ALLEGHENY COUNTY ECONOMIC DEVELOPMENT STATE-FUNDED PROJECTS

PROCUREMENT PACKET

Revised February 2020

Allegheny County Economic Development
State-Funded Projects

Procurement Compliance Package Checklist

Project Name: Rachel Carson Homestead Restoration Phase III -
Project Number: 2020-GEDTF-142
Grantee: Rachel Carson Homestead Association
Project Manager: Robert Frank robert.frank@alleghenycounty.us
Project Location: 613 Marion Avenue, Springdale 15144

This checklist should accompany all required procurement documentation submitted by Grantees to Allegheny County Economic Development (ACED). All required documents should be collected by the Grantee and submitted to the ACED Project Manager as a single submission or packet. If questions arise throughout the document collection process, the Grantee should contact the Project Manager.

The ACED Project Managers and ACED Operations staff will conduct a **pre-bid meeting**, and a **pre-construction meeting** with each Grantee to review this packet and other procurement-related requirements pertaining to the CITF-GEDF program.

PROCUREMENT DOCUMENTS TO BE SUBMITTED BY THE GRANTEE

INITIAL TO INDICATE THE DOCUMENTS HAVE BEEN PROVIDED
Grantee / Project Manager

_____/_____**Request for PA Prevailing Wage Determination**
The Grantee is required to submit a Prevailing Wage Rates Determination Request (provided in the packet) to the ACED Project Manager two weeks prior to expected bid advertisement date. The Wage Determination will indicate the wage rates that must be applied to all labor classifications utilized to complete the project, which must be included the bid specifications. Wage Determinations are valid for 120 days.

_____/_____**Notification to Minority Agencies**
Notification must be sent to Minority Agencies prior to bids being advertised; Project Managers must be copied on bid notification communication**.** Email notifications are acceptable as long as the Project Manager is copied in the email.

_____/_____**Copies of Newspaper Advertisements** - Pittsburgh Post Gazette/twice at least 3 days apart
A photo copy of the ad with the proof of publication, including the date of publication, must be submitted. Use exact language contained in the ADVERTISING GUIDANCE page enclosed in this packet. Note: Advertising time requirements.

_____/_____**Bid Package Recipients (Prospective Bidders)**
This is a list of all the firms who picked up a copy of the bid specifications. This must be filled out *as each prospective bidder picks up bid specifications*.

_____/_____**Actual Bids Received**
This is a list of all firms who actually submitted bids. This must be completed in its entirety.

pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF LABOR LAW COMPLIANCE

Prevailing Wage Rates Determination Request

Instructions: Complete the following – all information is required. Additional information may be submitted on a separate 8-1/2" x 11" sheet of paper. Submit the completed request to: **YOUR ACED PROJECT MANAGER**

Depar[illegible]nt of [illegible]or & Industry
Bureau [illegible] Law Compliance
651 Boas[illegible]et, Room 1301
Harrisbu[illegible]7121-0750
Teleph[illegible] 1.8[illegible]932.0665
Fax: [illegible]787.05[illegible]

Project Information (Print or type all information)

County location of project: Allegheny Estimated Project Cost: _____

Funds to be furnished: ☐ Yes ☐ No If the federal government or any of its agencies will be furnishing funds to be used on your contract (such as loans or grants) or if a federal agency will be prescribing a schedule of prevailing wage rates, go to https://beta.sam.gov

Project Number: 2020-GEDTF-142

Descriptive Project Name: Rachel Carson Homestead Restoration Phase III -

Project Description: _____

Project Locality: 613 Marion Avenue, Springdale 15144

Administrator/Awarding Agency: _____

Administrator/Awarding Agency Contact: _____ Telephone: _____

General Directions to Project: _____

Contract Award Date: _____ (mm/dd/yyyy) Proposed Start Date: _____ (mm/dd/yyyy) Estimated Completion Date: _____ (mm/dd/yyyy)

Contact Information

Name: _____ Title: _____

Telephone: _____ E-mail: _____

Address: _____
Street City State Zip Code

Signature: _____ **Date:** _____

Title: _____

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

NOTIFICATION TO MBE / WBE / VOSB / SECTION 3 REFERRAL AGENCIES

Bid notifications must be submitted to these five agencies. A brief project description that identifies the type of work included in the project must be submitted to the following five agencies in the form of: RFQ (request for qualifications), RFP (request for proposal) or IFB (invitation for bid). An accompanying letter should ask the agency to distribute the RFQ, RFP or IFB for MBE/ WBE/ VOSB referrals (and eligible Section 3 employees and/ or Section 3 businesses when applicable).

Allegheny County Economic Development Project Managers must be copied on email or receive signed copies of letters to these organizations as verification. **It is easiest to send one email with IFB attachment to all five agencies simultaneously.** The attached Bid Notice will then be sent to businesses within these networks:

Notification to the following five agencies must occur prior to bid advertisements running in the Pittsburgh Post-Gazette.

