- 4) Date hired 1.14.14
- 5) ☒ Male ☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes ☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes ☐ No

## Information about the case

- 10) Case number from the Log 14-4 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 11.23.14
- 12) Time employee began work 7:00 AM/PM
- 13) Time of event 9:15 AM/PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
assigning boomtruck with loading steel traffic plates onto the truck bed.
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when pistol broke during replacement"; "Worker developed varicella in wrist over time."  
He held the traffic plate too long while it was being lowered on to the truck bed
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
The pointer and middle finger on the right hand were fractured
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
traffic road plate
- 18) If the employee died, when did death occur? Date of death \_\_\_\_\_  
N/A

Completed by John Mariello  
Title Project Manager  
Phone 718.465.5600 Date 1.15.15

# Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 14

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0178

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name JL Jiff Enterprises Inc.  
City Queens Village State New York

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was		Check the " Injury " column or check the " Illness " column							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case				Away from work (K) days	On job transfer or restriction (L) days	(M) Check the " Injury " column or check the " Illness " column					
						Death (3)	Days away from work (4)	Job transfer or restriction (5)	Other recordable outcome (6)			(1)	(2)	(3)	(4)	(5)	(6)
14-1	José Magalhães	Laborer	7/21	JL Jiff Queens Village	Injured back loading Truck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-2	Victor Gomes	Laborer	7/22	30 <sup>th</sup> St + 11 <sup>th</sup> Ave	Lumber fell on index finger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-3	Doroteo Macceides	Laborer	8/11	E Houston St + Elmhurst	Middle toe on right foot is broken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-4	Victor Pestonit	Laborer	11/23	E 64 <sup>th</sup> St + 10 Ave	Middle finger + pointer on right hand broken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# Summary of Work-Related Injuries and Illnesses

Year 20 14



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OSHA no. 1216-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths <u>0</u> (G)	Total number of cases with days away from work <u>4</u> (H)	Total number of cases with job transfer or restriction <u>0</u> (I)	Total number of other recordable cases <u>0</u> (J)
-------------------------------------------	-------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------

## Number of Days

Total number of days away from work <u>5</u> (K)	Total number of days of job transfer or restriction <u>0</u> (L)
--------------------------------------------------------	------------------------------------------------------------------------

## Injury and Illness Types

Total number of ... (M)	<u>4</u>	(4) Poisonings <u>0</u>	<u>0</u>
(1) Injuries	<u>0</u>	(5) Hearing loss <u>0</u>	<u>0</u>
(2) Skin disorders	<u>0</u>	(6) All other illnesses <u>0</u>	
(3) Respiratory conditions	<u>0</u>		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20216. Do not send the completed forms to this office.

## Establishment Information

Your establishment name JLJTK Enterprises Inc.  
 Street 213-19 99th Ave  
 City Queens Village State NY ZIP 11429

Industry description (e.g., Manufacture of motor truck trailers)  
General Contractors  
 Standard Industrial Classification (SIC), if known (e.g., 3713)  
 OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212)

## Employment Information (If you don't have these figures, use the Worksheet on the back of this page to estimate.)

Annual average number of employees 110  
 Total hours worked by all employees last year 219,000

## Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Just Secretary  
08-965-5600 1/15/15



# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name: Jose Magalhães
- 2) Street: 95 Dow Ave
- City: Mineola State: NY ZIP: 11501
- 3) Date of birth: 12/31/68
- 4) Date hired: 2/9/10
- 5) ☒ Male ☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional: \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes ☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes ☐ No

## Information about the case

- 10) Case number from the Log: 14-1 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness: 7/21/14
- 12) Time employee began work: 5:00 AM/PM
- 13) Time of event: 5:45 AM/PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Loading Box Truck with 100 AC cokes used for Asphalt operation
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
He said as he was lifting the AC bag he pull his back
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
strained his back
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
N/A

- 18) If the employee died, when did death occur? Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
N/A

Completed by: John Masiello  
Title: Project Manager  
Phone: 718.465.5600 Date: 7/15/15

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1518-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Victor Gomes
- 2) Street 34-43 Weidner Ave  
City Oceanside State NY ZIP 11572
- 3) Date of birth 4.8.70
- 4) Date hired 1.2.03
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

## Information about the case

- 10) Case number from the Log 14-2 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 7.22.14
- 12) Time employee began work 7:00 AM / PM
- 13) Time of event 8:30 AM / PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Lifting Lumber
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
while lifting Lumber the load was too heavy and fell on left index finger
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Left index finger cut + broken
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Lumber
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
N/A

Completed by John Masjello  
Title Project Manager  
Phone 718.465.5600 Date 1.15.15

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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## Information about the employee

- 1) Full name Darotia Mercedes
- 2) Street 221 Etna St.
- City Brooklyn State NY ZIP 11208
- 3) Date of birth 2.6.74
- 4) Date hired 1.7.14
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

## Information about the case

- 10) Case number from the Log 14-3 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 8.11.14
- 12) Time employee began work 7 (AM) (PM)
- 13) Time of event 11 (AM) (PM) ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "dolly computer key-entry."  
he was jack-hammering cement
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
jack-hammer bit broke while jackhammering & hit his right foot
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Middle toe on right foot is broken
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
Jack-hammer
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
N/A

Completed by John Masiello  
Title Project Manager  
Phone 718.465.5600 Date 1.15.15

# OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1215-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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If you need additional copies of this form, you may photocopy and use as many as you need.

## Information about the employee

- 1) Full name Victor Pestonit
- 2) Street 84 Marsh Ave  
City Sayreville State NJ ZIP 08872
- 3) Date of birth 10.11.66
- 4) Date hired 1.14.14
- 5) ☒ Male  
☐ Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

## Information about the case

- 10) Case number from the Log 14-4 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 11.23.14
- 12) Time employee began work 7:00 ☒ AM ☐ PM
- 13) Time of event 9:15 ☒ AM ☐ PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
assisting boomtruck with loading steel traffic plates onto the truck bed.
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed carpal tunnel syndrome."  
He held the traffic plate too long while it was being lowered on to the truck bed
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
the pointer and middle finger on the right hand were fractured
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
traffic road plate
- 18) If the employee died, when did death occur? (Date of death) \_\_\_\_/\_\_\_\_/\_\_\_\_  
N/A

Completed by John Masiello  
Title Project Manager  
Phone 718.465.5600 Date 1.15.15

**A. PROJECT REFERENCES – SIMILAR CONTRACTS COMPLETED BY THE BIDDER**

List all contracts substantially completed within the last 4 years similar to the contract being awarded, up to a maximum of 10, in descending order of date of substantial completion.

Project & Location	Contract Type	Contract Amount (\$000)	Date Completed	Owner Reference & Tel. No.	Architect/Engineer Reference & Tel. No. if different from owner
NYCDDC HWP 2011QC	COMPLEX RAMP	\$3,361,138	6/2014		
NYCDDC HWP 2009MX	COMPLEX RAMP	\$3,747,000	3/2014		
NYCDDC MED 595	WATER MANS	\$10,784,000	11/2012		
NYCDDC HWM 1667W	Hwy RETEN.	\$25,000,000	12/2009		
NYCDDC HMK 973	Hwy RETEN.	\$8,000,000	12/2009		
NYCDDC HWM 006	Hwy RETEN.	\$4,000,000	12/2009		
NYCDDC HWM WTC AID	Hwy. RETEN.	\$1,000,000	12/2004		

**B. PROJECT REFERENCES – CONTRACTS CURRENTLY UNDER CONSTRUCTION BY THE BIDDER**

List all contracts currently under construction even if they are not similar to the contract being awarded.

Project & Location	Contract Type	Contract Amount (\$000)	Subcontracted to Others (\$000)	Uncompleted Portion (\$000)	Date Scheduled to Complete	Owner Reference & Tel. No.	Architect/Engineer Reference & Tel. No. if different from owner
NYCDDC HWMP 2019	Highway Pavement	\$52,000,000	\$5,750,000	\$20,366,999	6/2016		
NYCDDC MED 598	Water Main	\$23,179,026	\$3,300,000	\$14,000,000	4/2016		
NYCDDC HWMP 2013 MX	Complex Roads	\$6,543,000	\$327,000	\$4,750,000	10/2015		
NYCDDC HWSLT 200B	Transit Safety	\$1,579,516	\$84,000	\$1,000,000	4/2015		
NYCDDC HWSCH 3ER	School Safety	\$2,574,096	\$175,000	\$2,000,000	6/2016		

**C. PROJECT REFERENCES – PENDING CONTRACTS NOT YET STARTED BY THE BIDDER**

List all contracts awarded to or won by the bidder but not yet started.

