PRE-BID CONFERENCE

Project No.: RFB-OC007-18
Project Title: Rehabilitation of Beaver Dam Lake Dam
Date of Meeting: February 26, 2018 @ 10:00 am
Location: OCDPW Administration Building 2455-2459 Rte 17m Goshen, NY

Agenda Items

EVERY EFFORT WILL BE MADE NOT TO CONFLICT WITH THE WRITTEN WORD OF THE PROJECT PLANS AND SPECIFICATIONS DURING THIS PRE-BID CONFERENCE. IT SHALL BE UNDERSTOOD THAT IF SOMETHING IS SAID THAT CONFLICTS WITH THE WRITTEN WORD OF THE PLANS AND THE SPECIFICATIONS, THEN THE WRITTEN WORD SHALL GOVERN.

A. Introductions
   1. County of Orange DPW/DGS
   2. Obrien & Gere – Design Consulting Engineers
   3. HydroPlus – Fusegate system supplier and installer

B. Scope of Project
   1. Description of Work:
      a. This project is partially funded through a NYSDEC grant
      b. This project consists of:
         • Drawdown of Beaver Dam Lake
         • Demolition and reconstruction of the shotcrete gabion spillway overlay and training walls, spillway abutments and approximately 11 (eleven) vertical feet of the existing spillway crest
         • Installation of the HydroPlus, Inc. Fusegate System
         • Refilling of Beaver Dam Lake
      c. Project Includes
         • Erosion and sediment control
         • Survey/Layout
         • Construction site safety and security
         • Lowering of lake
         • Installation of stone ramps/stream crossing
         • Diversion of stream flows through the existing conduits
PRE-BID CONFERENCE

- Demolition of existing spillway
- Excavation of existing rock fill
- Installation of sheetpiling
- Installation of spillway concrete
- Installation of Fusegate system and second stage concrete
- Installation of toe abutments, ballast blocks, inlet well and water tightness seals for fusegates
- Drilling of Micro-piles
- Replacing rock fill
- Corewall repairs
- Installation of riprap downstream of stilling basin
- Refilling of reservoir
- Removal of rock check dam
- Restoration of disturbed areas

2. Alternate Work Items
   a. This project is being bid with one alternate.
      • Additive Alternate No. 1 – Installation of electrical equipment, wiring and electrical sluice gates

C. Bid Procedures

1. Bid date: Sealed Bids will be received by the undersigned Commissioner of General Services of the County of Orange, at his office in the Orange County Government Center, 255-275 Main Street, Goshen New York 10924, up to and including March 19, 2018 at 2:00 P.M., prevailing time.

2. Form of Bid: Bids will only be accepted on the BID FORMS contained within the project specifications; two copies required; Base Bid/Add Alternate sheets and information requested – see Bidders’ Checklist in Appendix B

3. Bid Bond Requirement: 10% of the total contract price, certified check, or acceptable Bid Bond. Surety Company shall be listed on the Department of Treasury Circular 570 to be considered acceptable.

4. Basis of Award: Lowest Qualified Bidder for:
   a. If the combined total of the base bid plus additive alternate no. 1 is above the funding limit, the low bidder will be determined by the base bid total.

5. Addendums: Respond when issued, Identify Addendums in Proposal, posted in BidNet.
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a. Addendum No. 1 – on or about Friday March 2, 2018 – Answers to submitted questions, sign-in sheet, changes to bid documents

b. Questions – All questions must be submitted on the QUESTIONS form in Appendix A.

D. DBE/M/WBE Goals

1. Project Goal – 30% for Minority and Women-Owned Business Enterprises (MWBE). The EEO Contract goal is 10% for Minority Labor Force participation and 10% Female Labor Force Participation – see Section X, Article 15- Requirements from the NYSDEC Master Grants Contract (Appendix I). There are no DBE provisions in this project.

2. MWBE-EEO Utilization Plan – Must submit before commencement of work. Contractor is required to supply quarterly reports as requested by the NYSDEC. See Appendix I Section X Article 15 requirements.

3. Required Documentation with Bid:
   a. See BIDDERS’ CHECKLIST (Appendix B)

E. Hydroplus, Inc.

1. Hydroplus Contract – The Contractor must enter into an agreement with Hydroplus, Inc. for the supply of the Fusegate System. See section 28 of the General Conditions and Appendix H.

F. Incidental Items

1. Engineer’s Office Trailer

2. Construction Administration – shop drawing and material submittals, schedules (overall and weekly), work area coordination, certified payrolls, payment requests, etc...

3. Protection measures for bench marks, control points and other features that need to be protected from the construction operations.

