

Michael Ferraro  
Apprenticeship Training Representative

Department of Labor  
Harriman State Office Campus  
Building 12, Room 459, Albany, NY 12240  
www.labor.ny.gov

December 20, 2019

Sybil Laraway  
Carver Construction, Inc.  
494 Western Turnpike  
Altamont, NY 12009

Re: Findings and Observations

Dear Ms. Laraway:

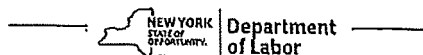
On December 11, 2019, a monitoring review of your Skilled Construction Craft Laborer Apprenticeship Training Program was conducted. The results of this monitoring review have been recorded on the attached AT 12 Form, Apprentice Training Program Monitoring Report, regarding the evaluation of your program. This visit included a review of the overall progress of the program, including worksite training, related instruction, program operation and administration, Equal Employment Opportunity/Affirmative Action efforts, and a review of the program's completion/graduation rates. Apprentice program completions are an important part of all programs' performance and will continue to be monitored closely. Additionally, this review monitored compliance with the provisions on the AT 10 Form, Apprentice Training Program Registration Agreement, Labor Law Article 23, and Apprenticeship Regulations Parts 600 and 601, and other Department requirements.

This letter outlines the Findings and Observations that resulted from this monitoring visit and were documented on the attached AT 12 Form. A *Finding* is made to identify an area where a sponsor is out of compliance with Labor Law Article 23, Apprenticeship Regulations Parts 600 or 601, or policy directives, and it needs to be addressed. An *Observation* is an area where changes are recommended in order to improve program quality, service effectiveness, or program results. Note, Observations will be reviewed for inconsistencies, patterns and/or trends which, left unresolved, could lead to a Finding in the future, requiring corrective action.

For each Finding cited below, you have thirty (30) days, from the date of this letter to submit a Corrective Action Plan and time frame for implementation for Department approval.

Failure to comply with this process may result in a recommendation of formal deregistration of this program. Please note, per the Apprenticeship Regulations, any apprenticeship program formally deregistered may not be reinstated for a period of three (3) years. Additionally, the sponsor or any employer or union participant will not be eligible

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to register any apprenticeship training program under their name, or any other name, during this period.

**Findings: No Findings were identified during my monitoring visit.**

**Observations: No Observations were identified during my monitoring visit.**

Please contact me if you would like to further discuss any of the Findings or Observations, as well as for any technical assistance you may need. I would like to thank you and your staff for your time and cooperation provided during this review.

Sincerely,

A handwritten signature in black ink, appearing to read 'MF' or 'MA', with a stylized flourish extending from the end.

Michael Ferraro  
Apprenticeship Training Representative

cc: Karin Smith



NEW YORK STATE DEPARTMENT OF LABOR  
APPRENTICE TRAINING PROGRAM MONITORING REPORT

Sponsor: Carver Construction Inc.

Address: 494 Western Turnpike  
Altamont, NY 12009

E-mail Address: slaraway@carverstone.com

Note: If an e-mail address is provided, all general mailings will be received electronically.

Current Training Outline

Date ☒ Standard: 7/2015 Date (AT10 Approval Date) ☐ Revised: \_\_\_\_\_

AAP (AT603) Expiration Date: N/A

No. Minorities: 1 No. Female: 0

Individual ☒ Group ☐

Joint ☐ Non-Joint ☒

JAC ☐ Non-JAC ☒

Date of Initial Monitoring Visit: 12/11/19

Monitoring Round includes Job Site Monitoring  
Yes ☐ No ☒

Sponsor Code: 22211 Trade Code: 18514

Trade Name: Skilled Construction Craft Laborer

Region: Capital ATR: Michael Ferraro

Last Monitoring Visit: 6/6/19 Ratio: 1:1, 1:3

Length of Program (in Months): 24

No. Active Apprentices: 1

No. Active (No Retirees) Journeyworkers: 6

Non-Discrimination (AT602) Eff. Date: 9/17/15

Is program on Probation? Yes ☐ No ☒ If yes, attach Probation Evaluation Sheet

Dates of Probationary Period (2 Yrs.): \_\_\_\_\_

Is program on Extended Probation? Yes ☐ No ☐ If yes, attach Probation Evaluation Sheet

Dates of Extended Probationary Period (Up to 1 Yr.): \_\_\_\_\_

(Note: during the probationary period, a sponsor may not submit any new apprenticeship program applications.)

