



ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM



MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

CRAIG D. APPLE, SR.
SHERIFF

WILLIAM M. RICE
UNDERSHERIFF

SHAWN P. NOONAN
CHIEF DEPUTY

LEON A. BORMANN
CHIEF DEPUTY

August 2, 2021

Honorable Andrew Joyce
Legislative Clerk's Office
112 State Street, Room 710
Albany, New York 12207

ANDREW

Dear Mr. Joyce:

The attached correspondence is forwarded for presentation to the Albany County Legislature.

I am respectfully requesting legislative action in the form of a resolution authorizing Albany County to enter into agreements with the below listed vendors for the new construction of our E911 Center located at the Clarksville Public Safety Building, 26 Olive Street, Clarksville, NY:

AOW Associates (General Contractors):	\$4,799,162.00
John W. Danforth Company (Mechanical Construction):	1,083,500.00
Campito Plumbing & Heating (Plumbing Construction):	854,613.00
DLC Electrical Services (Electrical Construction):	1,589,000.00

Bonding has been approved and this project will be funded under the 2020/2021 Albany County Capital Plan. The Request For Bid (RFB#2021-082) process was completed and following an evaluation of all bids that were received, these companies were successfully chosen by the Albany County Engineering Department.

Should there be any questions, do not hesitate to call.

Sincerely,

Craig D. Apple, Sr.
Craig D. Apple, Sr.
Sheriff

Att.

Cc: Hon. Daniel P. McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance Committee
Brandon Russell, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel
Christian Barnes, Minority Conference

Memo

Albany County
Department of General Services
Facilities Engineering Division

To: Leon Bormann, Chief Deputy, Albany County Sheriff's Office
From: Michael Martin PE, Director, Facilities Engineering Division
Cc: William M. Rice, Undersheriff, Albany County Sheriff's Office
Kevin Demarest, Director of E-911, Albany County Sheriff's Office
J.T. Campbell, Inspector, Albany County Sheriff's Office
Karen Storm, Purchasing Agent
Date: August 2, 2021
Re: **RFB #2021-082 - GC- Albany County Sheriff's Office New E911/EOC Facility Project; General Construction (GC)**

Recommendation for Award to AOW Associates, Inc.

Chief Deputy Bormann,

As you are aware, H2M Architects + Engineers, has developed construction documents and along with the Albany County Facilities Engineering Division and Purchasing Division, developed a Request for Bid (RFB) and solicited bid prices for the **General Construction** associated with the **Albany County Sheriff's Office New E911/EOC Facility**. As part of the overall project, bids for four separate prime contracts (GC, MC, EC & PC) have been received and reviewed for conformance with the bid documents.

A complete tabulation of all the **General Construction** Bids are attached for your use. After review of the quotes that were submitted, the Facilities Engineering Division recommends you proceed with a request for contract approval of the lowest responsive bidder, **AOW Associates, Inc.** at a cost of **\$4,799,162.00**, which includes a Contingency Allowance and accepted Alternate #1.

If you have any questions regarding this project, I can be reached at 447-7032.

Thank you

FOR COUNSEL USE ONLY	
DATE:	_____
RECEIVED:	_____
RECEIVED BY:	_____
METHOD:	<u>HAND</u> _____
	<u>COURIER</u> _____
	<u>MAIL</u> _____

REQUEST FOR LEGISLATIVE ACTION

DATE : AUGUST 3, 2021

DEPARTMENT: ALBANY COUNTY SHERIFF'S DEPT

CONTACT PERSON: CRAIG D APPLE SR

TELEPHONE: 487-5440

DEPT. REPRESENTATIVE ATTENDING

COMMITTEE MEETING: SHERIFF CRAIG D APPLE SR

PURPOSE OF REQUEST:

