



**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: REDA001**

**FOR THE CONSTRUCTION OF ACCELERATED WATER MAIN  
REPLACEMENT AND SEWER REHABILITATION AND REPLACEMENT**

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

FOR THE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
PREPARED BY  
IN-HOUSE DESIGN

**DECEMBER 26, 2014**



**5-095**



**Department of  
Design and  
Construction**

**Dr. Fenlosky Peña-Mora**  
Commissioner

Andrea Glick  
Deputy Commissioner  
Administration

John Goddard  
Agency Chief  
Contracting Officer

Lorraine Holley  
Deputy ACCO  
Competitive Sealed  
Bid Contracts

June 05, 2015

**CERTIFIED MAIL - RETURN RECEIPT REQUEST**

Difazio Industries, Inc.  
38 Kinsey Place  
Staten Island, NY 10303

RE: FMS ID: REDA-001  
E-PIN: 85015B0091001  
DDC PIN: 8502015WM0010C  
Construction of Accelerated Water Main  
Replacement and Sewer Rehabilitation and  
Replacement - Borough of Staten Island  
**NOTICE OF AWARD**

Dear Contractor:

You are hereby awarded the above referenced contract based upon your bid in the amount of \$14,159,112.41 submitted at the bid opening on March 24, 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".

Lorraine Holley



1/8/2015 12:00 AM

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

CONTRACT PIN: 8502015WM0010C  
PROJECT ID: REDA001

## 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 item numbers 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 6 shall be the product of the Estimated Quantity in Column 3 times the Unit Price Bid in Column 5.
- (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 - 31

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.

1/8/2015 12:00 AM

NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
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# BID SCHEDULE FORM

COL. 1 SEQ. NO	COL. 2 ITEM NUMBER and DESCRIPTION	COL. 3 ENGINEER'S ESTIMATE OF QUANTITY	COL. 4 UNIT	COL. 5 UNIT PRICE (IN FIGURES) DOLLARS CTS	COL. 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
001	1.A50.31PC08 8" E.S.V.P. SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS)	30.00	L.F.	410 -	12,300 -
002	1.AA50.21P3C048D 48" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$55.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	30.00	L.F.	465 -	13,950 -
003	1.B50.31PC08 8" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET) (FIXED UNIT PRICE TO BE 70% OF UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	55.00	L.F.	287 -	15,785 -
004	1.BB50.21P3C048D 48" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$50.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	55.00	L.F.	337 -	18,535 -
005	1.C50.31PC10 10" E.S.V.P. SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$5.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	20.00	L.F.	415 -	8,300 -

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006	1.CC50.21P3C048D 48" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$50.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	105.00	L.F.	312 <sup>80</sup>	32,844 <sup>-</sup>
007	1.D50.31PC10 10" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$5.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	50.00	L.F.	292 <sup>-</sup>	14,600 <sup>-</sup>
008	1.E50.31PC10 10" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE 90% OF UNIT PRICE BID FOR ITEM NO. 1.D50.31PC10)	110.00	L.F.	262 <sup>80</sup>	28,908 <sup>-</sup>
009	1.F50.31PC12 12" E.S.V.P. SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$10.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	30.00	L.F.	420 <sup>-</sup>	12,600 <sup>-</sup>
010	1.G50.31PC12 12" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$10.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	150.00	L.F.	297 <sup>-</sup>	44,550 <sup>-</sup>

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011	1.H50.31PC12 12" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$10.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	200.00	L.F.	272 <sup>80</sup>	54,560 <sup>-</sup>
012	1.I50.31PC15 15" E.S.V.P. SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$15.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	20.00	L.F.	425 <sup>-</sup>	8,500 <sup>-</sup>
013	1.J50.31PC15 15" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$15.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	50.00	L.F.	302 <sup>-</sup>	15,100 <sup>-</sup>
014	1.K50.31PC15 15" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$15.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	200.00	L.F.	277 <sup>80</sup>	55,560 <sup>-</sup>
015	1.L50.31PC18 18" E.S.V.P. SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$25.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	15.00	L.F.	435 <sup>-</sup>	6,525 <sup>-</sup>



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COL 1 SEQ. NO.	COL 2 ITEM NUMBER AND DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
016	<b>1.M50.31PC18</b> 18" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$20.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	50.00	L.F.	307 -	15,350 -
017	<b>1.N50.31PC18</b> 18" E.S.V.P. SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$20.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	130.00	L.F.	282 <sup>80</sup> -	36,764 -
018	<b>1.O50.21P3C024D</b> 24" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$35.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	15.00	L.F.	445 -	6,675 -
019	<b>1.P50.21P3C024D</b> 24" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$30.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	50.00	L.F.	317 -	15,850 -
020	<b>1.Q50.21P3C024D</b> 24" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$30.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	110.00	L.F.	292 <sup>80</sup> -	32,208 -

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021	1.R50.21P3C030D 30" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$40.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	15.00	L.F.	450 -	6,750 -
022	1.S50.21P3C030D 30" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$35.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	50.00	L.F.	322 -	16,100 -
023	1.T50.21P3C030D 30" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$35.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	100.00	L.F.	297 <sup>80</sup> -	29,780 -
024	1.U50.21P3C036D 36" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (MINIMUM 15 FEET LENGTHS) (FIXED UNIT PRICE TO BE \$45.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.A50.31PC08)	15.00	L.F.	455 -	6,825 -
025	1.V50.21P3C036D 36" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND THE MINIMUM 15 FEET TO A MAXIMUM OF 100 FEET) (FIXED UNIT PRICE TO BE \$40.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.B50.31PC08)	45.00	L.F.	327 -	14,715 -

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COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER ESTIMATE QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
026	1.W50.21P3C036D 36" R.C.P. CLASS III SEWER, ON CONCRETE CRADLE (ADDITIONAL LENGTH BEYOND 100 FEET) (FIXED UNIT PRICE TO BE \$40.00 PLUS UNIT PRICE BID FOR ITEM NO. 1.E50.31PC10)	100.00	L.F.	302 80	30,280 -
027	10.32A PHOTOGRAPHS	1,250.00	SETS	14 -	17,500 -
028	4.02 AB-R ASPHALTIC CONCRETE WEARING COURSE, 1-1/2" THICK	16,600.00	S.Y.	16 -	265,600 -
029	4.02 CA BINDER MIXTURE	2,750.00	TONS	210 -	577,500 -
030	4.02 CB ASPHALTIC CONCRETE MIXTURE	760.00	TONS	210 -	159,600 -
031	4.04 H CONCRETE BASE FOR PAVEMENT, VARIABLE THICKNESS FOR TRENCH RESTORATION, (HIGH-EARLY STRENGTH)	1,410.00	C.Y.	210 -	296,100 -

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				DOLLARS	CTS	DOLLARS	CTS
032	4.13 AAS 4" CONCRETE SIDEWALK (UNPIGMENTED)	630.00	S.F.	11	-	6,930	-
033	4.13 BAS 7" CONCRETE SIDEWALK (UNPIGMENTED)	1,600.00	S.F.	18	-	28,800	-
034	4.16 AA TREES REMOVED (4" TO UNDER 12" CALIPER)	2.00	EACH	250	-	500	-
035	4.16 AB TREES REMOVED (12" TO UNDER 18" CALIPER)	2.00	EACH	450	-	900	-
036	4.16 AC TREES REMOVED (18" TO UNDER 24" CALIPER)	2.00	EACH	750	-	1,500	-
037	4.16 AD TREES REMOVED (24" CALIPER AND OVER)	2.00	EACH	1,100	-	2,200	-

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038	4.16 CA405 TREES PLANTED, 3" TO 3-1/2" CALIPER, ALL TYPES, IN 4' X 5' TREE PITS	2.00	EACH	1,500 -	3,000 -
039	4.18 A MAINTENANCE TREE PRUNING (UNDER 12" CAL.)	20.00	EACH	115 -	2,300 -
040	4.18 B MAINTENANCE TREE PRUNING (12" TO UNDER 18" CAL.)	14.00	EACH	115 -	1,610 -
041	4.18 C MAINTENANCE TREE PRUNING (18" TO UNDER 24" CAL.)	11.00	EACH	165 -	1,815 -
042	4.18 D MAINTENANCE TREE PRUNING (24" CAL. AND OVER)	4.00	EACH	195 -	780 -
043	4.21 TREE CONSULTANT	200.00	P/HR	65 -	13,000 -

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## BID SCHEDULE FORM

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
SEQ. NO	ITEM NUMBER and DESCRIPTION	ENGINEER'S ESTIMATE OF QUANTITY	UNIT	UNIT PRICE (IN FIGURES) DOLLARS CTS	EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
044	50.21C3C042D 42" R.C.P. CLASS III COMBINED SEWER, ON CONCRETE CRADLE	290.00	L.F.	500 -	145,000 -
045	50.21C3C048D 48" R.C.P. CLASS III COMBINED SEWER, ON CONCRETE CRADLE	290.00	L.F.	525 -	152,250 -
046	50.21M3C042D 42" R.C.P. CLASS III STORM SEWER, ON CONCRETE CRADLE	290.00	L.F.	500 -	145,000 -
047	50.21M3C048D 48" R.C.P. CLASS III STORM SEWER, ON CONCRETE CRADLE	290.00	L.F.	525 -	152,250 -
048	51.21S0A1000V STANDARD MANHOLE TYPE A-1	30.00	EACH	5,900 -	177,000 -
049	51.21S0B1000V STANDARD MANHOLE TYPE B-1	2.00	EACH	4,900 -	9,800 -

