

BID FORM

00 41 43

To the Village of Ansonia for the work known as the **Sanitary & Storm Sewer Separation - Part A Project.**

By submission of this bid, each bidder certifies and in the case of a joint bid each party thereto certifies, as to its own organization that this bid has been arrived at independently without consultation, communication, or agreement as to any matter relating to this bid with any other bidder or any competition. The bidder hereby agrees to commence work under this contract on or before the date as specified in the Notice to Proceed and will complete all construction no later than Friday, July 30, 2010. The bidder agrees to pay liquidated damages in the sum of \$500.00 for each consecutive day thereafter for each portion of the project.

In compliance with the Advertisement for Bids, the signer of this Bid Form as bidder declares that he has examined the Instructions to Bidders, Agreement Form, General and Supplementary Conditions, Specifications, and the site of work and acknowledges receipt of Addenda # _____; and that he/she will contract to do all the work and furnish all the materials called for by said plans and specifications, in a manner and on the conditions required for the following prices.

Base Bid Schedule

<i>Ref. No.</i>	<i>Item No.</i>	<i>Description</i>	<i>Qty</i>	<i>Units</i>	<i>Unit Cost</i>	<i>Item Cost</i>
1	202	Catch Basin Removed	3	Each	_____	_____
2	202	Manhole Removed	19	Each	_____	_____
3	603	4" Storm Drain Repair	10	Each	_____	_____
4	603	6" Storm Drain Repair	10	Each	_____	_____
5	603	8" Storm Drain Repair	4	Each	_____	_____
6	603	10" Storm Drain Repair	2	Each	_____	_____
7	603	12" Storm Drain Repair	2	Each	_____	_____
8	603	8" Conduit, Type 'B' (707.33)	69	L.F.	_____	_____
9	603	12" Conduit, Type 'B' (707.33)	996	L.F.	_____	_____
10	603	12" x 12" Tee (707.33)	2	Each	_____	_____
11	603	12" - 45° Bend (707.33)	1	Each	_____	_____
12	603	8" Cap (707.33)	2	Each	_____	_____
13	604	Storm Manhole, Type 'A'	1	Each	_____	_____
14	604	2-2B Catch Basin, As Per Plan	7	Each	_____	_____
15	604	2-2B Catch Basin W/Side Inlet	1	Each	_____	_____
16	604	2-3 Catch Basin, As Per Plan	1	Each	_____	_____
17	614	Maintaining Traffic	1	L.S.	_____	_____
18	624	Mobilization	1	L.S.	_____	_____
19	Spec	Bond Expense	1	L.S.	_____	_____
20	33 01 30.16	Television Inspection of Sewer Pipelines	7700	L.F.	_____	_____
21	33 01 30.62	Limited Manhole Rehabilitation	9	Each	_____	_____
22	33 01 30.62	Complete Manhole Rehabilitation	4	Each	_____	_____
23	33 01 30.72	10" Cured-In-Place Pipe	195	L.F.	_____	_____
24	33 31 00	12" Sanitary Sewer	40	L.F.	_____	_____
25	33 31 00	4" Sanitary Sewer Lateral	1	Each	_____	_____

Bidder Name: _____

BID FORM (continued)

00 41 43

To the Village of Ansonia for the work known as the Sanitary & Storm Sewer Separation - Part A Project.

Base Bid Schedule (continued)

<i>Ref. No.</i>	<i>Item No.</i>	<i>Description</i>	<i>Qty</i>	<i>Units</i>	<i>Unit Cost</i>	<i>Item Cost</i>
26	33 31 00	6" Sanitary Sewer Lateral	1	Each	_____	_____
27	33 39 13	Sanitary Manhole, Type 'A'	16	Each	_____	_____
28	Spec	Manhole Adjusted to Grade	21	Each	_____	_____
29	Spec	Manhole Casting Removed and Replace	14	Each	_____	_____
30	Spec	ARRA Funding Sign	2	Each	_____	_____
31	Spec	4" Inserta-Tee Connection	1	Each	_____	_____
32	Spec	8" Inserta-Tee Connection	1	Each	_____	_____
33	Spec	Combined Sewer Overflow Elimination	3	Each	_____	_____

Additional Miscellaneous Work Items (as part of Base Bid)

34	202	Manhole Removed	60	V.L.F.	_____	_____
35	30 01 30.62	Complete Manhole Rehabilitation	64	V.L.F.	_____	_____
36	33 01 30.72	8" Cured-In-Place Pipe	400	L.F.	_____	_____
37	33 01 30.72	12" Cured-In-Place Pipe	400	L.F.	_____	_____
38	33 39 13	Sanitary Manhole Replacement, Type 'A'	8	Each	_____	_____

