

**21163**

**TO:** Board of Acquisition and Contract

**FROM:** John J. Hsu, P.E.  
Commissioner

**DATE:** August 16, 2011

**SUBJECT:** Subcontractor Approval  
Contract No. **08-532**  
Chlorine Contact Tank and Gas Piping Upgrade  
Yonkers Joint Wastewater Treatment Plant  
Yonkers, New York

**Contractor:** Arben Group LLC

**RE: Subcontractor:** Aaron Associates

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The approval of one (1) Subcontractor has been requested by Arben Group LLC, 175 Marble Avenue, Pleasantville, New York 10570 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.

LR/JA

# RESOLUTION

CONTRACT NO. 08-532

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. 08-532 between the County of Westchester and Arben Group LLC, 175 Marble Avenue, Pleasantville, New York 10570 for Chlorine Contact Tank and Gas Piping Upgrade, Yonkers Joint Wastewater Treatment Plant, Yonkers, New York is approved.

## SUBCONTRACTOR

Aaron Associates  
478 West Main Street  
P.O. Box 2731  
Waterbury, CT 06723

## WORK TO BE DONE

Instrumentation

Account to be  
Charged/Credited

Fund	Dept.	Major Program, Program & Phase or Unit	Object/ Sub Object	Trust Account	Dollars
322	60	SY01700C	6210-99		

Budget Funding Year(s) 2011 Start Date September 9, 2010 End Date: June 8, 2012  
(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. \_\_\_\_\_