ADOPTION OF LOCAL LAW	_____
AMENDMENT OF PRIOR LEGISLATION	_____
APPROVAL/ADOPTION OF PLAN/PROCEDURE	_____
BOND APPROVAL	_____
BUDGET AMENDMENT(SEE BELOW)	_____
CONTRACT AUTHORIZATION (SEE BELOW)	<u>X</u>
ENVIRONMENTAL IMPACT	_____
HOME RULE REQUEST	_____
PROPERTY CONVEYANCE	_____
OTHER:(STATE BRIEFLY IF NOT LISTED ABOVE)	_____

CONCERNING BUDGET AMENDMENTS

STATE THE FOLLOWING

INCREASE ACCOUNT/LINE NO. _____

SOURCE OF FUNDS: _____

TITLE CHANGE: _____

CONCERNING CONTRACT AUTHORIZATION,

STATE THE FOLLOWING:

TYPE OF CONTRACT

CHANGE ORDER/CONTRACT AMENDMENT _____

PURCHASE (EQUIPMENT/ SUPPLIES) _____

LEASE (EQUIPMENT/SUPPLIES) _____

REQUIREMENTS _____

PROFESSIONAL SERVICES X

EDUCATIONAL/TRAINING _____

GRANT: NEW _____

RENEWAL _____

SUBMISSION DEADLINE DATE _____

SETTLEMENT OF A CLAIM _____

RELEASE OF LIABILITY _____

OTHER: (STATE BRIEFLY) _____

CONCERNING CONTRACT AUTHORIZATION (CONT'D)

STATE THE FOLLOWING:

CONTRACT TERMS/CONDITIONS: **PARTY (NAME/ADDRESS):**

AOW ASSOCIATES INC.
30 ESSEX STREET
ALBANY, NY 12206

AMOUNT/RATE SCHEDULE/FEE:

NOT TO EXCEED \$ 4.8 MILLION

TERM:

SCOPE OF SERVICES: AOW ASSOCIATES WILL PROVIDE
GENERAL CONSTRUCTION SERVICES AS PART OF THE E-911/EOC FACILITY
PROJECT IN CLARKSVILLE, NY

CONTRACT FUNDING:

ANTICIPATED IN CURRENT BUDGET: YES _____ NO X

COUNTY BUDGET ACCOUNTS:
REVENUE:

APPROPRIATION: 2020-2021 CAPITAL PLAN

BOND(RES. NO. & DATE OF ADOPTION) 19-097, 3/11/2019

CONCERNING ALL REQUESTS:

MANDATED PROGRAM/SERVICE: YES _____ NO X

IF MANDATED CITE: AUTHORITY

ANTICIPATED IN CURRENT ADOPTED BUDGET: YES _____ X NO _____

IF YES, INDICATE REVENUE APPROPRIATION ACCOUNTS:

INCLUDED IN 2020-2021 CAPITAL PROJECT

FISCAL IMPACT - FUNDING: (DOLLARS OR PERCENTAGES)

FEDERAL

STATE

COUNTY 100%

TERM/LENGTH OF FUNDING

PREVIOUS REQUESTS FOR IDENTICAL OR SIMILAR ACTION:

RESOLUTION/LAW NUMBER:

DATE OF ADOPTION:

JUSTIFICATION: (STATE BRIEFLY WHY LEGISLATIVE ACTION IS REQUESTED)

THIS PROPOSAL WOULD ALLOW THE ALBANY COUNTY SHERIFF'S OFFICE TO
UTILIZE THE SERVICES OF AOW ASSOCIATES INC AS OUTLINED IN THE ATTACHED
PROPOSAL AND MOVE FORWARD WITH THE NEW E-911/EOC CAPITAL PROJECT AT THE
PUBLIC SAFETY BUILDING IN CLARKSVILLE NY

BACK-UP MATERIAL SUBMITTED (I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE,
BID TABULATION SHEET, CIVIL SERVICE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
AND/OR ANY MATERIALS WHICH EXPLAIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)

SUBMITTED BY: CRAIG D APPLE SR

TITLE: SHERIFF

Bid Summary - General Contractor
07/29/2021

[illegible]

COUNTY OF ALBANY**GC - BID FORM****BID IDENTIFICATION:**

Title: **Albany County Sheriff's 911/EOC Public Safety Facility Project**
Bid Number: **2021-082-GC General Construction**

