



NEW YORK CITY DEPARTMENT OF  
DESIGN + CONSTRUCTION

**DAVID J. BURNEY, FAIA**  
Commissioner

**CAROL DIAGOSTINO**  
Agency Chief  
Contracting Officer

April 30, 2009

**ADDENDUM NO. 1**

**PROJECT: RQ\_A & E, Eight Architectural and Engineering Design Requirements Contracts for Large Projects, Citywide**

**PIN: 8502009VP0030P-37P**

THE ADDENDUM IS ISSUED FOR THE PURPOSE OF AMENDING THE REQUIREMENTS OF THE REQUEST FOR PROPOSALS AND IS HEREBY MADE A PART OF SAID REQUEST FOR PROPOSALS TO THE SAME EXTENT AS THOUGH IT WERE ORIGINALLY THEREIN.

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**REQUEST FOR PROPOSAL**

The RFP is amended as set forth below:

- Attachment 6, Subcontractor Utilization Plan:** Delete in its entirety and replace with the revised Attachment 6 attached to this addendum.

**Contact: Kareem Alibocas, alibocaka@ddc.nyc.gov**  
**Phone No.: 718-391-3038**

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**By signing in the space provided below, the Proposer acknowledges receipt of this Addendum.**

**THIS ADDENDUM MUST BE SIGNED BY THE PROPOSER FOR THE CONTRACT AND ATTACHED TO THE TECHNICAL PROPOSAL.**

\_\_\_\_\_  
**Carol DiAgostino**  
**Agency Chief Contracting Officer**

\_\_\_\_\_  
**Name of Proposer**

**By** \_\_\_\_\_

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



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



THE CITY OF NEW YORK

**Subcontractor Utilization Plan -Part I: Agency's Target**

This page to be completed by contracting agency

**Contract Overview**

Pin # 8502009VP0030P-37P FMS Project ID#: RQ A&E

Project Title Architectural and Engineering Design Requirements 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](mailto:cerasoli@ddc.nyc.gov)

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

Eight Architectural and Engineering Design Requirement Contracts for Large Projects, Citywide

**(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.

5 %

**Subcontractor Participation Goals**

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

Group	Construction	Professional Services
Black American	<u>        </u> %	<u>20</u> %
Hispanic American	<u>        </u> %	<u>20</u> %
Asian American	<u>        </u> %	No Goal
Caucasian Female	No Goal	<u>20</u> %
<b>Total Participation Goals</b>	<b>(2)</b> %	<b>(3) 60</b> %

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

PIN #: \_\_\_\_\_

### 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

1. 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.

a. Type of work on Prime Contract (Check one):

Construction  Professional Services

b. Type of work on Subcontract (Check all that apply):

Construction  Professional Services  Other

2. What is the expected percentage of the total contract dollar value that you expect to award to all subcontracts? \_\_\_\_\_ %

3. 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).**

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

**cont.**

**Step 2:**  
Calculate value of subcontractor participation goals

**Subcontracts under \$1M**  
(construction/professional services)

**a.** Copy value from Step 1, line (4) – the total value of all expected subcontracts under \$1M for construction and/or professional services \$ \_\_\_\_\_

**b.**

- 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.

	Construction	Professional Services
<b>Subcontracts under \$1M by Industry</b>	\$ _____	\$ _____
<b>Total Participation Goals</b>	x _____ %	x _____ %
<b>d. Value of Total Participation Goals</b>	\$ _____	\$ _____

**c.**

- For Construction enter percentage from line (2) from Page 1.
- For Professional Services enter percentage from line (3) from Page 1.
- Total Participation Goals Percentages must be copied from Part I, lines (2) and (3).**

**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 M/WBE 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 M/WBE 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 to solicit and obtain the participation of M/WBEs so as to meet the Total Participation Goals unless modified by the Agency.*

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

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

**PART III – REQUEST FOR WAIVER OF TARGET SUBCONTRACTING PERCENTAGE**

**Contract Overview**

Tax ID # \_\_\_\_\_ FMS Vendor ID # \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Type of Procurement  Competitive Sealed Bids  Other Bid/Response Due Date \_\_\_\_\_

PIN # (for this procurement) \_\_\_\_\_ Type of work on Prime Contract \_\_\_\_\_ Type of work on Subcontract (Check all that apply):

(Check one):

Construction

Construction

Other

Professional Services

Professional Services

**SUBCONTRACTING as described in bid/solicitation documents (Copy this % figure from the solicitation)**

\_\_\_\_\_ % of the total contract value anticipated by the agency to be subcontracted for construction/professional services subcontracts valued below \$1 million (each)

**ACTUAL SUBCONTRACTING as anticipated by vendor seeking waiver**

\_\_\_\_\_ % of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for construction/ professional services subcontracts valued below \$1 million (each)

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

Vendor does not subcontract construction/professional services, and has the capacity and good faith intention to perform all such work itself.

Vendor subcontracts some of this type of work but at lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract.

Other \_\_\_\_\_

**References**

List 3 most recent contacts/subcontracts performed for NYC agencies (if any)

CONTRACT NO. \_\_\_\_\_ AGENCY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_ AGENCY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_ AGENCY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

List 3 most recent contracts/subcontracts performed for other agencies/entities

(complete ONLY if vendor has performed fewer than 3 NYC contracts)

TYPE OF WORK \_\_\_\_\_ AGENCY/ENTITY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

Manager at agency/entity that hired vendor (Name/Phone No.) \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ AGENCY/ENTITY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

Manager at agency/entity that hired vendor (Name/Phone No.) \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ AGENCY/ENTITY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

Manager at agency/entity that hired vendor (Name/Phone No.) \_\_\_\_\_

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

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

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

Shaded area below is for agency completion only

**AGENCY CHIEF CONTRACTING OFFICER APPROVAL**

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

**CITY CHIEF PROCUREMENT OFFICER APPROVAL**

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