

COUNTY OF ALBANY

GC - BID FORM

BID IDENTIFICATION:

Title: **Lawson Lake Upper Camp Renovation**
Bid Number: **2024-037-GC-General Construction**

THIS BID IS SUBMITTED TO:

Pamela O'Neill, CPPB, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the Disposition of Bid Security. This Bid may remain open for ninety (90) days after the day of Bid opening. BIDDER will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in this Contract, that:
 - (a) BIDDER has examined copies of all the Contract Documents and of the following addenda: (If none, so state)
Addendum 1- (3/21/24) Addendum 2- (3/22/24) Addendum 3- (3/27/24)
Addendum 4- (4/1/24) Addendum 5- (4/2/24)
(receipt of all of which is hereby acknowledged) and also copies of the Notice to Bidders and the Instructions to Bidders;
 - (b) BIDDER has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as BIDDER deems necessary;

BF1

- (c) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other BIDDER to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or a corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for himself any advantage over any other Bidder or over the owner.
4. BIDDER will complete the Work for the following prices(s): (Attach Bid Proposal)
 5. BIDDER agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. BIDDER agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
 6. The following documents are attached to and made a condition of this Bid:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
 - (e) MS-4-1 Certification Statement RE: Stormwater Discharges (Attachment "E")
 - (f) Bidder Qualification Questionnaire (Attachment "F")
 - (g) Non Interruption of Work Agreement (Attachment "G")
 - (h) Required Apprenticeship Training Program Documentation (refer to RFB Section 27)
 7. Communication concerning this Bid shall be addressed to:

Pamela O'Neill, CPPB, Purchasing Agent
Albany County Department of General Services, Purchasing Division
112 State Street, Room 1000, Albany, NY 12207
Phone: 518-447-7139
 8. Terms used in this Bid have the meanings assigned to them in the Contract and General Provisions.

BF2

COUNTY OF ALBANY

GC - BID FORM

BID IDENTIFICATION:

Title: **Lawson Lake Upper Camp Renovation**
Bid Number: **2024-037-GC-General Construction**

Conditions:

1. All bid prices must include all materials, labor, equipment, incidentals and other associated costs.
2. Base Bid work shall carry a 10% Base Bid Contingency Allowance for additional work discovered during construction beyond scope of work indicated on drawings and specifications. Contractor shall receive advance approval from the County Engineer prior to performing any additional work.

LUMP SUM BASE BID: \$ 3,236,500.00 (a)

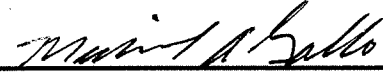
ALLOWANCE KITCHEN EQUIPMENT \$ \$15,000.00 (b)

10 % CONTINGENCY ALLOWANCE: \$ 325,150.00 (c)

TOTAL BASE BID (a) + (b) + (c) \$ 3,576,650.00
(Base Bid + allowance + 10% Contingency Allowance = total base bid)

ALTERNATE 1 – CABIN 76: \$ 102,500.00

Title: **Lawson Lake Upper Camp Renovation**
Bid Number: **2024-037-GC-General Construction**

COMPANY: Gallo Construction Corp.
ADDRESS: 50 Lincoln Ave.
CITY, STATE, ZIP: Watervliet, NY 12189
TEL. NO.: (518) 273-0234
FAX NO.: (518) 273-0245
FEDERAL TAX ID NO.: 14-1454116
REPRESENTATIVE: Michael A. Gallo
E-MAIL: mike@gallogc.com
SIGNATURE AND TITLE 

DATE 4/4/24

BF4

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

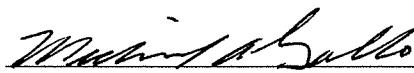
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Signature

VP

Title

Gallo Construction Corp.

Company Name

4/4/24

Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY BIDDER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 200__, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

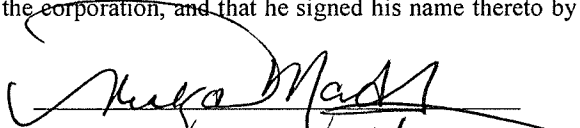
Notary Public, State of _____
Qualified in _____
Commission Expires _____

If Corporation:

STATE OF NY)
COUNTY OF Albany, NY) SS.:

On this 4th day of April, 20024, before me personally appeared Michael A. Gallo to me known, who, being by me sworn, did say that he resides at (give address) Troy, NY; that he is the (give title) VP of the (name of corporation) Gallo Construction Corp., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

MINKA MADDOCKS
Notary Public, State of New York
Registration No. 01MA6006562
Qualified in Saratoga County
Commission Expires July 13, 2024


Notary Public, State of NY
Qualified in Saratoga
Commission Expires 7.13.24

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 200__, before me personally came _____, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Gallo Construction Corp.		3. IDENTIFICATION NUMBERS a) FEIN # 14-1454116 b) DUNS # 002420560	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) WWW.gallogc.com	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 50 Lincoln Ave. Watervliet, NY 12189		7. TELEPHONE NUMBER (518) 273-0234	8. FAX NUMBER (518) 273-0245
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THE QUESTIONNAIRE Name Karen Gallo Title Administratvie Assistant Telephone Number (518) 273-0234 Fax Number (518) 273-0245 e-mail kgallo@gallogc.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Tony Gallo	TITLE President	b) NAME	TITLE
c) NAME Michael A. Gallo	TITLE VP	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p> <p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p> <p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p> <p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OR THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES ¹ :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.		

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

VP

Title

Gallo Construction Corp.

Company Name

4/4/24

Date

ATTACHMENT "E"

**Sheet MS4-1: Bidder/Proposer Certification Statement (to be used with Section 34 Part A –
General Contracts)**

As a bidder seeking to provide services on behalf of Albany County, I certify under penalty of law that I understand and agree to comply with the terms and conditions of the New York State Pollutant Discharge Elimination System ("SPDES") General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4 Permit) and Albany County Local Law 7 of 2007, and agree to implement any Best Management Practices or corrective actions identified by Albany County or an authorized representative thereof as necessary to maintain compliance. I understand that Albany County must comply with the terms and conditions of the aforementioned MS4 Permit, and that it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards. I am also aware that County Local Law 7 of 2007 prohibits any activities that cause or contribute to a violation of the County's SPDES permit. Further, I understand that any non-compliance by Albany County will not diminish, eliminate or lessen my own liability.

Name of Third Party Entity: Gallo Construction Corp.

Address: 50 Lincoln Ave. Watervliet, NY 12189

Phone Number(s): (518) 273-0234

Description of activities to be performed by your firm or organization within Albany County are related to the Albany County Storm Water Management Program (SWMP) (include any activities that have the potential to generate or prevent pollution and/or affect water quality):

Perform work on the MVP Arena's Staircase and Railings.

Description of where the work is to be performed within Albany County facilities:

At the MVP Arena



Signature

Michael A. Gallo

Printed Name

VP

Title

4/4/2466 Y

Date

ATTACHMENT " F "
BIDDER QUALIFICATION QUESTIONNAIRE

The undersigned guarantees the accuracy of all statements and answers herein contained. (Please print in ink or type in the spaces provided). Attach additional sheets if necessary. This statement of Bidder's qualifications is required of all Bidders. Additional data on Bidder's qualifications may be requested from selected Bidders after the Bid opening.

1. How many years has your firm been in business? 77 years

2. List up to three (3) projects of this nature that you have completed in the last three (3) years, and give the name, address and telephone number of a reference from each. Also give the completion date, the original contract bid price and the completed cost of each project listed.

1. Please see attached

2. _____

3. _____

ATTACHMENT "F"
BIDDER QUALIFICATION QUESTIONNAIRE

3. List projects presently under contract by your firm, the dollar volume of the contract and the percentage completion of the contract.