THIS BID IS SUBMITTED TO:

Karen A. Storm, 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)

Date	Number
7/8/2021	1
7/19/2021	2
7/20/2021	3
7/23/2021	4
7/26/2021	5

(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;

(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:
Executed copies must be submitted with 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:

Karen A. Storm, Albany County Purchasing Agent
 112 State Street – Room 1000
 Albany, NY 12207
 Email: Karen.storm@albanycountyny.gov
 Phone: (518) 447-7140
 Fax: (518) 447-5588

8. Terms used in this Bid have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

GC - BID FORMBID IDENTIFICATION:

Title: Albany County Sheriff's 911/EOC Public Safety Facility Project
Bid Number: 2021-082-GC General Construction

Conditions:

1. All lump sum bid prices must include all materials, labor, equipment, allowances (#2 through #7) other than the Contingency Allowance (Allowance #1), incidentals and other associated costs.

2. Unit Prices:

Unit Price #1: Removal of Existing Uncontrolled Fill (1) \$ 17 /cy

Unit Price #2: Placement of Selected Fill Material (2) \$ 39 /cy

Unit Price #3: Placement of Structural Fill Material (3) \$ 40 /cy

Unit Price #4: Placement of Bedding Material (Crushed Stone) (4) \$ 55 /cy

Unit Price #5: Removal of Below Grade Rippable Bedrock Stone (5) \$ 30 /cy

Unit Price #6: Removal of Below Grade Rippable Bedrock for Trenching

(6) \$ 30 /cy

3. Base Bid work shall carry a 7% 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 BID: \$ 4,194,000 (a)

7 % CONTINGENCY ALLOWANCE: (line (a) x 7%)\$ 293,580 (b)

ALLOWANCE #8 – ADDITONAL SEPTIC SYSTEM WORK \$ 200,000.00 (c)

TOTAL BASE BID (a + b + c) \$ 4,687,580

Written Total Base Bid: (Type or Handwritten in Blue or Black Ink)

\$ Four Million six hundred eighty seven thousand five hundred
eighty Dollars zero Cents

4. Alternates:

PLEASE REFER TO SECTION 012300 – ALTERNATES FOR COMPLETE LIST OF
ADDS/DEDUCTS FOR EACH ALTERNATE

Alternate #1 – Enclosed Pedestrian Walkway In lieu
of Pre-Engineered Post Mounted Canopy.

\$ 111,582 (a)

Alternate #3 – Additional Parking

\$ 45,050 (b)

Alternate #4 – Acoustic Wall Panels

\$ 37,329 (c)

Alternate #5 – Ceramic Tile Flooring

\$ 20,861 (d)

Alternate #6 – Metal Lockers

\$ 5,112 (e)

Alternate #7 – Mailboxes

\$ 10,729 (f)

Alternate #8 – Window Shades

\$ 2,588 (g)

Alternate #9 –Tubular Daylighting Devices

\$ 30,059 (h)

H2M architects + engineers

BID FORM – GENERAL CONSTRUCTION
(GC)

ALBANY COUNTY SHERIFF'S 911 EOC FACILITY

004100-4

COMPANY: AOW Associates, Inc.

ADDRESS: 21 Essex Street

CITY, STATE, ZIP: Albany, NY 12206

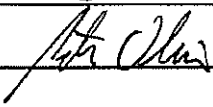
TEL. NO.: 518-482-3400

FAX NO.: 518-482-3444

FEDERAL TAX ID NO.: 14-1681183

REPRESENTATIVE: Peter Oliver

E-MAIL: poliver@aowassoc.com

SIGNATURE AND TITLE  Vice President

DATE 7/29/2021

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

Vice President
Title

7/29/2021

Date

AOW Associates, Inc.