Total Amount of Base Bid (in figures): \$ _____

Total Amount of Base Bid (in words): _____

Alternate No. 1 Bid Schedule

<i>Ref. No.</i>	<i>Item No.</i>	<i>Description</i>	<i>Qty</i>	<i>Units</i>	<i>Unit Cost</i>	<i>Item Cost</i>
39	Spec	Manhole Adjusted to Grade	4	Each	_____	_____

Total Amount of Alternate No. 1 Bid (in figures): \$ _____

Total Amount of Alternate No. 1 Bid (in words): _____

Bidder Name: _____

BID FORM (continued)

00 41 43

To the Village of Ansonia for the work known as the **Sanitary & Storm Sewer Separation - Part A Project.**

Bid Proposal Respectfully submitted by:

Firm Name

Street Address

Signature

City, State & Zip Code

Title

Date

Telephone Number

Federal Identification Number

Fax Number

E-mail Address

BID GUARANTY AND CONTRACT BOND

00 43 13

KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned _____
_____ of _____ as principal, and
_____ as surety, are hereby held and firmly bound unto
_____ as obligee in the penal sum of the dollar amount of the
bid submitted by the principal to the obligee on _____ to undertake the project
known as **Sanitary & Storm Sewer Separation - Part A**. The penal sum referred to herein shall be the
dollar amount of the principal's bid to the obligee, incorporating any additive or deductive alternate
proposals made by the principal on the date referred to above to the obligee, which are accepted by the
obligee. In no case shall the penal sum exceed the amount of _____

_____ dollars, \$_____. (If the foregoing blank is not filled in, the penal sum will be the full amount of
the principal's bid, including alternates. Alternatively, if the blank is filled in, the amount stated must not be
less than the full amount of the bid including alternates, in dollars and cents. A percentage is not
acceptable.) For the payment of the penal sum well and truly to be made, we hereby jointly and severally
bind ourselves, our heirs, executors, administrators, successors, and assigns.

Signed this _____ day of _____, 20____ THE CONDITION OF THE ABOVE
OBLIGATION IS SUCH, that whereas the above named principal has submitted a bid for the **Sanitary &
Storm Sewer Separation - Part A Project**.

Now, therefore, if the obligee accepts the bid of the principal and the principal fails to enter into a proper
contract in accordance with the bid, plans, details, specifications and bills of material; and in the event the
principal pays to the obligee the difference not to exceed ten percent of the penalty hereof between the
amount specified in the bid and such larger amount of which the obligee may in good faith contract with the
next lowest bidder to perform the work covered by the bid; or in the event the obligee does not award the
contract to the next lowest bidder and resubmits the project for bidding, the principal pay to the obligee the
difference not to exceed ten percent of the penalty hereof between the amount specified in the bid, or the
costs, in connection with the resubmission, of printing new contract documents, required advertising, and
printing and mailing notices to prospective bidders, whichever is less, then this obligation shall be null and
void, otherwise to remain in full force and effect; if the obligee accepts the bid of the principal and the
principal within ten days after the awarding of the contract enters into a proper contract in accordance with

BID GUARANTY AND CONTRACT BOND - Continued

00 43 13

the bid, plans, details, specifications, and bills of material which said contract is made a part of this bond the same as though set forth herein;

Now also, if the said _____ shall well and faithfully do and perform the things agreed by _____ to be done and performed according to the terms of said contract; and shall pay all lawful claims of subcontractors, material suppliers, and laborers, for labor performed or material furnished in carrying forward, performing or completing of said contract; we agreeing and assenting that this undertaking shall be for benefit of any material suppliers or laborer having a just claim, as well as for the obligee herein; then this obligation shall be void; otherwise the same shall remain in full force and effect; it being 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.

The said surety hereby stipulates and agrees that no modifications, omissions, or additions, in or to the terms of said contract or in or to the plans and specifications therefore shall in any wise affect the obligation of said surety on this bond.

PRINCIPAL:

SURETY:

By: _____

By: _____

Title: _____ Date: _____

Title: _____ Date: _____

SURETY AGENT:

SURETY:

Company: _____

Company: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Note: All Certified/Cashier's Checks and Surety Bonds offered as surety shall be made payable to the Village of Ansonia. This form is not necessary if you are using a Certified/Cashier's Check or Letter of Credit.

Attachments: Power of Attorney, Certificate of Compliance, and Recent Financial Statement of Surety.

PROPOSED SUBCONTRACTORS FORM
00 43 36

The Bidder shall list, in the space provided in this bid form, the name and location of the place of business of each subcontractor who will perform any portion of the work in the amount in excess of one-half of one percent of the total amount of bid, and the portions of the work and total value which each is to perform.

Upon completion of the work before final payment will be made, the Contractor shall submit sworn statements from each subcontractor waiving their rights to any liens regarding the performance of the above stated work.

1. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

2. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

3. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

Name of Contractor: _____

PROPOSED SUBCONTRACTORS FORM - Continued

00 43 36

4. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

5. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

6. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

7. Subcontractor's Name _____

Address _____

Telephone No. _____

Description of Work _____

Total Value _____

Name of Contractor: _____

DISADVANTAGED BUSINESS ENTERPRISES (DBE) UTILIZATION

USEPA recently adopted a revised program to encourage the participation of disadvantaged businesses in the construction activities funded by the Clean Water and Drinking Water SRF's. "DBE" is an all inclusive term that includes Minority Business Enterprises (MBE), Women Business Enterprises (WBE), Small Business Enterprises (SBE), Small Business in Rural Areas (SBRA), HUBZone Small Business, Labor Surplus Area Firms (LSAF), and other entities defined as socially and/or economically disadvantaged. While the WPCLF and WSRLA strongly encourage participation by all disadvantaged groups, specific participation goals are negotiated with USEPA only for Minority Business Enterprises and Women's Business Enterprises. The primary revisions incorporated into the new DBE program include new requirements for DBE certification and maintenance of a DBE bidders list and changes to the reporting procedure.

Goals

As a condition of receiving capitalization grants from U.S. EPA for the Water Pollution Control Loan Fund (WPCLF) and the Water Supply Revolving Loan Account (WSRLA), the Ohio EPA negotiates "fair share" Disadvantaged Business Enterprises (DBE) objectives with U.S. EPA. The current negotiated goals for construction related activities are 3.0% of all contracts to MBE's and 3.7% of all contracts to WBE's.

DBE Certification

Under the new DBE program, qualified DBE's are those that have been certified as such. Certifications can be obtained from a federal agency such as the Small Business Administration or the Department of Transportation or by an approved State agency. The Unified Certification Program (UCP) administered by the Ohio Department of Transportation (ODOT) can provide the necessary DBE certifications. Information on the UCP can be found at www.ohiucp.org as well as the ODOT website www.dot.state.oh.us/Divisions/ContractAdmin/Contracts/Pages/DBE.aspx. Applications for certification by EPA can be found on EPA's Small Business Programs website at www.epa.gov/osbp/ under DBE Program. Any questions regarding EPA's certification process should be directed to Kimberly Patrick of EPA at 202-566-2605.

DBE Qualifications

To qualify for MBE certification, businesses must be 51 percent owned and controlled by a U.S. citizen and Ohio resident belonging to an African-American, Native American, Hispanic, or Oriental ethnic group. In addition, the business must be in operation for at least one year prior to submitting an application. For DBE status, a business must be at least 51 percent owned by a socially and economically disadvantaged person who participates in the daily operations of the business. This person must be a woman or of African-American, Hispanic, Native American, Asian-Pacific or Asian Subcontinent ethnicity.

Program Requirements

To comply with DBE program requirements the Borrower must do the following:

1. Create and maintain a bidder's list
2. Include contract conditions applicable to the DBE program in all procurement contracts entered into by the Borrower for all WPCLF and WSRLA projects
3. Follow, document, and maintain documentation of good faith efforts to ensure that Disadvantaged Business Enterprises (DBEs) have the opportunity to participate in the project

To comply with DBE program requirements all prime contractors must do the following:

1. Follow, document, and maintain documentation of their good faith efforts
2. Complete and submit EPA 6100-4 DBE Program Subcontractor Utilization Form as part of the prime contractor's bid proposal package to the Borrower
3. Provide EPA Form 6100-2 DBE Program Subcontractor Participation Form to all of its Disadvantaged Business Enterprise subcontractors
4. Have its Disadvantaged Business Enterprise subcontractors complete EPA Form 6100-3 DBE Program Subcontractor Performance Form.

Bidders List

The Borrower must create, maintain, and use a bidders list for purposes of soliciting both MBE/WBEs and non-MBE/WBEs during procurement of construction, equipment, supplies, and services. This list shall include:

1. Entity's name with point of contact;
2. Entity's mailing address, telephone number, and e-mail address;
3. The procurement on which the entity bid or quoted, and when; and
4. Entity's status as an MBE/WBE or non-MBE/WBE.

Bidders List exemptions are recognized for loan amounts of \$250,000 or less in any one fiscal year.

The Bidders List shall be maintained until the project period has expired and the Borrower is no longer receiving EPA funding. The Bidders List must include all firms that bid on the prime contracts, or bid or gave a quote on subcontracts, including both MBE/WBEs and non-MBE/WBEs.

Required Contract Conditions

The DBE Specification language and instructions to the bidders and EPA Form 6100-2, EPA Form 6100-3, and EPA Form 6100-4 must be included in the contract documents and referenced in the Instructions to Bidders, informing bidders that the forms must be completed and submitted with their bid for all WPCLF and WSRLA projects:

1. The prime contractor must pay its subcontractor for satisfactory performance no more than 30 days from the prime contractor's receipt of payment from the owner.