4. Dig Safe

5. Meetings: Pre-Construction, two week job meetings, Final Inspection, and other related meetings to be held in the construction trailer.

6. Sanitary Facilities

7. Maintenance of the construction site – Covered dumpsters, locked gates, cleaning dust control, repair of environmental controls
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8. On-Site Supervision – Superintendent on-site when contractors and/or subcontractors are on-site.

9. Employee Training (Tool box talks)

10. On-Call personnel during non-work hours – Emergency

11. Refilling of reservoir – need “Approval to Fill” letter from DEC before filling of reservoir

12. Restoration of site

G. Prosecution of the Work

1. Contract Time
   a. Length of Contract – November 30, 2019
   b. Length of construction - November 30, 2018
   c. Time Limitation
      - Work Hours: 7:00am to 5:00 pm Monday through Friday. Work hours exclude Saturdays, Sundays, and Federal and Orange County Holidays. Additional hours may be requested subjected to approvals by Owner. Work in excess of these hours is subject to a back charge for additional resident engineering cost incurred by the owner.

2. Liquidated Damages:
   a. Liquidated Damages are not a penalty, but a means for the Owner to recover cost incurred by damages caused by the contractor working beyond the allocated budget. These costs include the cost of the Engineering Contract Administration, RE and Material Testing.

   b. **Overall Project Duration:** The Contractor agrees to pay the Owner the sum of one thousand five hundred dollars ($1,500.00) per day for each and every day that the work remains incomplete after the dates specified in the TERM and as described in section 29 of the General Conditions.

3. Utility Coordination
   a. Dig Safely – Call 811
   b. Orange and Rockland Utilities
PRE-BID CONFERENCE

H. Progress Payments
1. Timing: Approximately every 30 days.
2. Measurement for Payment: By Engineer with Contractor
3. Retainage: 5% - will be included in 1st Addendum
4. Maintenance Bond: 10%
5. Certified Payrolls/Records: Required prior to the approval of a progress payment. Reports should be submitted bi-weekly, subcontractors have same requirements of prime contractor.
6. Wage Rate Surveys: RE will conduct random surveys of contractors and subcontractor employees
7. Buy America – all materials purchased, documentation in proposal

I. State and Local Requirements
1. Collusion – certification
2. Iran Divestment – acknowledgement

J. Procedure for Questions/Addendum
1. Deadline for questions: March 7, 2018 at 4:00 PM
2. Questions: To be in writing
   a. Email: GeneralServices@orangecountygov.com
3. Addendums will be posted to BidNet.

K. Site Tour
1. Address – 16 Lake Rd, Salisbury Mills, NY
Consultant / Contractor Detailed M/WBE-EEO Utilization Plan

Contractor Name: ________________________________________________________________

NYSDEC Contract No: C00273G Contractor Federal ID: _______________________________

Contract Start Date: ___________________ Contract End Date: ___________________

Date Submitted: ______________________

Contractor Address: _____________________________________________________________

City: ____________________________ State: New York Zip Code _______________________

Contractor E-mail: ___________________________ Contractor Phone Number: __________

Contract Type: Construction

Project County: Orange

Authorized Representative Name: ________________________________________________

Authorized Representative Title: ________________________________________________

<table>
<thead>
<tr>
<th>M/WBE Contract Summary</th>
<th>%</th>
<th>Amount</th>
<th>EEO Contract Summary</th>
<th>%</th>
<th>No of Employees</th>
</tr>
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<tbody>
<tr>
<td>1. NYSDEC Contract Amount (A)</td>
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<td>7. Total Employees in this project 100 %</td>
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<td>2. Recipient Share (if Applicable) (B)</td>
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<td>8. Total Goal - Minority Employees %</td>
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<td>3. Total Project Amount (A + B)* 100 %</td>
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<td>9. Total Goal - Female Employees %</td>
<td>10</td>
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<td>4. MWBE Project Goal %</td>
<td>30</td>
<td>$0.00</td>
<td>10. EEO Combined Totals %</td>
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<td>5. (Only if needed) N/A</td>
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<td>6. MWBE Total %</td>
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Please note: The overall goal for MWBE Participation is 30%. The actual participation between MBE and WBE will vary depending on statewide availability.
Section II - EEO Information: In order to achieve the EEO Goals, Minorities and Females are expected to be employed in the following job categories. Please provide breakdown of Minority and Female Employees assigned to this project only. If the EEO goals are not met, please provide an explanation in the comments area.