Allegheny County Economic Development (ACED)
One Chatham Center
112 Washington Place, Suite 900
Pittsburgh, PA 15219
(412) 350-1001 (phone)
(412) 642-2217 (fax)
ACEDMBO@AlleghenyCounty.us

Michelle D. Gainey
Employment Programs Supervisor
Veterans Leadership Program
2934 Smallman St, Pittsburgh, PA
15201 (412) 481-8200 x 257 (phone)
(412) 481-8202 (fax)
gaineym@vlpwpa.org

African American Chamber of Commerce
Koppers Building
436 Seventh Avenue, Suite 2220
Pittsburgh, PA 15219
(412) 392-0610 (phone)
(412) 392-0612 (fax)
information@aaccwp.com

Donald Nemchick
Veteran's Project Coordinator
Riverside Center for Innovation
700 River Avenue Suite 531
Pittsburgh, Pa 15212
(412)-325-4054 (phone)
DN@riversidecenterforinnovation.com

Carmen Malloy
Pittsburgh Metropolitan Area
Hispanic Chamber of Commerce
One Oxford Centre
301 Grant Street , Suite 4300
Pittsburgh, PA 15219
(412) 577-4008 (phone)
(412)-291-3369 (fax)
chamber@pmahcc.org

Date

EXAMPLE

Mr. John Veteran
Dept. of Veteran Affairs-Pittsburgh Regional Office
Minority Business Opportunity Center
Suite 1626 Federal Building- 1000 Liberty Avenue

Re: RFP for ABC Corporation
Project Name
X Township, Allegheny County

Dear Mr. Veteran:

Please be advised that a Request for Proposals/Bids for a construction project, <<Project Name>>**,** funded in part by the Allegheny County <<State Funding Source>> will be released on <<Date of Publication(s)>> in The Pittsburgh Post Gazette. Your office has expressed a desire to receive such notifications. Please note proposals will be accepted up to <<Date/Time>> and opened immediately thereafter.

<u>The project consists of the following trades/ supplies:</u>

- Carpenter, Plumbers, Laborers
- Concrete, Masonry, Fencing
- Copiers, desktops, mobile devices

Plans, specifications and all associated ITB/RFP documents are available from <<Engineering Firm (Office/Other)>> located at <<Address>> & <<telephone number/email address>> on <<Date>> between <<times>> until <<Date/ Time>>.

We respectfully request that your office forward notification of the availability of this project to qualified business concerns.

If you should have further questions, please contact our office at <<telephone number/email address>>.

Sincerely,

Jane Doe
Director
ABC Corporation

Cc: Project Manager, Allegheny County Economic Development

ADVERTISING GUIDANCE

Allegheny County Economic Development requires that several steps are taken when you place your Bid Advertisement for your State-Funded Project.

ADVERTISING LANGUAGE

The following paragraph **MUST APPEAR** in each "Invitation for Bid" advertisement made by the operating agency:

"Compliance is required with the Pennsylvania Prevailing Wage Act of 1961, P.L. 987, No. 442; Title VI and other applicable provisions of the Civil Rights Act of 1964; the Department of Labor Equal Opportunity Clause (41 CFR 60 -1.4); Executive Order 11625 (Utilization of Minority Business Enterprise); Executive Order 12138 (Utilization of Female Business Enterprise); in compliance with Section 504 of Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990; the Allegheny County MBE/WBE Program enacted July, 1981, which sets forth goals of 13 percent Minority and 2 percent Female Business Enterprise; and the Allegheny County Ordinance #6867-12, setting forth goals of 5 percent Veteran Owned Small Businesses."

WHERE AND WHEN TO PLACE ADVERTISEMENT

1. Bids whose total value exceeds $30,000 must be advertised.
2. **The advertisement shall be run twice and at least three days apart in the print edition of the Pittsburgh Post Gazette**. **The second advertisement cannot be posted less than ten (10) days from the bid opening.** Municipalities must follow their individual bidding and procurement guidelines (**must meet or exceed RAAC guidelines**). Non-municipal grantees are required to follow RAAC's guidelines, that adhere to the Urban Redevelopment Law, which state that only print advertising is acceptable; therefore, digital advertising is not acceptable.
3. Purchases and contracts shall not be divided into separate purchases and contracts to avoid the financial thresholds for the competitive purchasing process.
4. The advertisement must contain all appropriate Local, State, and Federal language including the date, time, and place of the bid opening.
5. All bids must be publicly opened.

VERIFYING ADVERTISEMENT

A copy of the bid advertisement, including its date of publication, and proof of publication **MUST BE SENT to your Project Manager at Allegheny County Economic Development.**

Remember to keep copies of the advertisement and proof of publication for your files.

EXAMPLE

Invitation for Bids (IFB)

NOTICE IS HEREBY GIVEN that specifications and proposal forms for furnishing all labor and materials and professional consulting and/ or construction services for the following project(s) entitled**:**

- **Project Name – Project Number**

may be obtained at the offices of the **ABC Corporation** located on the first floor of the XYZ Building, Room 100, 200 Any Street, X Township, PA 15100, from 9:00 A.M. to 4:00 P.M., beginning ***MM/DD/ YYYY***.

