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TO: Board of Acquisition and Contract

FROM: Jay T. Pisco, P.E.

Commissioner, Department of Public Works and Transportation

DATE: April 21, 2015

SUBJECT: Subcontractor Approval

Contract No. **09-514**

Biological Nutrient Removal Facilities New Rochelle Wastewater Treatment Plant

New Rochelle, New York

Contractor: Yohkers Contracting Company, Inc.

RE: Subcontractor: Straight Edge Striping, LLC

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.

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.

WORK TO BE DONE

Pavement Markings

Account to be Charged/Credited

		Major Program, Program	Object/	Bond Act No.	
Fund	Dept.	& Phase or Unit	Sub Object		Dollars
322	60	SLI0100C	6210-99	BA #239-2008	

2015 Start Date June 16, 2011 End Date: May 15, 2016 Budget Funding Year(s) (must match resolution) Tax Dollars 100% County Contractor Federal I.D. No./ Funding Source: Social Security No: _____ State Aid Federal Aid ______ Vendor No. _____ (must match resolution) Encumbrance No. Other