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COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
SEQ. NO	ITEM NUMBER and DESCRIPTION	ENGINEER'S ESTIMATE OF QUANTITY	UNIT	UNIT PRICE (IN FIGURES) DOLLARS CTS	EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
050	51.41S001 STANDARD CATCH BASIN, TYPE 1	25.00	EACH	5,500 -	137,500 -
051	52.11D12 12" DUCTILE IRON PIPE BASIN CONNECTION	240.00	L.F.	240 -	57,600 -
052	52.21V08 8" E.S.V.P. RISER FOR HOUSE CONNECTION	2.00	V.F.	25 -	50 -
053	52.21V10 10" E.S.V.P. RISER FOR HOUSE CONNECTION	2.00	V.F.	30 -	60 -
054	52.31V06P00 6" E.S.V.P. SPUR FOR HOUSE CONNECTION ON E.S.V.P. SEWER	10.00	EACH	515 -	5,150 -
055	52.31V08P00 8" E.S.V.P. SPUR FOR HOUSE CONNECTION ON E.S.V.P. SEWER	4.00	EACH	515 -	2,060 - <del>2,060</del>

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056	53.11DR TELEVISION INSPECTION AND DIGITAL AUDIO-VISUAL RECORDING OF SEWERS	2,960.00	L.F.	3	50	10,360	-
057	6.02 AAN UNCLASSIFIED EXCAVATION	1,300.00	C.Y.	130	-	169,000	-
058	6.25 RS TEMPORARY SIGNS	13,710.00	S.F.	-	01	137	10
059	6.26 TIMBER CURB	5,000.00	L.F.	-	05	250	-
060	6.28 AA LIGHTED TIMBER BARRICADES	600.00	L.F.	2	-	1,200	-
061	6.44 THERMOPLASTIC REFLECTORIZED PAVEMENT MARKINGS (4" WIDE)	800.00	L.F.	3	62	2,896	-



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062	6.52 CG CROSSING GUARD	4,600.00	P/HR	8 25	36,800 115,000
063	6.55 SAWCUTTING EXISTING PAVEMENT	65,900.00	L.F.	- 01	659 -
064	6.87 PLASTIC BARRELS	6,499.00	EACH	2 50	16,247 50
065	60.11R516 FURNISHING AND DELIVERING 16-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 55)	50.00	L.F.	135 -	6,750 -
066	60.11R520 FURNISHING AND DELIVERING 20-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 55)	4,500.00	L.F.	225 -	1,012,500 -
067	60.11R606 FURNISHING AND DELIVERING 6-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 56)	1,450.00	L.F.	45 -	65,250 -

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# BID SCHEDULE FORM

COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS		COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS	
068	60.11R608 FURNISHING AND DELIVERING 8-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 56)	20,000.00	L.F.	85	-	1,700,000	-
069	60.11R612 FURNISHING AND DELIVERING 12-INCH DUCTILE IRON RESTRAINED JOINT PIPE (CLASS 56)	4,000.00	L.F.	110	-	440,000	-
070	60.12D06-IB LAYING 6-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	260.00	L.F.	145	-	37,700	-
071	60.12D06-IR LAYING 6-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	920.00	L.F.	145	-	133,400	-
072	60.12D06-UB LAYING 6-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN UNIMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	100.00	L.F.	55	-	5,500	-
073	60.12D06-UR LAYING 6-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN UNIMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	320.00	L.F.	55	-	17,600	-

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NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION  
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# BID SCHEDULE FORM

COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
074	60.12D08-IB LAYING 8-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	3,400.00	L.F.	95 -	323,000 -
075	60.12D08-IR LAYING 8-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	15,030.00	L.F.	(12) 95 - 90 -	1,427,850 - <del>1,352,700 -</del>
076	60.12D08-UB LAYING 8-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN UNIMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	700.00	L.F.	(P) 55 - 65 -	(P) 38,500 - 45,500 -
077	60.12D08-UR LAYING 8-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN UNIMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	2,870.00	L.F.	(P) 55 - 65 -	(P) 157,850 - <del>186,550 -</del>
078	60.12D12-IB LAYING 12-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	700.00	L.F.	(P) 95 - (P) 55 - 95 -	(P) 66,500 - <del>41,250 -</del> <del>66,500 -</del>
079	60.12D12-IR LAYING 12-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	2,750.00	L.F.	110 -	302,500 -

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COL 1 SEQ. NO.	COL 2 ITEM NUMBER AND DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES)		COL 6 EXTENDED AMOUNT (IN FIGURES)	
				DOLLARS	CTS	DOLLARS	CTS
080	60.12D12-UB LAYING 12-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN UNIMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	200.00	L.F.	\$75	50	15,000	-
081	60.12D12-UR LAYING 12-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN UNIMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	750.00	L.F.	55	75	41,250	-
082	60.12D16 LAYING 16-INCH DUCTILE IRON PIPE AND FITTINGS	55.00	L.F.	45	-	2,475	-
083	60.12D20-IB LAYING 20-INCH DUCTILE IRON PIPE AND FITTINGS IN BROOKLYN (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	1,000.00	L.F.	100	-	100,000	-
084	60.12D20-IR LAYING 20-INCH DUCTILE IRON PIPE AND FITTINGS IN STATEN ISLAND (IN IMPROVED ROADWAY AND/OR SIDEWALK LOCATIONS)	3,950.00	L.F.	110	-	434,500	-

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## BID SCHEDULE FORM

COL 1 SEQ NO	COL 2 ITEM NUMBER AND DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CENTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CENTS
085	60.13M0A24 FURNISHING AND DELIVERING DUCTILE IRON MECHANICAL JOINT 24-INCH DIAMETER AND SMALLER FITTINGS, INCLUDING WEDGE TYPE RETAINER GLANDS	65.00	TONS	7,950 -	516,750 -
086	61.11DMM06 FURNISHING AND DELIVERING 6-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	88.00	EACH	1,500 -	132,000 -
087	61.11DMM08 FURNISHING AND DELIVERING 8-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	80.00	EACH	2,000 -	160,000 -
088	61.11DMM12 FURNISHING AND DELIVERING 12-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	15.00	EACH	3,900 -	58,500 -
089	61.11DMM20 FURNISHING AND DELIVERING 20-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	20.00	EACH	21,000 -	420,000 -

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COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS		COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS	
090	61.11TWC03 FURNISHING AND DELIVERING 3-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	18.00	EACH	1,180	-	21,240	-
091	61.11TWC04 FURNISHING AND DELIVERING 4-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	12.00	EACH	1,164	-	13,968	-
092	61.11TWC06 FURNISHING AND DELIVERING 6-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	10.00	EACH	1,325	-	13,250	-
093	61.11TWC08 FURNISHING AND DELIVERING 8-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	10.00	EACH	1,800	-	18,000	-
094	61.11TWC12 FURNISHING AND DELIVERING 12-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	7.00	EACH	3,000	-	21,000	-
095	61.12DMM06 SETTING 6-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	88.00	EACH	10 <del>250</del>	-	880 <del>22,000</del>	-

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# BID SCHEDULE FORM

COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN DOLLARS) DOLLARS CENTS	COL 6 EXTENDED AMOUNT (IN DOLLARS) DOLLARS CENTS
096	61.12DMM08 SETTING 8-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	80.00	EACH	P 11 <del>350</del> -	P 880 <del>28,000</del> -
097	61.12DMM12 SETTING 12-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	15.00	EACH	P 12 <del>450</del> -	P 180 6,750 -
098	61.12DMM20 SETTING 20-INCH MECHANICAL JOINT DUCTILE IRON GATE VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	20.00	EACH	P 13 <del>550</del> -	P 260 11,000 -
099	61.12TWC03 SETTING 3-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	18.00	EACH	P 10 <del>200</del> -	P 180 3,600 -
100	61.12TWC04 SETTING 4-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	12.00	EACH	P 11 <del>300</del> -	P 132 <del>3,600</del> -
101	61.12TWC06 SETTING 6-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	10.00	EACH	P 12 <del>400</del> -	P 120 4,000 -

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COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS		COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS	
102	61.12TWC08 SETTING 8-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	10.00	EACH	13 <del>500</del>	-	130 5,000	-
103	61.12TWC12 SETTING 12-INCH WET CONNECTION TAPPING VALVE COMPLETE WITH WEDGE TYPE RETAINER GLANDS	7.00	EACH	14 200	-	98 4,900	-
104	62.11SD FURNISHING AND DELIVERING HYDRANTS	88.00	EACH	4,000	-	352,000	-
105	62.12SG SETTING HYDRANTS COMPLETE WITH WEDGE TYPE RETAINER GLANDS	88.00	EACH	6,500	-	572,000	-
106	62.13RH REMOVING HYDRANTS	62.00	EACH	10	-	620	-
107	62.14FS FURNISHING, DELIVERING AND INSTALLING HYDRANT FENDERS	176.00	EACH	250	-	44,000	-



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108	63.11VC FURNISHING AND DELIVERING VARIOUS CASTINGS	230.00	TONS	1,350 -	310,500 -
109	64.11EL WITHDRAWING AND REPLACING HOUSE SERVICES USING 1-1/2- INCH OR LARGER SCREW TAPS	60.00	EACH	250 -	15,000 -
110	64.11ST WITHDRAWING AND REPLACING HOUSE SERVICES USING SMALLER THAN 1-1/2-INCH SCREW TAPS	650.00	EACH	100 -	65,000 -
111	64.12ESEG EXTENDING HOUSE SERVICE WATER CONNECTIONS (EQUAL TO OR GREATER THAN 3-INCH DIAMETER)	100.00	L.F.	81 -	8,100 -
112	64.12ESLT EXTENDING HOUSE SERVICE WATER CONNECTIONS (LESS THAN 3- INCH DIAMETER)	650.00	L.F.	91 -	59,150 -
113	64.13WC08 FURNISHING, DELIVERING AND INSTALLING WET CONNECTION SLEEVE ON 8-INCH WATER MAIN PIPE WITH VARIOUS OUTLETS	18.00	EACH	1,900 -	34,200 -