2. The prime contractor must notify the owner in writing prior to the termination of any Disadvantage Business Enterprise subcontractor for convenience by the prime contractor.
3. If a Disadvantage Business Enterprise contractor fails to complete work under the subcontract for any reason, the prime contractor must employ the six good faith efforts if soliciting a replacement contractor.
4. The prime contractor must employ the six good faith efforts even if the prime contractor has achieved its fair share objectives.
5. An owner must ensure that each procurement contract it awards contains the following terms and conditions:

The contractor shall not discriminate on the basis of race, color, national origin or sex in the performance of this contract. The contractor shall carry out applicable requirements of 40 CFR Part 33 in the award and administration of contracts awarded under EPA financial assistance agreements. Failure by the contractor to carry out these requirements is a material breach of this contract which may result in the termination of this contract or other legally available remedies.

Good Faith Efforts

Borrowers and their prime contractors must follow, document, and maintain documentation of their good faith efforts as listed below to ensure that Disadvantaged Business Enterprises (DBEs) have the opportunity to participate in the project by increasing DBE awareness of procurement efforts and outreach.

1. Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities; including DBEs on solicitation lists and soliciting them whenever they are potential sources.
2. Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitation for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
3. Consider in the contracting process whether firms competing for large contracts could be subcontracted with DBEs. This will include dividing total requirements when economically feasible into smaller tasks or quantities to permit participation by DBEs in the competitive process.
4. Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
5. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency of the U.S. Department of Commerce.
6. If the prime contractor awards subcontracts, require the prime contractor to take the steps in numbers 1 through 5 above.

DBE Forms

1. The prime contractor must provide EPA Form 6100-2 DBE Program Subcontractor Participation Form to all of its Disadvantaged Business Enterprise subcontractors.

This form gives the DBE subcontractor the opportunity to describe the work the DBE received from the Prime Contractor, how much the DBE was paid and any other concerns the DBE might have. Disadvantaged Business Enterprise subcontractors may send completed Form 6100-2 directly to the Region 5 DBE Coordinator listed below.

Adrienne M. Callahan, Region 5 MBE/WBE Coordinator
USEPA, Acquisition and Assistance Branch
77 West Jackson Boulevard (MC-10J)
Chicago, IL 60604

2. The prime contractor must have its Disadvantaged Business Enterprise subcontractors complete EPA Form 6100-3 DBE Program Subcontractor Performance Form. This form gives the DBE subcontractor the opportunity to report the scope and cost of the subcontract it and should be forwarded to the Prime Contractor along with the DBE's quote. The prime contractor must include all completed forms as part of the prime contractor's bid or proposal package to the Borrower.
3. The prime contractor must complete and submit EPA 6100-4 DBE Program Subcontractor Utilization Form as part of the prime contractor's bid proposal package to the Borrower. This form identifies the Prime Contractor's intended use of an identified DBE and the estimated dollar amount of the subcontract. The Prime Contractor must provide this form to the Borrower. The Borrower must submit this form to the Ohio EPA/DEFA as part of the bid package upon which the WPCLF/WSRLA loan amount is determined.



Environmental
Protection Agency

OMB Control No: 2090-0030
Approved: 05/01/2008
Approval Expires: 01/31/2011

**Disadvantaged Business Enterprise Program
DBE Subcontractor Participation Form**

NAME OF SUBCONTRACTOR'	PROJECT NAME
ADDRESS	CONTRACT NO.
TELEPHONE NO.	EMAIL ADDRESS
PRIME CONTRACTOR NAME	

Please use the space below to report any concerns regarding the above EPA-funded project (e.g., reason for termination by prime contractor, late payment, etc.).

CONTRACT ITEM NO.	ITEM OF WORK OR DESCRIPTION OF SERVICES RECEIVED FROM THE PRIME CONTRACTOR	AMOUNT SUBCONTRACTOR WAS PAID BY PRIME CONTRACTOR
Subcontractor Signature _____		Title/Date _____

'Subcontractor is defined as a company, firm, joint venture, or individual who enters into an agreement with a contractor to provide services pursuant to an EPA award of financial assistance.



Environmental
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Disadvantaged Business Enterprise Program DBE Subcontractor Participation Form

The public reporting and recordkeeping burden for this collection of information is estimated to average fifteen (15) minutes. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed EPA DBE Subcontractor Participation Form to this address.



Environmental
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**Disadvantaged Business Enterprise Program
DBE Subcontractor Performance Form**

NAME OF SUBCONTRACTOR ¹		PROJECT NAME
ADDRESS		BID/PROPOSAL NO.
TELEPHONE NO.		E-MAIL ADDRESS
PRIME CONTRACTOR NAME		
CONTRACT ITEM NO.	ITEM OF WORK OR DESCRIPTION OF SERVICES BID TO PRIME	PRICE OF WORK SUBMITTED TO PRIME CONTRACTOR
Currently certified as an MBE or WBE under EPA's DBE Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of Prime Contractor Date Print Name Title _____ _____ Signature of Subcontractor Date _____ Print Name Title		

¹Subcontractor is defined as a company, firm, joint venture, or individual who enters into an agreement with a contractor to provide services pursuant to an EPA award of financial assistance.



