

ATTACHMENT 2

M/WBE PROGRAM

SUBCONTRACTOR UTILIZATION PLAN

Bidders are advised that M/WBE Participation Goals have been established for this contract if an "X" is indicated before the word "Yes".

_____ **YES** **X** **NO**

Subcontractor Utilization Plan: The Subcontractor Utilization Plan for this Contract is set forth on the following pages of this Bid Booklet. The Subcontractor Utilization Plan (Part I) indicates whether participation goals have been established for this Contract. If participation goals have been established for this Contract, the bidder must submit a Subcontractor Utilization Plan (Part II) with its bid.

Contract Provisions: Contract provisions regarding the participation of MWBE firms are set forth in the article of the Contract entitled "Participation by Minority-Owned and Women-Owned Business Enterprises in City Procurement". The bidder is advised to review these contract provisions.

Waiver: The bidder may seek a full or partial pre-award waiver of the Target Subcontracting Percentage in accordance with the article of the Contract entitled "Participation by Minority-Owned and Women-Owned Business Enterprises in City Procurement" (See Part A, Section 10). The bidder's request for a waiver must be submitted at least seven consecutive calendar days prior to the bid date. Waiver requests submitted after the deadline will not be considered. The form for requesting a waiver of the Target Subcontracting Percentage is set forth in the Subcontractor Utilization Plan (Part III).

Rejection of the Bid: The bidder must complete the Subcontractor Utilization Plan (Part II) set forth on the following pages. Subcontractor Utilization Plans which do not include the required affirmations (on Page 2 of the form) will be deemed to be non-responsive, unless a full waiver of the Target Subcontracting Percentage is granted (Subcontractor Utilization Plan, Part III). In the event that the City determines that the bidder has submitted a Subcontractor Utilization Plan where the required affirmations are completed but other aspects of the Plan are not complete, or contain a copy or computation error that is at odds with the affirmation, the bidder will be notified by the Agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a completed plan to the Agency. Failure to do so will result in a determination that the Bid is non-responsive. Receipt of notification is defined as the date notice is emailed or faxed (if the bidder has provided an email address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.



THE CITY OF NEW YORK

SCHEDULE B – Subcontractor Utilization Plan – Part I: Agency’s Target

This page to be completed by contracting agency

Contract Overview

Pln # _____ FMS Project ID#: PW335SSLS

Project Title Professional Safety Service Contract

Contracting Agency Department of Design and Construction

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

Contact Person James A. Cerasoli Title Deputy Director

Telephone # 718-391-1549 Email cerasoli@ddc.nyc.gov

Project Description *(attach additional pages if necessary)*

Professional Safety Service Contract

(1) **Target Subcontracting Percentage**
 Percentage of total contract dollar value that agency estimates will be awarded to subcontractors in amounts under \$1 million for construction and professional services. _____ **0%**

Subcontractor Participation Goals

Complete and enter total for each Construction or Professional Services, or both (if applicable)

Group	Construction	Professional Services
Black American	0%	0%
Hispanic American	0%	0%
Asian American	0%	No Goal
Caucasian Female	No Goal	0%
Total Participation Goals	(2) 0%	(3) 0%

SCHEDULE B – Subcontractor Utilization Plan – Part II: Bidder/Proposer Subcontracting Plan

This page and the next (Part II herein) are to be completed by the bidder/proposer. **AFFIRMATIONS: Bidder/proposer must check the applicable boxes below, affirming compliance with M/WBE requirements.**

Bidder/proposer AFFIRMS or DOES NOT AFFIRM [statement below]

It is a material term of the contract to be awarded that, with respect to the total amount of the contract to be awarded, bidder/proposer will award one or more subcontracts for amounts under one million dollars, sufficient to meet or exceed the Target Subcontracting Percentage (as set forth in Part I) unless it obtains a full or partial waiver thereof, and it will award subcontracts sufficient to meet or exceed the Total Participation Goals (as set forth in Part I) unless such goals are modified by the Agency.