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COL 1 SEQ. NO.	COL 2 ITEM NUMBER AND DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
114	64.13WC12 FURNISHING, DELIVERING AND INSTALLING WET CONNECTION SLEEVE ON 12-INCH WATER MAIN PIPE WITH VARIOUS OUTLETS	18.00	EACH	1,900 -	34,200 -
115	64.13WC20 FURNISHING, DELIVERING AND INSTALLING WET CONNECTION SLEEVE ON 20-INCH WATER MAIN PIPE WITH VARIOUS OUTLETS	10.00	EACH	3,500 -	35,000 -
116	65.11BR FURNISHING, DELIVERING AND INSTALLING BANDS, RODS, WASHERS, ETC., COMPLETE, FOR RESTRAINING JOINTS	1,700.00	LBS.	- 01	17 -
117	65.21PS FURNISHING AND PLACING POLYETHYLENE SLEEVE Unit price bid shall not be less than: \$ 0.50	1,300.00	L.F.	- 50	650 -
118	65.31FF FURNISHING, DELIVERING AND PLACING FILTER FABRIC Unit price bid shall not be less than: \$ 0.15	19,800.00	S.F.	- 15	2,970 -
119	65.71SG FURNISHING, DELIVERING AND PLACING SCREENED GRAVEL OR SCREENED BROKEN STONE BEDDING	220.00	C.Y.	20 -	4,400 -

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COL 1 ITEM NO	COL 2 ITEM NUMBER AND DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CTS
120	7.13 B MAINTENANCE OF SITE Unit price bid shall not be less than: \$ 4,000.00	18.00	MONTH	6,500 -	117,000 -
121	7.36 PEDESTRIAN STEEL BARRICADES	26,400.00	L.F.	- 55	14,520 -
122	70.21DK DECKING	100.00	S.Y.	110 -	11,000 -
123	70.31FN FENCING Unit price bid shall not be less than: \$ 1.75	3,620.00	L.F.	1 75	6,335 -
124	70.51EO EXCAVATION OF BOULDERS IN OPEN CUT Unit price bid shall not be less than: \$ 75.00	70.00	C.Y.	75 -	5,250 -
125	70.61RE ROCK EXCAVATION	70.00	C.Y.	- 01	- 70

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126	70.71SB STONE BALLAST Unit price bid shall not be less than: \$ 15.00	160.00	C.Y.	15 -	2,400 -
127	70.91SW12 FURNISHING AND PLACING SHEETING AND BRACING IN TRENCH FOR WATER MAIN PIPE 12-INCH IN DIAMETER AND LESS	601.00	S.F.	- 01	6 01
128	70.91SW20 FURNISHING AND PLACING SHEETING AND BRACING IN TRENCH FOR WATER MAIN PIPE 20-INCH IN DIAMETER	1,300.00	S.F.	- 10	130 -
129	73.11AB ADDITIONAL BRICK MASONRY Unit price bid shall not be less than: \$ 62.50	2.00	C.Y.	62 50	125 -
130	73.21AC ADDITIONAL CONCRETE Unit price bid shall not be less than: \$ 87.50	25.00	C.Y.	87 50	2,187 50
131	73.31AE0 ADDITIONAL EARTH EXCAVATION INCLUDING TEST PITS (ALL DEPTHS) Unit price bid shall not be less than: \$ 20.00	1,100.00	C.Y.	20 -	22,000 -

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COL 1 SEQ. NO.	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS - CTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS - CTS
132	<b>73.31AE2</b> ADDITIONAL EARTH EXCAVATION INCLUDING TEST PITS (OVER 12' TO 16' DEPTH) Unit price bid shall not be less than: \$ 15.00	340.00	C.Y.	15 -	5,100 -
133	<b>73.31AE3</b> ADDITIONAL EARTH EXCAVATION INCLUDING TEST PITS (OVER 16' TO 20' DEPTH) Unit price bid shall not be less than: \$ 20.00	80.00	C.Y.	20 -	1,600 -
134	<b>73.41AG</b> ADDITIONAL SELECT GRANULAR BACKFILL Unit price bid shall not be less than: \$ 15.00	6,400.00	C.Y.	15 -	96,000 -
135	<b>73.51AS</b> ADDITIONAL STEEL REINFORCING BARS Unit price bid shall not be less than: \$ 1.00	220.00	LBS.	1 -	220 -
136	<b>9.32</b> REINFORCED SILT FENCE WITH STAKED HAY BALES	1,000.00	L.F.	15 -	15,000 -
137	<b>DSS014A1</b> CLEANING OF SEWER (LESS THAN 24" DIAMETER).	2,000.00	L.F.	7 -	14,000 -

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138	DSS014A2 CLEANING OF SEWER (24" TO 48" DIAMETER).	1,160.00	L.F.	8 -	9,280 -
139	DSS014B CLEANING OF MANHOLE	10.00	EACH	584 -	5,840 -
140	UTL-6.01.1 GAS MAIN CROSSING SEWER UP TO 24" IN DIAMETER (\$6.01) Unit price bid shall not be less than: \$ 1,040.00	10.00	EACH	1,040 -	10,400 -
141	UTL-6.01.2 GAS MAIN CROSSING SEWER 30" IN DIAMETER (\$6.01) Unit price bid shall not be less than: \$ 1,770.00	2.00	EACH	1,770 -	3,540 -
142	UTL-6.01.3 GAS MAIN CROSSING SEWER 36" THRU 42" IN DIAMETER (\$6.01) Unit price bid shall not be less than: \$ 2,040.00	2.00	EACH	2,040 -	4,080 -
143	UTL-6.01.4 GAS MAIN CROSSING SEWER 48" THRU 54" IN DIAMETER (\$6.01) Unit price bid shall not be less than: \$ 2,120.00	2.00	EACH	2,120 -	4,240 -

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144	UTL-6.01.8 GAS SERVICES CROSSING TRENCHES AND/OR EXCAVATIONS (S6.01) Unit price bid shall not be less than: \$ 465.00	150.00	EACH	465 -	69,750 -
145	UTL-6.01.9 GAS MAIN CROSSING WATER MAIN UP TO 20" IN DIAMETER (S6.01) Unit price bid shall not be less than: \$ 485.00	100.00	EACH	485 -	48,500 -
146	UTL-6.02 EXTRA EXCAVATION FOR THE INSTALLATION OF CATCH BASIN SEWER DRAIN PIPES WITH GAS INTERFERENCES (S6.02) Unit price bid shall not be less than: \$ 715.00	20.00	EACH	715 -	14,300 -
147	UTL-6.03 REMOVAL OF ABANDONED GAS FACILITIES. ALL SIZES. (S6.03) Unit price bid shall not be less than: \$ 15.00	4,000.00	L.F.	15 -	60,000 -
148	UTL-6.03.1 REMOVAL OF ABANDONED GAS FACILITIES WITH POSSIBLE COAL TAR WRAP. ALL SIZES. (S6.03) Unit price bid shall not be less than: \$ 25.00	300.00	L.F.	25 -	7,500 -
149	UTL-6.04 ADJUST HARDWARE TO GRADE USING SPACER RINGS/ADAPTORS. (STREET REPAVING.) (S6.04) Unit price bid shall not be less than: \$ 35.00	150.00	EACH	35 -	5,250 -

**BID SCHEDULE FORM**

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150	UTL-6.05 ADJUST HARDWARE TO GRADE BY RESETTING. (ROAD RECONSTRUCTION.) (S6.05) Unit price bid shall not be less than: \$ 65.00	150.00	EACH	65	-	9,750	-
151	UTL-6.06 SPECIAL CARE EXCAVATION AND BACKFILLING (S6.06) Unit price bid shall not be less than: \$ 180.00	2,500.00	C.Y.	180	-	450,000	-
152	UTL-6.07 TEST PITS FOR GAS FACILITIES (S6.07) Unit price bid shall not be less than: \$ 100.00	100.00	C.Y.	100	-	10,000	-
153	UTL-6.09 TRENCH EXCAVATION AND BACKFILL FOR GAS MAINS AND SERVICES. GAS INSTALLED BY OTHERS. Unit price bid shall not be less than: \$ 190.00	1,000.00	C.Y.	190	-	190,000	-
154	UTL-GCS-2WS GAS INTERFERENCES AND ACCOMMODATIONS PRICE BID SHALL BE FOR THE FIXED SUM OF \$ 100,000.00	1.00	F.S.	100,000	00	100,000	00



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COL 1 SECTION	COL 2 ITEM NUMBER and DESCRIPTION	COL 3 ENGINEER'S ESTIMATE OF QUANTITY	COL 4 UNIT	COL 5 UNIT PRICE (IN FIGURES) DOLLARS CENTS	COL 6 EXTENDED AMOUNT (IN FIGURES) DOLLARS CENTS
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SUB-TOTAL: \$ 13,709,622.81

155	6.39 A MOBILIZATION Unit price bid shall not be less than: \$ 350,000.00	1.00	L.S.	500,389 60	500,389 60
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TOTAL BID PRICE: \$ 14,210,012.41

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.

**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: REDA001**

**FOR THE CONSTRUCTION OF ACCELERATED WATER MAIN REPLACEMENT AND SEWER  
REHABILITATION AND REPLACEMENT**

**Together With All Work Incidental Thereto  
BOROUGH OF STATEN ISLAND**

Name of Bidder: Difazio Industries

Date of Bid Opening: 3-24-2015

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

Place of Business of Bidder: 38 Kinsey Pl. SI NY 10303

Bidder's Telephone Number: 718-720-6966 Fax Number: 718-816-5689

Bidder's E-Mail Address: john@difazioid.net

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 NY

Name and Home Address of President: John Difazio

7 Ponderosa Dr. Colts Neck NJ

Name and Home Address of Secretary: Jeff Difazio

415 Burlington Ave SI NY 10309

Name and Home Address of Treasurer: Jeff Difazio

X      bk      "      "      "

6. Compliance Report

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, (1) represents that his attention has been specifically drawn to Executive Order No. 50, dated, April 25, 1980, on Equal Employment Compliance of the contract, and (2) warrants that he will comply with the provisions of Executive Order No. 50. The Employment Report must be submitted as part of the bid.