Company Name

ATTACHMENT "B"
ACKNOWLEDGMENT BY BIDDER

If Individual or Individuals:

STATE OF _____)
 COUNTY OF _____) SS.:

On this _____ day of _____, 202____, before me personally appeared _____ to me know and known to me to be the same person(s) described in and who executed the within instrument, and he/she (or they severally) acknowledged to me that he/she (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

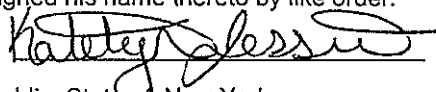
STATE OF New York)
 COUNTY OF Albany) SS.:

On this 29th day of July, 2021, before me personally appeared Peter Oliver to me known, who, being sworn, did say he/she resides at (give address) Albany, NY;

That he/she is the (give title) Vice PresidentOf the (name of corporation) AOW Associates, Inc.

The corporation described in which executed the above instrument; that he/she 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/she signed his name thereto by like order.

Katelyn Jessie
 Notary Public, State of New York
 Reg. No. 01JE6392890
 Qualified in Albany County
 Commission Expires June 3, 2023


 Notary Public, State of New York

Qualified in AlbanyCommission Expires June 3, 2023

H2M architects + engineers
 ALBANY COUNTY SHERIFF'S 911 EOC FACILITY

BID FORM ATTACHMENT "B"

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME AOW Associates, Inc.		3. IDENTIFICATION NUMBERS a) FEIN # 14-1681183 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 21 Essex Street, Albany NY 12206		7. TELEPHONE NUMBER 518-482-3400	8. FAX NUMBER 518-482-3444
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 THIS QUESTIONNAIRE Name Peter Oliver Title Vice President Telephone Number 518-482-3400 Fax Number 518-482-3444 e-mail poliver@aowassoc.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Richard Oliver	TITLE President	b) NAME Peter Oliver	TITLE Vice President
c) NAME Richard Oliver	TITLE Treasurer	d) NAME Peter Oliver	TITLE Secretary
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 PRINCIPAL 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 individual's 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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 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 OF THE DATE OF FILING?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>	
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 : ☐ Yes ☒ 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.

State of: New York)
) ss:
 County of: Albany)


CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business AOW Associates, Inc.

Signature of Owner 

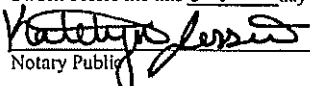
Address 21 Essex Street

Printed Name of Signatory
 Peter Oliver

City, State, Zip Albany, NY 12206

Title: Vice President

Sworn before me this 29th day of July, 2021


 Notary Public

Katelyn Jessie
 Notary Public, State of New York
 Reg. No. 01JE6392890
 Qualified in Albany County
 Commission Expires June 3, 2023

Printed Name Peter Oliver

Signature 

Vice President

Date 7/29/2021

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

Vice President

Title

7/29/2021

Date

AOW Associates, Inc.

Company Name

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: AOW Associates, Inc. or their subcontractor (TBD)

Address: 21 Essex Street, Albany NY 12206

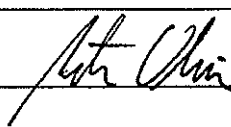
Phone Number(s): 518-482-3400

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):

Excavation and backfill for installation of new building including parking lots, sidewalks, and
underground utilities.

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

Albany County Sheriff Building, Clarksville NY


Signature

Peter Oliver

Printed Name

Vice President

Title

7/29/2021

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? _____ 23 _____ 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. 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.

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.

Sitework, precast, masonry, EIFS, roofing, glass, flooring, access flooring, painting.

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.

Patty Erwin - NBT Bank, North America; 80 Wolf Rd, Suite 101, Albany NY 12205; 518-437-4120

Kevin Garrity - Rose & Kiernan; 99 Troy Road, East Greenbush, NY 12061; 518-244-4284

ATTACHMENT "F"
BIDDER QUALIFICATION QUESTIONNAIRE

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

Current Assets - \$18,374,100.00

NET Assets (to include current) - \$19,244,000.00

ST Liabilities - \$11,319,800.00

NET Liabilities (to include ST) - \$11,319,800.00

Retained Earnings & Equity - \$7,924,200.00

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.

AOW Associates, Inc.

Correct Name of Bidder

(a) The business is a: Corporation

(b) The address of principal place of business is: 21 Essex Street, Albany NY 12206

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

Richard Oliver - President & Treasurer

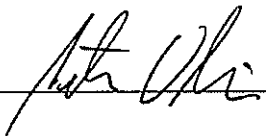
Peter Oliver - Vice President & Secretary

ATTACHMENT "F"
BIDDER QUALIFICATION QUESTIONNAIRE

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

AOW Associates, Inc.
Firm

Dated: 7/29/2021

By 
Peter Oliver - Vice President
(Typed)



Design-Construct
Construction Management
General Construction

30 Essex Street
Albany, New York 12206

Major Projects Completed - Last 5 Years - Last Updated 30 June, 2021

Project Name/Owner/Contact	Contact Phone Number	Contact Email	Architect	Architect Phone Number	Date Completed	Contract Amount	% Complete with Own Forces
Saratoga Hospital OR and ICU Renovation/Kevin Ronayne	518-580-2452	kronayne@saratogacare.org	Hyman Hayes Associates	518-452-3740	Jul-16	\$21,026,987	25%
Ida Yarbrough Low Rise Development Phase II/ Steve Longo	518-641-7518	SLongo@albanyhousing.org	Dave Sadowsky	518-658-2830	Oct-19	\$20,443,600	10%
Martin Luther King Phase II / Tim O'Byrne	518-284-0884	tobyryne@DeaconCommunitiesLLC.com	RIDA Architecture	518-713-4537	Nov-20	\$11,558,800	20%
Ida Yarbrough Low Rise Development / Steve Longo	518-641-7518	SLongo@albanyhousing.org	Dave Sadowsky	518-658-2830	May-18	\$14,598,156	30%
Martin Luther King Apartment Renovations Phase I / Tim O'Byrne	518-284-0884	tobyryne@DeaconCommunitiesLLC.com	RIDA Architecture	518-713-4537	Oct-18	\$9,487,154	35%
AMC M2-M3 Patient Beds / Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	Hyman Hayes Associates	518-452-3740	Aug-19	\$7,892,197	25%
St. Peter's Medical Oncology and Breast Center / Jonathan Otterbeck	518-271-5059	jonathan.otterbeck@sphn.com	Envision Architects	518-462-1848	Aug-18	\$6,507,443	25%
State University of New York Albany Campus Onondaga & Oneida Reno / Bob Morawski	518-442-3435	rmorawski@uamail.albany.edu	Architecture +	518-272-4481	Dec-17	\$5,777,507	35%
Wesley Springs Nursing Tower/Ray Geisel	518-691-1474	RGGeisel@thewesleycommunity.org	Angerame Architects	518-454-9333	Jul-16	\$5,502,423	35%
S Rivers Environmental Education Center / Aaron Cook (OGS)	518-457-7895	Aaron.Cook@ogs.ny.gov	Envision Architects	518-462-1848	May-17	\$5,209,652	30%
State University of New York Albany Campus Tower Elevator Reno / Samuel Gleason	518-257-3283	sleason@dasny.org	Delta Engineers, Architects, and Land Surveyors, PC	315-953-4200	Aug-19	\$5,069,602	10%
Fort Hudson Nursing Renovation / Andrew Cuiakshank	518-747-2811	acuiakshank@forthudson.com	Angerame Architects	518-454-9333	Dec-20	\$4,904,100	20%
AMC 1275 Broadway Demolition and Renovation/Briggs Montero	518-262-1484	monterb@mail.auc.edu	Hyman Hayes Associates	518-452-3740	Apr-16	\$4,514,920	35%
PACE Provincial House / David Wendth SPHP	518-271-5024	David.Wendth@sphp.com	Hyman Hayes Associates	518-452-3740	Oct-19	\$4,329,622	15%
AMC Clara Barton Psychology Department Reno/Briggs Montero	518-262-1484	Monterb@amc.edu	Hyman Hayes Associates	518-452-3740	Aug-19	\$3,396,050	25%
Orlho NY Clifton Park ASC / Dr. George Silver	518-489-2663	g.silver52@gmail.com	Hyman Hayes Associates	518-452-3740	Mar-19	\$3,279,096	30%
Wesley Woodlawn Commons Exterior Façade Reno/ Ray Geisel	518-691-1474	RGGeisel@thewesleycommunity.org	RIDA Architecture	518-713-4537	Oct-19	\$3,193,035	25%
AMC D1 Servery Renovation / Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	Hyman Hayes Associates	518-452-3740	Jan-19	\$2,935,500	20%
ASC Specialty Eye Surgery and Laser Center / Dr. Robert Schultze	518-475-1515	rschultze@msn.com	Hyman Hayes Associates	518-452-3740	Dec-17	\$2,755,590	25%
AMC MS Basement Vivarium Phase 2 / Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	Hyman Hayes Associates	518-452-3740	Jul-19	\$2,578,811	20%
AMC 66 Hackett / Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	Hyman Hayes Associates	518-452-3740	Nov-17	\$2,517,352	30%
AMC CRF BLS-3 Lab/Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	Envision Architects	518-462-1848	Sep-16	\$2,404,313	35%
AMC SCC Second Floor Recovery/ Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	Hyman Hayes Associates	518-452-3740	May-18	\$2,401,191	30%
Dolgeville Primary Care Clinic / Kathleen Jones	1-800-227-7388	Michael.Orden@bassett.org	Morris Switzer Environments for Health	888-781-8841	Dec-20	\$2,389,737	20%
AMC ED Renovation / Emilio Genzano	518-262-2897	GenzanE@mail.amc.edu	SMRT Architects & Engineers	877-700-7678	Apr-17	\$2,020,840	40%



Design-Construct
Construction Management
General Construction

30 Essex Street
Albany, New York 12206

Major Projects in Progress - Last Updated 30 June, 2021

Project Name/Owner/Contact	Contact Phone Number	Contact Email	Architect	Architect Phone Number	Contract Value	% Complete	Date
Albany High School Phase 3 Addition and Renovation (Turner) / Jon M Dawes Jr.	518-432-0277	jldawes@tccq.com	CS Arch	518-463-0068	\$26,556,000	25%	Sep-23
State University of New York, Albany Campus Building 35 Renovation / John Baldwin	518-442-3874	jbaldwin@albany.edu	JMZ Architects & Planners	518-793-0786	\$8,875,400	67%	Nov-21
Whiteface Mid-Station Lodge (Gilbane) / Bob Hammond (ORDA)	518-302-5332	bhammond@orda.org	AES Northeast	518-561-1598	\$7,349,000	92%	Sep-21
Eastern Star Home/Jeffrey French	315-736-9311	jfrench@eshomeny.org	John W Baumgarten Architect PC	516-939-2333	\$7,134,300	80%	Oct-21
SUNY Cobleskill Bouck Hall / SUCF / Emily Gasperetti Architect	518-793-0786	EGasperetti@jnzarchitects.com	JMZ Architects & Planners	518-793-0786	\$3,540,500	0%	Jun-22
SUCF Lecture Center Phase III / Michelle Grant	518-320-3235	Michelle.Grant@suny.edu	Architecture +	518-272-4401	\$3,498,100	35%	Aug-21
CMH Greene Medical Arts B Wing Renovation/ Mieke Hochman	518-697-3175	Mhochman@cmh-net.org	Optimus Architecture	845-876-8202	\$3,237,360	0%	Jan-21
AMC Amsterdam Urgent Care / Briggs Montero	518-262-1484	monterob@mail.amc.edu	Hyman Hayes Associates	518-452-3740	\$2,990,900	98%	Jul-21
Saratoga Hospital CSR/ Kevin Ronayne	518-580-2452	kronayne@saratogacare.org	The Architectural Collaborative	518-796-6236	\$2,692,300	85%	Sep-21
SUNY Albany Toilet Renovations/SUCF / Matt Ryan, Architect	518-463-8066	MattR@DDArch.com	Dembling + Dembling	518-463-8066	\$2,444,000	0%	Jun-22
Albany Sheriff Safety Building / Michael Martin	518-447-7032	mmartin@albanycountyny.com	SEI Design Group	585-442-7010	\$2,382,500	85%	Aug-21

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: AOW Associates Inc.