When responding to questions, please indicate how you verified the information obtained and what documents were observed. The comments in italics and parenthesis should prompt your discussions.

Monitoring Review – Interview of Sponsor Representative

Date(s) of Visit  
12/11/19

Site/Location of Visit  
Altamont Office

Name of Sponsor Representative Interviewed: Sybil Laraway

Title of Sponsor Representative Interviewed: Human Resources Manager

1. Are any issues from the last monitoring visit still unresolved? (ATR should review the last monitoring report prior to making a visit. List all unresolved issues and the reason(s) why they are unresolved. Indicate steps taken to resolve.)

There are no unresolved issues from my last monitoring visit.

2. Does the program have at least one active apprentice? (If "No", on what date was the last apprentice exited? Why are there no apprentices? What steps are being taken to recruit apprentices or would sponsor like to voluntarily deregister the program? If it has been 10-12 months without an apprentice, would the sponsor like to request Inactive Status?)

The program has one active apprentice, Markell Kornegay. Markell has completed the program and the sponsor has submitted his completion AT-401.

3. Are all current apprentices listed on the AT 1003? (If "No", why not? Is the AT1003 accurate? What is being done to update the AT1003?)

Markell is currently listed on the AT-1003 and will be removed once the DLEA signs off on his AT-401.

4. Is the program in compliance with the required overall apprentice/journeyworker ratio? (If "No", why not? What is being done to remedy the situation?)

The program is in compliance with the required overall apprentice/journeyworker ratio of 1:1, 1:3 with one apprentice and six journeyworkers.

5. Is the work process current and approved by ATCO? (If "No", why not? Is the work they are currently performing reflected in the work process? If not, what steps are being taken? Does the sponsor know how to proceed with a revision?)

The work process is current and approved by ATCO. The work process on file was compared to the work process that sponsor is currently using.

6. What does the sponsor do to periodically evaluate apprentices? (Is a system in place and is it followed as scheduled? How did you verify? Are apprentices performing at a satisfactory level? If not, what efforts have been put in place to rectify?)

Journeyworkers on the job site provide daily feedback to apprentices regarding their job performance. Comments and feedback are also recorded in the Blue Books. The sponsor completes a formal written evaluation for each apprentice every six months. This was verified through a review of the most recent apprentice evaluation.

7. Are apprentices being paid according to the approved wage progression? (If "No", why not? Review the AT10 and if necessary, payroll records. Is a revision needed to the AT10?)

The program apprentice is being paid according to the approved wage progression. This was verified through a payroll review.

8. What records were observed that document task rotation and fulfillment of the work process training outline? (Are records up-to-date? If apprentice is tracking in Blue Book, what type of back-up system is used, such as spreadsheets, database or photocopying the Blue Book? Is the sponsor utilizing an alternative method that has been approved by the Department? If apprentice is not tracking in Blue Book, why not?)

Blue Books are used to log hours and track task rotation. The Blue Books were up-to-date and had the required signatures. As a back-up system the sponsor photocopies each apprentice's Blue Book at the time of their six month formal evaluation. This procedure was verified through discussions with the sponsor, and by review of the Blue Book backup records.

Date: 12/11/19

9. Is each apprentice participating in Related Instruction? *(If "Yes", what verification method was used, including reviewing training records, transcripts, school visits, and discussions with DLEA? If "No", why not? What is being done to rectify? Who provided this information? Where is the Related Instruction taking place? Is attendance and progress of apprentices satisfactory?)*

Program apprentices attend Related Instruction at provider CTCNYS through ABC Construction Training. This was verified through a review of school records.