Please see attached

4. Has your firm ever failed to complete work awarded to it, if so, state where and why.

No

5. Is your firm presently or has your firm ever been a party defendant in a lawsuit commenced against your firm alleging failure to properly complete work in accordance with the contract for same; if so, give details.

No

ATTACHMENT "F"
BIDDER QUALIFICATION QUESTIONNAIRE

6. Has your firm received two (2) final determinations within any consecutive six-year period, the second final determination occurring within the past five (5) years, that your firm willfully failed to pay the prevailing rate of wages or to provide supplements with Article 8 of the Labor Law, if so, give details.

No

7. Do you plan to sublet any part of this work? If so, give details.

~~Under review~~ To be provided upon notification of
low bid.

8. Give the name, address and telephone number of an individual who represents each of the following and whom the Owner may contact to investigate your financial responsibility: a surety, and a bank.

Please see attached

ATTACHMENT "F"
BIDDER QUALIFICATION QUESTIONNAIRE

9. Give a summary of your financial statement. (List assets and liabilities, use an insert sheet, if needed).

Please see attached

10. State the true, exact, correct and complete name of the partnership, corporation or trade name under which you do business, and the address of the place of business. (If a corporation, state the name and title of all officers. If a partnership, state the name of all partners. If a trade name, state the names of the individuals who do business under the trade name.) It is absolutely necessary that information be furnished.

Gallo Construction Corp.

Correct Name of Bidder

(a) The business is a: Corporation

(b) The address of principal place of business is: 50 Lincoln Ave. Watervliet, NY 12189

(c) The names of the corporate officers, or partners, or individuals doing business under a trade name, are as follows:

Tony Gallo-President

Michael A.Gallo-VP

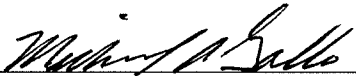
ATTACHMENT "F"
BIDDER QUALIFICATION QUESTIONNAIRE

11. Is your firm qualified to do business in the State of New York? Yes No .
If No, signing this qualification statement constitutes agreement to obtain such qualification prior to award of contract immediately upon owner's request.

Gallo Construction Corp.

Firm

Dated: 4/4/24

By 

Michael A. Gallo

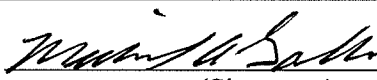
(Typed)

ATTACHMENT "G"
NON-INTERRUPTION OF WORK AGREEMENT

By submission of the bid for:

The bidder agrees that if this bid is accepted, he/she will not intentionally engage in any course of conduct or activity, or employ for the purposes of performing the public work, any subcontractors, employees, labor or materials which will or may result in the interruption of the performance of the public work due to labor strife or unrest by workmen employed by the bidder or by any of the trades working in or about the public works and/or premises where the work is being performed.

Firm: Gallo Construction Corp.

By: 
(Signature)

Michael A. Gallo
(Typed)

Title: VP

Date: 4/4/24



AIA Document A305™ – 2020

Contractor's Qualification Statement

THE PARTIES SHOULD EXECUTE A SEPARATE CONFIDENTIALITY AGREEMENT IF THEY INTEND FOR ANY OF THE INFORMATION IN THIS A305-2020 TO BE HELD CONFIDENTIAL.

SUBMITTED BY:

(Organization name and address.)

Gallo Construction Corp
50 Lincoln Ave
Watervliet, NY 12189

SUBMITTED TO:

(Organization name and address.)

Albany County Purchasing
112 State Street
Albany, NY 12207

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

TYPE OF WORK TYPICALLY PERFORMED

(Indicate the type of work your organization typically performs, such as general contracting, construction manager as constructor services, HVAC contracting, electrical contracting, plumbing contracting, or other.)

General Construction

THIS CONTRACTOR'S QUALIFICATION STATEMENT INCLUDES THE FOLLOWING:

(Check all that apply.)

- Exhibit A – General Information
- Exhibit B – Financial and Performance Information
- Exhibit C – Project-Specific Information
- Exhibit D – Past Project Experience
- Exhibit E – Past Project Experience (Continued)

CONTRACTOR CERTIFICATION

The undersigned certifies under oath that the information provided in this Contractor's Qualification Statement is true and sufficiently complete so as not to be misleading.

4/4/24

Organization's Authorized Representative Signature

Date

Michael A Gallo, Vice President

Printed Name and Title

NOTARY

State of: New York

County of: Albany

Signed and sworn to before me this 4th. day of April

Notary Signature

MINKA MADDOCKS
Notary Public, State of New York
Registration No. 01MA6006562
Qualified in Saratoga County
Commission Expires July 13, 2024

My commission expires:

7.13.24

Init.

 **AIA**® Document A305™ – 2020 Exhibit A
General Information

This Exhibit is part of the Contractor’s Qualification Statement, submitted by Gallo Construction Corp and dated the 4th day of April in the year 2024
(In words, indicate day, month and year.)

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

§ A.1 ORGANIZATION

§ A.1.1 Name and Location

§ A.1.1.1 Identify the full legal name of your organization.

Gallo Construction Corp

§ A.1.1.2 List all other names under which your organization currently does business and, for each name, identify jurisdictions in which it is registered to do business under that trade name.

None

§ A.1.1.3 List all prior names under which your organization has operated and, for each name, indicate the date range and jurisdiction in which it was used.

Colonie Construction Corp (1946-1982)

§ A.1.1.4 Identify the address of your organization’s principal place of business and list all office locations out of which your organization conducts business. If your organization has multiple offices, you may attach an exhibit or refer to a website.

50 Lincoln Ave., Watervliet, NY 12189

§ A.1.2 Legal Status

§ A.1.2.1 Identify the legal status under which your organization does business, such as sole proprietorship, partnership, corporation, limited liability corporation, joint venture, or other.

Corporation

.1 If your organization is a corporation, identify the state in which it is incorporated, the date of incorporation, and its four highest-ranking corporate officers and their titles, as applicable.

New York Incorporated 06/1958 President - Anthony J Gallo
Vice President - Michael A Gallo
Secretary - Karen Gallo
Treasurer - Marjorie Gallo

.2 If your organization is a partnership, identify its partners and its date of organization.

Init

- .3 If your organization is individually owned, identify its owner and date of organization.
- .4 If the form of your organization is other than those listed above, describe it and identify its individual leaders:

§ A.1.2.2 Does your organization own, in whole or in part, any other construction-related businesses? If so, identify and describe those businesses and specify percentage of ownership.

No

§ A.1.3 Other Information

§ A.1.3.1 How many years has your organization been in business?

Since 1946

§ A.1.3.2 How many full-time employees work for your organization?

25-45

§ A.1.3.3 List your North American Industry Classification System (NAICS) codes and titles. Specify which is your primary NAICS code.

236200

§ A.1.3.4 Indicate whether your organization is certified as a governmentally recognized special business class, such as a minority business enterprise, woman business enterprise, service disabled veteran owned small business, woman owned small business, small business in a HUBZone, or a small disadvantaged business in the 8(a) Business Development Program. For each, identify the certifying authority and indicate jurisdictions to which such certification applies.

None

§ A.2 EXPERIENCE

§ A.2.1 Complete Exhibit D to describe up to four projects, either completed or in progress, that are representative of your organization's experience and capabilities.

§ A.2.2 State your organization's total dollar value of work currently under contract.

\$14,450,727

§ A.2.3 Of the amount stated in Section A.2.2, state the dollar value of work that remains to be completed:

\$7,744,000

§ A.2.4 State your organization's average annual dollar value of construction work performed during the last five years.

\$12,749,384

§ A.3 CAPABILITIES

§ A.3.1 List the categories of work that your organization typically self-performs.

Sitework, Concrete, Rough / Finish Carpentry, Specialties, Demolition, Bridge Replacement
Interior Finishes, Utility Work, Earthwork and Drywall

§ A.3.2 Identify qualities, accreditations, services, skills, or personnel that you believe differentiate your organization from others.