Project & Location	Contract Type	Contract Amount (\$000)	Date Scheduled to Start	Owner Reference & Tel. No.	Architect/Engineer Reference & Tel. No. if different from owner
NYCDDC MED 608	LITTER MANS	# 8,936,669	9/2016		

**MICHAEL F. CERVONI, P.E.**

13 Maple Avenue  
Locust Valley, NY 11560

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- EDUCATION** MANHATTAN COLLEGE, Riverdale, NY, *May 1997*  
Received degree of Master of Science in Civil Engineering.  
YALE UNIVERSITY, New Haven, CT, *May 1992*  
Received degree of Bachelor of Science in Mechanical Engineering.  
IONA PREPARATORY SCHOOL, New Rochelle, NY, *June 1988*  
Graduated Class Valedictorian with honors.
- EXPERIENCE** ILJ IV ENTERPRISES, INC., Queens Village, NY *February 2010 to Present*  
Project Manager, responsible for managing all aspects of several NYCDDC Contracts, including MED595, for the installation of steel water mains on Astor Place in Manhattan, NY; and HWMP2019, for the reconstruction of East Houston St. Responsible for utility interference and capital work negotiations and assisting with estimation for projects to be bid.  
FELIX ASSOCIATES, LLC., Bronx, NY *February 2004 to February 2010*  
Vice President/Chief Engineer responsible for estimating and preparing bids for all private and public utility infrastructure projects, as well as overseeing Project Managers. Direct pre-engineering of projects, in addition to supervising field/engineering changes to active projects.  
CARP CONSTRUCTION CORP., Staten Island, NY *August 2003 to February 2004*  
Project Manager, managing all aspects of NYCDDC Contract QED968, for the installation of steel water mains and sewers along Grand Avenue in Queens, NY. Responsible for the design of the geometry for steel water main and pipe ramming operations. Coordinate with private utilities and prepare cost estimates associated with utility work covered under Section U of this project. Also assist other project managers with design changes, implementation, and utility interference work on other projects.  
CAPORUSSO CONTRACTING CORP., Staten Island, NY *September 2001 to August 2003*  
Held position as Project Manager. Responsible for the payments on several NYCDDC Contracts, and handled all private utility interference claims. Prepared estimates for municipal and private utility projects, including steel water main, storm and sanitary sewers, roadway, and underground utility construction.  
FELIX EQUITIES, INC., Lincolndale, NY *February 1998 to September 2001*  
Held position as Field Engineer/Assistant Project Manager on the sixty-five million dollar NYSDOT reconstruction of Route 9A from Horatio Street to West 26<sup>th</sup> Street in Manhattan. Handled progress payments in excess of seventy million dollars with the NYS Department of Transportation. Responsible for processing change orders and negotiating prices as a result of redesign and modified conditions associated with the various highway and utility aspects of the project. Accountable for the procurement of highway, utility, and specialty materials and their proper incorporation into the project. Scheduled and coordinated the activities of subcontractors and Felix field personnel in order to properly complete the phases of contract work. Coordinated shop drawing submittals, approvals, and fabrication of materials to be permanently incorporated into the project.  
CONSOLIDATED EDISON COMPANY OF NY, INC., NY, NY *February 1997 to February 1998*  
Held position of Operations Supervisor with Steam Distribution Services Department. Responsible for the proper operation, maintenance, and safety of steam piping, valves, and metering owned by Con Edison on customers' premises. Directed the Seasonal Service Program involving the redesign, layout, and rerouting of steam service piping in customers' premises in an effort to increase safety and reduce O&M expenditures due to service corrosion leaks.  
CONSOLIDATED EDISON COMPANY OF NY, INC., NY, NY *August 1995 to February 1997*  
Held position of Operations Supervisor with Steam Field Operations Department, responsible for the operation, maintenance, and safety of the Steam Distribution System. Directly supervised company and contractor crews during routine and emergency procedures. Managed projects involving excavation, welding, and restoration operations. Coordinated steam system outages with customers and responded to customer concerns.  
CONSOLIDATED EDISON COMPANY OF NY, INC., NY, NY *June 1992 to August 1995*  
Joined Corporate Management Intern Program. Completed several assignments involving various areas of the utility industry including: steam engineering and design; power generation (steam and electric); electric transmission and distribution (underground network); natural gas transmission and distribution (i.e. pressure control and corrosion prevention); and natural gas sales and marketing. Conducted several presentations to "Intern Committee," comprised of company officers

- ACTIVITIES** New York State Licensed Professional Engineer  
Member of the Society of Municipal Engineers of the City of New York



# Phil Basso

## Objective

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Looking for new challenges and new opportunities in the field of construction, to advance and grow with the company.

## Experience

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June, 1999 to Present

JLJ IV Enterprises Inc.

Queens Village, NY

### Supervisor

- Coordinate day to day field responsibilities with a labor force of up to 40 laborers
- Resolves difficult situations that may arise in a timely manner so as to not lose any production of work
- Extensive knowledge in the field of City Construction
- A vast background on maintaining and protecting underground Utility facilities in conjunction with City Projects
- Keeper of daily logs such as Time sheets, Billing sheets, and Daily work logs
- The Following is a list of previous and current jobs I have worked on:
  1. HWQ600D1R - Reconstruction of Sutphin Blvd in the Borough of Queens
  2. HWXC029 - Reconstruction of Manhattan College Parkway in the Borough of Bronx
  3. HWK732A - Reconstruction of 5<sup>th</sup> Ave. in Borough of Brooklyn
  4. HWK973 - Reconstruction of Fulton St. in Borough of Brooklyn
  5. HWCSC1 - School Safety (Various Boroughs)
  6. SECB05K-1 - Brooklyn Catch Basins Various locations in the Borough of Brooklyn
  7. SECB06K - Brooklyn Catch Basins Various locations in the Borough of Brooklyn
  8. SECBMTAN3 - Manhattan Catch Basins Various locations in the Borough of Manhattan
  9. HWP2009MX - Complex Pedestrian Ramps Various locations in the Boroughs of Manhattan and the Bronx

Sept, 1994 - Sept, 1998

Eagle Cleaners

Coral Springs, FL

### President

- In charge of managing a 5 to 7 support staff
- Managed Payroll Reports and Inventory Reports
- Handled all day to day Managerial tasks
- Strengthen Client Relationship and resolved any issues that arose

## Education

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1978 to 1982

F.D. Roosevelt High School

High School Diploma

## Additional

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Local 15 Union Member - Operator of Heavy Equipment such as Front End Loader, Compressor Machines, Vermeer, Backhoes, and Compression Operated Spotlight.

agency: Vanguard Coverage Corporation  
131 SUNNYSIDE BLVD, SUITE 112  
PLAINVIEW, NY 11803  
(516)349-1333

For: JLI IV Enterprises, Inc.  
213-19 90th Avenue  
Queens Village, NY 11429  
Bus: (718)465-6000  
jliiv.com

00001	CODY	1994	ROGER/TRAILER	R22027	BLUE POINT, NY	88499	24,800	X	X	X	X	X		
00002	CODY	1988	PETERBILT/TRACTOR	443288	QUEENS VILLAGE, NY	31499	82,000	X	X	X	X	X	1,000	1,000
00003	CODY	1988	ATLAS/TRAILER	067006	BLUE POINT, NY	88499	10,000	X	X	X	X	X		
00004	CODY	1988	HILL/TRAILER	022105	BLUE POINT, NY	88499		X	X	X	X	X		
00005	CODY	1988	SUMMIT/TRACTOR	008784	BLUE POINT, NY	88499	35,000	X	X	X	X	X		
00006	CODY	2001	MACK/TRUCK	002199	QUEENS VILLAGE, NY	31499	100,000	X	X	X	X	X	1,000	1,000
00007	JLJ3	1988	EAGER BEAVER/TRAILE	200628	QUEENS VILLAGE, NY	88499	15,000	X	X	X	X	X		
00008	JLJ3	2001	FORD/VAN	A04848	QUEENS VILLAGE, NY	01499	30,700	X	X	X	X	X	1,000	1,000
00009	JLJ3	2001	FORD/VAN	A04805	QUEENS VILLAGE, NY	01499	30,700	X	X	X	X	X	1,000	1,000
00010	CODY	2002	PETERBILT/TRACTOR	575145	QUEENS VILLAGE, NY	31499	125,000	X	X	X	X	X	1,000	1,000
00011	JLJ3	1985	FREIG/VAN	873484	QUEENS VILLAGE, NY	01499	32,000	X	X	X	X	X		
00012	CODY	2002	BENSON/TRACTOR	000335	QUEENS VILLAGE, NY	88499	50,000	X	X	X	X	X	1,000	1,000
00013	CODY	2002	BENSON/TRACTOR	000336	QUEENS VILLAGE, NY	88499	50,000	X	X	X	X	X	1,000	1,000
00014	CODY	2001	PETERBUILT/TRACTOR	862751	QUEENS VILLAGE, NY	31499	90,000	X	X	X	X	X	1,000	1,000
00015	JLJ3	1989	CATERPILLAR/MOBILE	W01018	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00016	JLJ3	2000	CATERPILLAR/MOBILE	L02231	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00017	CODY	1988	KAWAS/MOBILE EQUIP	101118	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00018	JLJ3	1992	CATERPILLAR/MOBILE	000753	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00019	CODY	1995	VERME/MOBILE EQUIP	000403	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00020	CODY	1989	DYNAM/MOBILE EQUIP	490203	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00021	CODY	1989	DYNAM/MOBILE EQUIP	490325	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00022	JLJ3	2001	CATER/MOBILE EQUIP	L02948	QUEENS VILLAGE, NY	7905		X	X	X	X	X		
00023	CODY	2002	CLEMENT/TRACTOR	003629	QUEENS VILLAGE, NY	88499	50,000	X	X	X	X	X	1,000	1,000
00024	JLJ3	1985	TRANSCRAFT/TRACTOR	020841	QUEENS VILLAGE, NY	88499	50,000	X	X	X	X	X		
00025	CODY	2003	PETERBUILT/TRACTOR	810182	QUEENS VILLAGE, NY	31499	95,000	X	X	X	X	X	1,000	1,000
00026	CODY	2004	PETERBUILT/TRACTOR	829659	QUEENS VILLAGE, NY	01499	103,000	X	X	X	X	X	1,000	1,000
00027	JLJ4	2002	CATERPILLAR/MOBILE	L03080	QUEENS VILLAGE, NY	7905	63,000	X	X	X	X	X		
00028	JLJ4	2001	CATERPILLAR/MOBILE	L02985	QUEENS VILLAGE, NY	7905	53,000	X	X	X	X	X		
00029	JLJ4	1986	FORD/TRUCK	A73829	QUEENS VILLAGE, NY	01499		X	X	X	X	X		
00030	JLJ4	2003	FORD/VAN	888885	QUEENS VILLAGE, NY	01499	31,500	X	X	X	X	X	1,000	1,000
00031	JLJ4	2003	CATERPILLAR/MOBILE	L03138	QUEENS VILLAGE, NY	7905	95,297	X	X	X	X	X		
00032	CODY	2003	PETERBUILT/TRACTOR	589582	QUEENS VILLAGE, NY	31499	285,000	X	X	X	X	X	1,000	1,000