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 that he will comply with: (1) the provision of the contract on providing records, Chapter 8.

7. By submission of this bid, the bidder certifies that it now has and will continue to have the financial capability to fully perform the work required for this contract. Any award of this contract will be made in reliance upon such certification. Upon request therefor, the bidder will submit written verification of such financial capability in a form that is acceptable to the department.

8. In accordance with Section 165 of the State Finance Law, the bidder agrees that tropical hardwoods, as defined in Section 165 of the State Finance Law, shall not be utilized in the performance of this Contract, except as the same are permitted by the foregoing provision of law.

9. The bidder has visited and examined the site of the work and has carefully examined the Contract in the form approved by the Corporation Counsel, and will execute the Contract and perform all its items, covenants and conditions, and will provide, furnish and deliver all the work, materials, supplies, tools and appliances for all labor and materials necessary or required for the hereinafter named work, all in strict conformity with the Contract, for the prices set forth in the Bid Schedule:

10. M/WBE UTILIZATION PLAN: By signing its bid, the bidder agrees to the Vendor Certification and Required Affirmations set forth below, unless a full waiver of the Participation Goals is granted. The Vendor Certification and Required Affirmations will be deemed to satisfy the requirement to complete Section V of Part II of Schedule B: M/WBE Utilization Plan.

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

I hereby:

- 1) acknowledge my understanding of the M/WBE participation requirements as set forth in this Contract and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York and the rules promulgated thereunder;
- 2) affirm that the information supplied in support of the 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.

**BID FORM**

**PROJECT ID: REDA001**

**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)

\$ 14,210,012.41

**BIDDER'S SIGNATURE AND AFFIDAVIT**

Bidder: Difazio Industries.

By: X  
(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 \_\_\_\_\_ ss: \_\_\_\_\_ being duly sworn says:  
I am the \_\_\_\_\_ of the above named corporation whose name is subscribed to and which executed the foregoing bid. I reside at \_\_\_\_\_  
I have knowledge of the several matters therein stated, and they are in all respects true.

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

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

\_\_\_\_\_  
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 RICHMOND ss:

being duly sworn says:

I am the PRESIDENT of the above named corporation whose name is subscribed to and which executed the foregoing bid. I reside at \_\_\_\_\_  
I have knowledge of the several matters therein stated, and they are in all respects true.

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

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

Cesar Piedrahita  
Notary Public

CESAR PIEDRAHITA  
Notary Public, State of New York  
No. 01PI6151715  
Qualified in Richmond County  
Commission Expires Aug. 21, 2015

**AFFIRMATION**

**PROJECT ID: REDA001**

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:

Pifazio Industries

Address:

38 Linsey P.

City

Staten Island

State

NY

Zip Code

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

-----

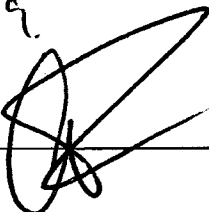
☒ C - Corporation  
EMPLOYER IDENTIFICATION NUMBER

73-170 6369

By:

X

Signature



Title:

President

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, \_\_\_\_\_  
DIFAZIO INDUSTRIES

38 Kinsey Place, Staten Island, NY, 10303

hereinafter referred to as the "Principal", and \_\_\_\_\_  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

1400 American Lane, Tower I, 18th Floor, Schaumburg, IL 60196-1056

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% of amount 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 \_\_\_\_\_

PROJECT ID: REDA001 PIN: 8502015WM0010C For the construction of accelerated water main  
replacement and sewer rehabilitation and replacement, Borough of Staten Island.

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 4th day of March, 2015.

(Seal)

DIFAZIO INDUSTRIES (L.S.)

Principal

By:

(Seal)

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Surety

By:

Jessica Iannotta, Attorney In Fact

BID BOND 3

ACKNOWLEDGMENT OF PRINCIPAL IF A CORPORATION

State of NEW YORK County of RICHMOND ss:  
On this 24 day of MARCH, 2013, before me personally came  
JOHN RIGANO to me known, who, being by me duly sworn, did depose and say  
that he resides at COLTS NECK  
that he is the PRESIDENT of RIGANO INDUSTRIES  
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.

CESAR PIEDRAHITA  
Notary Public, State of New York  
No. 01PI6151715  
Qualified in Richmond County  
Commission Expires Aug. 21, 2013

  
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

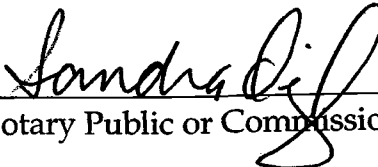
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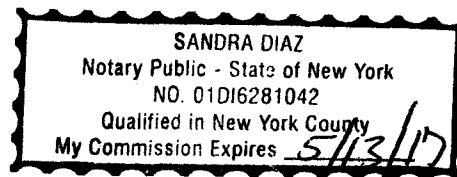
## ACKNOWLEDGEMENT OF SURETY

---

STATE OF NEW YORK  
COUNTY OF NEW YORK

On this 4<sup>th</sup> Day of March, in the year 2015, before me personally came to me known, who, being by me duly sworn, did depose and **Jessica Iannotta** he/she resides in New York, NY that he/she is the **Attorney-in-Fact of Fidelity and Deposit Company of Maryland**, the corporation described in and which executed the above instrument; and that he/she signed his/her name thereto by order of the Board of Directors of said Corporation.

  
\_\_\_\_\_  
Notary Public or Commissioner of Deeds





**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **GERALD F. HALEY, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Vivian CARTI, Debra A. DEMING, Cynthia FARRELL, Sandra DIAZ, Jessica IANNOTTA, Annette LEUSCHNER, Edward REILLY, Kelly O'MALLEY and Evangelina L. DOMINICK**, all of New York, New York, **EACH** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 18th day of November, A.D. 2014.

ATTEST:

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**



By: *Eric D. Barnes*

*Assistant Secretary  
Eric D. Barnes*

State of Maryland  
City of Baltimore

*Gerald F. Haley*

*Vice President  
Gerald F. Haley*

On this 18th day of November, A.D. 2014, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **GERALD F. HALEY, Vice President, and ERIC D. BARNES, Assistant Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

*Maria D. Adamski*

Maria D. Adamski, Notary Public  
My Commission Expires: July 8, 2015



## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

### CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 4th day of MARCH, 2015.



*Thomas O. McClellan*

Thomas O. McClellan, Vice President

# FIDELITY AND DEPOSIT COMPANY

OF MARYLAND

600 Red Brook Blvd., Suite 600, Owings Mills, MD 21117

## Statement of Financial Condition

As Of December 31, 2013

### ASSETS

Bonds.....	\$ 139,272,722
Stocks .....	22,258,887
Cash and Short Term Investments.....	6,595,113
Reinsurance Recoverable .....	17,970,134
Other Accounts Receivable .....	33,409,916
TOTAL ADMITTED ASSETS .....	<u>\$ 219,506,772</u>

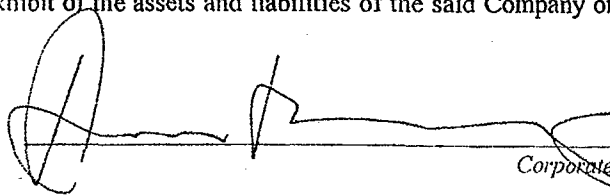
### LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses .....	\$ 1,787,480
Ceded Reinsurance Premiums Payable.....	42,146,005
Securities Lending Collateral Liability.....	6,613,750
TOTAL LIABILITIES .....	<u>\$ 50,547,235</u>
Capital Stock, Paid Up.....	\$ 5,000,000
Surplus.....	<u>163,959,537</u>
Surplus as regards Policyholders .....	168,959,537
TOTAL.....	<u>\$ 219,506,772</u>

Securities carried at \$58,378,690 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2013 would be \$223,222,696 and surplus as regards policyholders \$172,675,461.

I, DENNIS F. KERRIGAN, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2013.

  
Corporate Secretary

State of Illinois }  
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15th day of March, 2014.

  
Notary Public

OFFICIAL SEAL  
DARRYL JOINER  
Notary Public - State of Illinois  
My Commission Expires May 3, 2014

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

APT E-  
PIN #: 85015B0091**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 # 85015B0091 FMS Project ID#: REDA-001

Project Title/ Agency  
PIN # CONSTRUCTION OF ACCELERATED WATER MAIN REPLACEMENT AND SEWER  
REHABILITATION AND REPLACEMENT/8502015WM0010C

Bid/Proposal  
Response Date MARCH 17, 2015

Contracting Agency Department of Design and Construction

Agency Address 30-30 Thomson Avenue City Long Island City State NY Zip Code 11101

Contact Person Monika Beci Title MWBE Liaison & Compliance Analyst

Telephone # (718) 391-1128 Email BeciMo@ddc.nyc.gov

**Project Description** (attach additional pages if necessary)**PROJECT ID: REDA001****FOR THE CONSTRUCTION OF ACCELERATED WATER MAIN REPLACEMENT AND SEWER  
REHABILITATION AND REPLACEMENT****Together With All Work Incidental Thereto  
BOROUGH OF STATEN ISLAND  
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>5%</b>
or	
Black American	<b>UNSPECIFIED*</b>
Hispanic American	<b>UNSPECIFIED*</b>
Asian American	<b>UNSPECIFIED*</b>
Women	<b>UNSPECIFIED*</b>
<b>Total Participation Goals</b>	<b>5% 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 #: 85015B0091

**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**

Tax ID # _____	FMS Vendor ID # _____
Business Name _____	Contact Person _____
Address _____	
Telephone # _____	Email _____