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Disadvantaged Business Enterprise Program DBE Subcontractor Performance Form

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**Disadvantaged Business Enterprise Program
DBE Subcontractor Utilization Form**

BID/PROPOSAL NO.	PROJECT NAME
NAME OF PRIME BIDDER/PROPOSER	E-MAIL ADDRESS
ADDRESS	
TELEPHONE NO.	FAX NO.

The following subcontractors ¹ will be used on this project:			
COMPANY NAME, ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS	TYPE OF WORK TO BE PERFORMED	ESTIMATED DOLLAR AMOUNT	CURRENTLY CERTIFIED AS AN MBE OR WBE?

I certify under penalty of perjury that the forgoing statements are true and correct. In the event of a replacement of a subcontractor, I will adhere to the replacement requirements set forth in 40 CFR Part 33 Section 33.302(c).

_____	_____
Signature of Prime Contractor	Date
_____	_____
Print Name	Title

¹Subcontractor is defined as a company, firm, joint venture, or individual who enters into an agreement with a contractor to provide services pursuant to an EPA award of financial assistance.



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**Disadvantaged Business Enterprise Program
DBE Subcontractor Utilization Form**

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Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed EPA DBE Subcontractor Utilization Form to this address.

BUY AMERICAN CONTRACT

00 43 42

The Contractor acknowledges to and for the benefit of the City of _____ (“Purchaser”) and the _____ (the “State”) that it understands the goods and services under this Agreement are being funded with monies made available by the federal American Recovery and Reinvestment Act of 2009 (ARRA) (or are being made available for a project being funded with monies made available by the federal ARRA) and such law contains provisions commonly known as “Buy American;” that requires all of the iron, steel, and manufactured goods used in the project be produced in the United States (“Buy American Requirements”) including iron, steel, and manufactured goods provided by the Contractor pursuant to this Agreement. The Contractor hereby represents and warrants to and for the benefit of the Purchaser and the State that (a) the Contractor has reviewed and understands the Buy American Requirements, (b) all of the iron, steel, and manufactured goods used in the project will be and/or have been produced in the United States in a manner that complies with the Buy American Requirements, unless a waiver of the requirements is approved, and (c) the Contractor will provide any further verified information, certification or assurance of compliance with this paragraph, or information necessary to support a waiver of the Buy American Requirements, as may be requested by the Purchaser or the State. Notwithstanding any other provision of this Agreement, any failure to comply with this paragraph by the Contractor shall permit the Purchaser or State to recover as damages against the Contractor any loss, expense or cost (including without limitation attorney’s fees) incurred by the Purchaser or State resulting from any such failure (including without limitation any impairment or loss of funding, whether in whole or in part, from the State or any damages owed to the State by the Purchaser). While the Contractor has no direct contractual privity with the State, as a lender to the Purchaser for the funding of its project, the Purchaser and the Contractor agree that the State is a third-party beneficiary and neither this paragraph (nor any other provision of this Agreement necessary to give this paragraph force or effect) shall be amended or waived without the prior written consent of the State.

Contractor

Signature

Title

Date

THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
REPORTING REQUIREMENTS

00 43 44

Monthly Summary Employment Report (Form: FHWA-1587)

State provided summary employment information for all active Recovery Act projects. These data will be used for meeting the reporting requirements of Sections 1201 and 1512 and are due to FHWA no later than the 20th day of each month for the preceding month's data.

The following data are to be provided for each Recovery Act project. The State DOT is responsible for compiling and reporting the State, local, and contractor provided employment data for each project.

Format: The State can use the FHWA provided form, or submit the information as an MS Excel spreadsheet.

Due date: Within 20 calendar days after the end of every month until September 2012.

Due to: To be sent by the State to the official FHWA Division Office mailbox (state.fhwa@dot.gov). Within 2 days of receiving the State's submittal, the Division Office will send the file as an e-mail attachment to ARRA.Submittal@dot.gov.

Submittal: Please use the following naming convention "AA_1587_date.xls" where AA=2 character State abbreviation (New York = NY) and date=the date of submittal as "mmdyy." When e-mailing your file, please use the 2 character State abbreviation and form number in the subject.

Coding Instructions

If the State wishes to submit summarized employment data for State Employees receiving ARRA funds, the first line of the report provides a location for the State to provide their data on Total Employees (Box 8), Total Hours (Box 9) and Total Payroll (Box 10). If the State wishes to enter State Employment data by project please use the other lines of the form and enter contract number zero (0) for (Box 5)

BOX 1. **State:** Enter the 2 digit State FIPS code. If the form is being filled out for Federal Lands, provide the FLH Division or Federal Land Managing Agency (FLMA) region code. See Appendix A for a list of the State FIPS and FLMA region codes.