PLEASE NOTE: These items are **OPTIONAL at the discretion of your architect/engineer**

This project requires a **non-returnable fee of $50.00 (plus $ 7.00 postage & handling)** for copies of bid specifications. **BIDS FOR ALL PROJECTS WILL BE RECEIVED** until **1PM** on **MM/DD/YYYY.** Bids will be publicly opened at **TIME on MM/DD/YYYY at the ABC Corporation offices at location indicated above.**

Bids must be on standard proposal forms in the manner therein described and be enclosed in a sealed envelope, bearing the name and address of the bidder on the outside, addressed to the **ABC Corporation** and marked with the project name.

Bids must be accompanied by a certified check upon a National or State bank, drawn and made payable without condition to **ABC Corporation** in an amount not less than five percent (5%) of the bid, or a bid bond of not less than 5%, and be delivered to the place and hour named.

Compliance is required with the Pennsylvania Prevailing Wage Act of 1961, P.L. 987, No. 442; Title VI and other applicable provisions of the Civil Rights Act of 1964; the Department of Labor Equal Opportunity Clause (41 CFR 60 -1.4); Executive Order 11625 (Utilization of Minority Business Enterprise); Executive Order 12138 (Utilization of Female Business Enterprise); in compliance with Section 504 of Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990; the Allegheny County MBE/WBE Program enacted July, 1981, which sets forth goals of 13 percent Minority and 2 percent Female Business Enterprise; and the Allegheny County Ordinance #6867-12, setting forth goals of 5 percent Veteran-Owned Small Businesses.

If there are additional questions, please contact Jane Doe, Director, at ABC Corporation.

Allegheny County Economic Development State-Funded Projects

Procurement Compliance / Bid Package Documents

BID PACKAGE RECIPIENTS (PROSPECTIVE BIDDERS)

PROJECT NAME Rachel Carson Homestead Restoration Phase III -

PROJECT LOCATION 613 Marion Avenue, Springdale 15144 PROJECT # 2020-GEDTF-142

GRANTEE Rachel Carson Homestead Association

ADDRESS 613 Marion Avenue, PO Box 46,Springdale 15144 PHONE 724-274-5459

PLEASE INDICATE COMPANIES WHICH ARE MBE/ WBE/ DBE/ VOSB

MBE= Minority-owned Business Enterprise, WBE= Woman-owned Business Enterprise, DBE= Disadvantaged Business Enterprise, VOSB= Veteran-owned Small Business

MBE___WBE___DBE___VOSB___ 1. FIRM _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ AUTHORIZED OFFICIAL _____ PHONE _____ EMAIL _____	MBE___WBE___DBE___VOSB___ 2. FIRM _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ AUTHORIZED OFFICIAL _____ PHONE _____ EMAIL _____
MBE___WBE___DBE___VOSB___ 3. FIRM _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ AUTHORIZED OFFICIAL _____ PHONE _____ EMAIL _____	MBE___WBE___DBE___VOSB___ 4. FIRM _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ AUTHORIZED OFFICIAL _____ PHONE _____ EMAIL _____
MBE___WBE___DBE___VOSB___ 5. FIRM _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ AUTHORIZED OFFICIAL _____ PHONE _____ EMAIL _____	MBE___WBE___DBE___VOSB___ 6. FIRM _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ AUTHORIZED OFFICIAL _____ PHONE _____ EMAIL _____

Allegheny County Economic Development State-Funded Projects
Procurement Compliance / Bid Package Documents

ACTUAL BIDS RECEIVED

PROJECT NAME: Rachel Carson Homestead Restoration Phase III -

PROJECT LOCATION: 613 Marion Avenue, Springdale 15144 PROJECT #: Rachel Carson Homestead Restoration Phase III -

AGENCY: Rachel Carson Homestead Association

PLEASE INDICATE COMPANIES WHICH ARE MBE/ WBE/ DBE/ VOSB
Single Bids May Require Additional Procedures

MBE____WBE____DBE____VOSB____

1. FIRM _____

Bid Amount $ _____

Date Bid Submitted_____

FORMS SUBMITTED:

____Notice to Prime/Subcontractors Form
____Affirmative Action Certification/ Utilization Form
____Award Verification for Prime/Subcontractors-PL3/PL4
____M/W/DBE/VOSB Solicitation & Commitment Form
____Fringe Benefit Letter
____New Hires - Pennsylvania Act 127

MBE____WBE____DBE____VOSB____

2. FIRM _____

Bid Amount $ _____

Date Bid Submitted_____

FORMS SUBMITTED:

____Notice to Prime/Subcontractors Form
____Affirmative Action Certification/ Utilization Form
____Award Verification for Prime/Subcontractors-PL3/PL4
____M/W/DBE/VOSB Solicitation & Commitment Form
____Fringe Benefit Letter
____New Hires - Pennsylvania Act 127

MBE____WBE____DBE____VOSB____

3. FIRM _____

Bid Amount $ _____

Date Bid Submitted _____

FORMS SUBMITTED:

____Notice to Prime/Subcontractors Form
____Affirmative Action Certification/ Utilization Form
____Award Verification for Prime/Subcontractors-PL3/PL4
____M/W/DBE/VOSB Solicitation & Commitment Form
____Fringe Benefit Letter
____New Hires - Pennsylvania Act 127

MBE____WBE____DBE____VOSB____

4. FIRM _____

Bid Amount $ _____

Date Bid Submitted _____

FORMS SUBMITTED:

____Notice to Prime/Subcontractors Form
____Affirmative Action Certification/ Utilization Form
____Award Verification for Prime/Subcontractors-PL3/PL4
____M/W/DBE/VOSB Solicitation & Commitment Form
____Fringe Benefit Letter
____New Hires - Pennsylvania Act 127

MBE____WBE____DBE____VOSB____

5. FIRM _____

Bid Amount $ _____

Date Bid Submitted _____

FORMS SUBMITTED:

____Notice to Prime/Subcontractors Form
____Affirmative Action Certification/ Utilization Form
____Award Verification for Prime/Subcontractors-PL3/PL4
____M/W/DBE/VOSB Solicitation & Commitment Form
____Fringe Benefit Letter
____New Hires - Pennsylvania Act 127

MBE____WBE____DBE____VOSB____

6. FIRM _____

Bid Amount $ _____

Date Bid Submitted _____

FORMS SUBMITTED:

____Notice to Prime/Subcontractors Form
____Affirmative Action Certification/ Utilization Form
____Award Verification for Prime/Subcontractors-PL3/PL4
____M/W/DBE/VOSB Solicitation & Commitment Form
____Fringe Benefit Letter
____New Hires - Pennsylvania Act 127

INCLUDE IN BID SPECIFICATIONS

Allegheny County Economic Development
State-Funded Projects

Procurement Compliance Package Checklist

Project Name: Rachel Carson Homestead Restoration Phase III -
Project Number: 2020-GEDTF-142
Grantee: Rachel Carson Homestead Association
Project Manager: ACED: Robert Frank
Project Location: 613 Marion Avenue, Springdale 15144

PROCUREMENT DOCUMENTS TO BE SUBMITTED BY THE PRIME CONTRACTOR/SUBCONTRACTOR/SUPPLIER

The documents listed on this checklist must be included in your bid submission, unless otherwise noted below. These documents are to be submitted to the Grantee by all contractors and forwarded to the ACED Project Manager for final approval. The documents pertaining to Subcontractors must be provided within 10 days of the project award letter, if not included with the Prime Contractor's original bid proposal.

INITIAL TO INDICATE THE DOCUMENTS HAVE BEEN PROVIDED

Grantee / Project Manager

RCH/_____ **Notice to Prime Contractors/Subcontractors**
This document must be included in the bid package and **completed by the Prime Contractor/Subcontractor as part of the original bid proposal.**

RCH/_____ **Affirmative Action / MWBE Certification**
This document must be included in the bid package and **completed by the Prime Contractor/Subcontractor as part of the original bid proposal.**

RCH/_____ **M/W/DBE/VOSB Solicitation & Commitment Statement**
This document must be included in the bid package and **completed by the Prime Contractor/Subcontractor as part of the original bid proposal.**

RCH/_____ **Award Verification for Prime/ Subcontractors (Form-PL3/PL4)**
This document must be included in the bid package and **completed by the Agency/Prime Contractor/Subcontractor as part of the original bid proposal.**

RCH/_____ **Schedule of Subcontractors**
This document must be included in the bid package and **submitted no more than 10 days after contract is awarded.**

RCH/_____ **Agency→ Prime Contractor/Subcontractor Verification**
This document must be included in the bid package and **submitted no more than 10 days after contract is awarded.**

RCH/_____ **Fringe Benefit Letter**
This document must be included in the bid package and **completed by the Prime Contractor/Subcontractor as part of the original bid proposal.**

RCH/_____ **Pennsylvania Certified Payrolls/ Apprentice Registrations**
Upon being awarded the contract, all contractors must submit a weekly certified payroll sheet to the Project Manager. The **first and last payroll** sheets must be **notarized**. This document is two (2) pages; include deduction explanations. Provide valid apprenticeship program documents for all apprentices.

RCH/_____ **Construction Stoppage Statement**
This document is provided to the Project Manager if the project requires a delay of work for six weeks or more.

RCH/_____ **New Hires-Pennsylvania Act 127** (Pennsylvania Public Works Employment Verification Program)
This document is required for projects with estimated total cost greater than $25,000.

RCH/_____ **Award Verification for Suppliers / Professional Services -PL5**
This document is to be submitted for all suppliers or professional services receiving $1,000 or more.

RCH/_____ **Agency/Prime Contractor/Subcontractor→Supplier / Professional Services Verification**
This document must be included in the bid package and **submitted no more than 10 days after contract is awarded.**

INCLUDE IN BID SPECIFICATIONS

NOTICE TO PRIME CONTRACTORS/SUBCONTRACTORS

PROJECT NAME Rachel Carson Homestead Restoration Phase III - PROJECT # 2020-GEDTF-142

PROJECT LOCATION 613 Marion Avenue, Springdale 15144

GRANTEE Rachel Carson Homestead Association

All contractors for the above-named project understand that any payment request for the project will not be processed by the Redevelopment Authority of Allegheny County until all requirements are met. It is the responsibility of the Grantee to make sure that all the paperwork is submitted by everyone on the project before request for payments are submitted.