Gallo Construction is a trusted general contractor for over 70 years performing general construction in all sections of light commercial, K-12, municipal and heavy highway work. We hold a contractors license in Virginia. We are members of the ABC, as well as partner with them for the apprentice program. Our Staff, attached, has a significant amount of experience in the construction industry.

§ A.3.3 Does your organization provide design collaboration or pre-construction services? If so, describe those services.

No

§ A.3.4 Does your organization use building information modeling (BIM)? If so, describe how your organization uses BIM and identify BIM software that your organization regularly uses.

No

§ A.3.5 Does your organization use a project management information system? If so, identify that system.

Yes, Sage Timberline Project Management

§ A.4 REFERENCES

§ A.4.1 Identify three client references:

(Insert name, organization, and contact information)

Whitehall CSD - Mick Derway 518-361-7363

Pepsi Bottling Group - Mark Terefenko 732-299-9306

City of Watervliet - Charlie Petricelli 518-270-3815

§ A.4.2 Identify three architect references:

(Insert name, organization, and contact information)

Tetra Tech Architecture - Mark Bouley 617-216-6796

CS Arch - Scott Wolf or Doug Dickinsen 518-898-9826

RIDA Architecture - Dominic Rigosu 518-713-4539

§ A.4.3 Identify one bank reference:

(Insert name, organization, and contact information)

Community Bank, NA

19 Corporate Woods Blvd., Albany, NY 12211

Michelle Rouleau (518)903-8704

§ A.4.4 Identify three subcontractor or other trade references:
(Insert name, organization, and contact information)

Core & Main LP
1830 Craig Park Ct
St Louis, MO 63146
P: 314-995-9138

RJ Valente Gravel
315 Partition Street
Rensselaer, NY 12144
P: 518-432-4470

Cranesville Block
1250 Riverfront Center
Amsterdam, NY 12010
P: 518-877-5560

Init.

 **AIA** Document A305™ – 2020 Exhibit B
Financial and Performance Information

This Exhibit is part of the Contractor's Qualification Statement, submitted by
Gallo Construction Corp
and dated the 4th. day of April
in the year 2024
(In words, indicate day, month and year.)

This document has important
legal consequences.
Consultation with an attorney is
encouraged with respect to its
completion or modification.

§ B.1 FINANCIAL

§ B.1.1 Federal tax identification number:

14-1454116

§ B.1.2 Attach financial statements for the last three years prepared in accordance with
Generally Accepted Accounting Principles, including your organization's latest balance
sheet and income statement. Also, indicate the name and contact information of the firm
that prepared each financial statement.

Jared Amyot
The Bonadio Group
6 Wembley Ct., Albany, NY 12205
518-250-7726

§ B.1.3 Has your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or
management, been the subject of any bankruptcy proceeding within the last ten years?

No

§ B.1.4 Identify your organization's preferred credit rating agency and identification information.
*(Identify rating agency, such as Dun and Bradstreet or Equifax, and insert your organization's identification number or
other method of searching your organization's credit rating with such agency.)*

Dun & Bradstreet 00-242-0560

§ B.2 DISPUTES AND DISCIPLINARY ACTIONS

§ B.2.1 Are there any pending or outstanding judgments, arbitration proceedings, bond claims, or lawsuits against your
organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management, or any of
the individuals listed in Exhibit A, Section 1.2, in which the amount in dispute is more than \$75,000?
(If the answer is yes, provide an explanation.)

No

§ B.2.2 In the last five years, has your organization, its parent, or a subsidiary, affiliate, or other entity having common
ownership or management:
(If the answer to any of the questions below is yes, provide an explanation.)

.1 failed to complete work awarded to it?

No

Init.

- .2 been terminated for any reason except for an owners' convenience?
No

- .3 had any judgments, settlements, or awards pertaining to a construction project in which your organization was responsible for more than \$75,000?
Yes. Arbitration with Rensselaer WWTP. Gallo was awarded \$300,000 even. The Project had numerous changes that were never initially recognized or accepted.

- .4 filed any lawsuits or requested arbitration regarding a construction project?
No

§ B.2.3 In the last five years, has your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management; or any of the individuals listed in Exhibit A Section 1.2:
(If the answer to any of the questions below is yes, provide an explanation.)

- .1 been convicted of, or indicted for, a business-related crime?
No

- .2 had any business or professional license subjected to disciplinary action?
No

- .3 been penalized or fined by a state or federal environmental agency?
No

 **AIA**® Document A305™ – 2020 Exhibit C
Project Specific Information

This Exhibit is part of the Contractor's Qualification Statement, submitted by Gallo Construction Corp and dated the 4th. day of April in the year 2024
(In words, indicate day, month and year.)

PROJECT:
(Name and location or address.)
Lawson Lake Upper Camp Renovation

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

CONTRACTOR'S PROJECT OFFICE:
(Identify the office out of which the contractor proposes to perform the work for the Project.)

Central Office located at: 50 Lincoln Ave., Watervliet, NY 12189

TYPE OF WORK SOUGHT
(Indicate the type of work you are seeking for this Project, such as general contracting, construction manager as constructor, design-build, HVAC subcontracting, electrical subcontracting, plumbing subcontracting, etc.)
General Construction

CONFLICT OF INTEREST
Describe any conflict of interest your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management, or any of the individuals listed in Exhibit A Section 1.2, may have regarding this Project.
No

§ C.1 PERFORMANCE OF THE WORK
§ C.1.1 When was the Contractor's Project Office established?
1946

§ C.1.2 How many full-time field and office staff are respectively employed at the Contractor's Project Office?
10 in the office and 22 in the field.

§ C.1.3 List the business license and contractor license or registration numbers for the Contractor's Project Office that pertain to the Project.
None, but we do hold a VA license.

Init.

§ C.1.4 Identify key personnel from your organization who will be meaningfully involved with work on this Project and indicate (1) their position on the Project team, (2) their office location, (3) their expertise and experience, and (4) projects similar to the Project on which they have worked.

§ C.1.5 Identify portions of work that you intend to self-perform on this Project.

Under Review

§ C.1.6 To the extent known, list the subcontractors you intend to use for major portions of work on the Project.

(Scope still under review)

§ C.2 EXPERIENCE RELATED TO THE PROJECT

§ C.2.1 Complete Exhibit D to describe up to four projects performed by the Contractor's Project Office, either completed or in progress, that are relevant to this Project, such as projects in a similar geographic area or of similar project type. If you have already completed Exhibit D, but want to provide further examples of projects that are relevant to this Project, you may complete Exhibit E.

§ C.2.2 State the total dollar value of work currently under contract at the Contractor's Project Office:

\$14,450,727

§ C.2.3 Of the amount stated in Section C.2.2, state the dollar value of work that remains to be completed:

\$7,744,000

§ C.2.4 State the average annual dollar value of construction work performed by the Contractor's Project Office during the last five years.

\$12,749,384

§ C.2.5 List the total number of projects the Contractor's Project Office has completed in the last five years and state the dollar value of the largest contract the Contractor's Project Office has completed during that time.

94 Projects. Whitehall CSD \$4,441,225

§ C.3 SAFETY PROGRAM AND RECORD

§ C.3.1 Does the Contractor's Project Office have a written safety program?

Yes

§ C.3.2 List all safety-related citations and penalties the Contractor's Project Office has received in the last three years.

N/A

§ C.3.3 Attach the Contractor's Project Office's OSHA 300a Summary of Work-Related Injuries and Illnesses form for the last three years.

Init.

§ C.3.4 Attach a copy of your insurance agent's verification letter for your organization's current workers' compensation experience modification rate and rates for the last three years.