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Total Count of Minority Employees</th>
<th>Breakdown of Total Count of Minority Employees by Gender</th>
<th>Breakdown of Total Count of Minority Employees by Ethnicity</th>
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<td>Male</td>
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<td>Officials/Managers</td>
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<td>Professionals</td>
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<td>Technicians</td>
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<td>Sales Workers</td>
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<td>Office/Clerical</td>
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<td>Craftsmen</td>
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<td>Service/Workers</td>
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<td>Totals</td>
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Comments: Please don't remove previous comments
Section III - M/WBE Information: In order to achieve the M/WBE Goals, New York State Certified Minority/Women-owned firms are expected to participate in the following manner:

**Important:** If there is no M/WBE Vendor participation, please provide brief summary of Good Faith Efforts in the comments section on page 2. Do not enter NA or NONE in Vendor Name.

<table>
<thead>
<tr>
<th>M/WBE Vendor Name</th>
<th>Federal ID</th>
<th>Vendor Status</th>
<th>Subcontract Amount</th>
<th>Start Date</th>
<th>End Date</th>
<th>Payment Date</th>
<th>Work Description</th>
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Total Subcontract Amount

By printing name below, Contractor: 1. Certifies that the above information is true and complete as of this date. 2. If required, will provide Good Faith Effort documentation to NYSDEC.

**Important:** Please don't attach this form manually to E-Mail, instead Click "Submit by E-mail" button to send form via E-Mail.

Authorized Representative Signature (Print Name)

FOR NYSDEC MWBE UNIT USE ONLY

Approved By: 

Approved Date: 

Page 3 of 3
New York State Department Of Environmental Conservation
Division of Management and Budget Services - Minority and Women's Business Program
625 Broadway, 10th Floor, Albany, New York 12233-5028
Phone: 518.402.9240  Fax: 518.402.9023
Website: www.dec.ny.gov  Email: mwbe@dec.ny.gov

Consultant/Contractor Quarterly Report

Option:  
- 1st Quarter (Apr 1-Jun 30)  
- 2nd Quarter (Jul 1-Sep 30)  
- 3rd Quarter (Oct 1-Dec 31)  
- 4th Quarter (Jan 1-Mar 31)

Year (4 digit):  

The following information indicates the payment amounts made to the contractor by the NYSDEC and the payments made to the NYS certified MWBE's by the contractor on this project. The payments as shown made to them are in compliance with contract documents for the below referenced project.

- Contractor Name: 
- NYSDEC Contract Number: CO0273G  
- Contractor Federal Id:  
- Date Submitted:  
- Contract Start Date:  
- Contract End Date:  
- Project County: Orange  
- Contractor E-mail:  
- Phone Number:  

<table>
<thead>
<tr>
<th>NYSDEC Contract Amount (A):</th>
<th>MWBE Goal%</th>
<th>M/WBE Total %</th>
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<tbody>
<tr>
<td></td>
<td>30</td>
<td>30</td>
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<tr>
<td>Recipient Share Amount (if applicable) (B):</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Total Project Amount (A+B):</td>
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<td>$0.00</td>
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<tr>
<td>Contract Type:</td>
<td>Construction</td>
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Please note: The overall goal for MWBE Participation is 30%. Actual participation between MBE and WBE will vary depending on statewide availability.

Paid to Contractor this Quarter:  
Is this a Final Report?  
- No  
- Yes

Authorized Representative Name:  
Representative Title:  

Comments:  

Important: If there is no M/WBE participation, please provide brief description of Good Faith Effort's in comments.
### Consultant / Contractor Quarterly Report

**Important:** If there is no M/WBE participation, please provide brief description of Good Faith Effort's in comments. Please do not enter NA or None in vendor name. If you need to delete a row, click the X button on the left.

<table>
<thead>
<tr>
<th>M/WBE Subcontractor / Vendor Name</th>
<th>Federal ID</th>
<th>Product Code</th>
<th>Vendor Type</th>
<th>Vendor Status</th>
<th>Contract Type</th>
<th>Subcontractor Contract Amount</th>
<th>Payment made this Quarter</th>
<th>Total Payments made to Date (Including this Quarter)</th>
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**Total Amount**

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By printing name below, Contractor: 1. Certifies that the above information is true and complete as of this date. 2. If required, Will Provide Proof of Payments to Subcontractor(s) to NYSDEC M/WBE Unit.

**Important:** Please do not attach this form manually to your E-mail, Instead click "Submit by E-mail" to send it electronically to NYSDEC.

Authorized Representative Signature (Print Name)

---

**FOR NYSDEC M/WBE UNIT USE ONLY**

Approved By:

Approved Date: