**Emergency Contract Bidders List Requirements**

Your firm will be required to acknowledge these response requirements and to provide and/or verify any information provided. Failure to comply with any of the listed requirements may result in your firm not being included on the Emergency Contract Bidders list. Your firm will have an opportunity to appeal such a determination by submitting a “Request for Review” to the Director of Contract Administration within 30 days of the removal or denial.

1. Within four (4) hours of a “Notice to Proceed” your firm must be capable of being on-site with the necessary workforce, equipment and material to alleviate an emergency condition at any State facility in the counties selected on the Emergency Contract Information Form *(BDC 321)*.
2. Your firm must be actively engaged and capable in the work of the trades selected on the Emergency Contract Information Form *(BDC 321)*. Your firm must be capable of self performing the majority of work listed in the definition for each trade selected.
3. Your firm must have equipment that is necessary to perform the work listed in the definition for each trade selected.
4. Your firm must provide on-site supervision and project management as required by the contract General Conditions.
5. Your firm is expected to be responsive to all emergency contract solicitations. Three (3) consecutive “no bid” or “no responses” may result in removal from list.
6. Your firm is required to perform the work immediately upon receipt of a “Notice to Proceed.” The State will progress the contract agreement to award as quickly as possible.

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| EMERGENCY CONTRACTOR INFORMATION FORM (ECIF) | | | | | | | | | | | | | | *Submit completed & notarized application to DC.ECIF@ogs.ny.gov* | | | | | | | | |
| Your firm will be required to provide accurate and complete information on the application. Your firm will be asked to verify any information provided and failure to comply may result in your firm **not** being included on the Emergency Contract Bidders list.  **1. Company Information -** Provide the following identifying information. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Federal Identification Number: | |  |  |  | **-** |  | |  |  | | | | |  |  |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Vendor Identification Number: | |  |  |  |  |  | |  |  | | | | |  |  |  | |  | |  | |
|  | Company Name: |  | | | | | | | | | | | | | | | | | | | | |
|  | Street Address: |  | | | | | | | | | | | | | | | | | | | | |
|  | City: |  | | | | | | | | | | | | | | | | County: | | |  | |
|  | State: |  | | | | | | Zip: | | |  | | | | | | |  | | | | |
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| **2. Contact Persons -** Provide a *minimum* of two (2) names with phone, fax, mobile numbers and email address of contact persons available 24 hours a day, weekends and holidays who will respond with a bid when called. *(Attach additional sheet(s) if there are more than two contacts.)* | | | | | | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | | Name: | | | | | | | |  | |
|  | Phone No.: |  | | | | | | | | | | Phone No.: | | | | | | | |  | |
|  | Fax No.: |  | | | | | | | | | | Fax No.: | | | | | | | |  | |
|  | Cell & After Hours No.: |  | | | | | | | | | | Cell & After Hours No.: | | | | | | | |  | |
|  | E-Mail: |  | | | | | | | | | | E-Mail: | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | |
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| 3. How did you find out about the Emergency Contract Bidders List? (Select one) | | | | | | | | | | | | | | | | | | | | | | |
| OGS Design & Construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Outreach Campaigns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| *Where? (e.g. Website, staff member, etc)* | | | | | | | | | | | | | *Where and When? (e.g.: Outreach March 2016)* | | | | | | | | | |
| Another Construction Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| *Contractor Name* | | | | | | | | | | | | | *Description* | | | | | | | | | |