§ C.4 INSURANCE

§ C.4.1 Attach current certificates of insurance for your commercial general liability policy, umbrella insurance policy, and professional liability insurance policy, if any. Identify deductibles or self-insured retentions for your commercial general liability policy.

§ C.4.2 If requested, will your organization be able to provide property insurance for the Project written on a builder's risk "all-risks" completed value or equivalent policy form and sufficient to cover the total value of the entire Project on a replacement cost basis?

Yes

§ C.4.3 Does your commercial general liability policy contain any exclusions or restrictions of coverage that are prohibited in AIA Document A101-2017, Exhibit A, Insurance A.3.2.2.2? If so, identify.

No

§ C.5 SURETY

§ C.5.1 If requested, will your organization be able to provide a performance and payment bond for this Project?

Yes

§ C.5.2 Surety company name:

The Ohio Casualty Insurance Co
62 Maple Avenue
Keene, NH 03431

§ C.5.3 Surety agent name and contact information:

Bonding Co: James P. Reagan Agency - 8 E. Main St. P.O. Box 191, Marcellus, NY 13108-0191
Francis A. Lowther - Phone: (315) 637-2094 x381
Agent: Liberty Mutual Insurance - 5062 Brittonfield Parkway, East Syracuse, NY 13057
Claudette Lawson (315) 431-6592

§ C.5.4 Total bonding capacity:

\$12M

§ C.5.5 Available bonding capacity as of the date of this qualification statement:

\$8M



AIA[®] Document A305[™] – 2020 Exhibit D

Contractor's Past Project Experience

	1	2	3	4
PROJECT NAME	Troy CSD (18034)	Greenfield Fire Dept (20037)	Rotterdam Mohonasen CSD (19078)	North Colonic CSD (19151)
PROJECT LOCATION	Troy, NY	Greenfield, NY	Rotterdam, NY	Colonie, NY
PROJECT TYPE	Building	Building	Building	Building
OWNER	Troy Central School Dist.	Greenfield Fire Dept	Rotterdam Mohonasen Central School District	North Colonic Central School District
ARCHITECT	Mosaic Associates	Chazen Companies	CS Arch	CS Arch
CONTRACTOR'S PROJECT EXECUTIVE	Mike Pascazio	James VanVorst	James VanVorst	Mike Pascazio
KEY PERSONNEL (include titles)				
PROJECT DETAILS	Contract Amount \$162,509 Completion Date 09/08/2018 % Self-Performed Work 40	Contract Amount \$347,500 Completion Date 11/06/2020 % Self-Performed Work 75	Contract Amount \$551,869 Completion Date 09/12/2019 % Self-Performed Work 50	Contract Amount \$579,546 Completion Date 04/10/2020 % Self-Performed Work 60
PROJECT DELIVERY METHOD	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:
SUSTAINABILITY CERTIFICATIONS				

Init.



AIA Document A305™ – 2020 Exhibit E

Contractor's Past Project Experience, Continued

	1	2	3	4
PROJECT NAME	Watervliet Bell Project (21028)	Troy Marina Dockmaster (19170)	Whitehall CSD Lockers (21054)	Cohoes Canal Square Pavillion (19125)
PROJECT LOCATION	Watervliet, NY	Troy, NY	Whitehall, NY	Cohoes, NY
PROJECT TYPE	Building / Sitework	Building / Sitework	Building	Building / Sitework
OWNER	Watervliet Charitable Foundation	City of Troy	Whitehall Central School District	City of Cohoes
ARCHITECT	Watervliet Charitable Foundation	CS Arch	Tetra Tech Architecture	Chazen Engineering
CONTRACTOR'S PROJECT EXECUTIVE	Michael Gallo	Michael Pascazio	Michael Pascazio	James vanVorst
KEY PERSONNEL (include titles)				
PROJECT DETAILS	Contract Amount \$92,950 Completion Date 08/17/2021 % Self-Performed Work 80	Contract Amount \$281,124 Completion Date 09/18/2020 % Self-Performed Work 75	Contract Amount \$508,665 Completion Date 12/15/2021 % Self-Performed Work 40	Contract Amount \$268,274 Completion Date 11/29/2019 % Self-Performed Work 80
PROJECT DELIVERY METHOD	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:	<input type="checkbox"/> Design-bid-build <input type="checkbox"/> Design-build <input type="checkbox"/> CM constructor <input type="checkbox"/> CM advisor <input type="checkbox"/> Other:
SUSTAINABILITY CERTIFICATIONS				

Init.

A Partial List of Major Equipment Available

Asset Class	Asset Number	Description	Asset Number	Description	Asset Number	Description
EQUIP	EQ 030	Wheel Loaders Cat 2 Ea	EQ 087	Forms-Epo Steel Concrete	EQ 104	TOPCON GPS
EQUIP	EQ 031	Wheel Loaders Furukawa	EQ 088	Buggies Power 4 Ea	EQ 105	TOPCON Total Station
EQUIP	EQ 032	Wheel Loader Case w/700	EQ 089	Core Dill Machine 2 ea.	EQ 106	Cat D-5 Dozer
EQUIP	EQ 033	Backhoe Kobelco 860	EQ 070	Power Trowel 36" 2 Ea	EQ 107	2000 International Tractor
EQUIP	EQ 034	Backhoe MF 50	EQ 071	Hammer-Drills 8 ea	EQ 108	1992 Rodgers lowboy 50 ton.
EQUIP	EQ 035	Excavator Kobelco 210	EQ 072	Insulated Blankets 5000 Sf	EQ 109	2008 Excavator Kobelco 350
EQUIP	EQ 036	Excavator Kobelco 220	EQ 073	Masonry Table Saw	EQ 110	Terex 60 boom lift
EQUIP	EQ 037	Dozer AG H6	EQ 074	Mortar Mixer 2 ea	EQ 111	JLG 60 boom lift
EQUIP	EQ 038	Dozer Dresser TD8H	EQ 075	Frames Steel Scoafolding 360 Ea.	EQ 112	Doka Concrete Forms
EQUIP	EQ 039	Dump Truck Ford	EQ 076	Various Water Pumps	EQ 113	Felco tamper bucket
EQUIP	EQ 040	Dump Truck Freightliner	EQ 077	1" Homolite Pump 4 Ea	EQ 114	Kobelco SK235
EQUIP	EQ 041	Dump Truck Paystar 5000 Tr	EQ 078	1 1/2" Homolite Pump 3 Ea	EQ 115	ASV 85-Skid Steer
EQUIP	EQ 042	Dump Truck International	EQ 079	2" Esco Subm Pump 4Ea	EQ 116	Cat D6N1X
EQUIP	EQ 043	Truck Chevy PU	EQ 080	3" G-R Subm Pump	EQ 117	trimble machine control
EQUIP	EQ 044	Truck Chevy PU	EQ 081	3" Homolite Pump 2ea	EQ 118	Trimble GPS
EQUIP	EQ 045	Truck Ford PU 3ea	EQ 082	6" Trailer Mounted Pump	EQ 119	Topcon Robotic Survey
EQUIP	EQ 046	Truck Dodge PU	EQ 083	Satty Barrels 300 Ea	EQ 120	Skat Track 1700 Skid Steer
EQUIP	EQ 047	Trailer/Eager Beaver 10 Ton Eq	EQ 084	Side Dump	EQ 121	Vermeer Rock Saw
EQUIP	EQ 048	Trailer Eager Beaver 25 Ton Eq	EQ 085	Roadplate Various Sizes	EQ 122	
EQUIP	EQ 049	Telescopic JCB Fork Lift 2ea	EQ 086	Laser Level 2 Ea	EQ 123	
EQUIP	EQ 050	Telescopic Lull Fork Lift	EQ 087	Pipe Lasers 2 Ea	EQ 124	
EQUIP	EQ 051	Air Compressors Sullair 150	EQ 088	Auto Levels 3 Ea	EQ 125	
EQUIP	EQ 052	Air Compressors Sullair 185	EQ 089	Auto Trimles 2 Ea	EQ 126	
EQUIP	EQ 053	Welders 4 ea	EQ 090	Billack Sissors Lift 20'	EQ 127	
EQUIP	EQ 054	Compactor Jumping Jack 4 ea	EQ 091	Upright Sissors Lift 32'	EQ 128	
EQUIP	EQ 055	Compactor Plate Tampers 5 Ea	EQ 092	Stone Box 6 cy 2 ea	EQ 129	
EQUIP	EQ 056	Compactor Bomag Roller	EQ 093	Road Signs	EQ 130	
EQUIP	EQ 057	Trailer Storage 1/4 Ea	EQ 094	Hoe Pack Compactor	EQ 131	
EQUIP	EQ 058	Trailer Office 7 Ea	EQ 095	2 Ea. Reversible Compactors		
EQUIP	EQ 059	Generators 5 Ea	EQ 096	Street Broom		
EQUIP	EQ 060	Saws Concrete 6 Ea	EQ 097	Stone Box 6 cy 2 ea		
EQUIP	EQ 061	Saw Concrete Walk Behind 2 ea	EQ 098	Portable Heaters 6 Ea		
EQUIP	EQ 062	Trench Box 8 X 20	EQ 100	Kobelco SK-170		
EQUIP	EQ 063	Trench Box 10 X 8	EQ 101	Rodgers 40 Lowboy		
EQUIP	EQ 064	Trench Box 20 X 5	EQ 102	D-5 High Track		
EQUIP	EQ 065	Steel Trench Shoring 20 8 2ea	EQ 103			

