



23196

TO: Board of Acquisition and Contract

FROM: John J. Hsu, P.E.

Commissioner

DATE: November 15, 2011

Subcontractor Approval **SUBJECT:**

Contract No. **08-540**

Composite Performance Implementation and Plant Expansion

New Rochelle Wastewater Treatment Plant

New Rochelle, New York

Contractor Yonkers Contracting Company, Inc.

RE: Subcontractor: **PIM Corporation**

The approval of one (1) Subcontractor has been requested by Yonkers Contracting Company, Inc., 969 Midland Avenue, Yonkers, New York 10704 for the above referenced contract.

The listed Subcontractor has been investigated, and the Department of Public Works and Transportation recommends approval.

This contract requires the Contractor to make a documented "good faith effort" toward the meaningful participation of minority and women-owned business enterprises per New York State Executive Law Article 15-A to be eligible for financing through the State Revolving Fund. The New York State Environmental Facilities Corporation (EFC) is responsible for reviewing and approving the Contractor's MBE/WBE Utilization Plan. EFC has accepted the Contractor's plan.

Resolution to accomplish the foregoing is attached.

RESOLUTION

CONTRACT NO. 08-540

Upon communication from the Commissioner of Public Works and Transportation, be it

RESOLVED, that upon the recommendation of the Department of Public Works and Transportation, the following listed Subcontractor on Contract No. 03-540 between the County of Westchester and Yonkers Contracting Company, Inc., 969 Midland Avenue, Yonkers, New York 10704 ed. Exp. Particle Acoulismon & Confirmation & Confi for Composite Performance Implementation and Plant Expansion, New Rochelle Wastewater

WORK TO BE DONE

Pipe Lining

Account to be Charged/Credited	Fund Dept. 322 60		Major Program, Program & Phase or Unit SNR0603C		Object/ Sub Object 6210-99	Trust Account	Dollars
Budget Funding Year(s) (must match resolution)	2011		_Start Date	April 1, 2010	End Date: <u>February 28, 2014</u>		
Funding Source:	Tax Dollars 100% County State Aid			_Contractor Federal I.D. No./ Social Security No:			
\$(must match resolution)	_Federal Aid				Vendor No		
	Other				Encumbrance No		