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| 4. Is your firm a Minority/Women-Owned Business Enterprise (M/WBE)?  Yes  No  Is your firm a Service-Disabled Veteran-Owned Business (SDVOB)?  Yes  No | | | | | | |  | |
| 5. **Work References/Experience -** Provide verifiable experience to demonstrate that your firm is ***actively engaged and capable of self-performing*** the majority of the work listed in the definition for each trade selected – provide a **minimum** of six (6) References for each trade  *(Provide owner’s rep or CM references. It is your firm’s responsibility to ensure that all contact names, numbers and contract values are ACCURATE.* | | | | | | | | |
|  |  |  |  |  |  |  | |  |
|  |  | Trades | Project Title & Location | Work Self-Performed | **$ Value** | Contact & Company | | **Phone No.** |
|  | 1. | ***e.g. C*** | ***e.g. Replace Sidewalks***  ***Psychiatric Center in Queens*** | ***e.g. Remove/repair 1 mile of broken sidewalks*** | ***e.g. $350,000*** | ***e.g. Sally Green, PM from OTO*** | | ***Cell 123-456-7891***  ***Off. 198-765-4321*** |
|  | 2. |  |  |  |  |  | |  |
|  | 3. |  |  |  |  |  | |  |
|  | 4. |  |  |  |  |  | |  |
|  | 5. |  |  |  |  |  | |  |
|  | 6. |  |  |  |  |  | |  |
|  | 7. |  |  |  |  |  | |  |
|  | 8. |  |  |  |  |  | |  |
|  | 9. |  |  |  |  |  | |  |
|  | 10. |  |  |  |  |  | |  |
|  | 11. |  |  |  |  |  | |  |
|  | 12. |  |  |  |  |  | |  |
|  | *Attach additional sheet(s) as necessary* | | | | | | | |

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| 6. **Staffing -** Describe company staffing resources. Only indicate staff who are employed Full Time and on company Payroll. Provide additional information for staff if requested (*IE: OSHA 10 card, etc.)* | | | | | | | | | | | | | | |
|  | | Title/Position | | | Number of Employees | |  | | Title/Position | | | | Number of Employees | |
|  | | Project Managers | | | ***e.g. 3*** | |  | | Mechanics | | | |  | |
|  | | Supervisors/Foremen | | |  | |  | | Roofers | | | |  | |
|  | | Masons | | |  | |  | | Apprentices | | | |  | |
|  | | Carpenters | | |  | |  | | Laborers | | | |  | |
|  | | Electricians | | |  | |  | | Certified Asbestos Handlers | | | |  | |
|  | | Plumbers | | |  | |  | | Technicians | | | |  | |
|  | | Steamfitters | | |  | |  | | (Others) | |  | |  | |
|  | | Bookkeepers/Secretarial/Clerical | | |  | |  | | (Others) | |  | |  | |
|  | | *Attach additional sheet(s) as necessary* | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 7. **Supervision Qualifications** - Attach **résumé’s** and work histories (work done with firm) of all on-site supervisors and project managers. | | | | | | | | | | | | | | |
| 8. **Equipment -** List **ALL** company owned tools and self-owned/long term leased equipment necessary to perform the work listed in the definition for each trade selected. Any changes in self-owned/long term leased equipment will require an updated BDC 321 to be submitted. | | | | | | | | | | | | | | |
|  | |  | **Equipment Type** | **Make** | | **Model** | | **Year** | | **VIN or Serial #** | | **Date Acquired** | **Own / Lease** | |
|  | | 1. | ***e.g. Pick-Up Truck***  ***e.g. Jackhammer*** | ***Ford***  ***Bosch*** | | ***F-150***  ***N/A*** | | ***2003***  ***2011*** | | ***123456789***  ***N/A*** | | ***2003***  ***2011*** | Own  Lease | |
|  | | 2. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | 3. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | 4. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | 5. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | 6. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | 7. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | 8. |  |  | |  | |  | |  | |  | Own  Lease | |
|  | | *Attach additional sheet(s) as necessary* | | | | | | | | | | | | |