By: 
(Signature)

Peter Oliver
(Typed)

Title: Vice President

Date: 7/29/2021

NORTH ATLANTIC STATES REGIONAL COUNCIL OF CARPENTERS
United Brotherhood of Carpenters and Joiners of America



July 28, 2021

To Whom It May Concern,

This letter is to confirm that AOW Associates, Inc. is signatory to the North Atlantic States Regional Council of Carpenters Collective Bargaining Agreement and participates in a registered and approved New York State Apprenticeship Training Program with the North Atlantic Regional Council of Carpenters Apprenticeship Training Fund.

If you require any additional information, please feel free to contact our office.

Sincerely,

James Margiotta,
Council Representative
North Atlantic States Regional Council of Carpenters

cc: Nicki Armsby
Dick Oliver
Jim Urner
Katelyn Jessie



Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 20077ATP Code 12037

Name of Apprentice (Last, First, M.I.)		Social Security Number		1. Name of Program Sponsor North Atlantic Carpenters Training Fund	
Address of Apprentice (no. and street)				Physical address of Program Sponsor (no. and street) 16 Corporate Circle	
City	County	State	Zip code	City	County State Zip code
				Albany, Albany, NY 12203	
Answer both A and B A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino B. Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				Mailing address of Program Sponsor (no. and street) Same as above	
				City County State Zip code	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Home & Cell phone numbers H C	Birth date	2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Carpenter	
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Trade State				3. Start Date	4. Length of program (Months) 48
				5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) North Atlantic States Carpenters Training Fund, Albany, NY				RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Credit for previous training or experience: Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):				7. Minimum Journey-Worker Rate See Attached CBA Wage Sheet	

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: ☐ Months ☒ Hours ☐ Points ☐ Sections

1	2	3	4	5	6	7	8	9	10
1040	1040	1040	1040	1040					
55%	60%	65%	70%	80%					

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Signature of Apprentice and Parent/Guardian if age 16-17		Date	Signature of Official Sponsor Representative		Date
Registered by the New York State Department of Labor:					
Signature New York State Department of Labor			Date		

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Rank Verify _____

Data Entry _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: ☐ Completed Worksite Training ☐ Terminated for Cause (Explain in Comments) ☐ Quit ☐ Layoff (Lack of Work) ☐ Program Termination ☐ Transfer

Completion or Termination Date _____

Comments _____

Signature of Official Sponsor Representative	Date	Print Name
--	------	------------

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

III. RI Completion

☐ Apprentice has satisfied the RI requirements. Completion date: _____
☐ Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative	Date	Print Name
----------------------------------	------	------------