- Bidder/proposer AFFIRMS that it intends to meet or exceed the Target Subcontracting Percentage (as set forth in Part I); or
- AFFIRMS that it has obtained a full/partial pre-award waiver of the Target Subcontracting Percentage (as set forth in Part I) and intends to award the modified Target Subcontracting Percentage, if any; or
- DOES NOT AFFIRM

Section I: Prime Contractor Contact Information

Tax ID # _____ FMS Vendor ID # _____

Business Name _____ Contact Person _____

Address _____

Telephone # _____ Email _____

Section II: General Contract Information

- Define the industry in which work is to be performed.
 - Construction includes all contracts for the construction, rehabilitation, and/or renovation of physical structures. This category does include CM Build as well as other construction related services such as: demolition, asbestos and lead abatement, and painting services, carpentry services, carpet installation and removal, where related to new construction and not maintenance.
 - Professional Services are a class of services that typically require the provider to have some specialized field or advanced degree. Services of this type include: legal, management consulting, information technology, accounting, auditing, actuarial, advertising, health services, pure construction management, environmental analysis, scientific testing, architecture and engineering, and traffic studies, and similar services.
- Type of work on Prime Contract (*Check one*):
 - Construction Professional Services
- Type of work on Subcontract (*Check all that apply*):
 - Construction Professional Services Other
- What is the expected percentage of the total contract dollar value that you expect to award to all subcontracts? _____ %
- Will you award subcontract(s) in amounts below \$ 1 million for construction and/or professional services contracts within the first 12 months of the notice to proceed on the contract? Yes No

Section III: Subcontractor Utilization Summary

IMPORTANT: If you do not anticipate that you will subcontract at the target level the agency has specified, because you will perform more of the work yourself, you must seek a waiver of the Target Subcontracting Percentage by completing p. 4).

Step 1: Calculate the percentage (of your total bid) that will go towards subcontracts under \$1M for construction and/or professional services	Subcontracts under \$1M (4) (construction/professional services)	Total Bid/Proposal Value	Calculated Target Subcontracting Percentage
	\$ _____	÷ \$ _____	x 100 = _____ %

- Subcontracts under \$1M (construction/professional services):** Enter the value you expect to award to subcontractors in dollars for amounts under \$1 million for construction and/or professional services. This value defines the amount that participation goals apply to, and will be entered into the first line of Step 2.
- Total Bid/Proposal Value:** Provide the dollar amount of the bid/proposal.
- Calculated Target Subcontracting Percentage:** The percentage of the total contract dollar value that will be awarded to one or more subcontractors for amounts under \$1 million for construction and/or professional services. This percentage must equal or exceed the percentage listed by the agency on page 1, at line (1).

NOTE: The "Calculated Target Subcontracting Percentage" MUST equal or exceed the Target Subcontracting Percentage listed by the agency on Page 1, Line (1).

SCHEDULE B – cont.

Step 2:
Calculate value of subcontractor participation goals

<p>a. Copy value from Step 1, line (4) – the total value of all expected subcontracts under \$1M for construction and/or professional services</p>	<p>Subcontracts under \$1M (construction/professional services)</p> <p>\$ _____</p>					
<p>b.</p> <ul style="list-style-type: none"> • From line a. above, allocate the dollar value of "Subcontracts under \$1M" by Construction and Professional Services. • If all subcontracts under \$1M are in one industry, enter "0" for the industry with no subcontracts. • Amounts listed on these lines should add up to the value from line a. <p style="text-align: center;">Subcontracts under \$1M by Industry</p> <ul style="list-style-type: none"> • For Construction enter percentage from line (2) from Page 1. • For Professional Services enter percentage from line (3) from Page 1. 	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Construction</td> <td style="width: 50%;">Professional Services</td> </tr> <tr> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </table>	Construction	Professional Services	\$ _____	\$ _____	
Construction	Professional Services					
\$ _____	\$ _____					
<p>c.</p> <ul style="list-style-type: none"> • Total Participation Goals Percentages must be copied from Part I, lines (2) and (3). 	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Total Participation Goals</td> <td style="width: 5%; text-align: center;">x</td> <td style="width: 40%; text-align: center;">_____ %</td> <td style="width: 5%; text-align: center;">x</td> <td style="width: 40%; text-align: center;">_____ %</td> </tr> </table>	Total Participation Goals	x	_____ %	x	_____ %
Total Participation Goals	x	_____ %	x	_____ %		
<p>d.</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Value of Total Participation Goals</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 40%; text-align: center;">_____</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 40%; text-align: center;">_____</td> </tr> </table>	Value of Total Participation Goals	\$	_____	\$	_____
Value of Total Participation Goals	\$	_____	\$	_____		

Step 3:

✓ **Subcontracts in Amounts Under \$1 M Scope of Work – Construction**

Enter brief description of type(s) of subcontracts in amounts under \$1M anticipated, by type of work, not by name of subcontractor