ANY ADDITIONAL EQUIPMENT NEEDED WILL BE RENTED

Bid Information

EMR

2023	0.83
2022	0.85
2021	0.91
2020	1.03
2019	1.25

TRFR - Total Recordable Frequency Rate

2023	11.65
2022	16.25
2021	4.16
2020	3.23
2019	2.19

Total Recordable Cases x 200,000

Total Employee Labor Hours

Total Man Hours Worked / Avg EE's

2023	51,508	31
2022	36,926	22
2021	48,037	22
2020	61,984	25
2019	91,370	34

DART - Days Away From Work Or Job Transfer

2023	-
2022	43.33
2021	8.33
2020	3.23
2019	4.38

Total Dart Incidents x 200,000

Total Employee Labor Hours

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year **2023**

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types						
Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
0	3	0	0	0	0	0
(M)						

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Gallo Construction Corp.
 Street 50 Lincoln Avenue City Watervliet State New York Zip 12189
 Industry description (e.g., Manufacture of motor truck trailers) General Contractors
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715) _____
 OR North American Industrial Classification (NAICS), if known (e.g., 336212) _____
2 3 6 2 0 0

Employment information

Annual average number of employees 31
 Total hours worked by all employees last year 51,508

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Lisa A. Gizera Company executive
 Controller
 Title

518-273-0234 Phone

2/2024 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employers, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

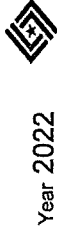
Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	3 (H)	0 (I)	0 (J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
8 (K)	0 (L)

Injury and Illness Types						
Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	3	0	0	0	0	0

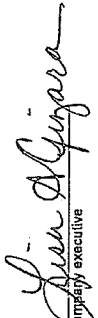
Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 56 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2022

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0178

Establishment information	
Your establishment name	Gallo Construction Corp.
Street	50 Lincoln Avenue
City	Watervliet
State	New York
Zip	12189
Industry description (e.g., Manufacture of motor truck trailers)	General Contractors
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
OR North American Industrial Classification (NAICS), if known (e.g., 336212)	
Employment information	
Annual average number of employees	22
Total hours worked by all employees last year	36,926
Sign here	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Lisa A. Ozara Company executive 	
Phone	518-273-0234
Controller Title	
Date	2/1/2023

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2021

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of cases other recordable
0 (G)	1 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2 (K)	0 (L)

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	0	0	1	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Gallo Construction Corp.
 Street 50 Lincoln Avenue City Watervliet State New York Zip 12189
 Industry description (e.g., Manufacture of motor truck trailers) General Contractors
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715) _____
 OR North American Industrial Classification (NAICS), if known (e.g., 336212) 2 3 6 2 0 0

Employment information

Annual average number of employees _____ 22
 Total hours worked by all employees last year _____ 34,847

Sign here

Lisa A. Gizara

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Lisa A. Gizara Company executive
518-273-0234 Phone
 _____ Title
2/12/22 Date

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT A - COMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontractor projects up to that number.						
Agency/Owner	Award Date	Amount	Date Completed			
1. Agency/Owner City of Watervliet - Municipal Pool Spray Pad	1/6/2022	491,608.00	3/31/2023			
Contact Person Jeff Budrow	Telephone No. (518) 463-4400	Design Architect and/or Design Engineer Weston & Sampson PC				
Contract No. ENG21-0490	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
2. Agency/Owner Berlin CSD - Stormwater	10/6/2022	165,578.00	6/23/2023			
Contact Person Melissa Ellwanger	Telephone No.	Design Architect and/or Design Engineer Synthesis Architects LLP				
Contract No. 2019013.08	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
3. Agency/Owner Greater Amsterdam CSD - Bus Turnaround	6/21/2023	1,447,232	12/19/2023			
Contact Person Stephen Shockley	Telephone No. (315) 782-8130	Design Architect and/or Design Engineer BCA Architects & Engineers				
Contract No. 2021-049 D	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
4. Agency/Owner	Award Date	Amount	Date Completed			
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
5. Agency/Owner	Award Date	Amount	Date Completed			
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT A - COMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontracts on projects up to that number.						
Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed	
6.						
Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed	
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
7.						
Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed	
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
8.						
Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed	
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
9.						
Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed	
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	
10.						
Agency/Owner	Telephone No.	Design Architect and/or Design Engineer	Award Date	Amount	Date Completed	
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable			EIN of JV, if applicable	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT A - COMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontractson projects up to that number.						
Agency/Owner	Award Date	Amount	Date Completed	Telephone No.	Design Architect and/or Design Engineer	EIN of JV, if applicable
1. Town of Halfmoon - Recreation Pavilion Contact Person Jack Grieshaber Contract No. Prime	6/23/2023	1,020,112.25	11/30/2023	(518) 463-4400	Design Architect and/or Design Engineer Waston & Sampson	
2. Agency/Owner Midway Fire Department Contact Person Nicholas Lobosco, RA Contract No. Prime or Sub Prime	1/10/2023	63,009.00	4/30/2023	(518) 786-7469	Design Architect and/or Design Engineer CT Male Associates	
3. Agency/Owner Glens Falls CSD Contact Person Wayne Williams Contract No. APN 2114.1 Prime or Sub Prime	12/13/2022	1,150,434.00	12/6/2023	(518) 479-4000	Design Architect and/or Design Engineer Mosaic Associates	
4. Agency/Owner Town of Halfmoon - Highway Garage Contact Person Nicholas Lobosco, RA Contract No. 19.9209 Prime or Sub Prime	12/12/2022	1,631,115.00	11/30/2023	(518) 786-7469	Design Architect and/or Design Engineer CT Male Associates	
5. Agency/Owner Scotia Glenville CSD Contact Person Alistair Aitchison Contract No. 20-3060 Prime or Sub Prime	6/13/2022	1,833,976.00	10/31/2023	(518) 435-2467	Design Architect and/or Design Engineer SEI Design Group	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT A - COMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.0: List the ten most recent construction contracts the Business Entity has completed. If less than ten, include most recent subcontracts on projects up to that number.						
Agency/Owner	Office Loading Dock	Award Date	Amount	Date Completed		
6.	County of Schenectady - Office Loading Dock	10/19/2022	327,537.62	5/22/2023		
	Contact Person Scott Tomlinson	Telephone No. (518) 388-4626	Design Architect and/or Design Engineer Schenectady County Purchasing Department			
	Contract No. RFB-2022-56R	Prime or Sub Prime	Joint Venture (JV) Name, if applicable	EIN of JV, if applicable		
7.	Agency/Owner Brunswick CSD	Award Date 1/13/2022	Amount 1,715,992.33	Date Completed 11/30/2023		
	Contact Person William Calhoun, RA	Telephone No. (518) 435-2467	Design Architect and/or Design Engineer SEI Design Group			
	Contract No.	Prime or Sub Prime	Joint Venture (JV) Name, if applicable	EIN of JV, if applicable		
8.	Agency/Owner Watervliet CSD	Award Date 4/6/2021	Amount 1,499,303.81	Date Completed 11/30/2023		
	Contact Person Scott Wolfe	Telephone No. (518) 898-9860	Design Architect and/or Design Engineer UW Marx			
	Contract No. 144-2001	Prime or Sub Prime	Joint Venture (JV) Name, if applicable	EIN of JV, if applicable		
9.	Agency/Owner Enlarged CSD of Troy - PS12	Award Date 12/22/2022	Amount 502,769.87	Date Completed 11/30/2023		
	Contact Person Lori DeMania	Telephone No. (518) 212-2541	Design Architect and/or Design Engineer Mosaic Associates			
	Contract No. 2205.11	Prime or Sub Prime	Joint Venture (JV) Name, if applicable	EIN of JV, if applicable		
10.	Agency/Owner Whitehall CSD	Award Date 4/24/2020	Amount 4,403,314.61	Date Completed 1/31/2022		
	Contact Person Mick Derway	Telephone No. (607) 277-7100	Design Architect and/or Design Engineer Tetra Tech Architects			
	Contract No. 201707-18001	Prime or Sub Prime	Joint Venture (JV) Name, if applicable	EIN of JV, if applicable		