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131 SUNNYSIDE BLVD, SUITE 112  
PLAINVIEW, NY 11803  
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For: JLT IV Enterprises, Inc.  
213-19 98th Avenue  
Queens Village, NY 11429  
Bus: (718)465-5000  
JLTiv.com

00033	JLJIV	1998	VERMEER/MOBILE EQUIP	000143	QUEENS VILLAGE, NY	7808	100,000	X	X	X	X	X		
00034	JLJIV	2001	CATERPILLAR/MOBILE	L02888	QUEENS VILLAGE, NY	7808	70,000	X	X	X	X	X		
00035	JLJIV	2003	FORD/VAN	891521	QUEENS VILLAGE, NY	01499	31,500	X	X	X	X	X	1,000	1,000
00036	JLJ3	2004	FORD/VAN	834751	QUEENS VILLAGE, NY	01499	22,000	X	X	X	X	X	1,000	1,000
00037	CODY	2000	HILL/TRAILER	322031	QUEENS VILLAGE, NY	88499	25,000	X	X	X	X	X	1,000	1,000
00038	CODY	2006	PETERBUILT/TRACTOR	874851	QUEENS VILLAGE, NY	88499	108,000	X	X	X	X	X	1,000	1,000
00039	JLJIV	2003	CATERPILLAR/MOBILE	L03202	QUEENS VILLAGE, NY	7808	78,000	X	X	X	X	X		
00040	CODY	1991	FRUEH/TRAILER	004202	QUEENS VILLAGE, NY	88499		X	X	X	X	X		
00041	JLJ3	2006	FORD/VAN	A28898	QUEENS VILLAGE, NY	01499	29,500	X	X	X	X	X	1,000	1,000
00042	JLJIV	2004	CAT/MOBILE EQUIPMEN	L00164	QUEENS VILLAGE, NY	7808	95,000	X	X	X	X	X		
00043	JLJIV	2004	FORD/TRUCK	603354	QUEENS VILLAGE, NY	31499	80,836	X	X	X	X	X	1,000	1,000
00044	JLJIV	2011	JAGUAR/XJL	V16903	EAST WILLISTON, NY	7398	84,800	X	X	X	X	X	1,000	1,000
00045	JLJIV	2004	FORD/TRUCK	829986	QUEENS VILLAGE, NY	01499	27,082	X	X	X	X	X	1,000	1,000
00046	CODY	2001	SPITE/TRAILER	186262	QUEENS VILLAGE, NY	88499	30,000	X	X	X	X	X	1,000	1,000
00047	JLJIV	2007	CHEVY/MALIBU	104674	QUEENS VILLAGE, NY	7398	20,180	X	X	X	X	X	1,000	1,000
00048	JLJIV	2006	CATERPILLAR/MOBILE	L00489	QUEENS VILLAGE, NY	7808	70,000	X	X	X	X	X		
00049	JLJIV	2004	CATERPILLAR/MOBILE	L00298	QUEENS VILLAGE, NY	7808	100,000	X	X	X	X	X		
00050	CODY	2007	PETERBILT/TRACTOR	699872	QUEENS VILLAGE, NY	7808	123,324	X	X	X	X	X	1,000	1,000
00051	JLJIV	2010	CHEVY/SILVERADO	115690	QUEENS VILLAGE, NY	01499	40,000	X	X	X	X	X	1,000	1,000
00052	CODY	2007	PETERBUILT/TRACTOR	699471	QUEENS VILLAGE, NY	7808	121,500	X	X	X	X	X	1,000	1,000
00053	CODY	2000	CATERPILLAR/MOBILE	L02190	QUEENS VILLAGE, NY	7808	87,000	X	X	X	X	X		
00054	JLJIV	2002	KOMATSU/MOBILE EQUIP	K32152	QUEENS VILLAGE, NY	7808	114,800	X	X	X	X	X		
00055	JLJIV	2007	CHEV/C4800	428440	QUEENS VILLAGE, NY	7808	35,000	X	X	X	X	X	1,000	1,000
00056	JLJIV	1998	GMC/VAN	060583	QUEENS VILLAGE, NY	01499		X	X	X	X	X		
00057	JLJIV	2006	CHEV/C4800	403189	QUEENS VILLAGE, NY	021499	35,000	X	X	X	X	X	1,000	1,000
00058	JLJIV	2007	GMC/YUKON	308724	QUEENS VILLAGE, NY	7398	18,335	X	X	X	X	X	1,000	1,000
00059	JLJIV	1998	VERMEER/MOBILE EQUIP	000146	QUEENS VILLAGE, NY	7808		X	X	X	X	X		
00060	JLJIV	2004	CAT/MOBILE EQUIPMEN	L00202	QUEENS VILLAGE, NY	7808		X	X	X	X	X		
00061	JLJIV	2008	CATERPILLAR/MOBILE	L00206	QUEENS VILLAGE, NY	7808		X	X	X	X	X		
00062	JLJIV	2006	FORD/E390	A24119	QUEENS VILLAGE, NY	01483	29,710	X	X	X	X	X	1,000	1,000
00063	JLJIV	1990	HILL/TRAILER	022047	QUEENS VILLAGE, NY	88499		X	X	X	X	X		
00065	JLJIV	2006	FORD/E390	B49134	QUEENS VILLAGE, NY	01499	29,975	X	X	X	X	X	1,000	1,000
00066	JLJIV	2008	CHEV/TRAILBLAZER	248639	QUEENS VILLAGE, NY	01499	23,000	X	X	X	X	X	1,000	1,000

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131 SUNNYSIDE BLVD, SUITE 112  
PLAINVIEW, NY 11803  
(516)348-1333

For: JLI IV Enterprises, Inc.  
213-19 99th Avenue  
Queens Village, NY 11429  
Bus: (718)485-8800  
JLIIV.com

00067	CODY	2003	CLEMENT/TRAILER	003841	QUEENS VILLAGE, NY	08488		X	X	X	X	X	1,000	1,000	
00068	JLIV	2009	CHEVY/C4500	406843	QUEENS VILLAGE, NY	01488	41,700	X	X	X	X	X	1,000	1,000	
00069	JLIV	2007	GMC/C4500	411121	QUEENS VILLAGE, NY	21488	40,000	X	X	X	X	X	1,000	1,000	
00071	CODY	2006	MACK/TRUCK	023067	QUEENS VILLAGE, NY	31488	70,000	X	X	X	X	X	1,000	1,000	
00072	JLIV	2004	GMC	901811	QUEENS VILLAGE, NY	01488		X	X	X	X	X			
00073	JLIV	2003	ISUZU	900020	QUEENS VILLAGE, NY	01488	22,000	X	X	X	X	X	1,000	1,000	
00074	JLIV	2010	GMC/ACADIA SLT-1	188523	EAST MEADOW, NY	01488	43,705	X	X	X	X	X	1,000	1,000	
00075	JLIV	1999	CAT/Mobile Equipment	800480	QUEENS VILLAGE, NY	7908		X	X	X	X	X			
00076	JLIV	2002	CAT/Mobile Equipment	801804	QUEENS VILLAGE, NY	7908		X	X	X	X	X			
00077	JLIV	2003	CAT/Mobile Equipment	L03189	QUEENS VILLAGE, NY	7908		X	X	X	X	X			
00078	JLIV	2003	ISUZU	902405	QUEENS VILLAGE, NY	21488	13,509	X	X	X	X	X	1,000	1,000	
00079	JLIV	2003	ISUZU	700863	QUEENS VILLAGE, NY	21488	13,509	X	X	X	X	X	1,000	1,000	
00080	JLIV	2010	NISSAN/ARMADA LE	814656	BRONXVILLE, NY	7398	54,280	X	X	X	X	X	1,000	1,000	30/30/900
00081	JLIV	1998	GMC	530357	QUEENS VILLAGE, NY	01488		X	X	X	X	X			
00082	CODY	2001	MACK/TRUCK	002199	QUEENS VILLAGE, NY	31488	100,000	X	X	X	X	X	1,000	1,000	
00083	JLIV	2011	LAND ROVER/RANGERO	282140	PLANDOME, NY	7398	88,045	X	X	X	X	X	1,000	1,000	30/30/900
00084	JLIV	2008	CAT/450E	L00278	QUEENS VILLAGE, NY	7398	110,000	X	X	X	X	X			
00085	CODY	2011	BMW/750LXI	432584	PLANDOME, NY	7398	95,000	X	X	X	X	X	1,000	1,000	30/30/900
00086	JLIV	2010	CAT/M315D	MD6189	QUEENS VILLAGE, NY	7908	249,323	X	X	X	X	X			
00087	CODY	2003	MACK/TRUCK	008244	QUEENS VILLAGE, NY	31488	125,000	X	X	X	X	X	1,000	1,000	
00088	JLIS	1975	TONCO/TRAILER	475153	QUEENS VILLAGE, NY	08488		X	X	X	X	X	1,000	1,000	
00089	JLIV	2011	CHEV/EXPRESS	156798	QUEENS VILLAGE, NY	21488	27,500	X	X	X	X	X	1,000	1,000	
00090	JLIV	2012	CHEV/EXPRESS VAN	105151	QUEENS VILLAGE, NY	21488	30,000	X	X	X	X	X	1,000	1,000	
00091	JLIV	2007	UDU/C	080035	QUEENS VILLAGE, NY	01488		X	X	X	X	X	1,000	1,000	
00092	JLIV	2007	PETERBUILT/335	892836	QUEENS VILLAGE, NY	31488	100,000	X	X	X	X	X	1,000	1,000	
00093	CODY	2005	WITZC	000475	QUEENS VILLAGE, NY	08488	38,000	X	X	X	X	X	1,000	1,000	
00094	JLIV	2008	CATERPILLAR/M318D	P00700			35,000	X	X	X	X	X	1,000	1,000	30/30/900
00095	JLIV	2007	PETERBUILT	892836	QUEENS VILLAGE, NY	31488	120,000	X	X	X	X	X	1,000	1,000	
00096	JLIV	2012	DODGE/DURANGO	306029	QUEENS VILLAGE, NY		41,825	X	X	X	X	X	1,000	1,000	
00097	JLIV	2008	INTERNATIONAL/CF600	575807	QUEENS VILLAGE, NY	21488	33,000	X	X	X	X	X	1,000	1,000	
00098	JLIV	2012	AUDIA-4	116343		7398	37,540	X	X	X	X	X	1,000	1,000	30/30/900
00099	JLIV	2012	LAND ROVER/RANGE R	743303	PLANDOME, NY	7398	70,980	X	X	X	X	X	1,000	1,000	30/30/900