**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.  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.  Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.	Total Bid/Proposal Value  \$ _____	X	Agency Total Participation Goals (Line 1, Page 13)  _____	=	Calculated M/WBE Participation Amount  \$ 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.  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.  Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.	Total Bid/Proposal Value  \$ _____	X	Adjusted Participation Goal (From Partial Waiver)  _____	=	Calculated M/WBE Participation Amount  \$ 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 #: 85015B0091

### **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.*

<b>Signature</b> _____	<b>Date</b> _____
<b>Print Name</b> _____	<b>Title</b> _____

# APPRENTICESHIP PROGRAM QUESTIONNAIRE

**PROJECT ID:** REDA001

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

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature of Partner or Corporate Officer)

Date: \_\_\_\_\_

## 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.

MEMORANDUM OF AGREEMENT  
BETWEEN  
INTERNATIONAL UNION OF OPERATING ENGINEERS  
LOCAL 15D  
AND  
THE GENERAL CONTRACTORS ASSOCIATION OF NEW YORK, INC. ("GCA")

DATED: June 30, 2014

- 1) The four year collective bargaining agreement shall be effective July 1, 2014 and shall expire June 30, 2018. ✓
- 2) The monetary total wage and benefit package increase, effective July 1 of each year, is 3.0%, not compounded, and based on the total package of wages and benefits in effect on June 30, 2014.
- 3) Local 15D agrees to waive any paid sick leave or vacation leave pursuant to any legislation passed in New York City.
- 4) The GCA and Local 15D agree to form a target committee to address non-union competition in heavy construction.
- 6) The GCA and Local 15D agree to form a committee that will develop and implement a standardized drug and alcohol testing program for all job sites.
- 7) When two or more shifts are employed, single time will be paid for any of the shifts worked as long as a member of Local 15-15A or 15D is employed on any shift.
- 8) EEO Language Article 1, Section 2(g)- "Declaration of Principles" to be changed as follows:

The GCA, The Employer and the unions agree that they will not refuse to hire or employ any individual, nor will they bar or discharge from employment any individual, nor will they discriminate against any individual, in compensation or in terms, conditions or privileges of employment because of an individual's race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, military status, predisposing genetic characteristics, domestic violence victim status or citizenship status in all employment decisions, including but not limited to recruitment, hiring, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off and termination, and all other terms and conditions of employment.

All provisions listed in this Memorandum of Agreement are subject to ratification by the Executive Committee of the General Contractors Association of New York and the members of Local 15D.

AGREED TO ON BEHALF OF THE GENERAL CONTRACTORS ASSOCIATION OF NEW YORK, INC.

By: Denise M. Richardson  
Denise M. Richardson  
Managing Director

AGREED TO ON BEHALF OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS  
LOCAL 15D

By: Thomas A. Callahan  
Thomas Callahan  
President & Business Manager

By: Christopher R. Thomas  
Christopher R. Thomas  
Recording Corresponding Secretary

# ***Building, Concrete, Excavating & Common Laborers Union***

## ***Local No. 731, of Greater New York***

JOSEPH D'AMATO, Business Manager  
DOMINIC J. VALDNER, Secretary-Treasurer

*Affiliated with the Laborers' International Union  
of North America, AFL-CIO*

Office: 3411 35th Avenue, Astoria, NY 11106  
Telephone No. .... (718) 706-0720  
Fax No. .... (718) 706-9337



**MAILED**  
**MAY 21 2014**

**Effective Date: July 1, 2014**

TO: **ALL EMPLOYERS WITHIN THE JURISDICTION  
OF EXCAVATORS UNION LOCAL 731**

RE: **COLLECTIVE BARGAINING AGREEMENT**  
**July 1, 2012 through June 30, 2016 ✓**

Please take notice that Excavators Union Local 731 ("Local 731") and the General Contractors Association of New York, Inc. have agreed upon the following schedule of wages and fringe benefits for the period of July 1, 2012 through June 30, 2016. Although our Collective Bargaining Agreement covers the period of July 1, 2012 through June 30, 2016, the allocation of increases for years commencing July 1, 2012 and thereafter will be determined in advance, by Local 731. The total package increase is 12 ½ %. The breakdown will be 2¾ % for year 1, 3 % for year 2, 3¼ % for year 3, and 3½ % for year 4. The allocation of the package increase for the contract year July 1, 2012 through June 30, 2016 was ratified at the Membership Meeting of Excavators Union Local 731

### **WAGES:**

#### **LABORERS**

#### **PER 40 HOUR WEEK**

7/1/12 to 6/30/13 Increase of \$.50 hr. to \$ 38.70 .....	\$1,548.00
7/1/13 to 6/30/14 Increase of \$.55 hr. to \$ 39.25 .....	\$1,570.00
7/1/14 to 6/30/15 Increase of \$.60 hr. to \$ 39.85 ✓ .....	\$1,594.00
7/1/15 to 6/30/16 Increase of \$ TBD hr. to \$ TBD ....	\$ TBD

#### **LABOR FOREMAN** (hired on a weekly basis)

7/1/12 to 6/30/13 Increase of \$.50 hr. to \$ 41.20 .....	\$1,648.00
7/1/13 to 6/30/14 Increase of \$.55 hr. to \$ 41.75 .....	\$1,670.00
7/1/14 to 6/30/15 Increase of \$.60 hr. to \$ 42.35 ✓ .....	\$1,694.00
7/1/15 to 6/30/16 Increase of \$ TBD hr. to \$ TBD ....	\$ TBD

#### **UTILITY LABORERS**

7/1/12 to 6/30/13 Increase of \$.50 hr. to \$ 38.55 .....	\$1,542.00
7/1/13 to 6/30/14 Increase of \$.55 hr. to \$ 39.10 .....	\$1,564.00
7/1/14 to 6/30/15 Increase of \$.60 hr. to \$ 39.70 ✓ .....	\$1,588.00
7/1/15 to 6/30/16 Increase of \$ TBD hr. to \$ TBD ....	\$ TBD

# Building, Concrete, Excavating & Common Laborers Union

Local No. 731, of Greater New York

JOSEPH D'AMATO, Business Manager  
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of North America, AFL-CIO

Office: 3411 35th Avenue, Astoria, NY 11106  
Telephone No. (718) 706-0720  
Fax No. (718) 706-9337



15 MAY 21 2014

**Effective Date: July 1, 2014**

TO: ALL EMPLOYERS WITHIN THE JURISDICTION  
OF EXCAVATORS UNION LOCAL 731

RE: COLLECTIVE BARGAINING AGREEMENT  
July 1, 2012 through June 30, 2016

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## WAGES:

### LABORERS

### PER 40 HOUR WEEK

7/1/12 to 6/30/13 Increase of \$.50 hr. to \$ 38.70 .....	\$1,548.00
7/1/13 to 6/30/14 Increase of \$.55 hr. to \$ 39.25 .....	\$1,570.00
7/1/14 to 6/30/15 Increase of \$.60 hr. to \$ 39.85 ✓ .....	\$1,594.00
7/1/15 to 6/30/16 Increase of \$ TBD hr. to \$ TBD....	\$ TBD

### LABOR FOREMAN (hired on a weekly basis)

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### UTILITY LABORERS

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7/1/13 to 6/30/14 Increase of \$.55 hr. to \$ 39.10 .....	\$1,564.00
7/1/14 to 6/30/15 Increase of \$.60 hr. to \$ 39.70 ✓ .....	\$1,588.00
7/1/15 to 6/30/16 Increase of \$ TBD hr. to \$ TBD....	\$ TBD





HIGHWAY, ROAD & STREET CONSTRUCTION LABORERS'  
LOCAL UNION 1010

136-25 37<sup>th</sup> Avenue, Suite 302 • Flushing, NY 11354  
Phone: (718) 886-3310 • Fax: (718) 886-8885

Local 1010 Independent

Effective July 01, 2014 Thru June 30, 2015

FRINGE BENEFITS DISTRIBUTION

Welfare Fund	\$15.75
Pension Fund	\$11.90
Annuity Fund	\$6.75
Payers DC Training Fund	\$0.05
Local 1010 Training Fund	\$0.25
NYS LECET	\$0.10
NYS Laborers Health & Safety Fund	\$0.05
Local 1010 LECET	\$0.65
<b>TOTAL FRINGES</b>	<b>\$ 35.50</b>

WITHHOLDINGS FROM WAGES

New York State Political Action Committee	\$0.10
Dues check off	3%



Project ID. RED A001

## 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: P. Fazio Industries.

DDC Project Number: RED A001

Company Size:            Ten (10) employees or less  
  X   Greater than ten (10) employees

Company has previously worked for DDC   X   YES            NO

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

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

### 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: RED A001

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>2012</u>	<u>.99</u>	<u>          </u>
<u>2013</u>	<u>.99</u>	<u>          </u>
<u>2014</u>	<u>1.14</u>	<u>          </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   X   NO Contractor has received a willful violation issued by OSHA or New York City Department of Buildings (NYCDOB) within the last three years.

       YES   X   NO Contractor has had an incident requiring OSHA notification within 8 hours (i.e., fatality, or hospitalization of three or more employees).

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.

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

YEAR	TOTAL NUMBERS OF HOURS WORKED BY EMPLOYEES	INCIDENT RATE
<u>2012</u>	<u>165,904</u>	<u>1.2</u>
<u>2013</u>	<u>155,656</u>	<u>0</u>
<u>2014</u>	<u>170,997</u>	<u>2.3</u>

Project ID. RED A001

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): HWR-1166R, SEL-00227, SEL-00201 Q

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

DDC Project Number(s): HWR-1166R, SEL-00227, SEL-00201 Q

☐ 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:

4-28-2015

By:

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

Title:

Vice President

# Log of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**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. 1218-0176

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 Inter Contracting Corp.