STATE USE ONLY

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Data Entry _____

Apprenticeship Agreement Terms

1. The program Sponsor agrees:
 - a. To employ the Apprentice to learn the craft or trade described above. Training and employment must conform to the terms and conditions for this trade in the Sponsor's registered program.
 - b. That equal opportunity applies to all phases of apprenticeship employment and training. There will be no discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record.
 - c. To give reasonable notice to the Apprentice of any proposed adverse action, unless the collective bargaining agreement provides for another process. Layoff for lack of work does not require an advance notice.
2. The Apprentice agrees:
 - a. To perform diligently and faithfully the work of the trade or craft as presented in the terms and conditions of this program and as outlined in the Work Processes.
 - b. To maintain a record documenting task rotation.
 - i. **The Sponsor agrees to ensure compliance.**
 - c. To complete or fulfill a minimum of 144 hours of Related and Supplemental Instruction (RI) per year.
 - i. **Participation in RI is mandatory.**
 - d. That the Sponsor may arrange for the Intra-Program transfer of the Apprentice from one signatory employer to another. This is to ensure training and reasonably continuous employment.
3. The Apprentice and Sponsor agree:
 - a. That the Apprentice has not completed a State/Federal Apprenticeship Program (excluding the Department of Correctional Services) for the trade of indenture or a related trade.
 - b. To comply with the State Labor Law and applicable Regulations, including promptly providing reports and information.
 - c. That a Sponsor that cannot fulfill the obligations under the apprenticeship agreement may (with the consent of the Apprentice) transfer the agreement to another Sponsor of a registered program. The Labor Commissioner must receive written notice of the transfer. The Apprentice must receive full credit for the satisfactory period of the served apprenticeship.
 - d. That the Apprentice is not registered until this form is signed by the authorized New York State Department of Labor representative.
4. During the Department of Labor (DOL) Apprentice Probation Period, the Sponsor or the Apprentice may cancel this agreement without adverse impact on the program's completion rate, however Apprentice turnover may be considered when reviewing the quality of a program's performance.
5. After the DOL Apprentice Probation Period:
 - a. This agreement may be cancelled at the request of the Apprentice.
 - b. The Sponsor may suspend or cancel for good cause. The Apprentice must receive proper notice and must have a reasonable opportunity for corrective action. There must be written notice to the Apprentice and the Department of the final action taken.
6. If a controversy grows from this agreement, it may be submitted to the Apprentice Training Office listed on the front if it is not settled locally or covered by a collective bargaining agreement.

Instructions

I. Apprenticeship Agreement

1. **Sponsor Information Block:** Enter information as it appears on the *Apprentice Training Program Registration Agreement*, (AT 10).
2. **Trade:** Enter the name of the trade the Apprentice will be trained in, as it appears on the AT 10. Indicate the Training Approach.
3. **Start Date (Leave blank if submitting with new program application):** Enter the requested start date of the proposed Apprentice. The Apprentice and Sponsor representative must sign the form either prior to, or on the Apprentice's start date. (Must be received by DOL within 30 days of the start date).
4. **Length of Program:** Enter the term (in months) of the program.
5. **DOL Apprentice Probation Period for Completion Rates:** Enter, in months, 25% of the length of the program, or one year, whatever is shorter.
6. **RI:** Enter the official name of provider and geographic location. Indicate if the Apprentice is compensated while attending RI.
7. **Minimum Journeyworker Rate:** Enter Journeyworker rate as it appears on the AT 10.
8. **Credit for Previous Training or Experience:** When giving credit to an Apprentice, check the correct box, enter the credit in months or points/sections and include a letter of justification. This must have dates, names of previous employers, and a description of the credit acquired.
9. **Apprentice Wage Progression:** Enter the wage rate schedule for the trade as shown on the AT 10.
Signatures: This form must be signed by the Apprentice, Apprentice's parent/guardian (if applicable), and Sponsor representatives. After signing, immediately send it to the Apprentice Training Office indicated in the upper right corner.

II. Worksite Training Completion or Termination

1. **Completion/Termination:** Check the correct box.
 - a. **Completed Worksite Training:** The Apprentice has satisfactorily completed worksite training.
 - b. **Terminated for Cause:** The Apprentice was terminated for cause. Explain in comments section. Examples: Failure to attend/complete RI; Apprentice misconduct; Failure to maintain proper records; Unable to perform duties.
 - c. **Quit:** The Apprentice terminated training by resignation.
 - d. **Layoff (Lack of Work):** The Apprentice was terminated from training by layoff due to lack of work.
 - e. **Program Termination:** The Apprentice was terminated from training because the program was terminated/deregistered.
 - f. **Transfer:** The Apprentice is transferred between programs in the same trade. The Apprentice and Sponsors are all in agreement, and the Apprentice is provided with a transcript of RI and On-The-Job Training by the transferring Sponsor.
2. **Completion or Termination Date:** Enter the exact date the Apprentice completed or was terminated.
3. **Signature:** The official Sponsor representative must sign and date this form.