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT B - UNCOMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.1: List all current uncompleted construction contracts.									
1.	Agency/Owner Town of Clifton Park - Playground (21044)	Award Date 5/7/2021	Amount 57,818	Date Completed 11/30/2021					
	Contact Person Traci Sousa	Telephone No. (515) 371-0779	Design Architect and/or Design Engineer Mj Engineering						
	Contract No. 965.10	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 57,818.00	Amount Sublet to Others 28,437.00	Uncompleted Amount 47,259.00				
2.	Agency/Owner Whitehall CSD (20040)	Award Date 4/24/2020	Amount 4,073,800	Date Completed 11/15/2021					
	Contact Person Mark Bouley	Telephone No. (607) 216-6796	Design Architect and/or Design Engineer Tetra Tech Architects						
	Contract No. 07879-18001	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 4,349,373.00	Amount Sublet to Others 2,791,559.00	Uncompleted Amount 380,829.00				
3.	Agency/Owner North Warren CSD (20109)	Award Date 11/19/2020	Amount 234,200	Date Completed 10/31/2021					
	Contact Person Tiffany Faltermeier	Telephone No. (518) 261-8678	Design Architect and/or Design Engineer BCA Architects						
	Contract No. 2019-512	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 234,200.00	Amount Sublet to Others 128,922.00	Uncompleted Amount 10,000.00				
4.	Agency/Owner Watervliet CSD - 2020 Capital Project (21042)	Award Date 4/6/2021	Amount 945,800	Date Completed 11/30/2021					
	Contact Person Joseph Wasco	Telephone No. (607) 221-1434	Design Architect and/or Design Engineer CS Arch						
	Contract No. 144-2001	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 1,009,227.00	Amount Sublet to Others 691,169.00	Uncompleted Amount 390,255.00				

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT B - UNCOMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.1: List all current uncompleted construction contracts.									
5.	Agency/Owner New Lebanon CSD (21088)	Award Date 7/8/2021	Amount 328,000	Date Completed 10/30/2021					
	Contact Person Thomas Schiller	Telephone No. (518) 479-4000	Design Architect and/or Design Engineer Mosaic Associates						
	Contract No. APN 1629.3	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 328,000.00	Amount Sublet to Others 166,685.00	Uncompleted Amount 46,678.00				
6.	Agency/Owner City of Albany - Hudson Ave Vault Repair (21101)	Award Date 8/19/2021	Amount 73,800	Date Completed 11/30/2021					
	Contact Person Chris Marini	Telephone No. (518) 898-7777	Design Architect and/or Design Engineer City of Albany Engineers						
	Contract No. 21101	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 73,800.00	Amount Sublet to Others 12,010.00	Uncompleted Amount 71,136.00				
7.	Agency/Owner Catskill CSD (20091)	Award Date 10/21/2020	Amount 1,307,571.26	Date Completed 10/31/2021					
	Contact Person Gabrielle Marcigliano	Telephone No. (212) 388-5700	Design Architect and/or Design Engineer Triton Construction Co						
	Contract No. SC-1	Prime or Sub Sub - Sitework	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 1,307,572.00	Amount Sublet to Others 449,158.00	Uncompleted Amount 42,000.00				
8.	Agency/Owner City of Albany - Fire Station (21058)	Award Date 5/10/2021	Amount 99,954	Date Completed 10/31/2021					
	Contact Person Patrick McCutcheon	Telephone No. (518) 330-8245	Design Architect and/or Design Engineer City of Albany Engineers						
	Contract No.	Prime or Sub Prime	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable				
			Total Contract Amount 99,954.00	Amount Sublet to Others 23,162.00	Uncompleted Amount 5,663.00				

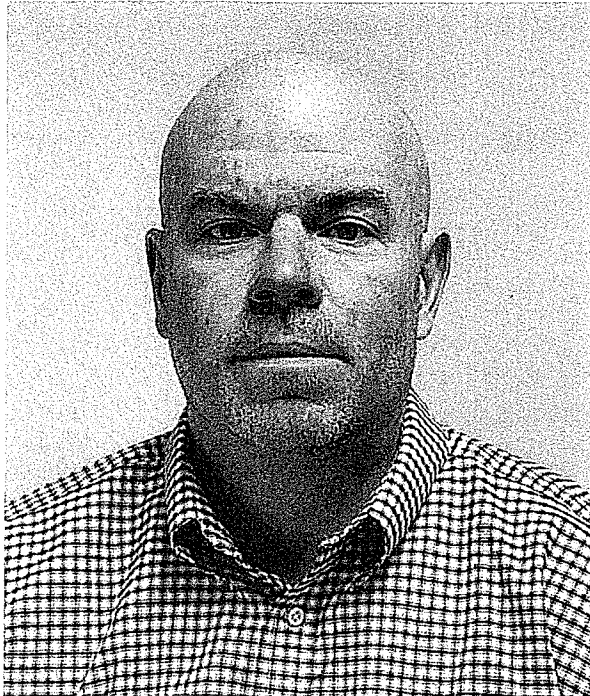
**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
ATTACHMENT B - UNCOMPLETED CONSTRUCTION CONTRACTS**

EIN: 141454116

Question 3.1: List all current uncompleted construction contracts.						
Agency/Owner	Award Date	Amount	Date Completed			
9.						
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount		
Agency/Owner			Award Date	Amount	Date Completed	
Contact Person	Telephone No.	Design Architect and/or Design Engineer				
Contract No.	Prime or Sub	Joint Venture (JV) Name, if applicable		EIN of JV, if applicable		
		Total Contract Amount	Amount Sublet to Others	Uncompleted Amount		
Grand Total All Uncompleted Contracts				\$993,820.00		



Douglas Schoonmaker
Construction Project Manager



- New Classroom Finishes
 - Wall Patches
 - Paint
 - ACT, VCT
 - Doors and Hardware
- Locker Replacement
 - Demo
 - Install New Lockers and Trim

Doug Schoonmaker brings over 15 years of professional construction supervision to your project in all areas of the construction industry.