City Eastchester

State NY

Identify the person			Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Select the "injury" column or choose one type of illness:						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Away from work	On job transfer or restriction	(M)					
						Remained at Work						Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						Death	Days away from work	Job transfer or restriction	Other recordable cases			(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)	(K)	(L)						
<input type="button" value="Reset"/>	NONE		/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ►

Public reporting burden for this collection of information is estimated to average 14 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 US 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.

Save Input

Add a Form Page

Page 1 of 1

Injury  
(1)  
Skin disorder  
(2)  
Respiratory condition  
(3)  
Poisoning  
(4)  
Hearing loss  
(5)  
All other illnesses  
(6)



# Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 14



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	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

## Injury and Illness Types

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

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 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: US 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 Inter Contracting Corp.

Street 274 White Plains Road, Suite 6

City Eastchester State NY Zip 10709

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

Heavy Construction

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

1623

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 next page to estimate.)

Annual average number of employees 26

Total hours worked by all employees last year 32537

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.

Michael Medina  
Company executive

Pres.  
Title

Phone 914-337-1350

Date 1/2/15

Save Input





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

# 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 2013

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

Form approved OMB no. 1218-0176

You must record information 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 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 Inter Contracting Corp.  
City Scarsdale State New York

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(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:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						(G)	(H)	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away From Work (days)	(L) On job transfer or restriction (days)	(M) Injury	(N) Skin Disorder	(O) Respiratory Condition	(P) Poisoning	(Q) Hearing Loss	(R) All other illnesses	
1	Neil Gjertsen	Dockbuilder	6/11/13	Sewer Trench	Bruising to Torso			X		0	0	X						
Page totals						0	0	1	0	0	0	1	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury (1)  
Skin Disorder (2)  
Respiratory Condition (3)  
Poisoning (4)  
Hearing Loss (5)  
All other illnesses (6)



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

## 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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>
(G)	(H)	(I)	(J)

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

Injury and Illness Types			
Total number of... (M)			
(1) Injury	<u>1</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<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 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name Inter Contracting Corp  
 Street 50 Nelson Road  
 City Scarsdale State New York Zip 10583  
 Industry description (e.g., Manufacture of motor truck trailers)  
Heavy Construction  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
1 6 2 3  
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment information

Annual average number of employees 18  
 Total hours worked by all employees last year 25,150

### 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.

Michael Mutino  
 Michael Mutino

Pres.                       
 Title

914.723.2360

Phone

1/6/2014  
 Date



## Log of Work-Related Injuries and Illnesses

Year 2012



Form approved OMB no. 1218-0176

Establishment name Inter Contracting Corp

City Scarsdale State New York

[illegible]

**Be sure to transfer these totals to the Summary page (Form 300A) before you post it.**

Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)



# 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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

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

## Number of Days

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

## Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<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 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

## Establishment Information

Your establishment name Inter Contracting Corp  
 Street 50 Nelson Road  
 City Scarsdale State New York Zip 10583  
 Industry description (e.g., Manufacture of motor truck trailers)  
Heavy Construction  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
1 6 2 3  
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

## Employment information

Annual average number of employees 20  
 Total hours worked by all employees last year 25,251

## 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.

Michael Mutino  
 Michael Mutino

Pres. Title

914.723.2360

Phone

1/7/2013  
 Date





**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 maximum of 10, in descending order of date of substantial completion.

<b>Project &amp; Location</b>	<b>Contract Type</b>	<b>Contract Amount \$000</b>	<b>Date Completed</b>	<b>Owner Reference &amp; Tel. No.</b>	<b>Architect/Engineer Reference &amp; Tel. No. If different from owner</b>
SER002181 South Railroad	Capital	\$10,678.00	July-14	NYCDDC Rana Balvedish 347-838-6879	NYCDDC Monzer Shahim 347-838-6879
NYCEDC Stapleton Waterfront Staten Island	Capital	\$7,721.00	Oct-13	Paul Tso NYCEDC 718-447-1121 Resident Engineer	NYCEDC Owen Foote 212-619-5000
Dahlia St NYCDDC SER002320 Staten Island	Capital	\$4,191.00	Sep-12	NYCDDC Mansouk Mavani 718-391-1756	NYCDDC Mansouk Mavani 718-391-1756
SER002225 Annadale Road Staten Island	Capital	\$ 14,141,414.31	Sep-12	NYCDDC Syed Noman 347-838-6879	NYCDDC Sameh Riad 718-391-2326
HWKC-1019 Eastern Parkway Brooklyn	Capital	\$ 18,618,618.61	Nov-12	NYCDDC Sam Fahmy-Haks 347-457-5355	NYCDDC Steve Salomon 718-250-5047
SER-200281 Seguine Ave Staten Island	Capital	\$21,067.00	Sep-11	NYCDDC Walkman Wong, P.E 718-605-2370	NYCDDC Walkman Wong, P.E 718-605-2370
SER-002310 Furman St	Capital	\$715,715	Feb-11	NYCDDC Hitendra Patel, P.E.	NYCDDC Hitendra Patel, P.E.

Staten Island				718-605-2374	718-605-2374
SE-775 Station Avenue Staten Island	Capital	\$19,819.00	Jun-10	NYCDDC Walkman Wong, P.E. 718-605-2370	NYCDDC Walkman Wong, P.E. 718-605-2370
SER00201S Emergency Sewer, Staten Island	Capital	\$4,284	Jun-10	NYCDDC/DEP Danny Lefkowitz, P.E. 718-595-7657	NYCDDC/DEP Danny Lefkowitz, P.E. 718-595-7657
SER00201T Emergency Sewer, Staten Island	Capital	\$4,275	Jun-08	NYCDDC Danny Lefkowitz, P.E. 718-595-7657	NYCDDC/DEP Danny Lefkowitz, P.E. 718-595-7657
SER002289 Nashville Ave, Staten Island	Capital	\$9,292,929.28	Dec-09	NYCDDC Hitendra Patel, P.E. 718-605-2374	NYCDDC Hitendra Patel, P.E. 718-605-2374
HWK1166RR Brooklyn, NY	Capital	26,867,867.67	Oct-08	NYCDDC Marie Brandao, P.E. 718-250-5011	NYCDDC Marie Brandao, P.E. 718-250-5011
SER002260 Wieland Ave., SI	Capital	8,467,676.67	Jan-08	NYCDDC Arvind Patel, P.E. 718-391-2274	NYCDDC Arvind Patel, P.E. 718-391-2274
SER002271 Lemon Creek, SI	Capital	9,966,666.66	Oct-07	NYCDDC Sameh Riad 718-391-2326	NYCDDC Sameh Riad 718-391-2326
SER002273 Rossville Ave., SI	Capital	9,920,920.92	Jun-07	NYCDDC Walkman Wong, P.E. 718-605-2370	NYCDDC Walkman Wong, P.E. 718-605-2370

**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
Cuba Ave. NYCDDC SER002320 Staten Island	Capital	\$14,710.00	\$1,500.00	\$1,500,000.00	Jun-15	NYCDDC Syed Noman 347-838-6879	NYCDDC Arvind Patel, P.E. 718-391-2274
Sheldon Ave SE-818 NYCDDC	Capital	\$47,747.00	\$5,000.00	\$42,000.00	Dec-16	NYCDDC Adam Alweiss 718-391-1357	NYCDDC/Arcadis Tom Husband 914-434-4558
Emerg. Water GE-352 NYCDDC	Capital	\$6,337.00	\$5.00	\$2,000.00	Dec-15	NYCDEP Jean Claude 718-595-4204	NYCDEP Luis Caminero 718-595-4204
Reconstruction of sewers Reon A SER002284 NYCDDC		\$3,600.00	Jan-00	\$3,600.00	Jun-16	NYCDDC Adam Alweiss 718-391-1357	NYCDDC/ Mansukh Mavani 718-391-1756

**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.

<b>Project &amp; Location</b>	<b>Contract Type</b>	<b>Contract Amount \$000</b>	<b>Date Scheduled To Start</b>	<b>Owner Reference &amp; Tel. No.</b>	<b>Architect/Engineer Reference &amp; Tel. No. If different from owner</b>
Emergency Sewers Staten Island SE-00201X		\$4,200.00	Jun-15	NYCDDC	NYCDDC
Catch Basins Brooklyn SEK002373r		\$4,200.00	Jul-15	NYCDDC	NYCDDC
Recon Of Sewers York Ave Manhattan SEN002169		\$7,423.00	Nov-15	NYCDDC	NYCDDC

## 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, John DiFazio, 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: DiFazio Industries  
Vendor's Address: 38 Kinsey Pl. Staten Island, NY 10303  
Vendor's EIN or TIN: 73 170 6369 Requesting Agency: NYC DDC

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: 10/16/2013

Signature date on change submission for the submitting vendor: \_\_\_\_\_

## 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	John DiFazio	10/16/13	
2	Marc DiFazio	10/16/13	
3	Jeff DiFazio	10/16/13	
4	DiFazio Holdings Inc.	10/16/13	
5	CMC NY Construction LLC	10/16/13	
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:

John DiFazio  
Name (Print)  
President  
Title  
DiFazio Industries  
Name of Submitting Entity  
X  
Signature  
3-11-15  
Date

Notarized By:

Sofia Paulidis  
Notary Public  
Richmond  
County License Issued  
43-4931677  
License Number

Sworn to before me on: March 11, 2015  
Date

SOFIA PAVLIDIS  
Notary Public, State of New York  
No. 43-4931677  
Qualified in Richmond County  
Commission Expires July 18, 2018

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 \_\_\_\_\_
6. Are you a Veteran owned company? Yes ☐ No ☐

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

7. 73 - 170 6369 john@difazioind.net  
Employer Identification Number or Federal Tax I.D. Email Address
8. Difazio Industries  
Company Name
9. 38 Kinsey Place Staten Island NY 10303  
Company Address and Zip Code
10. John Difazio 718-720-6966  
Chief Operating Officer Telephone Number
11. same "  
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: 100

14. Contract information:

- (a) NYCDDC  
Contracting Agency (City Agency)
- (b) \_\_\_\_\_  
Contract Amount
- (c) \_\_\_\_\_  
Procurement Identification Number (PIN)
- (d) \_\_\_\_\_  
Contract Registration Number (CT#)
- (e) \_\_\_\_\_  
Projected Commencement Date
- (f) \_\_\_\_\_  
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 X 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 X 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 X 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 X

If yes,

(a) Name and address of OFCCP office.