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| 9. **Licenses /Certificates**- Provide current, verifiable and legible documentation of required licenses for the following work in the trades selected. | | | | | | | | | |
|  |  |  | | **License No.** | **Expiration Date** | | |  | |
|  | 1. | Fire Alarm Systems | |  |  | | |  | |
|  | 2. | Master Plumber’s License | |  |  | | |  | |
|  | 3. | Asbestos Abatement | |  |  | | |  | |
|  | 4. | Electronic Security Systems | |  |  | | |  | |
|  | 5. | Master Electrician’s License | |  |  | | |  | |
|  | 6. | Lead Abatement | |  |  | | |  | |
|  | 7. | Special Rigger | |  |  | | |  | |
|  | 8. | High Voltage Splicing | |  |  | | |  | |
|  | 9. | NYC License | |  |  | | |  | |
|  | *Attach copies of licenses/certifications and additional sheet(s) as necessary* | | | | | | | | |
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| 10. **Roofing Certification -** If your firm is applying for the “T” Trade – Roofing, your firm MUST be capable of installing at **least** three (3) roofing types from three (3) different manufacturers. | | | | | | | | | |
|  |  | **Roofing Types** | **Manufacturer** | | |  | **Roofing Types** | | **Manufacturer** |
|  | 1. | Built-Up | ***e.g. Garland*** | | |  | Metal Roofing | |  |
|  | 2. | Modified SBS | ***e.g. Tremco*** | | |  | Shingle | | ***e.g. CertainTeed*** |
|  | 3. | PVC |  | | |  |  | |  |
|  | 4. | Hypalon |  | | |  |  | |  |
|  | 5. | EPDM |  | | |  |  | |  |
|  | *Attach evidence/copies of* ***current****, verifiable and legible certification from Manufacturers for each roofing system.* | | | | | | | | |
|  |  | | | | | | | | |

# Qualifications are subject to verification. Failure to comply with any of the requirements or requests of Reviewing Officer or their representatives may result in your firm not being included on the Emergency Contract Bidders list.

**\***Below referenced documents may be accessed at the OGS Web Site: <http://www.ogs.ny.gov/BU/DC/forms/EmergencyForms.asp>

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|  | I have reviewed the instructions established in the Labor and Material Emergency Contract Payment Submission Manual for Contractors.  I have reviewed the guidelines established in the Emergency Payment Guideposts. |

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| **CERTIFICATION** | | | | | |
|  | The undersigned officer of |  | | | hereby represents and affirms that the |
|  | information provided on this questionnaire is complete and accurate, and that the Emergency Bidders List Requirements are understood. The undersigned further acknowledges that this certification is submitted for the express purpose of inducing the Office of General Services to add the said company to one or more emergency contracting lists maintained by the Office of General Services. Intentional misrepresentations may constitute a crime under New York State Law. | | | | |
|  | Sworn to before me | | | Officer’s Signature  Print Name  Title  Phone Number  Email Address | |
| this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_ .  Notary Public | |  |

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| **LIST OF TRADES WITH DEFINITIONS**  *Indicate trades**of**interest by checking the appropriate box(es). Your firm* ***must be actively engaged and capable of self-performing*** *the majority of work listed in the definition for each trade selected.* | |
|  | |
|  | **C – Construction** – General Building Construction – Masonry/Carpentry including associated Excavation, etc., Concrete and Steel, and Interior/Renovation, etc. (does not include Mechanical/Electrical) |
|  | **H – HVAC** – Installation/Repair of all Heating, Ventilating, Air Conditioning, Refrigeration, Temperature Controls, Boilers, Chillers, Air Handlers, Pumps. |
|  | **E – Electrical** – Installation/Repair of Electrical Systems under 600 volts including Exterior Lighting – CCTV. |
|  | **P – Plumbing** – Installation/Repair of Interior Roof Leaders, Plumbing Repairs including Water, Waste and Vent. |
|  | **T – Roofing** – Installation/Repair - Accessories. Certification required in specified system. |
|  | **V – High Voltage** – Installation/Repair of Electrical Systems over 600 volts including Generators, Transformers, Switchgear, Feeders, Overhead Pole LINE Work. |
|  | **U – Elevator** – Repair/Installation/Modernization of Elevators, Escalators and Dumbwaiters. |
|  | **N – Fire Protection/Sprinkler** – Installation/Repair of Fire Protection/Sprinkler Systems including Standpipes, Fire Pumps and Fire Suppression. |
|  | **G– Water/Sewer/Storm/Site work** – Installation/Repair of Exterior Water/Sewer/Storm including associated Excavation and site work. |
|  | **B – Hazardous Materials** – Remediation/Removal/Disposal of hazardous materials, i.e., PCB’s, Petroleum, Chemical, Biohazard and excluding Asbestos and Lead. |
|  | **A – Asbestos/Lead** – Remediation/Removal/Abatement/Disposal of Asbestos and Lead. Must hold all certifications required by law. |
|  | **F – Fire Alarm/Security** – Installation/Repair/Modernization of Fire Alarm and Security Systems. Must be licensed. |
|  | **I – Refractory/Chimney** – Installation/Rehabilitation of Boiler Refractory, Chimney Rehabilitation. |
|  | **L – Fencing** – Installation/Rehabilitation of Fencing. |
| **For OGS Use Only:** | |
| *(Explain any modifications made to selected trades.*) | |