BOX 2. **Report Month:** The month and year covered by the report, as *mm/yyyy* (e.g. "May 2009" would be coded as "05/2009.")

BOX 3. **Federal-aid project number:** The State assigned federal-aid project number, consistent with the seven digit format reported in FMIS. For example, the project STM-1222(12) should be reported as "1222012." Enter "TBD" If no federal-aid project number has been assigned yet. **Do not enter multiple federal-aid project numbers; this field can only contain one project number.**


- BOX 4. **State project number or identification number:** The State project number or ID as assigned by the State or its funding recipient, consistent with the format reported in FMIS. Federal Lands will use this column to assign the “State” where the project is located. **Do not enter multiple State project numbers or identification numbers; this field can only contain one project number.**
- BOX 5. **Contract Number:** If multiple contracts exist on individual projects then list the contract numbers. Note that the combined State Project Number and Contract Number must be unique. Do not enter multiple contract numbers in one cell, each contract number must be a new line in the form. If this row is used for entering State employment data by project then enter zero (0) in this cell.
- BOX 6. **Project description:** The State’s general description of the project scope.
- BOX 7. **Contractor name and State/local agency:** The official business name of the contractor or consultant awarded the Recovery Act project. The name of the State DOT or funding recipient (other State agency, Federal agency, tribe, MPO, city, county, or other funding recipient).
- BOX 8. **Status of contractor employment reports:** A numeric code field that describes the completeness of the prime contractor’s or consultant’s monthly jobs report to the State.

Code	Description
0	The State has received jobs, hours, and payroll data for the prime contractor or consultant, including at least one subcontractor.
1	The State has received jobs, hours, and payroll data for the prime contractor or consultant but not for any subcontractors.
2	The State has received jobs, hours, and payroll data for at least one subcontractor, but not for the prime contractor or consultant.
3	The State has not received jobs, hours, or payroll data for the prime contractor, consultant and/or subcontractors.






















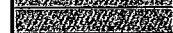
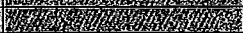







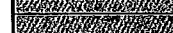















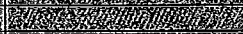


















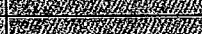

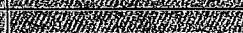












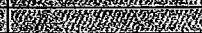











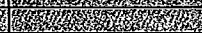






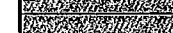


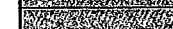


- BOX 9. **Total employees:** The number of people employed by the prime contractor or consultant and all their subcontractors during the reporting month for each project. Reported as a whole number.
- BOX 10. **Total hours:** The total hours for all people employed by the prime contractor or consultant, and subcontractor employees for the reporting month. Reported as a whole number.
- BOX 11. **Total payroll:** The total dollar amount of wages paid by the prime contractor or consultant and all their subcontractors during the reporting month. Rounded to the nearest whole dollar and reported as a whole number.

This collection of information is voluntary and will be used to determine eligibility of project for possible Federal funding. Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0623 with an expiration date of 9/30/2009. Send comments regarding this burden estimate or any other

**MONTHLY SUMMARY EMPLOYMENT REPORT
AMERICAN RECOVERY AND REINVESTMENT ACT**

1. State


SUMMARY DATA

2. Report Month (mm/yyyy)	3. State Project Number or Identification Number	4. Contract Number	5. Federal-aid Project Number	6. Project Description	7. Contractor Name and State/Local Agency	8. Status of Contractor Employment Records	9. Total Employees	10. Total Hours	11. Total Payroll (\$)
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									
									

Connecting Low Income Ohioans With Job Opportunities – Guidance for Recipients

Governor Ted Strickland has required that all jobs created with American Recovery and Reinvestment Act dollars be posted on OhioMeansJobs.com and with the closest county department of job and family services One-Stop center.

Employers are responsible for reporting and posting every job created and for reporting positions retained. The U.S. Office of Management and Budget defines jobs or positions created as "those new positions created and filled, or previously existing unfilled positions that are retained as a result of Recovery Act funding." Positions retained are defined as "those previously existing filled positions that are retained as a result of Recovery Act funding." A job cannot be reported as both created and retained. It is not necessary to post an unfilled position if a laid-off worker is being recalled to re-fill that position.

Here are some basic instructions for posting ARRA-funded jobs.

How to Post Job Opportunities on OhioMeansJobs.com

- Step 1:** Go to www.OhioMeansJobs.com.
- Step 2:** From the home page, on the left-hand side under "Employers," select the third option, labeled "Quick Job Post."
- Step 3:** On the "Quick Job Post" screen, fill out the fields under "General Information" and "Contact Information."