---

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(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 X

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

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

All I-9 Forms are kept in binders and are maintained in the main office 38 Kinsey Pl

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 | No |
| (b) After a conditional job offer | Yes | No |
| (c) After a job offer             | Yes | No |
| (d) To all applicants             | Yes | No |
| (e) Only to some applicants       | Yes | No |

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 X

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 X

If yes, attach a log. See instructions.

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

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 X

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) John DiFazio 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~~ submit a certified copy of payroll records to the Division of Labor Services on a monthly basis.

DiFazio Industries  
Contractor's Name

Joseph Lobrutto Business Manager  
Name of person who prepared this Employment Report Title

John DiFazio President  
Name of official authorized to sign on behalf of the contractor Title

718-720-6966  
Telephone Number

\_\_\_\_\_  
Signature of authorized official 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 27 day of April 20 15

Cesar Piedrahita 4/27/15  
Notary Public Authorized Signature Date

CESAR PIEDRAHITA  
Notary Public, State of New York  
No. 01P16151715  
Qualified in Richmond County  
Commission Expires Aug. 21, 2018

CESAR PIEDRAHITA  
Notary Public, State of New York  
No. 01P16151715  
Qualified in Richmond County  
Commission Expires Aug. 21, 2018

**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
Line Stripping	W	Line Stripping	Labores	-
Tree Pruning	H	Tree pruning	Labores	-
Landscaping	H	Landscaping	Labores.	-
Trucking	B.	Trucking Material	Drivers	-
Tree Consultant	W	Consulting/Inspection	-	-

\*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 (A) Apprentice  
(H) Helper (TRN) Trainee  
(TOT) Total by Column

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:

731

Union Affiliation, if applicable

Laborers

Total (Col. #1-10):

5

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

2

Total Female  
(Col. #6 - 10):

0

## MALES

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

## FEMALES

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

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

Union recruitment.

FORM B: PROJECTED WORKFORCE

Trade: Equipment 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):  
—

Total Female  
(Col. #6 – 10):  
—

MALES

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

FEMALES

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

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

Union recruitment.



# FORM C: CURRENT WORKFORCE

## TRADE CLASSIFICATION CODES

(J) Journeylevel Workers (A) Apprentice  
(H) Helper (TRN) Trainee  
(TOT) Total by Column

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.

Union Affiliation, if applicable

731

Total (Col. #1-10):

78

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

55

Total Female  
(Col. #6 - 10):

0

## MALES

	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
J	23	4	51		
H					
A					
TRN					
TOT					

## FEMALES

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

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

Union recruitment.

Unions

FORM C: CURRENT WORKFORCE

Trade: M/IS

Union Affiliation, if applicable  
Engineer

Total (Col. #1-10):  
40

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

Total Female  
(Col. #6 - 10):  
—

MALES

	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
J	38	—	2		
H					
A					
TRN					
TOT					

FEMALES

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

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

Union recruitment





*Construction of Sanitary Sewers, Storm Sewers, Water Mains and  
Best Management Practices*

**GENERAL CONTRACTOR OVERVIEW**

**DIFAZIO INDUSTRIES**

**38 KINSEY PLACE**

**STATEN ISLAND NEW YORK**

**[WWW.DIFAZIOIND.NET](http://WWW.DIFAZIOIND.NET)**





# **DiFazio Industries**

38 Kinsey Place, Staten Island NY 10303

Tel: 718-720-6966 Fax: 718-447-7076

[WWW.DIFAZIOIND.NET](http://WWW.DIFAZIOIND.NET)

## **COMPANY OVERVIEW**

*DiFazio Industries Inc. is an Award Winning, privately owned construction contractor serving the five boroughs of New York City for the past thirty years. We are highly experienced in all phases of Underground Utility work, Landfill, Combined Sewer, Water Main, and Best Management Protection for New York City Capital Projects. We are fully bonded and insured. Our broad expertise was obtained by working with various City and State agencies. In conjunction with being able to offer the above services, we also can offer Heavy Equipment Rental, Equipment Maintenance and various Heavy Construction services. We put great emphasis that these services are offered in a personalized, courteous manner, tailored to meet each customer's individual needs. We are very interested in working with you on your present or future projects. Please feel free to give us a call at the number listed below with any questions.*

## **Company Administration**

### ***Management***

**President / Operations Manager:**  
*30 years experience*

*Mr. John M. DiFazio*

**Vice President /  
Field Operations Manager:**  
*25 years experience*

*Mr. Marc DiFazio*

**Vice President /  
Paving Superintendent:**  
*15 years experience*

*Mr. Jeff DiFazio*

**Finance**  
*20 years experience*

*Mr. Cesar Piedrahita*

**Director of Construction:**  
*20 years experience*

*Mr. Joseph LoBrutto, PE*



**Purchasing & Project  
Administration**  
*25 years experience*

*Mr. Hakim Ghanem*

**Senior Estimator:**  
*35 years experience*

*Mr. Joe Liga*

**Estimator:**  
*20 years experience*

*Mr. Mike Santa Croce*

***Field Management & Quality Assurance Organization***

**Field Superintendent:**  
*15 years experience*  
*20 years experience*

*Mr. Brian Liga*  
*John Onello*

**Office Administration, Geometry Drawings,  
Shop Drawing, and Submittals:**  
*35 years experience*  
*12 years experience*  
*5 years experience*

*Mr. Joe Liga*  
*Mr. Christopher Bellucci, CPESC*  
*Mr. James Ciccarello*

**Assistant Project Managers:**  
*5 years experience*

*Mr. John Debiase*

**Maintenance & Protection  
of Traffic Plan:**  
*25 years experience*

*Mr. Nick Sheriff*

***Fleet & Shop Services Organization***

**Transportation and Maintenance:**  
*20 years experience*

*Mr. Joe Eugenio*

***Safety Organization***

**Health and Safety Officer:**  
*10 years experience*

*Mr. Steve Goodwin*



### OUR VISION

*Our vision is to be recognized by our clients and employees, as being among the best. To that end we hire only people who can demonstrate the potential to grow; constantly seeking values and technical knowledge internally; relentlessly pursue improvement and efficiency in the quality of our work and know our clients needs and provide services in a most professional manner.*

### DIFAZIO EQUIPMENT

*DiFazio Industries maintain a large inventory of the most up to date construction equipment, from Excavators, Backhoes, Bulldozers, to Tandem Trucks, Tractors, Dump Trailers, Paving Equipment, Compressors, Pumps, and Service Vans. Because we own and service our equipment, we can avoid unnecessary delays and downtime that can jeopardize any schedule. Our equipment managers employ strict preventive maintenance schedules to ensure all equipment is in safe and reliable working order. We continually re-invest in our fleet of equipment to ensure safety, efficiency and productivity.*

### SAFETY PROGRAM

*On-the-Job safety for our employees is of primary concern. The entire organization is safety-conscious, from the principals, equipment operator, and field workers. Project managers are dedicated to maintaining a safe work environment and are committed to completing every job with zero accidents. Our health and safety officer begins to identify potential site hazards as soon as a project is awarded. This along with strict enforcement of the written safety program and quarterly meetings to update supervisors on the latest Occupational Safety and Health Administration requirements and programs, has allowed DiFazio Industries to lower its workers compensation experience modification in each of the last 4 years.*





### TEAM EFFORT

*The Difazio team is geared to handle fast tracked complex projects. Our group of energetic and efficient project managers and superintendents has one primary goal: The desire to achieve success by following the policies of the corporation, and by performing quality work in the safest, most economical manner.*

### Affiliates:

*Faztec Industries is a New York State and New York City approved fill material transfer station that accepts a range of materials that include dirt, rocks, concrete, brick and asphalt or any mix there-of. Faztec is located at 200 Bloomfield Ave. on Staten Island.*

*Recently awarded the 2011 Green Genesis Award by the Staten Island Economic Development Corporation, Faztec Industries is dedicated to reusing and supplying the finest quality recycled materials.*

### Faztec:

*Faztec offer a variety of materials; including topsoil and compost, various sand blends and quarry stone. We are a prime source of recycled aggregates that can be custom blended to any requirement. The facility also supplies recycled asphalt binder. The process consists of receiving asphalt at our facility. The asphalt is then stock piled. Once stock piled the asphalt is then loaded onto the asphalt recycler which melts the asphalt and produces an Eco-friendly binder.*

### Diamond Ready-Mix






*Located at 118 Greenfield Avenue on Staten Island, Diamond Ready-Mix is a concrete plant servicing Staten Island and the surrounding area.*

*Ready- mix concrete allows us to truly offer full menu of services to our customers from project inception to completion. Diamond Ready Mix is New York State and New York*

*City approved concrete batching plant. They will provide various aggregates and supply ready mix concrete to any project in Staten Island and the surrounding areas.*



**RECENT CLIENTS**

	<b>DDC</b>	New York City Department of Design and Construction
	<b>DEP</b>	NYC Department of Environmental Protection
	<b>KEYSPAN</b>	New York City Keyspan
	<b>NYC DOS</b>	New York City Department of Sanitation
 <b>New York Power Authority</b>	<b>NYPA</b>	New York Power Authority
 New York State Department of Transportation	<b>NYSDOT</b>	New York State Department of Transportation
	<b>PANYNJ</b>	The Port Authority of New York and New Jersey
<b>EMPIRE CITY SUBWAY</b> N.Y.C. Empire City Subway		
	<b>CON EDISON</b>	New York City Con Edison