✓ **Subcontracts in Amounts Under \$1 M Scope of Work – Professional Services**

Enter brief description of type(s) of subcontracts in amounts under \$1M anticipated, by type of work, not by name of subcontractor

Section IV: Vendor Certification and Required Affirmations

I hereby 1) acknowledge my understanding of the MWBE requirements as set forth herein and the pertinent provisions of Local Law 129 of 2005, and the rules promulgated thereunder; 2) affirm that the information supplied in support of this subcontractor utilization plan is true and correct; 3) agree, if awarded this Contract, to comply with the MWBE requirements of this Contract and the pertinent provisions of Local Law 129 of 2005, 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 subcontract(s) sufficient to meet the Target Subcontracting Percentage, unless a waiver is obtained, and the Vendor will award subcontract(s) sufficient to meet the Total Participation Goals unless such goals are modified by the Agency; and 5) agree and affirm if awarded this contract the Vendor intends to make all reasonable good faith efforts to meet the Target Subcontracting Percentage, or if the Vendor has obtained a waiver, the Vendor intends to meet the modified Target Subcontracting Percentage, if any, and the Vendor intends to solicit and obtain the participation of all MWBEs so as to meet the Total Participation Goals unless modified by the Agency.

Signature _____	Date _____
Print Name _____	Title _____

ATTACHMENT 3

SUPPLY AND SERVICES EMPLOYMENT REPORT

Certificate: Less Than 50 Employees: If the bidder has less than 50 employees, it shall complete and submit the Certificate on the next page.

Supply and Services Employment Report: If the bidder has 50 or more employees, it shall complete and submit the Supply and Services Employment Report set forth on the following pages.

**SPECIAL NOTICE TO VENDORS/SUPPLIERS
WITH LESS THAN 150 EMPLOYEES**

Vendors or Suppliers with less than 150 employees at the facility(ies) performing on this contract need only complete Parts I and II (pages 1-7), the Signature Page (page 8) and the "Less Than 150 Employees Certificate" below for each applicable facility. DO NOT COMPLETE PART III (pages 9-11)

NOTE: A separate Employment Report must be completed for each facility performing on the Contract.

LESS THAN 150 EMPLOYEES CERTIFICATE

I, (fill in name of person signing) _____, hereby
affirm that I am authorized by (contractor name) _____
_____ to certify that said contractor employs fewer than 150
people at the following facility listed below:

<u>Facility Address</u>	<u>Number of Employees</u>
_____	_____
_____	_____

I, (print the name of authorized official signing) _____
understand that the WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR
INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY
CONTRACT BETWEEN THE CITY AND THE BIDDER OR CONTRACTOR AND BAR THE
BIDDER OR CONTRACTOR FROM PARTICIPATION IN ANY CITY CONTRACT FOR A
PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY RESULT IN
CRIMINAL PROSECUTION.

Sworn to before me
this _____ day of _____, 200__

Notary Public

X _____
Authorized Signature, Title

Date

ATTENTION: THIS IS NOT A "LESS THAN 50 EMPLOYEES CERTIFICATE"

B. PART I. CONTRACTOR / SUBCONTRACTOR INFORMATION*:

1. _____
Contractor / Subcontractor Name

1a. If subcontractor, name of prime contractor is _____

2. _____
Facility Address

City State Zip Code County

3. _____
Chief Operating Officer Telephone Number

4. _____
Name of Designated Equal Opportunity Telephone Number
Compliance Officer (or Name of Person to
contact concerning this Employment Report)

Address of Designated Equal Opportunity Fax Number
Compliance Officer

****Industrial Commercial Incentive Program applicants or developers please see page 16 which should be completed in addition to Part I.***

9b. Has DLS within the past three (3) months reviewed an ER submission for your organization and issued a Conditional Certificate of Compliance, or Conditional Administrative Certificate of Compliance. Yes ___ No ___.

If yes to 9a or b, submit the following documents: ATTACH A COPY OF THE CERTIFICATE; a completed Part I of the ER; a copy of your equal employment opportunity (EEO) statement as it is presented in company publications and posted on bulletin boards; and a signed and notarized ER signature page.

NOTE: DLS WILL NOT ISSUE A CONTINUED COMPLIANCE CERTIFICATE OR RECERTIFICATION IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF COMPLIANCE HAVE BEEN TAKEN WITHIN THREE MONTHS OF THE ISSUANCE OF SUCH DOCUMENT.