10. Is the AT 603, Affirmative Action Plan (AAP) or AT 602, Non-Discrimination Plan current? *(Is the sponsor using the correct form based on the number of apprentices? Is the sponsor conducting recruitment/selection as indicated on the AAP? Does the sponsor use direct entry, and is direct entry approved as a method of recruitment on the AAP? If "No", why not? What steps are being taken to obtain a new/corrected AAP?)*

The sponsor uses the AT 602 Non-Discrimination Plan. This is the correct form based on the size of the program. The plan is valid and was reviewed with the sponsor.

11. Has the sponsor conducted a recruitment since the last program review? *(If "Yes", was the recruitment conducted in accordance with EEO standards and approved recruitment and selection procedures? What documents were observed (i.e. Rank List, Advertisement, Proof of Job Bank Listing)? Note, if the AAP requires apprentice openings to be listed with Department of Labor, obtain proof of job listing.)*

The sponsor has not conducted a recruitment since the last program review. That last recruitment was conducted in accordance with the required EEO standards and the approved AT-602 Non-Discrimination Plan. This was verified through a review of the job bank posting, AT-508 forms, and rank list.

12. Has the sponsor made a good faith effort to comply with its approved AAP? *(If "No", why not? Does EEO data look appropriate? What efforts have been made, and what obstacles have they faced? What progress has been made toward goals?)*

The sponsor does not utilize the AT 603, Affirmative Action Plan (AAP). The sponsor uses the AT 602, Non-Discrimination Plan. The program's current apprentice is a member of a minority group.

13. Is there a copy of the AT 600.12, EEO Complaint Procedure Poster displayed in a conspicuous place? *(If "No", why not? What steps are being taken to remedy?)*

A copy of the AT 600.12 Poster is displayed in the main office.

14. Are apprentices being provided regular employment? *(If "No", why not? Are any apprentices on layoff? Note: no new apprentices should be indentured when an already registered apprentice is in layoff status.)*

The apprentice was being provided with regular employment. This was verified by reviewing his Blue Book as well as the sponsor's payroll records.

15. How many completions has the program had since the last monitoring visit? *(When was the last completion? What obstacles has the program faced regarding completions? If there have not been any completions, why not? How many completions has the program had since program inception?)*

There have been no completions processed since the last monitoring visit. Since the program's inception in 2006, there have been three completions, one termination, five quits, and zero layoffs. This was verified through a review of the apprenticeship database. The last program completion occurred in September 2017.

16. If this monitoring round includes monitoring at the job site, has the sponsor provided information regarding job sites where apprentices will be working? Maintain documentation in the Field file.

N/A

Sponsor Code: 22211 Trade Code: 18514  
Date: 12/11/19

10. Are the apprentices provided with a safe work environment? If required by the training outline, did apprentices receive the mandatory ten-hour safety and health course before they first began work as an apprentice?

N/A

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Monitoring Review – Other

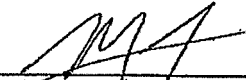
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1. Were any Findings identified? (Note: Findings require the sponsor to submit a corrective action plan and associated timeline for implementation of the corrective action plan within 30 days of issuance of the AT 12 and Findings letter.)

I did not identify any Findings at this visit.

2. Comments.

Attach a list of the AT 1003 and identify which apprentices were interviewed.



Signature of Apprentice Training Representative

Michael Ferraro

Print Name of Apprentice Training Representative

12/18/19

Date

| REVIEW                            |
|-----------------------------------|
| Supervising ATR Signature:        |
| Date: 12/19/19 <i>Karin Smith</i> |
| ATCO Reviewer Signature:          |
| Date:                             |

Michael Ferraro  
Apprenticeship Training Representative

Department of Labor  
Harriman State Office Campus  
Building 12, Room 459, Albany, NY 12240  
www.labor.ny.gov

December 20, 2019

Sybil Laraway  
Carver Construction, Inc  
494 Western Turnpike  
Altamont, NY 12009

Re: Findings and Observations

Dear Ms. Laraway:

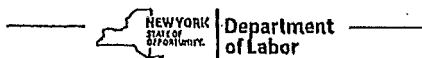
On December 11, 2019, a monitoring review of your Operating Engineer (Heavy Equipment) Apprenticeship Training Program was conducted. The results of this monitoring review have been recorded on the attached AT 12 Form, Apprentice Training Program Monitoring Report, regarding the evaluation of your program. This visit included a review of the overall progress of the program, including worksite training, related instruction, program operation and administration, Equal Employment Opportunity/Affirmative Action efforts, and a review of the program's completion/graduation rates. Apprentice program completions are an important part of all programs' performance and will continue to be monitored closely. Additionally, this review monitored compliance with the provisions on the AT 10 Form, Apprentice Training Program Registration Agreement, Labor Law Article 23, and Apprenticeship Regulations Parts 600 and 601, and other Department requirements.

This letter outlines the Findings and Observations that resulted from this monitoring visit and were documented on the attached AT 12 Form. A *Finding* is made to identify an area where a sponsor is out of compliance with Labor Law Article 23, Apprenticeship Regulations Parts 600 or 601, or policy directives, and it needs to be addressed. An ~~Observation is an area where changes are recommended in order to improve program quality, service effectiveness, or program results.~~ Note, Observations will be reviewed for inconsistencies, patterns and/or trends which, left unresolved, could lead to a Finding in the future, requiring corrective action.

For each Finding cited below, you have thirty (30) days, from the date of this letter to submit a Corrective Action Plan and time frame for implementation for Department approval.

Failure to comply with this process may result in a recommendation of formal deregistration of this program. Please note, per the Apprenticeship Regulations, any apprenticeship program formally deregistered may not be reinstated for a period of three (3) years. Additionally, the sponsor or any employer or union participant will not be eligible

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to register any apprenticeship training program under their name, or any other name, during this period.

**Findings: No Findings were identified during my monitoring visit.**

**Observations: No Observations were identified during my monitoring visit.**

Please contact me if you would like to further discuss any of the Findings or Observations, as well as for any technical assistance you may need. I would like to thank you and your staff for your time and cooperation provided during this review.

Sincerely,

A handwritten signature in black ink, appearing to read 'MF', with a long horizontal stroke extending to the right.

Michael Ferraro  
Apprenticeship Training Representative

cc: Karin Smith





NEW YORK STATE DEPARTMENT OF LABOR  
APPRENTICE TRAINING PROGRAM MONITORING REPORT

Sponsor: Carver Construction Inc.

Address: 494 Western Turnpike  
Altamont, NY 12009

E-mail Address: slaraway@carverstone.com

Note: If an e-mail address is provided, all general mailings will be received electronically.

Current Training Outline  
Date ☒ Standard: 2/2011 ☐ Revised: \_\_\_\_\_  
Date (AT10 Approval Date)

AAP (AT603) Expiration Date: N/A

No. Minorities: 0 No. Female: 0

Individual ☒ Group ☐

Joint ☐ Non-Joint ☒

JAC ☐ Non-JAC ☒

Date of Initial Monitoring Visit: 12/11/19

Monitoring Round includes Job Site Monitoring  
Yes ☐ No ☒

Sponsor Code: 22211 Trade Code: 18318

Trade Name: OP Engineer (Heavy Equipment)

Region: Capital ATR: Michael Ferraro

Last Monitoring Visit: 6/6/19 Ratio: 1:1, 1:5

Length of Program (in Months): 36

No. Active Apprentices: 2

No. Active (No Retirees) Journeyworkers: 6

Non-Discrimination (AT602) Eff. Date: 9/17/15

Is program on Probation? Yes ☐ No ☒ If yes, attach Probation Evaluation Sheet

Dates of Probationary Period (2 Yrs.): \_\_\_\_\_

Is program on Extended Probation? Yes ☐ No ☐ If yes, attach Probation Evaluation Sheet

Dates of Extended Probationary Period (Up to 1 Yr.): \_\_\_\_\_

(Note: during the probationary period, a sponsor may not submit any new apprenticeship program applications.)