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JLIIV.com

0001		1999	model 960, CAT PAYLOADER	3JWD1018		111,000
0002		1998	MODEL 802, KAWASAKI PAYLOADER	ICSS80211C1118		35,000
0003		1992	MODEL 988, CAT PAYLOADER	8BC00753		100,000
0004			88C00753			50,000
0005			JOHN DEERE EXCAVATION	CK0595D000346		30,000
0006		1987	CAT 225 EXCAVATOR	79V15358		25,000
0007		1998	CAT 320 EXCAVATOR	4TF47383		89,000
0008		1995	VERMEER	V5R1000403		95,000
0009		1999	BH-13, 490 DYNAHOE	490203		12,000
0010		1999	BH-18, 490 DYNAHOE	BG490325		42,000
0011		2000	BH-20, 448 CAT	8BL02190		87,000
0012		2001	448 CAT, 58L02948	BH-25		95,000
0013		2000	BH-28, 448 CAT, 58L02231			87,000
0014			TV1200DPR, BENFORD ROLLER	5LB10PG0EW07CC080		12,000
0015			4282707, INGEROLL RAND ROLLER	C18894		12,000
0016			MODEL V32, TRAMAC HAMMER			55,000
0017		2000	MODEL 325BL, CATERPILLAR	2JR02801		135,000
0018			TRAMAC 700 HYDRAULIC HAMMER	150830		25,000
0019			MODEL 801, ROCKBLASTER HAMMER	233058		13,000
0020	JLI 4	2002	BH30 448B, CATERPILLAR	8BL03050		63,000
0021	JLI 4	2001	BH34 448B, CATERPILLAR	8BL02985		53,000
0022	JLI 4	2003	BH34 448B, CATERPILLAR	CAT0448BA5BL03138		95,297
0023	JLI 4	1998	1VRS12ZVZW1000143, VERMEER			100,000
0024	JLI 4	2001	CATERPILLAR, BH36 448B, CATERPILLAR	8BL02858		70,000
0025	JLI 4	2004	BH40 448B, CAT BACKHOE LOADER	CAT0448DCDBL00164		95,000
0026	JLI 4	1999	988-G, CAT WHEEL LOADER	9R8-00480		182,320
0027		2001	950G, CAT PAYLOADER	2J901804		125,000
0028		2003	BH 38, CAT 448B	8BL03189		85,000
0029		2003	BH 42, CAT 448B	8BL03189		85,000
0030			810, TRAMAC	T51950		30,000
0031			TRAMAC 700 HAMMER	106330		32,500
0032	JLI 4	2008	1000-15 CC, EAGLE PORTABLE CRUSHING PLANT	30454		419,429
0033		2005	BH44 448D BACKHOE L, CATERPILLAR 448D	CAT0448DDBL00458		108,375
0034		2004	BH48 448D BACKHOE, CATERPILLAR 448D	CAT448DCDBL00298		100,000

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For: JLI IV Enterprises, Inc.  
213-19 99th Avenue  
Queens Village, NY 11429  
Bus: (718)485-8800  
jliiv.com

0036	JLI 4	2002	PW170ES-8, KOMATSU WHEEL EXCAVATOR	K32182114860				
0036	JLI 4	1998	1VRS122V8W1000148, VERMEER CONCRETE CUTTER	CC145				114,600
0037	JLI 4	2004	BH48 448D BACKHOE, CATERPILLAR 448D	CAT0448DPDBL00202				86,000
0038	JLI 4	2006	BH50 480E, CATERPILLAR BACKHOE LOADER WITH ALL	CAT0480ECEBL00206				92,000
0039		2007	RB27-120, WACKER ROLLER	5897282				150,000
0040			RD27-120, WACKER ROLLER	5888283				30,000
0041		1998	TV1200DPR, BENFORD ROLLER	07CC084				20,000
0042		2003	PK800028, PETERBUILT FLATBED WITH PALFINGER MO	100071185				12,000
0043	JLI 4	2006	348CL, CATERPILLAR EXCAVATOR	PJW01137				150,000
0044	JLI 4		TRAMAC 700 HAMMER WITH MOUNTING BRACKET, COM	M700D60151				230,000
0045	JLI 4	2006	480E, CATERPILLAR 480E	EBL00278				40,000
0046		2010	CATERPILLAR, M318D, EXCAVATOR	CATM315DVW5M05189				91,000
0047		2008	CATERPILLAR, M318D, M318D	W8P00700				249,323
0048		2008	CATERPILLAR, M318D, CATM318DPW8P00700					186,000
0049			Crushing Plant incl all parts					10,875
								1,000,000

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

agency: Vanguard Coverage Corporation  
131 SUNNYSIDE BLVD, SUITE 112  
PLAINVIEW, NY 11803  
(516)349-1333

For: JLI IV Enterprises, Inc.  
213-19 99th Avenue  
Queens Village, NY 11429  
Bus: (718)455-5000  
JLI@JLI.com

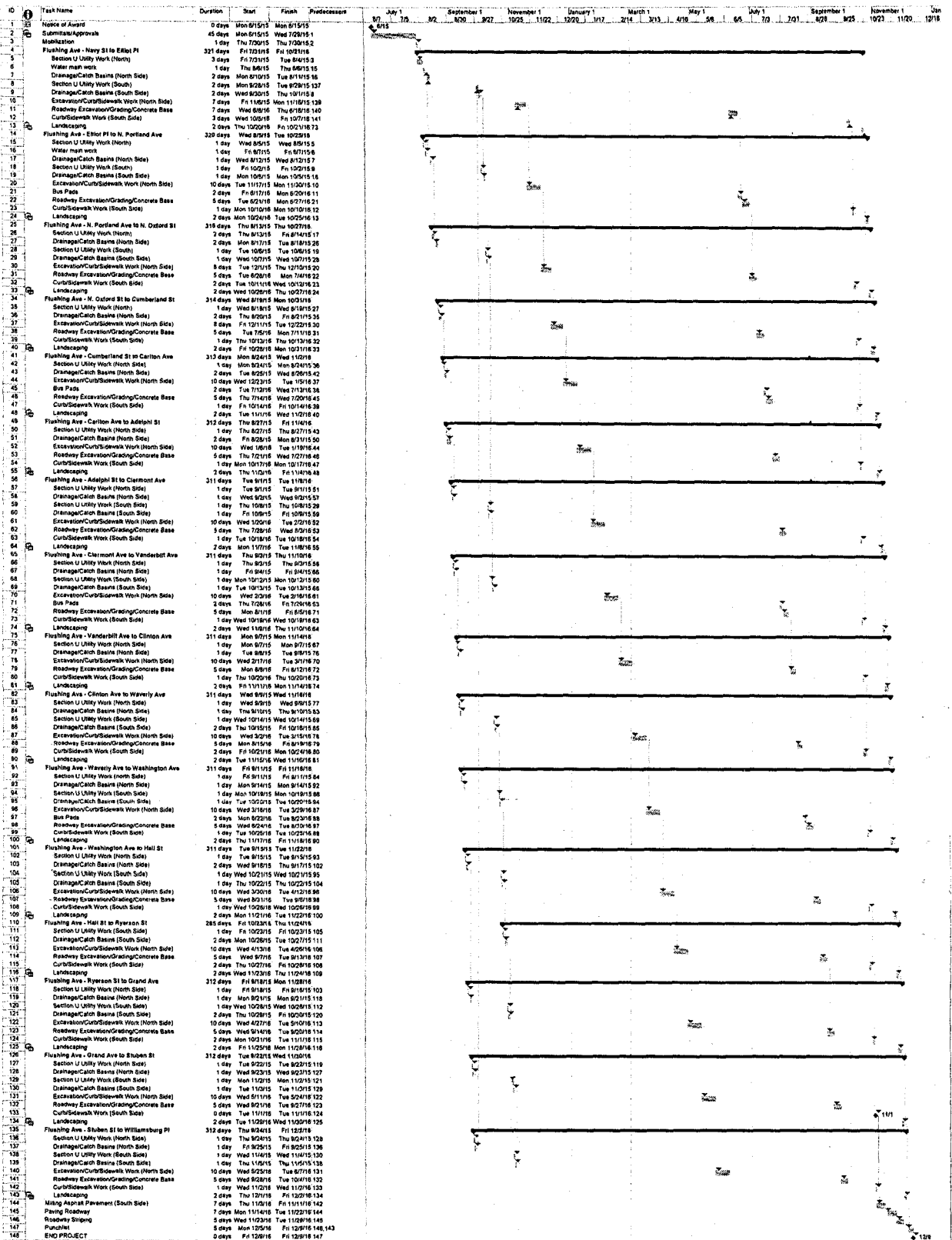
LEASED RENTED

500,000

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.