9c. Has an Employment Report already been submitted for a different contract (*not covered by this Employment Report*) for which you have not yet received a compliance certificate? Yes ___ No ___. If yes, for the facility(ies) covered by the Employment Report already submitted, and not yet approved, complete only Part I of the Employment Report and provide DLS with the date the Employment Report was submitted, the name of the City agency with whom the contract is made and the name and telephone number of the person whom the Employment Report was submitted.

Date submitted: _____

Agency to which submitted: _____

Name and Title of Agency Person: _____

Telephone: _____

10. Has your firm at the facility(ies) involved in the performance of this contract, in the past twenty-four (24) months, been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes ___ No ___.

If yes,

a. Name and address of OFCCP office. _____

b. Was a Certificate of Equal Employment Compliance issued within the past twenty-four (24) months? Yes No If yes, ATTACH A COPY OF SUCH CERTIFICATE. NOTE: You may submit a copy of such certificate in lieu of completing Parts II & III of this Employment Report. Please sign and notarize the signature page of the ER on page 9 or it will not be accepted by DLS.

ATTACH A COPY OF YOUR EEO STATEMENT AS IT IS PRESENTED IN COMPANY PUBLICATIONS AND / OR POSTED ON BULLETIN BOARDS.

NOTE: Your firm must comply with the requirements of NEW YORK CITY CHARTER CHAPTER 56, EXECUTIVE ORDER NO. 50 (1980) and the implementing rules. This includes the promulgation and dissemination of an EEO statement which includes the protected groups identified by race, color, age, sex, creed, national origin, disability, marital status, sexual orientation and citizenship status as stated in Section 3 (i) of E.O. 50.

c. Were any corrective actions required or agreed to? Yes No If yes, ATTACH A COPY OF SUCH REQUIREMENTS OR AGREEMENTS. NOTE: if corrective actions were agreed to or were taken, you must submit documentation (including the letters of deficiency and the conciliation agreement) regarding these corrective measures in lieu of completing Parts II & III of this Employment Report. DLS requires the submission of all future reports concerning implementation of corrective measures and / or a completed Employment Report.

C. PART II: DOCUMENTS REQUIRED:

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THIS EMPLOYMENT REPORT. These documents may be in the form of printed booklets, brochures, manuals, memoranda, etc. Please make certain that you submit the MOST CURRENT DOCUMENT (S), including all applicable amendments to the plans or policies.

NOTE: IF EACH FACILITY PERFORMING ON THE CONTRACT USES EXACTLY THE SAME SET OF DOCUMENTS PLEASE INDICATE AND SUBMIT ONE COMPLETE SET. HOWEVER, IF ANY FACILITY HAS ADDITIONAL (FACILITY SPECIFIC) POLICIES AND PROCEDURES THEN COPIES OF THESE DOCUMENTS MUST BE SUBMITTED WITH EACH RESPECTIVE EMPLOYMENT REPORT. THE OMISSION OF SUCH FACILITY SPECIFIC DOCUMENTS WILL RENDER THE EMPLOYMENT REPORT INCOMPLETE.

11. Please submit the following documents or policies. If the policy (ies) are unwritten, attach a full explanation of the practices. List and submit each document and / or unwritten practice explanation and label it according to the question to which it corresponds (e.g. 11a, 11b, etc.)

Yes or No

___ 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?

12a. 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 ___ | e) to some applicants | Yes ___ No ___ |
| b) after conditional job offer | Yes ___ No ___ | f) to all applicants | Yes ___ No ___ |
| c) after a job offer | Yes ___ No ___ | g) to some employees | Yes ___ No ___ |
| d) within first 3 days on job | Yes ___ No ___ | h) to all employees | Yes ___ No ___ |

12b. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

13a. 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:

- 1) prior to a job offer Yes ___ No ___
- 2) after a conditional job offer Yes ___ No ___
- 3) after a job offer Yes ___ No ___
- 4) to all applicants Yes ___ No ___
- 5) only to some applicants Yes ___ No ___

If yes, for which applicants?

13b. Attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

14a. Do you have a written equal employment opportunity (EEO) policy? Yes ___ No ___ if yes, list the document (s) and page number (s), etc. where these written policies are located. If the EEO Policy is contained in a document (s) other than that submitted in Part II of the Employment Report, ATTACH A COPY OF EACH DOCUMENT.