PROJECT PORTFOLIO

NYC EDC	19720005-2	Storm, Sanitary Sewer WM (Stapleton Waterfront, S.I. N.Y.)	\$7,791,439.00
NYC DDC	SER-002289	Storm, Sanitary Sewer WM (South Railroad Avenue, S.I. N.Y.)	\$10,678,910.00
NYC DDC	SER-002289	Storm, Sanitary Sewer WM (Annadale Road, S.I. N.Y.)	\$14,141,414.00
NYC DDC	SER-200281	Storm, Sanitary Sewer WM (Seguine Avenue, S.I. N.Y.)	\$21,076,836.00
NYCDEP	CSOPLANYC	BMP Urban Surface Water Pilot (Various Locations N.Y.)	\$4,250,000.00
NYC DEP	SER-00201T	Staten Island Emergency Sewer (Various Locations S.I. N.Y.)	\$4,275,572.00
NYC DEP	SER-00201S	Staten Island Emergency Sewer (Various Locations S.I. N.Y.)	\$4,284,428.00
NYSDOT	D261131	Transportation Improvements (Eltingville, S.I. N.Y.)	\$2,292,292.00
NYC DPR	R-G-898A	Green-Belt Bike Path (Staten Island N.Y.)	\$1,595,949.00
NYC DEP	SER-00201Q	Staten Island Emergency (Various Locations S.I. N.Y.)	\$2,774,214.80
NYC DDC	HWK-1166RR	72" Steel Water Main (86 <sup>th</sup> Street Bklyn. N.Y.)	\$26,867,867.67
NYC DDC	SER-002289	Storm, Sanitary Sewer WM (Nashville Avenue, S.I. N.Y.)	\$9,292,929.28
NYC DDC	SER-002273	Storm, Sanitary Sewer WM (Rossville Avenue, S.I. N.Y.)	\$9,920,920.92
NYC HA	BKLYN / SI	Conduit Appurtenances (Bklyn. / Staten Island, N.Y.)	\$2,000,000.00
VERIZON	VARIOUS CEMH	Manhole Installation (City Wide, N.Y.)	\$11,000,000.00
BOVIS	380 Development	Phase 1 Fill Placement (Proposed NASCAR S.I. N.Y.)	\$8,200,000.00

<i>TISHMAN</i>	<i>V2K1/T-641</i>	<i>Installation Drop Pipe MH</i> <i>(New York City, N.Y.)</i>	<i>\$200,000.00</i>
<i>NYC DDC</i>	<i>SER-002271</i>	<i>Storm, Sanitary Sewer BMP</i> <i>(Lemon Creek Water Shed, S.I. N.Y.)</i>	<i>\$9,966,666.00</i>
<i>NYC DDC</i>	<i>SER-200120</i>	<i>Storm, Sanitary Sewer WM</i> <i>(Seidman Avenue, S.I. N. Y.)</i>	<i>\$1,585,585.85</i>
<i>NYC DDC</i>	<i>SER-002260</i>	<i>Storm, Sanitary Sewer WM</i> <i>(Wieland Avenue, S.I. N.Y.)</i>	<i>\$8,967,676.67</i>
<i>NYC DDC</i>	<i>SE-769</i>	<i>Storm, Sanitary Sewer BMP</i> <i>(Lenevar Avenue, S.I. N.Y.)</i>	<i>\$18,200,000.00</i>
<i>NYC DDC</i>	<i>SE-766</i>	<i>Storm, Sanitary Sewer BMP</i> <i>(Poillion Avenue, S.I. N.Y.)</i>	<i>\$10,400,000.00</i>
<i>NYC DEP</i>	<i>BED-774</i>	<i>20" Water Main</i> <i>(4<sup>th</sup> Avenue, Bklyn. N.Y.)</i>	<i>\$5,500,000.00</i>
<i>NYC DDC</i>	<i>SER-00201P</i>	<i>Staten Island Emergency</i> <i>(Various Locations, S.I. N.Y.)</i>	<i>\$2,534,544.09</i>
<i>NYC DDC</i>	<i>SEK-002338</i>	<i>Bklyn Trench Repair</i> <i>(Various Locations, Bklyn. N.Y.)</i>	<i>\$2,489,825.00</i>
<i>NYC DDC</i>	<i>SER-002264</i>	<i>Storm, Sanitary Sewer WM</i> <i>(Henry Place, S.I. N.Y.)</i>	<i>\$1,234,657.89</i>



## ***DiFazio Industries***

*38 Kinsey Place, Staten Island NY 10303*

*Tel: 718-720-6966 Fax: 718-447-7076*

*WWW.DIFAZIOIND.NET*

### **Subcontractors Overview**

#### ***PIPE JACKING / MICRO-TUNNELING CONTRACTORS***

***Northeast Remsco Construction***

*1433 Highway 34, South Building B*

*Farmingdale, New Jersey 07727*

*Tel: 732-557-6100 Fax: 732-341-3078*

***Akkerman Inc.***

*58256 266<sup>th</sup> Street*

*Browndale, MN 55918*

*Tel: 507-567-2261 Fax: 507-567-2605*

***Cruz Contractors LLC***

*952-Holmdel Road*

*Holmdel, New Jersey 07733*

*Tel: 732-946-8400 Fax: 732-946-8956*

***The Icon Group (Borhtec Method)***

*300 Ryders Lane*

*East Brunswick, New Jersey 08816*

*Tel: 800-836-5011 Fax: 732-254-2772*

#### ***RAILROAD TRACK CONTRACTORS***

***North Star Contracting Corp.***

*Corporate Tower- One Radisson Plaza*

*New Rochelle, New York 10801*

*Tel: 914-235-7600 Fax: 914-235-9452*

***Delta Railroad Construction, Inc.***

*2648 West Prospect Road*

*Ashtabula, Ohio 44004*

*Tel: 440-992-2997 Fax: 440-992-1311*

***Railroad Construction Company, Inc***

*75-77 Grove Street*

*Paterson, New Jersey 07503*

*Tel: 973-684-0362 Fax: 973-684-1355*

***T. Glennon, Inc.***

*24 Howard Street*

*Piscataway, New Jersey 08854*

*Tel: 732-424-1110 Fax: 732-424-1107*



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### **Subcontractors Overview**

#### **LANDSCAPE CONTRACTORS**

***Twin Industries***

*113 Ellis Street*

*Staten Island, New York 10307*

*Tel: 718-966-0133 Fax: 718-967-2974*

***Green Side Contracting, Inc.***

*5050 Hylan Boulevard*

*Staten Island, New York 10312*

*Tel: 718-227-5050 Fax: 718-967-5523*

#### **TREE PRUNING CONTRACTORS**

***County Tree Care***

*330 Shrootts Road*

*Staten Island, New York 10309*

*Tel: 718-966-8000 Fax: 718-227-4973*

***Valley Tree & Landscape, Inc.***

*P.O. Box 986*

*Long Beach, New York 11561*

*Tel: 718-527-8410 Fax: 516-889-4562*

#### **TREE CONSULTANTS**

***Arbor Consulting, Inc.***

*70 West Shore Drive*

*Massapequa, New York 11758*

*Tel: 516-798-1151 Fax: 516-798-4283*

***Glaeser Horticultural Consulting Inc.***

*47-36-156<sup>th</sup> Street*

*Flushing, New York 11355-2342*

*Tel: 917-416-9433 Fax: 718-463-6791*

#### **RESTORATION SPECIALIST**

***Amy S. Greene Environmental***

*4 Walter E. Foran Blvd. Suite 209*

***Creative Habitat Corp.***

*P.O. Box 8203*

*Flemington, New Jersey 08822*

*Tel: 908-788-9676 Fax: 908-788-6788*



*White Plains, New York 10602*

*Tel: 914-948-4389 Fax: 914-948-4390*

## ***DiFazio Industries***

*38 Kinsey Place, Staten Island NY 10303*

*Tel: 718-720-6966 Fax: 718-447-7076*

*WWW.DIFAZIOIND.NET*

### **Subcontractors Overview**

#### **DEWATERING CONTRACTORS**

***General Dewatering Corporation***

*3616 Henry Hudson Pkwy*

*Riverdale, New York 10463*

*Tel: 914-961-7700 Fax: 914-961-0317*

***Moretrench***

*51 Smart Avenue*

*Yonkers, New York 10704*

*Tel: 914-423-1331 Fax: 914-423-0913*

#### **PRECAST BOX CULVERT PRODUCTS**

***Afco Precast***

*114 Rocky Point Road*

*Middle Island, New York 11953*

*Tel: 631-924-7400 Fax: 631-205-9236*

***Vianini Pipe, Inc***

*39 County Line Road*

*Somerville, New Jersey 08876*

*Tel: 908-534-4021 Fax: 908-534-5011*

#### **MANHOLES / CONCRETE PIPE**

***Coastal Pipeline Products***

*55 Twomey Avenue*

*Calverton, New York 11933*

*Tel: 631-369-4000 Fax: 631-369-4006*

***Kerr Concrete Pipe***

*PO Box 312*

*Hammonton, New Jersey 08037*

*Tel: 609-561-3400 Fax: 877-561-5786*

#### **CONCRETE / ASPHALT**

***Newark Asphalt***

*Foot of Passaic Street*

*Newark, NJ 07104*

***Tilcon New York***

*625 Mt. Hope Rd.*

*Keasbey, New Jersey*

*Tel: 973-482-3503*

*Tel: 973-219-0420 Fax:973-835-9081*





**INFRASTRUCTURE DIVISION  
BUREAU OF DESIGN**

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**VOLUME 1 OF 3**

PROJECT ID: REDA001

FOR THE CONSTRUCTION OF ACCELERATED WATER MAIN REPLACEMENT AND SEWER  
REHABILITATION AND REPLACEMENT

Together With All Work Incidental Thereto  
BOROUGH OF STATEN ISLAND  
CITY OF NEW YORK

---

*Contractor*

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

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