When responding to questions, please indicate how you verified the information obtained and what documents were observed. The comments in italics and parenthesis should prompt your discussions.

Monitoring Review – Interview of Sponsor Representative

Date(s) of Visit

12/11/19

Site/Location of Visit

Altamont Office

Name of Sponsor Representative Interviewed: Sybil Laraway

Title of Sponsor Representative Interviewed: Human Resources Manager

1. Are any issues from the last monitoring visit still unresolved? *(ATR should review the last monitoring report prior to making a visit. List all unresolved issues and the reason(s) why they are unresolved. Indicate steps taken to resolve.)*

There are no unresolved issues from the last monitoring visit.

2. Does the program have at least one active apprentice? *(If "No", on what date was the last apprentice exited? Why are there no apprentices? What steps are being taken to recruit apprentices or would sponsor like to voluntarily deregister the program? If it has been 10-12 months without an apprentice, would the sponsor like to request Inactive Status? )*

The program has two active apprentices.

3. Are all current apprentices listed on the AT 1003? *(If "No", why not? Is the AT1003 accurate? What is being done to update the AT1003?)*

The AT 1003 is accurate and lists the two active apprentices.

4. Is the program in compliance with the required overall apprentice/journeyworker ratio? *(If "No", why not? What is being done to remedy the situation?)*

The program is in compliance with the required overall apprentice/journeyworker ratio of 1:1, 1:5 with two apprentices and six journeyworkers.

5. Is the work process current and approved by ATCO? *(If "No", why not? Is the work they are currently performing reflected in the work process? If not, what steps are being taken? Does the sponsor know how to proceed with a revision?)*

The work processes is current and approved by ATCO. The work process on file was compared to the work process that is being used by the apprentices.

6. What does the sponsor do to periodically evaluate apprentices? *(Is a system in place and is it followed as scheduled? How did you verify? Are apprentices performing at a satisfactory level? If not, what efforts have been put in place to rectify?)*

Journeyworkers on the job site provide daily feedback to apprentices regarding their job performance. Comments and feedback are also recorded in the Blue Books. The sponsor completes a formal written evaluation for each apprentice every six months. This was verified through a review of the most recent apprentice evaluations.

7. Are apprentices being paid according to the approved wage progression? *(If "No", why not? Review the AT10 and if necessary, payroll records. Is a revision needed to the AT10?)*

The program apprentices are being paid according to the approved wage progression. This was verified through a payroll review.

8. What records were observed that document task rotation and fulfillment of the work process training outline? *(Are records up-to-date? If apprentice is tracking in Blue Book, what type of back-up system is used, such as spreadsheets, database or photocopying the Blue Book? Is the sponsor utilizing an alternative method that has been approved by the Department? If apprentice is not tracking in Blue Book, why not?)*

Blue Books are used to log hours and track task rotation. The Blue Books were up-to-date and had the required signatures. As a back-up system the sponsor photocopies each apprentice's Blue Book at the time of their six month formal evaluation. This procedure was verified through discussions with the sponsor, and by review of the Blue Book backup records.

9. Is each apprentice participating in Related Instruction? (If "Yes", what verification method was used, including reviewing training records, transcripts, school visits, and discussions with DLEA? If "No", why not? What is being done to rectify? Who provided this information? Where is the Related Instruction taking place? Is attendance and progress of apprentices satisfactory?)

Program apprentices attend Related Instruction at CTCNYS through ABC Construction Training Center. This was verified through a review of school records.

10. Is the AT 603, Affirmative Action Plan (AAP) or AT 602, Non-Discrimination Plan current? (Is the sponsor using the correct form based on the number of apprentices? Is the sponsor conducting recruitment/selection as indicated on the AAP? Does the sponsor use direct entry, and is direct entry approved as a method of recruitment on the AAP? If "No", why not? What steps are being taken to obtain a new/corrected AAP?)

The sponsor uses the AT 602 Non-Discrimination Plan. This is the correct form based on the size of the program. The plan is current and was reviewed with the sponsor.

11. Has the sponsor conducted a recruitment since the last program review? (If "Yes", was the recruitment conducted in accordance with EEO standards and approved recruitment and selection procedures? What documents were observed (i.e. Rank List, Advertisement, Proof of Job Bank Listing)? Note, if the AAP requires apprentice openings to be listed with Department of Labor, obtain proof of job listing.)

The sponsor has not conducted a recruitment since the last program review. That last recruitment was conducted in accordance with the required EEO standards and the approved AT-602 Non-Discrimination Plan. This was verified through a review of the job bank posting, AT-508 forms, and rank list:

12. Has the sponsor made a good faith effort to comply with its approved AAP? (If "No", why not? Does EEO data look appropriate? What efforts have been made, and what obstacles have they faced? What progress has been made toward goals?)

The sponsor does not utilize the AT 603, Affirmative Action Plan (AAP). The sponsor uses the AT 602, Non-Discrimination Plan. The sponsor has made a good faith effort to increase female and minority participation in their apprenticeship programs. A previous apprentice was a female veteran.

13. Is there a copy of the AT 600.12, EEO Complaint Procedure Poster displayed in a conspicuous place? (If "No", why not? What steps are being taken to remedy?)

A copy of the AT 600.12 Poster is displayed in the hallway of the main office.

14. Are apprentices being provided regular employment? (If "No", why not? Are any apprentices on layoff? Note: no new apprentices should be indentured when an already registered apprentice is in layoff status.)

Apprentice Blue Books documented regular employment and task rotation.

15. How many completions has the program had since the last monitoring visit? (When was the last completion? What obstacles has the program faced regarding completions? If there have not been any completions, why not? How many completions has the program had since program inception?)

There have been no completions since the last monitoring visit. Since the program's inception in 2003, there have been four completions, five terminations, one quit, and zero layoffs. This was verified through a review of the apprenticeship database. The program's last completion occurred on in July 2016.

16. If this monitoring round includes monitoring at the job site, has the sponsor provided information regarding job sites where apprentices will be working? Maintain documentation in the Field file.

N/A

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**Monitoring Review – Interviews of Apprentices**

Date(s) of Visit  
12/11/19

Site/Location of Visit  
Carver Altamont Office

Number of Apprentices Interviewed  
2

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1. How many apprentices were interviewed in total? List names (or attach a list of names) of all apprentices interviewed. Of these, how many were interviewed at the job site? *(Does this correspond to the sample size requirements for on and off the job site as indicated in Section 4105 of the Procedure Manual? If "No", why not?)*

Program apprentices Blair and Kanas were interviewed at the sponsor's office in Altamont.

2. Have apprentices received periodic evaluations of job performance? *(If "No", why not? Is a system in place and is it followed as scheduled? How did you verify? Are apprentices performing at a satisfactory level? If not, did you review the evaluations with the sponsor and apprentices?)*

The apprentices stated they receive verbal feedback from the journeyworkers on the job site. I reviewed their most recent formal evaluations.

3. Are apprentices being paid according to the approved wage progression? *(If "No", why not? Review the AT10, AT401, and if necessary, payroll records. Is a revision needed to the AT10?)*

The apprentices both stated they were being paid according to the wage scale listed on the AT-10. This was verified through a payroll review.