14b. Does the operating facility (ies) have a current affirmative action plan (s) (AAP) developed pursuant to U.S. Executive Order No. 11246 or other Federal Law. Yes ____ No ____ If yes, ATTACH A COPY (IES) OF THE AAP (S) and check the appropriate box (es) indicating which protected group (s) are covered by AAP.

Minorities and Women Individuals with Handicaps Other(specify) _____

15a. 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.

15b. If no, ATTACH a report-detailing your firm's unwritten procedure for handling EEO complaints.

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

If the answer to question 16 is "Yes", attach an internal complaint log summarizing the nature of the complaints (e.g. allegation of failure to promote based on race, sexual harassment, etc.), not positions of the complainants, whether investigations were made and dispositions, if any. You need submit the names of the complainants (if deemed necessary, DLS may require submission of these names).

17. 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? (i.e. Title VII of the 1964 Civil Rights Act; Age Discrimination in Employment Act; Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; Executive Order No. 11246; Civil Rights Act of 1866 (42 U.S.C. §1981); state or local fair employment practices laws) Yes ____ No ____

If the answer to question 17 is "Yes" attach a log, including the name (s) of the complainant, the Administrative agency or court in which the action is filed, the nature and current status or Disposition. ATTACH A COPY (IES) OF ANY ORDER, CONSENT DECREE OR DECISION resulting from any action explained by this response.

18. Are there any jobs for which there are physical qualifications? Yes ____ No ____ If yes, list the job (s), submit a job description and state the reason (s) for the qualification (s).

19. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status qualifications? Yes ____ No ____ If yes, list the job (s), submit a job description (s), and state the reason (s) for the qualification.

20. Please check below whether the following policies and practices apply to the job categories listed:

	Job Description	Promote from Within	External Hire	Job Posting	On-the-Job Training
Managers					
Professionals					
Technicians					
Sales Workers					
Clericals					
Craftworkers					
Operatives/Laborers					
Service Workers					

21. FOR CONTRACTORS EMPLOYING 150 OR MORE EMPLOYEES: Please indicate below the relevant geographic recruitment or labor market area (s) (i.e. nation, specific county or specific metropolitan, statistical area) for each job category employed at this facility.

	Relevant Geographic Recruitment or Labor Market Area(s)
Managers	
Professionals	
Technicians	
Sales Workers	
Clericals	
Craftworkers	
Operatives/Laborers	
Service Workers	

SIGNATURE PAGE

I, (print name of authorized official signing) _____

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, is a contractual obligation.

Contractor's Name

Name of person who prepared this
Employment Report

Title

Name of official authorized to
sign on behalf of the contractor

Title

Telephone Number

I, (print name of authorized official signing) _____

UNDERSTAND THAT THE WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE CITY AND THE BIDDER OR CONTRACTOR FROM PARTICIPATION IN ANY CITY CONTRACT FOR A PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.

Sworn to before me

this _____ day of _____ 199 _____

Notary Public

X _____
Authorized Signature Date

THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY. IT MUST BE SIGNED AND NOTARIZED. ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.

CONFIDENTIALITY POLICY: TO THE EXTENT PERMITTED BY LAW AND CONSISTENT WITH THE PROPER DISCHARGE OF THE DIVISION OF LABOR SERVICES' RESPONSIBILITIES UNDER NYC CHARTER CHAPTER 56, EXECUTIVE ORDER NO. 50 (1980), AS AMENDED, AND THE IMPLEMENTING RULES ALL INFORMATION PROVIDED BY A CONTRACTOR TO DLS SHALL BE CONFIDENTIAL.

D. PART III: EMPLOYMENT DATA TABLES / SIGNATURE PAGE:

PART III consists of the following:

- A. JOB CLASSIFICATION AND INCUMBENTS FORM
- B. NEW HIRES FORM/TRACKING OF EMPLOYEES HIRED OVER THE LAST THREE YEARS
- C. TERMINATIONS FORM/EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

YOU ARE REQUIRED TO COMPLETE ALL INFORMATION - IF ANY INFORMATION IS NOT AVAILABLE YOU MUST CONTACT THE CITY AGENCY WITH WHOM YOU ARE CONTRACTING (CONTRACTING AGENCY) OR IF YOU ARE CONTRACTING THROUGH THE DEPARTMENT OF GENERAL SERVICES/DIVISION OF MUNICIPAL SUPPLIES, YOU MUST CONTACT THE DIVISION OF LABOR SERVICES DIRECTLY. SUBMIT AN EXPLANATION DETAILING WHY THIS INFORMATION IS NOT AVAILABLE.