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| **Emergency Contractor Information Form (ECIF)**  **LIST OF COUNTIES OF INTEREST**  *Indicate counties**of**interest by checking the appropriate box(es). Your firm must be capable of being on-site with the necessary workforce, equipment and material* ***within four (4) hours of a “Notice to Proceed.”*** | | | | | |
|  | | | | | |
| **Region 1**  Long Island | | Region 2 New York City | | Region 3 Hudson Valley | |
|  | Bronx |  | New York |  |  |
|  | Kings |  | Orange |  | Dutchess |
|  | Nassau |  | Richmond |  | Putnam |
|  | Queens |  | Rockland |  | Sullivan |
|  | Suffolk |  |  |  | Ulster |
|  |  |  |  |  | Westchester |
|  |  |  |  |  |  |
| Region 4Albany | | Region 5Adirondack | | **Region 6** Syracuse | |
|  | Albany |  | Clinton |  | Broome |
|  | Columbia |  | Essex |  | Cayuga |
|  | Fulton |  | Franklin |  | Chemung |
|  | Greene |  | Hamilton |  | Chenango |
|  | Montgomery |  | Herkimer |  | Cortland |
|  | Rensselaer |  | Jefferson |  | Delaware |
|  | Schenectady |  | Lewis |  | Lewis |
|  | Schoharie |  | Oneida |  | Madison |
|  |  |  | Saratoga |  | Onondaga |
|  |  |  | St. Lawrence |  | Ontario |
| **Region 7**  Buffalo | |  | Warren |  | Oswego |
|  | Washington |  | Otsego |
|  | Allegheny |  |  |  | Schuyler |
|  | Cattaraugus |  |  |  | Seneca |
|  | Chautauqua |  |  |  | Tioga |
|  | Erie |  |  |  | Tompkins |
|  | Genesee |  |  |  | Wayne |
|  | Livingston |  |  |  | Yates |
|  | Monroe |  |  |  |  |
|  | Niagara |  |  |  |  |
|  | Orleans |  |  |  |  |
|  | Steuben |  |  |  |  |
|  | Wyoming |  |  |  |  |
|  |  |  |  |  |  |
| **For OGS Use Only:** | | | | | |
| *(Explain any modifications made to selected counties.)* | | | | | |

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| POTENTIAL MWBE SUBCONTRACTORS – ATTACHMENT to the EMERGENCY CONTRACTOR INFORMATION FORM (ECIF) | | | | | | | | | | | | | | | |
| 1. Provide the following identifying information. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | Prime Federal Identification Number: | |  |  |  | **–** |  |  |  |  |  |  |  | |  |
|  | Prime Vendor/Company Name: | |  | | | | | | | | | | | | |
|  | Trade: | |  | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | |
| 2. Provide the following identifying information for three (3) MWBE Certified firms that you may consider submitting as potential subcontractors on emergency projects, if subcontractor use is needed. (*Note: Subcontractors are not automatically approved. If it is necessary to sub out emergency work, you must submit a Form BDC329 to OGS Vendor Responsibility before subcontractors are scheduled to be on-site.*) Website for currently certified MWBE vendors: [https://ny.newnycontracts.com](https://ny.newnycontracts.com/Default.asp?) Click ‘MWBE Directory’ on the left side of the screen. | | | | | | | | | | | | | | | |
|  | MWBE Company Name: |  | | | | | | | | | | | | | |
|  | Federal ID or Address: |  | | | | | | | | | | | | | |
|  | Trade: |  | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | |
|  | MWBE Company Name: |  | | | | | | | | | | | | | |
|  | Federal ID or Address: |  | | | | | | | | | | | | | |
|  | Trade: |  | | | | | | | | | | | | | |
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|  | MWBE Company Name: |  | | | | | | | | | | | | | |
|  | Federal ID or Address: |  | | | | | | | | | | | | | |
|  | Trade: |  | | | | | | | | | | | | | |
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