Helpful Hints:

- Be sure to read the "Quick Post Terms and Conditions" by clicking on the underlined terms and conditions line in the top blue box.
- Fields denoted in RED are mandatory.
- You must enter start and end dates for how long you would like the position to be posted. The system defaults to a 30-day posting. However, you may post positions for as little as 1 or as long as 90 days.
- In the "Desired Skills/Duties" field, you may cut and paste from other documents.
- To post multiple job openings for the same job description, we suggest that you state the number of openings in the "Job Title" or "Desired Skills/Duties" fields.
- Once you post a job, it is not possible for you to edit it. If you need assistance with a job opportunity after you have posted it, you may contact us at the following e-mail address and phone number:
 - E-mail: omi-help-desk@jfa.ohio.gov

- o Phone: 1-888-296-7541. After calling and selecting your desired language, select Option #2, then Option #1, and finally Option #3 to speak with a customer service representative.

Step 4: Once you have completed entering the required information, scroll to the bottom of the page and click on "Save."

Step 5: On the "Job Post Complete" page, you will receive a job post number and will be given the opportunity to print the page or the job posting. Please record the job post number for later reporting.

Helpful Hints:

- Select the "Print this Page" option. This will enable you to keep track of both your posting and your job post number. You will need this number if you ever need to contact us and for later reporting.
- If you do need to contact us, you may do so at the following e-mail address and phone number:
 - E-mail: omj-help-desk@jfs.ohio.gov
 - Phone: 1-888-296-7541. After calling and selecting your desired language, select Option #2, then Option #1, and finally Option #3 to speak with a customer service representative.
- Your job posting will take a few hours to appear on OhioMeansJobs.com.
- No matter what method you selected under the "Contact Information" section, you can register on OhioMeansJobs.com at any time and use Monster.com tools to search more than 4.5 million resumes, free of charge.

Step 6: From the "Job Post Complete" page, click on the nearest One-Stop location.

Step 7: On the map of Ohio, select the county in which the job opportunity has been posted. You will be given a name and number for the One-Stop Center serving that county. Please call to see whether they have additional posting requirements or if they rely solely on the OhioMeansJobs.gov system.

You have now successfully posted your job on OhioMeansJobs.com. Thank you for your cooperation and for your participation in Ohio's recovery.

In addition to posting jobs on OhioMeansJobs.com and the nearest One Stop, Governor Strickland is encouraging all employers to take advantage of the Work Opportunity Tax Credit (WOTC) as well as to reach out to low-income populations regarding new job opportunities. For those employers interested in either the WOTC and/or establishing a plan to target low-income populations, please find additional information below.

The Work Opportunity Tax Credit (WOTC)

The Work Opportunity Tax Credit Program (<http://jfs.ohio.gov/wotc/>) is a federal program that provides Ohio employers with a tax credit against their federal tax liability for hiring individuals from 11 target groups of disadvantaged job seekers.

Tax credits range from \$1,200 to \$2,400 for all WOTC target groups. Employers may receive a maximum credit of up to \$9,600 per eligible employee for the Long Term IV-A target group.

Target Groups

- 1) A member of a family that is receiving or recently received Temporary Assistance to Needy Families (TANF)
- 2) Veteran
- 3) Formerly Incarcerated
- 4) A resident of one of the federally designated Empowerment Zones (EZ), Enterprise Communities (EC) or Renewal Communities (RC), or a Rural Renewal County (RRC) (Crawford, Monroe, Paulding, Seneca and Van Wert Counties)
- 5) Vocational Rehabilitation Referral - An applicant who has a physical or mental disability that results in a substantial handicap to employment
- 6) Food Stamp Recipient
- 7) Supplemental Security Income (SSI) Recipient
- 8) Long Term TANF Recipient
- 9) Summer Youth - Age 16 but not yet 18 years old on hire date

Two New Target Groups Added Under ARRA:

- 10) Disconnected Youth - ages 16 to 24, not regularly attending school, not regularly employed and lacking sufficient skills to be employable
- 11) Unemployed Veteran - received unemployment insurance for not less than 4 weeks during the previous year ending on the hire date.

We advise employers to include the two WOTC Forms (8850 & 9061) in their hiring packets (application papers). Both of which can be downloaded at the following site:

<http://jfs.ohio.gov/wotc/index.stm>

Reaching out to Low-Income Ohioans

Firms are encouraged to reach out to the county Job and Family Services in their community, as well as their local One Stop, to connect new jobs with low-income Ohioans. Below you will find links to each of the county Job and Families Services as well as Ohio's One Stops.

County Job and Family Services

<http://www.ifs.ohio.gov/County/cu/ycfr.stm>

Ohio's One Stops

<http://ifs.ohio.gov/workforce/jobseekers/onestopmap.stm>

BIDDER'S QUALIFICATIONS

00 45 13

The Bidder is required to state in detail below what work of a character similar to that included in the proposed Contract he has done and to give references and such other information as will enable the Owner to judge his responsibility, experience, skills, business and financial standing.