CONTRACTORS AND SUBCONTRACTORS HAVING THE CAPABILITY TO DO SO MAY PROVIDE DLS WITH A COMPUTER DISKETTE CONTAINING THE REQUIRED INFORMATION FROM EACH OF THE THREE DATA TABLES. COMPLETE THE INSTRUCTIONS FOR DISK SUBMISSIONS CAN BE OBTAINED FROM DLS UPON SPECIFIC REQUEST.

PLEASE DO NOT ATTEMPT TO COMPLETE THIS SECTION WITHOUT CAREFULLY READING THE INSTRUCTIONS FOR EACH FORM. INCOMPLETE OR INACCURATE DATA TABLES WILL BE RETURNED.

EACH DATA TABLE IS EXPLAINED AND ILLUSTRATED BY A SAMPLE DATA TABLE IN THE EMPLOYMENT REPORT INSTRUCTIONS.

NOTE: MAKE AS MANY COPIES OF EACH FORM AS YOU REQUIRE.

JOB DESCRIPTION FORM

DO NOT COMPLETE THIS FORM UNLESS YOU ARE UNABLE TO ASSIGN A PARTICULAR JOB NUMBER/TITLE TO AN OCCUPATIONAL CATEGORY OR TO ASSIGN A CENSUS CODE TO A PARTICULAR JOB NUMBER/TITLE

Job Title:

Entry Level:
 YES NO

Routine Duties:

Occasional Duties:

Requisite Skills and Experience:

Type(s) of Jobs From Which Promotions into this Job Occur:

<u> </u> Managerial	<u> </u> Technical
<u> </u> Professional	<u> </u> Service
<u> </u> Clerical	<u> </u> Operatives
<u> </u> Sales	<u> </u> Laborers

Job Titles From Which Promotions into this Job Occur:

Type(s) of Jobs To Which Promotions From this Job Occur:

<u> </u> Managerial	<u> </u> Technical
<u> </u> Professional	<u> </u> Service
<u> </u> Clerical	<u> </u> Operatives
<u> </u> Sales	<u> </u> Laborers

Job Titles to Which Promotions From this Job occur:

Please provide the following information which may be obtained from the Industrial Commercial Incentive Program Application.

[FOR ICIP APPLICANT/DEVELOPERS ONLY]

(a) Block (s) _____ (b) Lot(s) _____

(c) Property Address/Description _____

_____ (d) Borough _____

(e) Preliminary Application Number _____

(f) Applicant's Name _____

(g) Address _____

(h) Contact Person _____

(i) Telephone Number _____

(j) SS No. /Employer ID No. _____

(k) Consultant (s) _____

(l) Estimated Cost of Construction _____

(m) Projected Commencement of Work Date _____

(n) Projected Date of Completion _____

(o) Construction Managers

General Contractors

(p) Name _____

(q) Address _____

(r) Contact Person _____

(s) Proposed Contract Amount _____

(t) Are subcontractors being used on this project? ___ yes [] ___ no

(u) Name _____

(v) Address _____

(w) Contact Person _____

(x) Proposed Contract Amount _____

(Use Additional Pages to Record Any Additional Information)

PROJECT No. PW335SSLS
THE CITY OF NEW YORK
DEPARTMENT OF DESIGN AND CONSTRUCTION
DIVISION OF TECHNICAL SUPPORT
30-30 THOMSON AVENUE, LONG ISLAND CITY, NEW YORK 11101-3045
TELEPHONE NUMBER (718) 391-1000

WEBSITE www.nyc.gov/buildnyc



CONTRACT FOR FURNISHING ALL LABOR AND MATERIAL NECESSARY AND REQUIRED FOR:

**PROFESSIONAL SAFETY SERVICE CONTRACT THROUGHOUT
THE FIVE BOROUGHES OF THE CITY OF NEW YORK FOR
VARIOUS CAPITAL PROJECTS**

LOCATED AT *VARIOUS ADDRESSES*
IN ALL BOROUGHES OF
THE CITY OF NEW YORK

Contractor _____

Dated _____, 20 _____

Assigned to _____

Approved as to Form
Certified as to Legal Authority

Acting Corporation Counsel

Dated _____, 20 _____

Examined and Found Correct

Contract Clerk
Comptroller

Entered in the Comptroller's Office

Dated _____, 20 _____

First Assistant Bookkeeper