## VENDEX COMPLIANCE

(A) **Vendex Fees:** Pursuant to Procurement Policy Board Rule 2-08(f)(2), the contractor will be charged a fee for the administration of the VENDEX system, including the Vendor Name Check process, if a Vendor Name Check review is required to be conducted by the Department of Investigation. The contractor shall also be required to pay the applicable required fees for any of its subcontractors for which Vendor Name Check reviews are required. The fee(s) will be deducted from payments made to the contractor under the contract. For contracts with an estimated value of less than or equal to \$1,000,000, the fee will be \$175 per Vendor Name Check review. For contracts with an estimated value of greater than \$1,000,000, the fee will be \$350 per Vendor Name Check review.

(B) **Confirmation of Vendex Compliance:** The Bidder shall submit this Confirmation of Vendex Compliance to the Department of Design and Construction, Contracts Section, 30-30 Thomson Avenue – First Floor, Long Island City, NY 11101.

**Bid Information:** The Bidder shall complete the bid information set forth below.

Name of Bidder: YINE Enterprises Inc.  
Bidder's Address: 81310 99th Ave. N. N411429  
Bidder's Telephone Number: 718 465 5600  
Bidder's Fax Number: 718 465 5100  
Date of Bid Opening: 3/25/15  
PROJECT ID: HWK10483

**Vendex Compliance:** To demonstrate compliance with Vendex requirements, the Bidder shall complete either Section (1) or Section (2) below, whichever applies.

- (1) **Submission of Vendex Questionnaires to MOCS:** By signing in the space provided below, the Bidder certifies that as of the date specified below, the Bidder has submitted Vendex Questionnaires to the Mayor's Office of Contract Services, Attn: VENDEX, 253 Broadway, 9<sup>th</sup> Floor, New York, New York 10007.

Date of Submission: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Partner or corporate officer)

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

- (2) **Submission of Certification of No Change to DDC:** By signing in the space provided below, the Bidder certifies that it has read the instructions in a "Vendor's Guide to Vendex" and that such instructions do not require the Bidder to submit Vendex Questionnaires. The Bidder has completed **TWO ORIGINALS** of the Certification of No Change set forth on the next page of this Bid Booklet.

By: \_\_\_\_\_  
(Signature of Partner or corporate officer)

Print Name: Stephan Licata, Secretary

**(NO TEXT ON THIS PAGE)**

# Certificate of No Change Form



- Please submit two completed forms. Copies will not be accepted.
- Please send both copies to the agency that requested it, unless you are advised to send it directly to the Mayor's Office of Contract Services (MOCS).
- A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.
- A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges

I, Stephen Licata, being duly sworn, state that I have read  
*Enter Your Name*

and understand all the items contained in the vendor questionnaire and any submission of change as identified on page one of this form and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) and any submission of change identified on page two of this form have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that the City of New York will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

## Vendor Questionnaire *This section is required.*

*This refers to the vendor questionnaire(s) submitted for the vendor doing business with the City.*

Name of Submitting Entity: YJN Enterprises Inc.

Vendor's Address: 213-19 99th Ave AN NY 11429

Vendor's EIN or TIN: 11-3630555 Requesting Agency: NUCD/C

Are you submitting this Certification as a parent? (Please circle one) (Yes) No

Signature date on the last full vendor questionnaire signed for the submitting vendor: 9/2/14

Signature date on change submission for the submitting vendor: 9/2/14

# Principal Questionnaire

This section refers to the most recent principal questionnaire submissions.



	Principal Name	Date of signature on last full Principal Questionnaire	Date(s) of signature on submission of change
1	James Juliano	9/2/14	9/2/14
2	Stephen Licata	9/2/14	9/2/14
3	Raymond Rudolph	9/2/14	9/2/14
4			
5			
6			

☐ Check if additional changes were submitted and attach a document with the date of additional submissions.

## Certification This section is required.

This form must be signed and notarized. Please complete this twice. Copies will not be accepted.

### Certified By:

Stephen Licata

Name (Print)

Secretary

Title

WINTERPASSES INC.

Name of Submitting Entity

[Signature]

Signature

3/24/15

Date

### Notarized By:

[Signature]

Notary Public

Queens

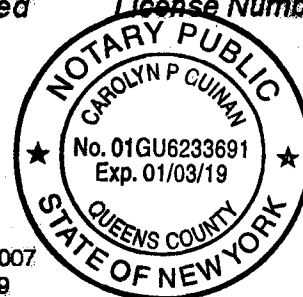
County License Issued

01646233691

License Number

Sworn to before me on: 3/24/15

Date



## **IRAN DIVESTMENT ACT COMPLIANCE RIDER**

### **FOR NEW YORK CITY CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law ("SFL") §165-a and General Municipal Law ("GML") §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- (a) The person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- (b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder's certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case by case basis if:

- (1) The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
- (2) The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

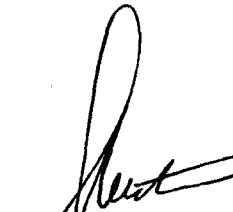
**BIDDER'S CERTIFICATION OF COMPLIANCE WITH  
IRAN DIVESTMENT ACT**

Pursuant to General Municipal Law §103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

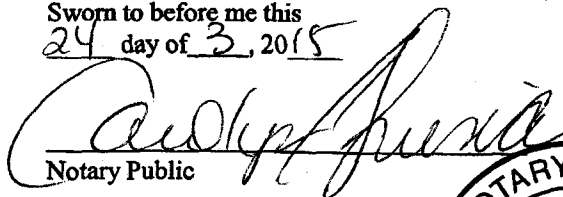
[Please Check One]

**BIDDER'S CERTIFICATION**

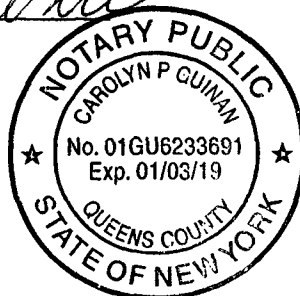
- ☒ By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.
- ☐ I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

  
\_\_\_\_\_  
SIGNATURE  
Stephen Licata  
\_\_\_\_\_  
PRINTED NAME  
Secretary  
\_\_\_\_\_  
TITLE

Sworn to before me this  
24 day of 3, 2015

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

Dated: 3/24/15



**THE CITY OF NEW YORK  
DEPARTMENT OF SMALL BUSINESS SERVICES  
DIVISION OF LABOR SERVICES  
CONTRACT COMPLIANCE UNIT  
110 WILLIAMS STREET  
NEW YORK, NEW YORK 10038  
PHONE: (212) 513-6323  
FAX: (212) 618-8879**

## **CONSTRUCTION**

## **EMPLOYMENT**

## **REPORT**



**(NO TEXT ON THIS PAGE)**

The City of New York  
Department of Small Business Services  
Division of Labor Services  
Contract Compliance Unit  
110 William Street  
New York, New York 10038  
Phone: (212) 513 - 6323  
Fax: (212) 618-8879

**CONSTRUCTION EMPLOYMENT REPORT  
INSTRUCTIONS**

**WHO MUST FILE A CONSTRUCTION EMPLOYMENT REPORT**

A Construction Employment Report (ER) must be filed if you meet the following conditions:

CONTRACT FUNDING SOURCE	CONTRACTOR	CONTRACT VALUE	SUBMISSION REQUIREMENT
Federal/Federally assisted	Prime and subcontractors	\$10,000 or greater	Construction Employment Report
City and state funded	Prime contractor	\$1,000,000 or greater	
	Subcontractor	\$750,000 or greater	
		Less than \$750,000	Less than \$750,000 Certificate (City/State Only)

Prime Contractor:

- A general contractor or construction manager selected to perform work on a construction project funded (in whole or in part) by the federal government with a proposed contract value of \$10,000 or more.
- A general contractor or construction manager selected to perform work on a construction project funded or assisted by the City of New York with a proposed contract value of \$1,000,000 or more.

Subcontractor:

- A subcontractor selected to perform work on a construction project funded (in whole or in part) by the federal government with a proposed contract value of \$10,000 or more.
- A subcontractor selected to perform work on a construction project funded or assisted by the City of New York with a proposed contract value of \$750,000 or more.
- A subcontractor selected to perform work on a construction project funded or assisted by the City of New York with a proposed contract value of less than \$750,000 must submit a "Less than \$750,000" certificate.

**WHERE TO FILE**

Employment Reports must be filed with the City agency awarding the contract. If you are a contractor or subcontractor who will be working for a private developer in receipt of funding or assistance from the City, the ER must be filed with the City agency with jurisdiction over the developer's project.

**DLS REVIEW PROCESS**

In accordance with Executive Order 50 (EO 50), upon receipt by DLS of a completed ER, DLS conducts a review of the contractor's current employment policies, practices and procedures, as well as perform a statistical analysis of the contractor's workforce, if necessary. The process is as follows:

1. Within five (5) business days, DLS will review the ER for completeness and accuracy. If any information is omitted or incorrect, or if necessary documents are not submitted, the submission shall be deemed incomplete and DLS will inform the contractor. The substantive compliance review does not commence until the submission is complete. **An incomplete submission will delay the review process and may preclude or interrupt the contract approval.**
2. If the ER submission is complete, the compliance review will proceed, resulting in one of the following:

**Certificate of Approval**

The contractor is found to be in compliance with all applicable laws and regulations. The approval is valid for 36 months.

**Continued Approval Certificate**

The contractor has been issued a Certificate of Approval in the previous 36 months which is good for the applicable contract.

**Conditional Certificate of Compliance**

The contractor is required to take corrective actions in order to be in compliance with EO 50. The contractor must meet the conditions within one month of the issue of the Conditional Certificate.

**Determination of Nonperformance**

The contractor has failed to take the required corrective actions stipulated in the Conditional Certificate. A determination of nonperformance may prevent a contractor from receiving an award of a contract.

## HOW TO COMPLETE THE EMPLOYMENT REPORT

### Contents

**General Information**

**Part I: Contractor/Subcontractor Information**

**Part II: Employment Policies and Practices**

**Part III: Contract Bid Information and Projected and Current Workforce Forms**

**Signature Page**

### **PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION**

Questions 7 – 11: Please provide the required contact information for your company. All contracts must have a designated Equal Employment Officer.

Question 12: If you are a subcontractor, you must state the name of the contractor for whom you are providing the construction services.

Question 13: Please provide the number of permanent employees in your company.

Question 14a-g: The Project Identification Number (PIN) and the Contract Registration ID Number (CT#) can be obtained from the City agency. Provide a description of the trade work you will perform on this project and the address where the work will be performed. Subcontractors can obtain this information from the contract they have with the prime contractor.

Questions 15 – 18: If your company has received a valid Certificate of Approval within the past 36 months, been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP), or if your company has submitted an ER for a different contract for which you have not yet received a compliance certificate, then you only need to complete and submit the following:

- General Information section
- Part I - Contractor/Subcontractor Information
- Form B - Projected Workforce
- Signature Page

If your company is currently waiting for an approval on another contract previously submitted, be certain to identify the date on which you submitted the completed Employment Report, the name of the City contracting agency with which the contract was made, and the name and telephone number of the person to whom the Employment Report was submitted.

If your company was issued a Conditional Certificate of Approval, all required corrective actions must have been taken or DLS will not issue a Continued Certificate.

- Question 18: If the company was audited by the OFCCP, also provide the following:
- Identify the reviewing OFCCP office by its name and address
  - If an unconditional certificate of compliance was issued by the OFCCP, attach a copy of the certificate in lieu of completing Parts II and III;
  - Include copies of all corrective actions and documentation of OFCCP's performance; and
  - Provide a copy of all stated OFCCP findings.

- Question 19: Please provide a copy of any Collective Bargaining Agreement(s) which is negotiated through an employer trade association on behalf of your organization or any of its affiliates.

## **PART II: EMPLOYMENT POLICIES AND PRACTICES**

*Remember to label all documents with the question number for which they are submitted.*

Questions 20a – j: You must respond to the questions as to whether or not your firm has documents reflecting written policies, benefits and procedures. If so, then you must identify by name each document in which the policy(ies), procedure(s) and benefit(s) is located and submit copies of all of the document(s). If your firm follows unwritten practices or procedures, include an explanation of how they operate. Please submit the most current document(s), including all applicable amendments. Label each document and/or unwritten practice according to the question to which it corresponds (e.g. 20a, 20b, etc.)

Questions 21a – h: Inquires about the manner/methods by which you comply with the requirements of the Immigration Reform and Control Act of 1986 (IRCA).

Question 22: Inquires into where and how I-9 forms are maintained and stored.

Questions 23a – e: Inquires into whether or not there is a requirement that an applicant or employee be subjected to a medical examination at any given time. Copies of the medical information questionnaire and instructions must be submitted with the Employment Report.

Question 24: Indicate the existence and location of all statements of your firm's Equal Employment Opportunity policy and attach a copy of each statement.

Question 25: Submit any current Affirmative Action Plan(s) created pursuant to Executive Order 11246.

Question 26: If your firm or collective bargaining agreement has an internal grievance procedure, indicate this and submit a copy of the policy and procedure. If unwritten, explain its nature and operation. Explain how your firm's procedure addresses EEO complaints.

Question 27: If your employees have used the procedure in the last three (3) years, please submit an explanation in the format indicated below:

1. Number of complaint(s)	2. Nature of the complaint(s)	3. Position(s) of the complainant(s)	4. Was an investigation conducted? Y/N	5. Current status of the disposition
---------------------------	-------------------------------	--------------------------------------	-------------------------------------------	--------------------------------------

Question 28: Indicate whether in the past three (3) years complaints have been filed with a court of law or administrative agency, naming your company as a defendant (or respondent) in a complaint alleging violation of any anti-discrimination or affirmative action laws. If yes, develop and submit a log to show, for each administrative/and or judicial action filed, the following information:

1. Name(s) of complainant(s)	2. Administrative agency or court in which action was filed	3. Nature of the complaint(s)	4. Current status	5. If not pending, the complaint's disposition
------------------------------	-------------------------------------------------------------	-------------------------------	-------------------	------------------------------------------------

Question 29: Identify each job for which a physical qualification exists. Identify and explain the physical qualification(s) for each stated job. Submit job descriptions for each job and the reasons for the qualifications.

Question 30: Identify each job for which there exists any qualification related to age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status. Identify and explain the specific related qualification for each job stated. Submit job descriptions for each job and the reasons for the qualifications.

### **PART III: CONTRACT BID INFORMATION AND PROJECTED AND CURRENT WORKFORCE FORMS**

#### **FORM A: CONTRACT BID INFORMATION – USE OF SUBCONTRACTORS/TRADES**

Your projections for the utilization of subcontractors on the proposed contract are to be provided in this section. A chart has been provided for the identification of subcontractors. Information is to be provided to the extent known at the time the ER is filed for review by DLS. If the subcontractor's name is unknown, then write "unknown". Under "ownership", enter the appropriate race/ethnic and gender code. If the contract is federally funded or assisted and the subcontractor is being utilized in accordance with applicable federal requirements with respect to Minority Business Enterprise or Woman Business Enterprise requirements, enter the appropriate code. This will also apply to state funded contracts with similar requirements for minority and female owned businesses.

#### **FORM B: PROJECTED WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT**

For each trade to be engaged by your company for this project, enter the projected workforce for Males and Females by trade classification in the charts provided.

#### **FORM C: CURRENT WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT**

For each trade *currently* engaged by your company for all work performed in NYC, enter the current workforce for Males and Females by trade classification in the charts provided.

### **SIGNATURE PAGE**

The signatory of this Employment Report and all other documents submitted to DLS must be an official authorized to enter into a binding legal agreement. The signature page must be completed in its entirety and notarized. Only original signatures will be accepted.

The City of New York Department of Small Business Services  
Division of Labor Services Contract Compliance Unit  
110 William Street, New York, New York 10038  
Phone: (212) 513 - 6323  
Fax: (212) 618-8879

CONSTRUCTION EMPLOYMENT REPORT

GENERAL INFORMATION

1. Your contractual relationship in this contract is: Prime contractor ☒ Subcontractor ☐
- 1a. Are M/WBE goals attached to this project? Yes ☒ No ☐
2. Please check one of the following if your firm would like information on how to certify with the City of New York as a:  
☐ Minority Owned Business Enterprise ☐ Locally Based Business Enterprise  
☐ Women Owned Business Enterprise ☐ Emerging Business Enterprise  
☐ Disadvantaged Business Enterprise
- 2a. If you are certified as an MBE, WBE, LBE, EBE or DBE, what city/state agency are you certified with? \_\_\_\_\_ Are you DBE certified? Yes ☐ No ☒
3. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities: Yes ☐ No ☒
4. Is this project subject to a project labor agreement? Yes ☐ No ☒
5. Are you a Union contractor? Yes ☒ No ☐ If yes, please list which local(s) you affiliated with 1010 731 29 14 15 1536
6. Are you a Veteran owned company? Yes ☐ No ☒

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

7. 11-3630755 jjr@nyc.gov  
Employer Identification Number or Federal Tax I.D. Email Address
8. SLN Enterprises Inc.  
Company Name
9. 213-19 99th Ave QV NY 11429  
Company Address and Zip Code
10. James Juliano 718 465 5600  
Chief Operating Officer Telephone Number
11. Carolyn Grinan 718 465 5600  
Designated Equal Opportunity Compliance Officer Telephone Number  
(If same as Item #10, write "same")
12. Stephen Licata  
Name of Prime Contractor and Contact Person  
(If same as Item #8, write "same")

13. Number of employees in your company: 96

14. Contract information:

(a) UUCDDC (b) \_\_\_\_\_  
Contracting Agency (City Agency) Contract Amount

(c) \_\_\_\_\_ (d) \_\_\_\_\_  
Procurement Identification Number (PIN) Contract Registration Number (CT#)

(e) \_\_\_\_\_ (f) \_\_\_\_\_  
Projected Commencement Date Projected Completion Date

(g) Description and location of proposed contract:

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

15. Has your firm been reviewed by the Division of Labor Services (DLS) within the past 36 months and issued a Certificate of Approval? Yes ☒ No ☐

If yes, attach a copy of certificate.

16. Has DLS within the past month reviewed an Employment Report submission for your company and issued a Conditional Certificate of Approval? Yes ☐ No ☒

If yes, attach a copy of certificate.

**NOTE: DLS WILL NOT ISSUE A CONTINUED CERTIFICATE OF APPROVAL IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF APPROVAL HAVE BEEN TAKEN.**

17. Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received compliance certificate?  
Yes ☐ No ☒ If yes,

Date submitted: \_\_\_\_\_  
Agency to which submitted: \_\_\_\_\_  
Name of Agency Person: \_\_\_\_\_  
Contract No: \_\_\_\_\_  
Telephone: \_\_\_\_\_

18. Has your company in the past 36 months been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes ☐ No ☒

If yes,

(a) Name and address of OFCCP office.

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

(b) Was a Certificate of Equal Employment Compliance issued within the past 36 months?  
Yes\_\_\_ No\_\_\_

If yes, attach a copy of such certificate.

(c) Were any corrective actions required or agreed to? Yes\_\_\_ No\_\_\_

If yes, attach a copy of such requirements or agreements.

(d) Were any deficiencies found? Yes\_\_\_ No\_\_\_

If yes, attach a copy of such findings.

19. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring? Yes\_\_\_ No\_\_\_

If yes, attach a list of such associations and all applicable CBA's.

## PART II: DOCUMENTS REQUIRED

20. For the following policies or practices, attach the relevant documents (e.g., printed booklets, brochures, manuals, memoranda, etc.). If the policy(ies) are unwritten, attach a full explanation of the practices. See instructions.

- 4 (a) Health benefit coverage/description(s) for all management, nonunion and union employees (whether company or union administered)
- 4 (b) Disability, life, other insurance coverage/description
- N (c) Employee Policy/Handbook
- N (d) Personnel Policy/Manual
- N (e) Supervisor's Policy/Manual
- 4 (f) Pension plan or 401k coverage/description for all management, nonunion and union employees, whether company or union administered
- 4 (g) Collective bargaining agreement(s).
- 4 (h) Employment Application(s)
- N (i) Employee evaluation policy/form(s).
- 4 (j) Does your firm have medical and/or non-medical (i.e. education, military, personal, pregnancy, child care) leave policy?



21. To comply with the Immigration Reform and Control Act of 1986 when and of whom does your firm require the completion of an I-9 Form?

- |                                            |                                                                     |
|--------------------------------------------|---------------------------------------------------------------------|
| (a) Prior to job offer                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (b) After a conditional job offer          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| (c) After a job offer                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| (d) Within the first three days on the job | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (e) To some applicants                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (f) To all applicants                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| (g) To some employees                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (h) To all employees                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

22. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

Completed I-9 are at our main office  
213-19 99th Ave NE M 11428

23. Does your firm or any of its collective bargaining agreements require job applicants to take a medical examination? Yes ☐ No ☒

If yes, is the medical examination given:

- |                                   |                                                          |
|-----------------------------------|----------------------------------------------------------|
| (a) Prior to a job offer          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (b) After a conditional job offer | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (c) After a job offer             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (d) To all applicants             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (e) Only to some applicants       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes, list for which applicants below and attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

\_\_\_\_\_

24. Do you have a written equal employment opportunity (EEO) policy? Yes ☒ No ☐

If yes, list the document(s) and page number(s) where these written policies are located.

\_\_\_\_\_

25. Does the company have a current affirmative action plan(s) (AAP)

- ☒ Minorities and Women  
☒ Individuals with handicaps  
☒ Other. Please specify \_\_\_\_\_

26. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? Yes ☒ No ☐

If yes, please attach a copy of this policy.

If no, attach a report detailing your firm's unwritten procedure for handling EEO complaints.

27. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure or with any official of your firm with respect to equal employment opportunity? Yes\_\_\_ No ☒

If yes, attach an internal complaint log. See instructions.

28. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or affirmative action laws? Yes\_\_\_ No ☒

If yes, attach a log. See instructions.

29. Are there any jobs for which there are physical qualifications? Yes\_\_\_ No ☒

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

---

30. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation, or citizenship qualifications? Yes\_\_\_ No ☒

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

---

**SIGNATURE PAGE**

I, (print name of authorized official signing) Stephen Licata hereby certify that the information submitted herewith is true and complete to the best of my knowledge and belief and submitted with the understanding that compliance with New York City's equal employment requirements, as contained in Chapter 56 of the City Charter, Executive Order No. 50 (1980), as amended, and the implementing Rules and Regulations, is a contractual obligation. I also agree on behalf of the company to submit a certified copy of payroll records to the Division of Labor Services on a monthly basis.

JUN Enterprises Inc.  
Contractor's Name

Stephen Licata  
Name of person who prepared this Employment Report

Secretary  
Title

Stephen Licata  
Name of official authorized to sign on behalf of the contractor

Secretary  
Title

718 4658000  
Telephone Number

[Signature]  
Signature of authorized official

3/24/15  
Date

If contractors are found to be underutilizing minorities and females in any given trade based on Chapter 56 Section 3H, the Division of Labor Services reserves the right to request the contractor's workforce data and to implement an employment program.

Contractors who fail to comply with the above mentioned requirements or are found to be in noncompliance may be subject to the withholding of final payment.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/or criminal prosecution.

To the extent permitted by law and consistent with the proper discharge of DLS' responsibilities under Charter Chapter 56 of the City Charter and Executive Order No. 50 (1980) and the implementing Rules and Regulations, all information provided by a contractor to DLS shall be confidential.

**Only original signatures accepted.**

Sworn to before me this 24<sup>th</sup> day of MARCH 20 15

[Signature]  
Notary Public

[Signature]  
Authorized Signature

3/24/15  
Date



The City of New York Department of Small Business Services  
Division of Labor Services Contract Compliance Unit  
110 William Street, New York, New York 10038  
Phone: (212) 513 - 6323  
Fax: (212) 618-8879

**CONSTRUCTION EMPLOYMENT REPORT**

**GENERAL INFORMATION**

1. Your contractual relationship in this contract is: Prime contractor x Subcontractor
- 1a. Are M/WBE goals attached to this project? Yes ✓ No
2. Please check one of the following if your firm would like information on how to certify with the City of New York as a:
- Minority Owned Business Enterprise      Locally Based Business Enterprise  
     Women Owned Business Enterprise      Emerging Business Enterprise  
     Disadvantaged Business Enterprise
- 2a. If you are certified as an **MBE, WBE, LBE, EBE** or **DBE**, what city/state agency are you certified with?      Are you DBE certified? Yes      No ✓
3. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities: Yes      No ✓
4. Is this project subject to a project labor agreement? Yes      No ✓
5. Are you a Union contractor? Yes ✓ No      If yes, please list which local(s) you affiliated with 1010/731/1536/14/15/29
6. Are you a Veteran owned company? Yes      No ✓

**PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION**

7. 11-3630755 jlj@iljiv.com  
Employer Identification Number or Federal Tax I.D. Email Address
8. JLT IV ENTERPRISES, INC.  
Company Name
9. 213-19 99th AVE, QUEENS VILLAGE, NY 11429  
Company Address and Zip Code
10. JAMES JULIANO 718-465-8000  
Chief Operating Officer Telephone Number
11. CAROLYN GUINAN 718-465-8000  
Designated Equal Opportunity Compliance Officer Telephone Number  
(If same as Item #10, write "same")
12. SAME  
Name of Prime Contractor and Contact Person  
(If same as Item #8, write "same")

13. Number of employees in your company: 96

14. Contract information:

(a) NYCDDC  
Contracting Agency (City Agency)

(b) \$ 6,651,909.89  
Contract Amount

(c) 8502015HW0027C  
Procurement Identification Number (PIN)

(d) \_\_\_\_\_  
Contract Registration Number (CT#)

(e) TBD  
Projected Commencement Date

(f) TBD  
Projected Completion Date

(g) Description and location of proposed contract:

HWK 1048B - RECONSTRUCTION OF FLUSHING AVE BTW. NAVY ST. AND  
WILLIAMSBURG PL. INCLUDING DRAINAGE, WATER MAINS, TRAFFIC & STREET LIGHTING.

15. Has your firm been reviewed by the Division of Labor Services (DLS) within the past 36 months and issued a Certificate of Approval? Yes ☒ No ☐

If yes, attach a copy of certificate.

16. Has DLS within the past month reviewed an Employment Report submission for your company and issued a Conditional Certificate of Approval? Yes ☒ No ☐

If yes, attach a copy of certificate.

**NOTE: DLS WILL NOT ISSUE A CONTINUED CERTIFICATE OF APPROVAL IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF APPROVAL HAVE BEEN TAKEN.**

17. Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received compliance certificate?  
Yes ☐ No ☒ If yes,

Date submitted: \_\_\_\_\_  
Agency to which submitted: \_\_\_\_\_  
Name of Agency Person: \_\_\_\_\_  
Contract No: \_\_\_\_\_  
Telephone: \_\_\_\_\_

18. Has your company in the past 36 months been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes ☐ No ☒

If yes,

(a) Name and address of OFCCP office.

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

(b) Was a Certificate of Equal Employment Compliance issued within the past 36 months?  
Yes \_\_\_ No ☒

If yes, attach a copy of such certificate.

(c) Were any corrective actions required or agreed to? Yes \_\_\_ No ☒

If yes, attach a copy of such requirements or agreements.

(d) Were any deficiencies found? Yes \_\_\_ No ☒

If yes, attach a copy of such findings.

19. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring? Yes ☒ No \_\_\_

If yes, attach a list of such associations and all applicable CBA's.

## PART II: DOCUMENTS REQUIRED

20. For the following policies or practices, attach the relevant documents (e.g., printed booklets, brochures, manuals, memoranda, etc.). If the policy(ies) are unwritten, attach a full explanation of the practices. See instructions.

☒ (a) Health benefit coverage/description(s) for all management, nonunion and union employees (whether company or union administered)

☒ (b) Disability, life, other insurance coverage/description

☒ (c) Employee Policy/Handbook

☒ (d) Personnel Policy/Manual

☒ (e) Supervisor's Policy/Manual

☒ (f) Pension plan or 401k coverage/description for all management, nonunion and union employees, whether company or union administered

☒ (g) Collective bargaining agreement(s).

☒ (h) Employment Application(s)

☒ (i) Employee evaluation policy/form(s).

☒ (j) Does your firm have medical and/or non-medical (i.e. education, military, personal, pregnancy, child care) leave policy?

21. To comply with the Immigration Reform and Control Act of 1986 when and of whom does your firm require the completion of an I-9 Form?

(a) Prior to job offer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(b) After a conditional job offer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(c) After a job offer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(d) Within the first three days on the job	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(e) To some applicants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(f) To all applicants	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(g) To some employees	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(h) To all employees	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

22. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

AT OUR MAIN OFFICE: 213-19 99<sup>th</sup> AVE, QUEENS VILLAGE, NY 11429

23. Does your firm or any of its collective bargaining agreements require job applicants to take a medical examination? Yes ☐ No ☒

If yes, is the medical examination given:

(a) Prior to a job offer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(b) After a conditional job offer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(c) After a job offer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(d) To all applicants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(e) Only to some applicants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If yes, list for which applicants below and attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

24. Do you have a written equal employment opportunity (EEO) policy? Yes ☐ No ☒

If yes, list the document(s) and page number(s) where these written policies are located.

25. Does the company have a current affirmative action plan(s) (AAP)

N Minorities and Women  
N Individuals with handicaps  
N Other. Please specify \_\_\_\_\_

26. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? Yes ☒ No ☐

If yes, please attach a copy of this policy.

If no, attach a report detailing your firm's unwritten procedure for handling EEO complaints.

27. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure or with any official of your firm with respect to equal employment opportunity? Yes\_\_\_ No ☒

If yes, attach an internal complaint log. See instructions.

28. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or affirmative action laws? Yes\_\_\_ No ☒

If yes, attach a log. See instructions.

29. Are there any jobs for which there are physical qualifications? Yes\_\_\_ No ☒

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

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30. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation, or citizenship qualifications? Yes\_\_\_ No ☒

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

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**SIGNATURE PAGE**

I, (print name of authorized official signing) STEPHEN LICATA hereby certify that the information submitted herewith is true and complete to the best of my knowledge and belief and submitted with the understanding that compliance with New York City's equal employment requirements, as contained in Chapter 56 of the City Charter, Executive Order No. 50 (1980), as amended, and the implementing Rules and Regulations, is a contractual obligation. I also agree on behalf of the company to submit a certified copy of payroll records to the Division of Labor Services on a monthly basis.

JLS IV ENTERPRISES, Inc.

Contractor's Name

STEPHEN LICATA

Name of person who prepared this Employment Report

SECRETARY  
Title

STEPHEN LICATA

Name of official authorized to sign on behalf of the contractor

SECRETARY  
Title

718-465-5600

Telephone Number

[Signature]  
Signature of authorized official

3/31/15  
Date

If contractors are found to be underutilizing minorities and females in any given trade based on Chapter 56 Section 3H, the Division of Labor Services reserves the right to request the contractor's workforce data and to implement an employment program.

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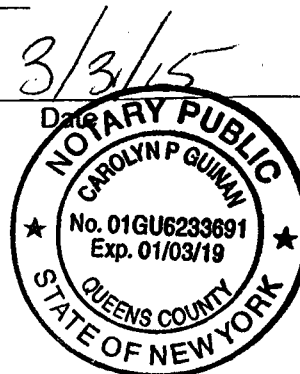
To the extent permitted by law and consistent with the proper discharge of DLS' responsibilities under Charter Chapter 56 of the City Charter and Executive Order No. 50 (1980) and the implementing Rules and Regulations, all information provided by a contractor to DLS shall be confidential.

**Only original signatures accepted.**

Sworn to before me this 31<sup>st</sup> day of March 20 15

[Signature]  
Notary Public

[Signature]  
Authorized Signature



**FORM A. CONTRACT BID INFORMATION: USE OF SUBCONTRACTORS/TRADES**

1. Do you plan to subcontractor work on this contract? Yes ☒ No ☐

2. If yes, complete the chart below.

**NOTE: All proposed subcontractors with a subcontract in excess of \$750,000 must complete an Employment Report for review and approval before the contract may be awarded and work commences.**

SUBCONTRACTOR'S NAME*	OWNERSHIP (ENTER APPROPRIATE CODE LETTERS BELOW)	WORK TO BE PERFORMED BY SUBCONTRACTOR	TRADE PROJECTED FOR USE BY SUBCONTRACTOR	PROJECTED DOLLAR VALUE OF SUBCONTRACT
ADVANCED MILL & PAVE	B	Milling & Asphalt Paving	Milling & Asphalt Paving	\$ 1,050,000 -
TBD	TBD	STREET LIGHTING / TRAFFIC SIGNALS	ELECTRICAL	\$ 367,000 -
TBD	TBD	LANDSCAPING	LANDSCAPING	\$ 224,695 -
TBD	TBD	LINE STRIPING	LINE STRIPING	\$ 150,000 -
TBD	TBD	RODENT CONTROL	RODENT CONTROL	\$ 120,000 -

\*If subcontractor is presently unknown, please enter the trade (craft name).

**OWNERSHIP CODES**

W: White  
B: Black  
H: Hispanic  
A: Asian  
N: Native American  
F: Female

# **FORM B: PROJECTED WORKFORCE**

## **TRADE CLASSIFICATION CODES**

(J) Journeylevel Workers  
(H) Helper  
(TOT) Total by Column

(A) Apprentice  
(TRN) Trainee

For each trade to be engaged by your company for this project, enter the projected workforce for Males and Females by trade classification on the charts below.

Trade:

### **MALES**

### **FEMALES**

LABORERS / TINSMEN

Union Affiliation, if applicable

731 | 1010 | 1536

Total (Col. #1-10):

10

Total Minority, Male & Female

(Col. #2,3,4,5,7,8,9, & 10):

5

Total Female

(Col. #6 - 10):

2

	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
J	5	1	2	—	—
H	—	—	—	—	—
A	—	—	—	—	—
TRN	—	—	—	—	—
TOT	5	1	2	0	0

	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.
J	—	1	1	—	—
H	—	—	—	—	—
A	—	—	—	—	—
TRN	—	—	—	—	—
TOT	0	1	1	0	0

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

Union.

**FORM B: PROJECTED WORKFORCE**

Trade:

OPERATORS

Union Affiliation, if applicable

14/15

Total (Col. #1-10):

2

Total Minority, Male & Female  
(Col. #2,3,4,5,7,8,9, & 10):

0

Total Female  
(Col. #6 - 10):

0

**MALES**

	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
J	2	—	—	—	—
H	—	—	—	—	—
A	—	—	—	—	—
TRN	—	—	—	—	—
TOT	2	0	0	0	0

**FEMALES**

	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.
J	—	—	—	—	—
H	—	—	—	—	—
A	—	—	—	—	—
TRN	—	—	—	—	—
TOT	0	0	0	0	0

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

Union.

# FORM C: CURRENT WORKFORCE

## TRADE CLASSIFICATION CODES

(J) Journeylevel Workers  
(H) Helper  
(TOT) Total by Column

(A) Apprentice  
(TRN) Trainee

For each trade currently engaged by your company for all work performed in New York City, enter the current workforce for Males and Females by trade classification on the charts below.

Trade:  
LABORERS/TIMBERMEN

Union Affiliation, if applicable  
731/1010/1536

Total (Col. #1-10):  
60

Total Minority, Male & Female  
(Col. #2,3,4,5,7,8,9, & 10):  
24

Total Female  
(Col. #6 - 10):  
4

		MALES					FEMALES				
		(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.
J		36	5	15	—	—	—	2	2	—	—
H		—	—	—	—	—	—	—	—	—	—
A		—	—	—	—	—	—	—	—	—	—
TRN		—	—	—	—	—	—	—	—	—	—
TOT		36	5	15	0	0	0	2	2	0	0

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

Union.

FORM C: CURRENT WORKFORCE

Trade:

OPERATORS

Union Affiliation, if applicable

14/15

Total (Col. #1-10):

15

Total Minority, Male & Female  
(Col. #2,3,4,5,7,8,9, & 10):

1

Total Female  
(Col. #6 - 10):

0

MALES

	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
J	14	1	—	—	—
H	—	—	—	—	—
A	—	—	—	—	—
TRN	—	—	—	—	—
TOT	14	1	0	0	0

FEMALES

	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.
J	—	—	—	—	—
H	—	—	—	—	—
A	—	—	—	—	—
TRN	—	—	—	—	—
TOT	0	0	0	0	0

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

Union.



NEW YORK CITY DEPARTMENT OF  
DESIGN + CONSTRUCTION

---

**INFRASTRUCTURE DIVISION  
BUREAU OF DESIGN**

---

**VOLUME 1 OF 3**

PROJECT ID: HWK1048B

RECONSTRUCTION OF FLUSHING AVENUE

FROM NAVY STREET TO WILLIAMSBURG STREET  
(BROOKLYN WATERFRONT GREENWAY)

INCLUDING CURB AND SIDEWALK RECONSTRUCTION, SEWER,  
STREET LIGHTING, AND TRAFFIC SIGNAL WORK

Together With All Work Incidental Thereto  
BOROUGH OF BROOKLYN  
CITY OF NEW YORK

---

*Contractor.*

---

Dated \_\_\_\_\_, 20\_\_\_\_

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