It is further understood that the Prime Contractor is responsible for collecting all paperwork for each Subcontractor hired and must submit it to the Grantee, along with a signed agreement between the Prime and Subcontractor(s). Both Prime and Subcontractors are required to retain copies of all paperwork for this State-funded project for a period of three years after completion of the project.

The contractor understands that no basic wage can be lower than the wage issued: if fringe benefits are not paid into a special fund, the fringe benefits listed for any particular trade in the wage decision is added to, and becomes part of, the basic hourly wage for the employee performing the work.

All payrolls must be forwarded within seven days after the pay period. Payrolls must be certified on the reverse side and the signatures must be hand written in blue ink. No Stamped, initialed, or photo copied signatures are accepted. THE FIRST (INITIAL) AND LAST (FINAL) PAYROLLS MUST BE NOTARIZED.

Acknowledgement by Prime Contractor____ Subcontractor____

Company Name_____

Authorized Official:_____

Signature:_____Date:_____

This form must be signed by the Prime Contractor or Subcontractor

INCLUDE IN BID SPECIFICATIONS

AFFIRMATIVE ACTION /MWBE CERTIFICATION

PRIME / SUBCONTRACTOR AFFIRMATIVE ACTION CERTIFICATION

PRIME/SUBCONTRACTOR — Agrees to comply with the U.S. Department of Labor Model Affirmative Action (41-CFR-60-1.4) Plan.

MINORITY BUSINESS AND FEMALE UTILIZATION CERTIFICATION

(Company Name)_____, Contractor, will abide by and initiate all of my subcontracts to the greatest extent feasible, the requirements of Executive Order 11625 and Executive Order 12138 regarding utilization of Minority and Female Business on this project.

SIGNATURE_____DATE _____

NAME_____ TITLE _____

CONTRACTOR'S FEDERAL ID NUMBER_____ PHONE#_____

PROJECT NAME_Rachel Carson Homestead Restoration Phase III -_____

LOCATION_613 Marion Avenue, Springdale 15144_____ PROJECT #_2020-GEDTF-142_____

Allegheny County Economic Development

INCLUDE IN BID SPECIFICATIONS

M/W/DBE/VOSB Solicitation and Commitment Statement

A good faith effort must be made to meet the ACED M/W/DBE/VOSB contract goals of 13% MBE, 2% WBE, and 5% VOSB PARTICIPATION.

ALL COLUMNS MUST BE COMPLETELY FILLED IN FOR ALL MWDBE/VOSB SUBCONTRACTORS AND SUPPLIERS

SOLICITATION AND COMMITMENT

MINORITY, WOMEN AND DISADVANTAGED BUSINESS ENTERPRISES and VETERAN-OWNED SMALL BUSINESSES

PROJECT NUMBER	NAME OF FIRM	ADDRESS	PHONE NUMBER
2020-GEDTF-142			

List below ALL M/W/DBE/VOSB solicited - whether or not commitment was obtained **- Copy this form as necessary**

MBE_ WBE___ DBE_ VOSB___	TYPE(S) OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT MADE
CERTIFIED BY:			_____YES(IF YES GIVE DATE) MONTH___DAY___YR_____ _____NO	
COMPANY NAME		SOLICITATION METHOD		
ADDRESS			AMOUNT COMMITTED	
CONTACT PERSON / PHONE #		QUOTE RECEIVED: YES / NO	$ AMOUNT _____ % OF TOTAL BID _____	

MBE_ WBE___ DBE_ VOSB___	TYPE(S) OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT MADE
CERTIFIED BY:			_____YES(IF YES GIVE DATE) MONTH___DAY___YR_____ _____NO	
COMPANY NAME		SOLICITATION METHOD		
ADDRESS			AMOUNT COMMITTED	
CONTACT PERSON / PHONE #		QUOTE RECEIVED: YES / NO	$ AMOUNT _____ % OF TOTAL BID _____	

MBE_ WBE___ DBE_ VOSB___	TYPE(S) OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT MADE
CERTIFIED BY:			_____YES(IF YES GIVE DATE) MONTH___DAY___YR_____ _____NO	
COMPANY NAME		SOLICITATION METHOD		
ADDRESS			AMOUNT COMMITTED	
CONTACT PERSON / PHONE #		QUOTE RECEIVED: YES / NO	$ AMOUNT _____ % OF TOTAL BID _____	

Prepared by: _____ Signature: _____ Title: _____ Date: _____

INCLUDE IN BID SPECIFICATIONS

AWARD VERIFICATION FOR PRIME/ SUBCONTRACTORS- PL3/ PL4

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED FOR ALL CONTRACTORS USED ON THE JOB.
ALL INFORMATION MUST BE FILLED IN COMPLETELY OR FORM MUST BE RESUBMITTED.