Education: RPI, Troy
B.S. Civil Engineering

OSHA and Safety Guidelines:
OSHA 30

Previous School Work Experience

- ❖ Ballston Spa Central School District
- ❖ Hunter Tannersville CSD
- ❖ Brunswick CSD
- ❖ Greenville Drainage

Window Replacement

- Window Caulk Abatement
- Window Removal / Installation
- Masonry Installation

Auditorium Remodels

- Replace Drapery
- New Stage Lighting
- Stage Rigging

Bathroom Remodels

- Demo Existing
- Hydraulic Cement Infill
- Ceramic Tile, Bathroom Accessories

Roofing

- Install Roof Curbs for New MEP

Equipment

- New Roof Framed Opening
- Removal of abandoned MEP Curbs

New Practice Baseball/Soccer Field

- Grade
- Install Irrigation System
- Fencing

Previous Work Experience

UW Marx - Project Manager

Saratoga Project Management - Project Manager

Bonacio Construction - Project Manager

Turner Construction - Project Manager

- Coordinate subcontractors
- Schedule sub-contractors and vendors in critical path timely completion of project
- Perform quality control of all contractors related to GC package
- Job site set up and preparation for demo
- Building layout and building placement in accordance with surveyed points
- Job site safety / Tool Box Talks
- Ensure that all contractors are fully executing their scope of work as outlined in their contracts
- Communicate with project team regarding RFI'S and Change Orders and submittals
- Scheduling proper man power and equipment to execute the job as required
- Attend weekly job progress meetings
- Issuing of PO's for equipment and materials needed to complete the job in a timely fashion



Michael Maguire
Estimator / Project Manager



Michael Maguire brings over 40 years of professional construction supervision to your project in all areas of the construction industry.

Education: Syracuse University

OSHA and Safety Guidelines

Previous Work Experience

- ❖ Tannersville CSD
- ❖ South Glens Falls CSD
- ❖ Shenendehowa CSD
- ❖ Saratoga Housing Authority
- ❖ Matton Shipyard Restoration
- ❖ Burnt Hills Ballston Lake CSD

Building Additions

Masonry
Steel
Glass

Auditorium Remodels

Replace Drapery
New Stage Lighting
Stage Rigging

Bathroom Remodels

Demo Existing
Hydraulic Cement Infill
Ceramic Tile, Bathroom Accessories

New Classroom Finishes

Wall Patches
Paint
ACT, VCT
Doors and Hardware

Locker Replacement

Demo
Install New Lockers and Trim

Previous Work Experience

Bast Hatfield – PM and Estimator

Duties included estimating, contracts, Permits, change orders, RFIs, Construction Scheduling, hiring Subcontractors, ordering materials and Project Close-out.

Rite Aid remodels throughout the New England States and New York

- Coordinate subcontractors
- Schedule sub-contractors and vendors in critical path timely completion of project
- Perform quality control of all contractors related to GC package
- Job site set up and preparation for demo
- Building layout and building placement in accordance with surveyed points
- Job site safety / Tool Box Talks
- Ensure that all contractors are fully executing their scope of work as outlined in their contracts
- Communicate with project team regarding RFIS and Change Orders and submittals
- Scheduling proper man power and equipment to execute the job as required
- Attend weekly job progress meetings
- Issuing of PO's for equipment and materials needed to complete the job in a timely fashion

Carmen Guarneri
Construction Project Superintendent



Carmen Guarneri brings over 25 years of professional construction supervision to your project in all areas of the construction industry.

Education: Cabot College
Worked his way up from journeymen carpenter to Project Superintendent

OSHA and Safety Guidelines:
OSHA 30

Previous Work Experience

NE Building Consultants

Project Manager / Senior Superintendent

Gordon Development

Director of Construction

Bunkoff General Contractors

Project Superintendent

- Coordinate subcontractors
- Schedule sub-contractors and vendors in critical path timely completion of project
- Perform quality control of all contractors related to GC package
- Job site set up and preparation for demo
- Building layout and building placement in accordance with surveyed points
- Job site safety / Tool Box Talks
- Ensure that all contractors are fully executing their scope of work as outlined in their contracts
- Communicate with project team regarding RFI'S and Change Orders and submittals
- Scheduling proper man power and equipment to execute the job as required
- Attend weekly job progress meetings
- Daily logs and time sheets
- Cost coding of invoices generated on the job
- Issuing of PO's for equipment and materials needed to complete the job in a timely fashion

Previous School Work Experience

- ❖ **Ravena Coeymans Selkirk CSD**
- ❖ **New Lebanon CSD**
- ❖ **Schenectady County Community College**
- ❖ **Chatham CSD**
- ❖ **Bolton Landing CSD**
- ❖ **Schenectady CSD**
- ❖ **Hunters / Tannersville CSD**
- ❖ **Troy CSD**
- ❖ **Woburn Memorial High School**

Architectural Concrete Flatwork Enveloping
Inlaid Pavers
Cast In Place Stairways
Complete Renovations Including New Classrooms,
Offices and Commercial Kitchen
New Elevator Installations
Complete and Selective Structural Demos
Architectural Exterior Masonry
Installation of New Entryways
Second Floor Addition
New Bathroom Installations
New Gymnasium Construction
Wall, Ceiling and Floor Masonry



Signatory Contractor:

June 1, 2023

Gallo Construction Corp.
50 Lincoln Ave.
Watervliet, NY 12189

FEIN 14-1454116

Merit Apprenticeship Alliance NYSDOL Sponsor Code 51979

NYSDOL Apprentice Training Program Codes:

- Skilled Craft Laborer #18514, recertified September 15, 2017
- Operating Engineer (Heavy Equipment) #18318, recertified May 17, 2018
- Carpenter: #12037, recertified September 15, 2017
- Ironworker (Outside) #15221, approved October 5, 2017
- Cement Finisher/Cement Mason #11038, approved October 12, 2017

To Whom It May Concern,

Please be advised that the above noted contractor was accepted as a signatory employer effective March 13, 2023, and is in good standing with the Merit Apprenticeship Alliance NYSDOL registered Skilled Construction Laborer, Carpenter, Operating Engineer (heavy equipment), Cement Finisher and Ironworker apprenticeship program agreements.

The Merit Apprenticeship Alliance Skilled Construction Laborer, Carpenter, Operating Engineer (heavy equipment) apprenticeship programs, respectively, are recognized as “Class A Apprenticeship Programs” as each program is currently registered with and approved by the U.S. Department of Labor, and the New York State Department of Labor state apprenticeship agency; and has graduated apprentices to journeyperson state for at least three (3) of the past five (5) years.

The Merit Apprenticeship Alliance apprenticeship standards were reviewed, approved, and registered in accordance with NYS Labor Law, Art.23; § 811 and the NYS Department of Labor Part 601 regulations per the above noted dates.

Pursuant to USDOL Title 29 CFR Part 29.13 (a) Recognition of State Apprenticeship Agencies, the New York State Apprenticeship Agency (SAA) is currently recognized by the United States Department of Labor (USDOL) and any apprentices registered in occupations officially recognized by the Department are recognized by the USDOL.

Additionally, this will certify that pursuant to N.J.A.C. 12:62-2.1(h)(2), the above noted contractor pays ongoing contributions into an ERISA-covered apprenticeship training program trust fund that is used to fund apprentice benefit plans and direct training costs.”



The Merit Apprenticeship Alliance holds all signatories to the standards of the Program Registration Agreements and requires that each signatory commit that they will support the diversified training so as to result in normal advancement of the apprentice; employ craft workers to ensure safe and quality worksite training at all times in full compliance with the apprentice journeymen standard ratios and prevailing wages in the respective state in which the work is performed; and, employ the apprentice in a manner that will not conflict with our approved apprenticeship standards.

Signatory contractors are reviewed annually by the Board of Trustees; only those firms who demonstrate a commitment to our quality standards are renewed.

The Alliance is truly dedicated to our mission to provide Industry leading, registered apprenticeship training programs in full compliance with state and federal regulations.

Authorized by: Penelope M. Hazer
Penelope M. Hazer, President

STATEMENT OF SURETY'S INTENT

To: Albany County, Director of Finance
(Owner)

We have reviewed the Bid of Gallo Construction Corp.
(Contractor)

of 50 Lincoln Avenue, Watervliet, NY 12189
(Address)

for Lawson Lake Upper Camp Renovation, RFB #2024-037 - GC - General Construction
(Project)

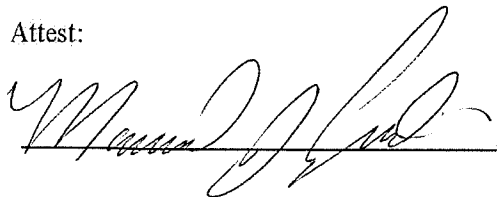
Bids for which will be received on March 28, 2024
(Bid Opening Date)

and wish to advise that should this Bid of the Contractor be accepted and the Contract awarded to him, it is our present intention to become surety on the performance bond and labor and material bond required by the Contract.

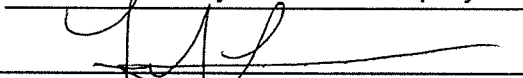
Any arrangement for the bonds required by the Contract is a matter between the Contractor and ourselves and we assume no liability to you or third parties if for any reason we do not execute the requisite bonds.

We are duly authorized to do business in the State of New York

Attest:



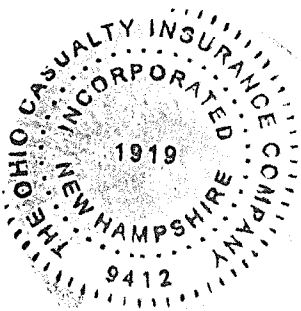
The Ohio Casualty Insurance Company



Surety's Authorized Signature(s)
Francis A. Lowther, Attorney-in-Fact

Attach Power of Attorney

(Corporate seal if any. If no seal, write "No Seal" across this place and sign.)



(This Form Must Be Completed and Submitted with the Bid)

AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)
Gallo Construction Corp.

50 Lincoln Avenue
Watervliet, NY 12189

OWNER:

(Name, legal status and address)
Albany County, Director of Finance
112 State Street, Room 1000
Albany, NY 12207

BOND AMOUNT: *** FIVE PERCENT OF AMOUNT BID *** (5% of Bid)

PROJECT:

(Name, location or address, and Project number, if any)
Lawson Lake Upper Camp Renovation, GC - General Construction

SURETY:

(Name, legal status and principal place
of business)

The Ohio Casualty Insurance Company
175 Berkeley St.
Boston, MA 02116

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.


Project Number, if any: RFB #2024-037

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

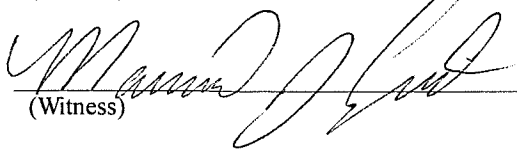
Signed and sealed this 21st day of March 2024




(Witness)

Gallo Construction Corp.

(Principal) (Seal)

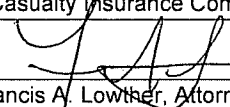


(Witness)

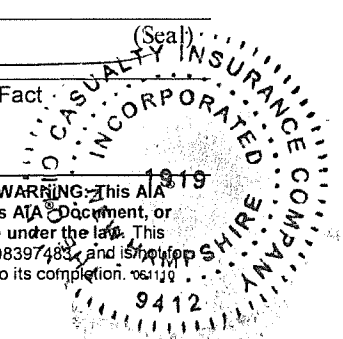


(Title) Michael A. Gallo, Vice President
The Ohio Casualty Insurance Company

(Surety) (Seal)



(Title) Francis A. Lowther, Attorney-in-Fact (Seal)



Init.

INDIVIDUAL ACKNOWLEDGMENT

State of _____
County of _____

On this _____ day of _____, _____, before me personally appeared _____ known to me to be the person described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.


Notary Public

CORPORATION ACKNOWLEDGMENT

State of NY
County of Albany

On this 4th day of April, 2024, before me personally appeared Michael A. Gallo to me known, who being by me duly sworn, did depose and say: that he/she resides at Troy NY; that he/she is Vice President of the corporation described in and which executed the foregoing instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.

MINKA MADDOCKS
Notary Public, State of New York
Registration No. 01MA6006562
Qualified in Saratoga County
Commission Expires July 13, 2024

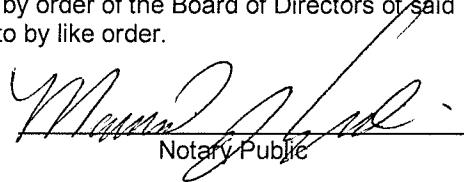


Notary Public

SURETY ACKNOWLEDGMENT

State of New York
County of Onondaga

On this 21st day of March, 2024, before me personally appeared Francis A. Lowther to me known, who being by me duly sworn, did depose and say: that he/she resides in the City of Syracuse, NY; that he/she is the Attorney-In-Fact of the above signed surety, the corporation described in and which executed the within instrument; that he/she knows the corporate seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.



Notary Public

MATTHEW J. CAPRIOTTI
Notary Public - State of New York
No. 01CA6434571
Qualified in Onondaga County
My Commission Expires June 6, 2026



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8211232 - 837023

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Chelsea E. Follett, Edward J. Reagan, Felicity A. Gray, Francis A. Lowther, Matthew J. Capriotti

all of the city of Marcellus state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 22nd day of January, 2024.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 22nd day of January, 2024 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

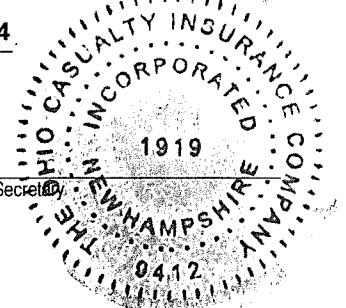
Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of March, 2024.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



THE OHIO CASUALTY INSURANCE COMPANY

Financial Statement – December 31, 2022

Assets		Liabilities	
Cash and Bank Deposits	\$381,391,653	Unearned Premiums.....	\$1,621,337,313
*Bonds — U.S Government.....	624,259,230	Reserve for Claims and Claims Expense.....	4,472,582,937
*Other Bonds	4,696,075,391	Funds Held Under Reinsurance Treaties.....	0
*Stocks	123,765,396	Reserve for Dividends to Policyholders	220,687
Real Estate.....	0	Additional Statutory Reserve	0
Agents' Balances or Uncollected Premiums.....	936,691,175	Reserve for Commissions, Taxes and	
Accrued Interest and Rents	40,821,253	Other Liabilities.....	510,304,288
Other Admitted Assets	2,318,373,499	Total	\$6,604,445,225
Total Admitted Assets	<u>\$9,121,377,597</u>	Special Surplus Funds	\$31,311,376
		Capital Stock	4,500,000
		Paid in Surplus	738,183,897
		Unassigned Surplus	1,742,937,099
		Surplus to Policyholders	2,516,932,372
		Total Liabilities and Surplus	<u>\$9,121,377,597</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
 The foregoing financial information is taken from The Ohio Casualty Insurance Company's financial statement filed with the state of Ohio Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2022, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March 2023.

TAMikolajewski

Assistant Secretary