The Bidder will list in the spaces provided below the **five (5)** most recent projects of a character similar to that included in the proposed contract. The Bidder will list the client's name, address, telephone number, a contact person familiar with the job and briefly describe the project to include the contract price. Failure to complete this form may disqualify the Bidder.

1. Job Name _____

Client's Name _____

Address _____

Telephone No. _____

Contact Person _____

Contract Price _____

Brief Job Description _____

Year Completed _____

2. Job Name _____

Client's Name _____

Address _____

Telephone No. _____

Contact Person _____

Contract Price _____

Brief Job Description _____

Year Completed _____

Name of Contractor: _____

BIDDER'S QUALIFICATIONS - Continued

00 45 13

3. Job Name _____
Client's Name _____
Address _____
Telephone No. _____
Contact Person _____
Contract Price _____
Brief Job Description _____
Year Completed _____

4. Job Name _____
Client's Name _____
Address _____
Telephone No. _____
Contact Person _____
Contract Price _____
Brief Job Description _____
Year Completed _____

5. Job Name _____
Client's Name _____
Address _____
Telephone No. _____
Contact Person _____
Contract Price _____
Brief Job Description _____
Year Completed _____

Name of Contractor: _____

Contractor Equal Employment Opportunity Certification
00 45 36

During the performance of this contract, the undersigned agrees as follows:

1. The undersigned will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The undersigned will not take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The undersigned agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this equal opportunity (federally assisted construction) clause.
2. The undersigned will, in all solicitations or advertisements for employees placed by or on behalf of the undersigned, state the all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
3. The undersigned will send to each labor union or representative of workers, with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representative of the undersigned's commitment under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The undersigned will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
5. The undersigned will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and relevant orders of the Secretary of labor, or pursuant thereto, and will permit access to his books, records and accounts by the administering agency of the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the undersigned's non-compliance with the equal opportunity (federally assisted construction) clause of this contract of with any of the said rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part, and the undersigned may be declared ineligible for further Government contracts of federally assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rules, regulations, or order of the Secretary of labor, or as provided by law.
7. The undersigned will include this equal opportunity (federally assisted construction) clause in every subcontract or purchase order unless exempted by the rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order No. 11246 of September 24, 1965, so that such provision will be binding upon each subcontract or vender. The undersigned will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for non compliance: Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor, as a result of such direction by the administering agency the undersigned may request the United States to enter into such litigation to protect the interest of the United States.

(Signature)

(Date)

(Name and Title of Signer, Please type)

(Firm Name)

Note: The penalty for making false statements in orders is prescribed in is U.S.C. 1001.

United States Environmental Protection Agency
Washington, DC 20460

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters**

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated or cause or default.

I understand that a false statement on this certification may be ground for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 10 01, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative Date

I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)

GOVERNMENT BUSINESS AND FUNDING CONTRACTS
In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

APPLICANT SIGNATURE X	DATE
---------------------------------	------

CERTIFICATION OF COMPLIANCE WITH SECTION 3517.13
OF THE OHIO REVISED CODE
00 45 46.2

THE VILLAGE OF ANSONIA (the "Subdivision") has entered into a contract for the provision of goods and/or services with _____ (the "Provider"), an individual, partnership, unincorporated business, an association, a professional association, estate, trust, corporation, or business trust, the situs of the principal office and place of operations of which is located at _____
_____. The undersigned authorized agent of the Provider certifies on behalf of the Provider that all of the following persons, if applicable, are in compliance with Divisions (I) and (J) of Section 3517.13 of the Ohio Revised Code with respect to all public officials who have or had authority to award that contract and all public officials who may authorize or receive goods and/or services under that contract:

- A. Myself;
- B. Each partner or owner of the partnership or association;
- C. Each shareholder of the association;
- D. Each executor of administrator of the estate;
- E. Each trustee of the trust;
- F. Each owner of more than twenty percent (20%) of the corporation or business trust;
- G. Each spouse of any of the above listed persons;
- H. Each child, between seven (7) and seventeen (17) years of age, of any of the above listed persons;
- I. Any political action committee associated with the partnership, the unincorporated business, the estate, the trust, the corporation, or the business trust; and,
- J. Any combination of the persons and entities identified in (A) through (I) above.

The undersigned certifies such compliance on and since _____ (and on the date the Subdivision and the Provider entered into the Contract referenced above if it has not been entered into fully by them). This certification shall be a part of the above-referenced Contract between the Subdivision and the Provider.

By: _____

AUTHORIZED REPRESENTATIVE

Date Signed: _____

WARNING

By signing this Certification of Compliance with Ohio Revised Code Section 3517.13, you are making a representation as to the truth of the statements contained herein. Making a false certification is a felony crime punishable by up to eighteen months in prison, and/or up to \$2,500.00 for an individual or \$7,500.00 for an organization. R.C. § 3517.992(R)(3).