PL3- Award Notice for Prime Contractor ____
PL-4- Award Notice for Subcontractor ____

This portion to be completed by Prime Contractor / Subcontractor:

Company Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Email _____ IRS ID # _____

DUNS # _____ CAGE # _____ CAGE Expiration _____

Is Prime Contractor/Subcontractor: MBE: Yes ___ No ___ WBE: Yes ___ No ___ DBE: Yes ___ No ___ VOSB: Yes ___ No ___

If your company is a MBE/ WBE/ DBE/ VOSB company is it certified with Allegheny County's Office of Minority & Women Business? Yes ___ No ___ Certification # _____ Expiration Date _____

Is it certified under the PAUCP? (PA Unified Certification Program) Yes ___ No ___ If yes, Certification # _____ Expiration Date _____ Other Certification? (type, #, expiration date) _____

RACIAL / ETHNIC CODES:

1. White American ___ 2. Black American ___ 3. Native American ___ 4. Hispanic American ___

5. Asian/Pacific American ___ 6. Hasidic Jews ___

Contractor Signature: _____ Date: _____

Print Name: _____ Title: _____

THIS PART IS TO BE FILLED OUT BY OPERATING AGENCY ONLY:

Project #: 2020-GEDTF-142 **Project Contract Award Amount $** _____

Project Name: Rachel Carson Homestead Restoration Phase III - **Project Location:** 613 Marion Avenue, Springdale 15144

Date Contract Awarded to Contractor Above: _____ **Contractor Contract Amount $** _____

Estimated Construction Start Date: _____

Agency Signature: _____ **Date** _____

Print Name _____ **Title** RCHA Executive Director

INCLUDE IN BID SPECIFICATIONS

SCHEDULE OF SUBCONTRACTORS

PRIME CONTRACTORS: This form must be submitted to the GRANTEE **no more than ten days** after you have received a bid award letter notifying you that you have been awarded the contract. Failure to submit this form could disqualify your bid.

SUB CONTRACTORS: This form must be completed and submitted to the prime contractor

PROJECT NAME Rachel Carson Homestead Restoration Phase III -

PROJECT LOCATION 613 Marion Avenue, Springdale 15144 PROJECT # 2020-GEDTF-142

CONTRACTOR'S NAME _____

IRS ID#_____ DATE_____

==========

____ ***Check here if no sub contractors will be utilized by the above contractor***

COMPANY NAME_____ ADDRESS _____ CITY_____STATE_____ZIP_____ TELEPHONE#_____IRS ID#_____ Is Subcontractor a MBE? Yes _____No _____ Is Subcontractor a WBE? Yes _____No _____ Is Subcontractor a DBE? Yes _____No _____ Is Subcontractor a VOSB? Yes ____ No _____ Type of Work _____	COMPANY NAME_____ ADDRESS _____ CITY_____STATE_____ZIP_____ TELEPHONE#_____IRS ID#_____ Is Subcontractor a MBE? Yes _____No _____ Is Subcontractor a WBE? Yes _____No _____ Is Subcontractor a DBE? Yes ____ No _____ Is Subcontractor a VOSB? Yes ____ No _____ Type of Work _____
COMPANY NAME_____ ADDRESS _____ CITY_____STATE_____ ZIP_____ TELEPHONE#_____IRS ID#_____ Is Subcontractor a MBE? Yes ____ No_____ Is Subcontractor a WBE? Yes ____ No ____ Is Subcontractor a DBE? Yes ____ No ____ Is Subcontractor a VOSB? Yes ___ No ____ Type of Work _____	COMPANY NAME_____ ADDRESS _____ CITY_____STATE_____ZIP _____ TELEPHONE#_____IRS ID#_____ Is Subcontractor a MBE? Yes ____ No _____ Is Subcontractor a WBE? Yes ___ No _____ Is Subcontractor a DBE? Yes ___ No _____ Is Subcontractor a VOSB? Yes ___ No _____ Type of Work _____

INCLUDE IN BID SPECIFICATIONS

AGENCY > PRIME CONTRACTOR / SUBCONTRACTOR VERIFICATION

THIS FORM MUST BE SUBMITTED FOR EVERY PRIME / SUBCONTRACTOR HIRED FOR THIS STATE-FUNDED PROJECT AND SUBMITTED TO THE AGENCY. THIS FORM IS TO BE SUBMITTED 10 DAYS AFTER CONTRACT IS AWARDED.

Project #: 2020-GEDTF-142

(Agency/Prime/Subcontractor Legal Name)_____has an agreement with

(Prime/Subcontractor Legal Name)_____to work on the

(**Project Name**)Rachel Carson Homestead Restoration Phase III - _____located in the area of 613 Marion Avenue, Springdale 15144_____, PA.

If awarded the contract, the above Agency/Prime Contractor/Subcontractor intends to have a written, binding contract with the above Prime Contractor or Subcontractor to perform the following work:

(Provide Brief Description of the Type of Work Agreed Upon)

_____

_____

_____

The contract dollar amount as specified in the written agreement is $_____._____.

The portion of the above to be reimbursed/paid with State funds is $_____._____.

