

58643

TO: Board of Acquisition and Contract

FROM: Vincent F. Kopicki, P.E.
Commissioner, Department of Public Works and Transportation

DATE: August 22, 2017

SUBJECT: Subcontractor Approval
Contract No. 10-511
Rehabilitation of the Bowman Avenue Bridge (BIN 3358500)
Over Blind Brook
Town of Harrison, New York

Contractor: Gianfia Corp.

RE: Subcontractor(s): A&J Construction (MBE)
Lospoto Landscaping, Inc.
Safety Marking Inc.

The approval of three (3) Subcontractors has been requested by Gianfia Corp., 179 Brady Avenue, Hawthorne, New York 10532 for the above referenced contract.

Please note that the Westchester County Minority/Women's Owned database was reviewed and there are no qualified MWOB firms currently registered to perform the following types of specialty work: Herbicide Application and Pavement Markings.

The listed Subcontractors have been investigated, and the Department recommends approval.

Resolution to accomplish the foregoing is attached.

PA

RESOLUTION

CONTRACT NO. 10-511

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

RESOLVED, that upon the recommendation of the Department, the following listed Subcontractors on Contract No. 10-511 between the County of Westchester and Gianfia Corp., 179 Brady Avenue, Hawthorne, New York 10532 for Rehabilitation of the Bowman Avenue Bridge (BIN 3358500) over Blind Brook, Town of Harrison, New York are approved.

SUBCONTRACTOR(S)

WORK TO BE DONE

A&J Construction **(MBE)**
150 Laurel Hill Road
Brookfield, CT 06804

Paving

Lospoto Landscaping, Inc.
2299 Cambreleng Avenue
Bronx, NY 10458

Herbicide Application

Safety Marking Inc
255 Hancock Avenue
Bridgeport, CT 06605

Pavement Markings

Account to be
Charged/Credited

Fund	Dept.	Major Program, Program & Phase or Unit	Object/ Sub Object	Bond Act No.	Dollars
366	46	RB2VV00C	6210-99	BA #113-2009	

Budget Funding Year(s): 2017 Start Date: June 8, 2017 End Date: May 7, 2019
(must match resolution)

Funding Source: Tax Dollars 100% County Contractor Federal I.D. No./
State Aid _____ Social Security No: _____

\$ _____ Federal Aid _____ Vendor No. _____
(must match resolution)

Other _____ Encumbrance No. _____