



**DASNY**

**ADDENDUM NO.: 1**

**IFB or RFP NO.:** Bid No. 634

Description: Furniture Move/Storage

Project: Buffalo State Porter Hall

Bid Opening Date: April 11, 2019

Specifics of the Addendum:

The Bid Opening Date is extended as follows:

**EXTENSION:**

The bid due date has been extended from **April 8, 2019 to April 11, 2019.**

**RFI'S**

1. **QUESTION:** Insurance Replacement Value– is this in the bid documents? Is this in Section A| Detailed spec section? The campus wants insurance on the furnishings stored.

**ANSWER:** Yes, it will be required. We will issue an off-site storage agreement with an Appendix to include an inventory of the furniture. As part of the award, an offsite storage agreement will be required and will include an insurance requirement of the furnishings being stored.

2. **QUESTION:** Climate Controlled Storage – is this required?

**ANSWER:** NOT REQUIRED – CHANGE IN SCOPE

3. **QUESTION:** MWBE Waiver – can vendor request a waiver? Can I request a reduction through OPG? If this cost is under \$50K, do the MWBE goals apply?

**ANSWER:** MWBE Goals apply based on total dollar amount of Bid.

4. **QUESTION:** Floor Protection – is this required? Can we remove *“Flooring protection will be by the vendors.”* The flooring on 5-9 is being removed. The flooring in the lobby is terrazzo. We do not need to protect floors. The sentence *“All delivery paths (walls, etc.) will be protected and maintained, with paper and masonite. The utilization of steel-wheel dollies is prohibited.”*

**ANSWER:** NOT REQUIRED – CHANGE IN SCOPE

**Additional Requirement:**

- An off-site Storage Agreement will be required prior to award.

**Additional Logistical Information:**

**Elevator Dimensions:**

- Ele # 1 and 2 are same 3ft. w x 7ft h
- Ele. #3 4ft.6in. w x 7ft. h

All other terms and conditions of the original Invitation for Bids or Request for Proposals shall remain the same. This notice shall be signed and attached to the Invitation for Bids and shall form a part of your bid.

## Opportunity Programs Group

**UPSTATE:** 515 Broadway \* Albany, NY 12207-2964 \* Phone: (518) 257-3706 Fax: (518) 257-3100

**DOWNSTATE:** One Penn Plaza, 52<sup>nd</sup> Floor \* New York, NY \* 10119-0098 \* Phone: (212) 273-5000 Fax: (212) 273-5121

### UTILIZATION PLAN

ORIGINAL Submission ☐ REVISED Submission ☐

A. PRIME INFORMATION: CONTRACTOR ☐ CONSULTANT ☐ VENDOR ☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### B. PROJECT INFORMATION:

Project Number: \_\_\_\_\_ Work Authorization# (if applicable) \_\_\_\_\_

Contract / Bid Number: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

MBE Goal % \_\_\_\_\_ \$ \_\_\_\_\_ WBE Goal % \_\_\_\_\_ \$ \_\_\_\_\_

Facility Name: \_\_\_\_\_

Building(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Description: \_\_\_\_\_

#### 1. Schedule of proposed subcontract work:

Trade/Service	Amount	Trade/Service	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

#### 2. Description of Equipment, Materials or Supplies

#### Estimated Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## UTILIZATION PLAN

### C. List ALL subcontractors and suppliers you plan to utilize during the performance of this contract:

- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:

## UTILIZATION PLAN

(subcontractor/supplier continuation page)

- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
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Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:

# UTILIZATION PLAN

(subcontractor/supplier continuation page)

- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm: ☐ MBE ☐ WBE ☐ OTHER  
Work Description:

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Type Name of Principal or Officer

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Type Title of Principal or Officer

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Signature of Principal or Officer

---

Date

# UTILIZATION PLAN

## D. PERMANENT EMPLOYEE DISTRIBUTION

PRIME INFORMATION: CONTRACTOR ☐ CONSULTANT ☐ VENDOR ☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### DISTRIBUTION OF PERMANENT EMPLOYEES

ENTER POSITION OR JOB TITLE	FEMALE EMPLOYEES					MALE EMPLOYEES				
	WHITE	BLACK	AMERICAN	HISPANIC	ASIAN	WHITE	BLACK	AMERICAN	HISPANIC	ASIAN

EXECUTIVE AND OWNER: For position titles such as President, Partncr, Owner, Treasurcr, Secretary, etc.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PROFESSIONAL: For position titles of individuals possessing a License to practice their profession

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

TECHNICAL AND MANAGEMENT: For position titles except Executive and Owner, Professional, and Clerical & Support

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

CLERICAL AND SUPPORT:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Type Name of Principal or Officer

\_\_\_\_\_  
Type Title of Principal or Officer

\_\_\_\_\_  
Signature of Principal or Officer

\_\_\_\_\_  
Date

## UTILIZATION PLAN

### E. STANDARD EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

**PRIME INFORMATION:** CONTRACTOR ☐ CONSULTANT ☐ VENDOR ☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PROJECT INFORMATION:**

Facility Name: \_\_\_\_\_

Building (s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Description: \_\_\_\_\_

**Project Number:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

The following is statement of \_\_\_\_\_'s commitment to provide participation by minority persons and women in the workforce at the above referenced project.

\_\_\_\_\_ will ensure and maintain a working environment free of harassment, intimidation and coercion and shall specifically ensure that all foremen, superintendents and other supervisory personnel are aware of and carry out our commitment to maintain such a working environment.

\_\_\_\_\_ will establish and maintain a current list of minority and women recruitment sources and notify such sources and minority and community organizations when employment opportunities are available and maintain a record of the sources and organizations' responses.

\_\_\_\_\_ will maintain a file of the names and address of each minority person and woman referred to it by any individual, recruitment source or community organization and of what action was taken with respect to each such referred individual. If the individual was not employed, the file will contain the reasons.

\_\_\_\_\_ will promptly notify DASNY when the union or unions with which we have a collective bargaining agreement has not referred to us a minority person or woman sent by us to such a union for employment in the work or when it has other information that the union referral process has impeded efforts to meet its obligations.

\_\_\_\_\_ will disseminate this equal employment opportunity policy statement within the organization and will provide all subcontractors with a copy, discussing it with them prior to commencing work at the job site. A copy of our equal employment policy shall be posted at the job site at all times.

\_\_\_\_\_  
Type Name of Principal or Officer

\_\_\_\_\_  
Type Title of Principal or Officer

\_\_\_\_\_  
Signature of Principal or Officer

\_\_\_\_\_  
Date