Agency's Authorized Signature:_____ Date: _____

Agency's Printed Name:_____ Title: _____

Prime Contractor's Authorized Signature:_____ Date: _____

Prime Contractor's Printed Name:_____ Title: _____

Subcontractor's Authorized Signature:_____ Date:_____

Subcontractor's Printed Name: _____ Title _____

INCLUDE IN BID SPECIFICATIONS

FRINGE BENEFIT LETTER

Project Name Rachel Carson Homestead Restoration Phase III -

Project # 2020-GEDTF-142 Wage Decision Serial # _____

Contract Amount $_____ IRS ID# _____

Prime/Subcontractor Company Name (**Circle One**)_____

Address:_____ City _____ State_____ Zip Code_____

FRINGE BENEFITS:

All Fringe Benefits will be paid as follows**:**

_____Fringes will be included in the basic hourly wage rates.

_____Fringes will be paid into the following Benefit Plans: (List Hourly Fringe Benefit Rate)

Name of Plan:_____
Address: _____
City:_____State:_____Zip Code:_____
Classification:_____ Hourly Fringe Benefit Rate_____

Name of Plan: _____
Address: _____
City:_____State:_____Zip Code:_____
Classification:_____ Hourly Fringe Benefit Rate_____

Name of Plan:_____
Address: _____
City:_____State:_____Zip Code: _____
Classification:_____ Hourly Fringe Benefit Rate _____

Prime/ Subcontractor's Signature _____

Printed Name:_____Date: _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

☐ Contractor or ☐ Subcontractor (Please check one)

ALL INFORMATION MUST BE COMPLETED

CONTRACTOR ADDRESS	SUBCONTRACTOR ADDRESS	
PAYROLL NUMBER / WEEK ENDING DATE	PROJECT AND LOCATION PROJECT SERIAL #	2020-GEDTF-142 PROJECT #

BUREAU OF LABOR LAW COMPLIANCE
PREVAILING WAGE DIVISION
7TH & FORSTER STREETS
HARRISBURG, PA 17120 1-800-932-0665

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE / HOURS WORKED EACH DAY							S-TIME 0-TIME	BASE HOURY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributio)n*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILIN G RATE	CHECK #
												C: FB:			
												C: FB:			
												C: FB:			
												C: FB:			
												C: FB:			

LLC -25 REV 10-03 (Page 1)

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

1) Medical or hospital care_____

2) Pension or retirement _____

3) Life insurance _____

4) Disability _____

5) Vacation, holiday _____

6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Rachel Carson Homestead Association, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____for the construction of the above-identified project, acknowledges that:
   (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
   (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
   (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
   (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S.§ 165-11(e).
   (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
   (a) the legal name and the business address of the contractor or subcontractor are: _____
   _____
   (b) The undersigned is: ☐ a single proprietorship ☐ a corporation organized in the state of _____
   ☐ partnership ☐ other organization (describe) _____
   (c) (c)The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

_____
(DATE)

_____
(SIGNATURE)

_____
(SEAL)

_____
(TITLE)

Taken, sworn and subscribed before me this_____Day

of_____A .D., _____

LLC -25 REV 10-03 (Page 2)

INCLUDE IN BID SPECIFICATIONS

CONSTRUCTION STOPPAGE STATEMENT

If there is no work performed on the project for **SIX WEEKS or MORE**, this form must be completed and submitted to the Grantee by the Contractor.

Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Project # 2020-GEDTF-142

Project Name Rachel Carson Homestead Restoration Phase III -

Project Address _____ City _____ State _____ Zip Code _____

I certify that work on this project will be delayed for a period of six (6) weeks or more effective as of this date_____. The work on this project will resume on (date)_____. The payroll number which was last submitted to the GRANTEE was payroll number_____. Therefore when the work resumes, the payrolls will be numbered starting with the next sequential number from the last payroll submitted.

Authorized Signature: Prime Contractor _____ Date _____
Print Name Prime Contractor _____

Authorized Signature: Subcontractor _____ Date _____
Print Name Subcontractor _____

This form must be submitted to the GRANTEE to be forwarded to the Project Manager at the Allegheny County Economic Development.

Received by (Grantee Name) _____

Authorized Signature _____ Date _____

Received by ACED Project Manager _____

Signature _____ Date _____

INCLUDE IN BID SPECIFICATIONS

Allegheny County Economic Development State-Funded Projects

Pennsylvania Public Works Employment Verification Program

The Commonwealth of Pennsylvania enacted Act 127 of 2012, known as the Public Works Employment Verification Act ('the Act') which requires all public work contractors and subcontractors to utilize the Federal Government's E-Verify system to ensure that all employees performing work on public work projects are authorized to work in the United States.

The Department defines a "Public Work" to be construction, reconstruction, demolition, alteration and/or repair work other than maintenance work, done under contract and paid for in whole or in part out of the funds of a public body where the estimated cost of the total project is in excess of twenty-five thousand dollars ($25,000) but shall not include work performed under a rehabilitation or manpower training program.

