

29442

TO: Board of Acquisition and Contract

FROM: Jay T. Pisco, P.E.
Commissioner, Public Works and Transportation

DATE: September 24, 2012

SUBJECT: Subcontractor Approval
Contract No. **09-514**
Biological Nutrient Removal Facilities
New Rochelle Wastewater Treatment Plant
New Rochelle, New York

Contractor: Yonkers Contracting Company, Inc.

RE: Subcontractor: Structures Unlimited, Inc.

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 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. The Contractor's MBE/WBE utilization plan has been approved by EFC.

Resolution to accomplish the foregoing is attached.

LR/

RESOLUTION

CONTRACT NO. 09-514

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

RESOLVED, that upon the recommendation of the Department, the following listed Subcontractor on Contract No. 09-514 between the County of Westchester and Yonkers Contracting Company, Inc., 969 Midland Avenue, Yonkers, New York 10704 for Biological Nutrient Removal Facilities, New Rochelle Wastewater Treatment Plant, New Rochelle, New York is approved.

SUBCONTRACTOR

Structures Unlimited, Inc.
88 Pine Street
Manchester, NH 03103

WORK TO BE DONE

Translucent Skylight System

Account to be Charged/Credited

Fund	Dept.	Major Program, Program & Phase or Unit	Object/ Sub Object	Trust Account	Dollars
322	60	SLI0100C	6210-99		

Budget Funding Year(s) 2012 Start Date June 16, 2011 End Date: May 15, 2016

(must match resolution)

Funding Source: Tax Dollars 100% County Contractor Federal I.D. No./ Social Security No: _____
State Aid _____
\$ _____ Federal Aid _____ Vendor No. _____
(must match resolution) Other _____ Encumbrance No. _____