The Department of General Services' Public Works Employment Verification Compliance Program is responsible for the administration, education and enforcement of the Public Works Employment Verification Act 127 of 2012. It provides contractors and subcontractors with educational outreach, conducts investigations when complaints are received and random audits to ensure compliance with the requirements of this Act.

Please direct your questions to the Public Works Employment Verification Compliance Office

Mail: Department of General Services Public Works
Employment Verification Compliance Office
Room 105 Tent Bldg.
18th & Herr Streets
Harrisburg, PA 17125
Phone: 717-214-3668
Fax: 717-214-3669
To reference the following helpful links below go to:

http://www.portal.state.pa.us/portal/server.pt/community/construction_and_public_works/1235/public_works_employment_verification/1357211

Statement of Policy as published in the Pennsylvania Bulletin, December 29, 2012, and effective January 1, 2013.

Public Works Employment Verification Form

Public Works Employment Verification Complaint Form

Overview Presentation of the Public Works Employment Verification Act

Frequently Asked Questions

U.S. Department of Homeland Security Employment Verification web site

INCLUDE IN BID SPECIFICATIONS

COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

NEW HIRES PENNSYLVANIA ACT 127

Date _____

Business or Organization Name (Employer)_____

Address _____

City_____**State**_____ **Zip Code** _____

☐ **Contractor**

☐ **Sub Contractor**

Contracting Public Body Redevelopment Authority of Allegheny County

Contract/Project No. 2020-GEDTF-142

Project Description Rachel Carson Homestead Restoration Phase III -

Project Location 613 Marion Avenue, Springdale 15144

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I,_____, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

_____

Authorized Representative Signature

INCLUDE IN BID SPECIFICATIONS

AWARD VERIFICATION FOR SUPPLIERS AND PROFESSIONAL SERVICES–PL5

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED FOR SUPPLIERS ($1,000 or more) AND ALL PROFESSIONAL SERVICES USED ON THE JOB. ALL INFORMATION MUST BE FILLED IN COMPLETELY OR FORM MUST BE RESUBMITTED.

PL5—Award Notice for Suppliers and Professional Services

This portion to be completed by Supplier / Professional Service Provider:

Company Name _____

Address_____City_____ State _____ Zip Code _____

Telephone Number (____)_____Email _____ IRS ID # _____

DUNS # _____ CAGE # _____ CAGE Expiration_____

Is Company: MBE: Yes___No___WBE: Yes___No___ DBE: Yes___No___VOSB: Yes___No___

If your company is a MBE/ WBE/ DBE/ VOSB Company? Is it certified with Allegheny County's Office of Minority & Women Business? Yes___No___Certification #_____ Expiration Date _____

Are you certified under the PAUCP? (PA Unified Certification Program) Yes_____No___If yes, Certification #_____
Expiration Date _____Other Certification? (type, #, expiration date) _____

RACIAL / ETHNIC CODES:

1. White American___2. Black American___3. Native American___4. Hispanic American___

5. Asian/Pacific American___ 6. Hasidic Jews___

Company Signature: _____ Date: _____

Print Name: _____ Title: _____

THIS PORTION IS TO BE COMPLETED BY OPERATING AGENCY ONLY:

Project # 2020-GEDTF-142 **Project Contract Award Amount $** _____

Project Name: Rachel Carson Homestead Restoration Phase III - **Project Location:** 613 Marion Avenue, S

Date Contract Awarded to Company Above:_____ **Contract Amount: $** _____

Agency Signature _____ **Date**_____

Print Name _____ **Title** _____

AGENCY / PRIME CONTRACTOR / SUBCONTRACTOR > SUPPLIER/ PROFESSIONAL SERVICES VERIFICATION FORM

THIS FORM MUST BE SUBMITTED FOR EVERY **SUPPLIER ($1,000 or more) and ALL PROFESSIONAL SERVICES** HIRED FOR THIS STATE-FUNDED PROJECT AND SUBMITTED TO THE GRANTEE.

Project #: 2020-GEDTF-142

(Agency/Prime/Subcontractor Legal Name) Rachel Carson Homestead Assoc,Inc. (RCH has an agreement with

(Supplier/ Professional Service Legal Name/ Address) _____ to work on the

(**Project Name**) Rachel Carson Homestead Res located in the area of 613 Marion Avenue, Sprin, PA.

If awarded the contract, the above Agency/Prime Contractor/Subcontractor intends to have a binding contract with the above supplier or professional service to provide the following materials or services:
(Provide a Brief Description of the Supplies or Professional Services Agreed Upon)

_____
_____
_____

The contract dollar amount as specified in the written agreement is $_____._____.

The portion of the above to be reimbursed/paid with State funds is $_____._____.

Grantee's Authorized Signature: _____ Date: _____

Grantee's Printed Name: Jeanne Cecil / Rachel Carson Homestead Title: Executive Director

Prime Contractor's Authorized Signature: _____ Date: _____

Prime Contractor's Printed Name: _____ Title: _____

Subcontractor's Authorized Signature: _____ Date: _____

Subcontractor's Printed Name: _____ Title: _____

Supplier / Service Authorized Signature: _____ Date: _____

Supplier / Service Printed Name: _____ Title: _____