4. Have apprentices been provided a copy of their AT 401, Apprenticeship Agreement/Documentation Form and the current Work Processes? *(If "No", why not? Who will provide and when? If the Work Process has been revised, has the revision been distributed to apprentices?)*

The apprentices have each been provided with a copy of their AT 401 and the current Work Processes.

5. Are records that document task rotation and fulfillment of the work process training outline up-to-date, signed and graded? *(If "No", why not? Are apprentices being rotated? Do records conform to the work process provisions? If Blue Books are not being used, refer back to Sponsor Question #8.)*

Program apprentices track their OJT hours in Blue Books. The Blue Books showed adequate task rotation and contained the required signatures.

6. Are apprentices being properly supervised and instructed, based on interviews of the apprentices? *(If "No", why not? Is the correct ratio of apprentices to journeyworkers being maintained on the jobsite? Are sponsors providing instruction regarding job safety?)*

The sponsor meets the apprentice/journeyworker ratio. The apprentices stated that the journeyworkers were readily available on job sites and providing proper guidance.

7. Is each apprentice participating in Related Instruction? *(If "Yes", how did you verify this? If "No", why not? What is being done to remedy?)*

The apprentices are participating in Related Instruction classes at ABC Construction Training. This was verified through school records.

8. Did the apprentice indicate any issues with the sponsor or signatory contractors? *(If "Yes", does the situation involve the sponsor or signatory? If a signatory, identify name of signatory. How will the sponsor rectify the situation?)*

Neither apprentice expressed any issues with the sponsor or program at this time.

Sponsor Code: 22211 Trade Code: 18318  
Date: 12/11/19

9. For interviews conducted at job sites, were there any issues which were job site specific? (If "Yes", list here. E.g. ratios, supervision, observation of personal safety equipment, etc...)

N/A

10. Are the apprentices provided with a safe work environment? If required by the training outline, did apprentices receive the mandatory ten-hour safety and health course before they first began work as an apprentice?

The apprentices stated they had received the proper training and felt their working environment was safe.

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Monitoring Review – Other

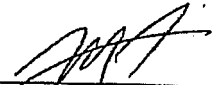
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1. Were any Findings identified? (Note: Findings require the sponsor to submit a corrective action plan and associated timeline for implementation of the corrective action plan within 30 days of issuance of the AT 12 and Findings letter.)

No Findings were identified at this visit.

2. Comments.

Attach a list of the AT 1003 and identify which apprentices were interviewed.

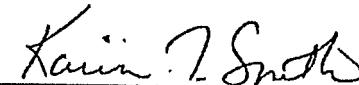
  
\_\_\_\_\_  
Signature of Apprentice Training Representative

Michael Ferraro

\_\_\_\_\_  
Print Name of Apprentice Training Representative

12/18/19

\_\_\_\_\_  
Date

| REVIEW                     |   |
|----------------------------|---|
| Supervising ATR Signature: |   |
| Date:                      | 12/19/19  |
| ATCO Reviewer Signature:   |   |
| Date:                      |   |



# Department of Labor Apprenticeship Training

Please send to your regional DOL office:

DEC 21 2018 Apprenticeship Agreement

## I. Apprenticeship Agreement

Sponsor No. 22211

ATP Code 18318

|  |  |   |                         |   |  |
|--|--|---|-------------------------|---|--|
| Name of Apprentice (Last, First, M.I.)<br>Kanas, Chanler J.  |  | Social Security Number<br>098-88-4676                         |                         | 1. Name of Program Sponsor<br>Carver Construction, Inc.   |  |
| Address of Apprentice (no. and street)<br>300 Partridgeberry Ct.   |  |   |                         | Physical address of Program Sponsor (no. and street)<br>494 Western Turnpike  |  |
| City<br>Schenectady  | County<br>Schenectady  | State<br>NY   | Zip code<br>12303       | City<br>Altamont  | County<br>Schenectady                            |
| Answer both A and B<br>A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino<br>B. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |  |   |                         | Mailing address of Program Sponsor (no. and street)<br>494 Western Turnpike   |  |
| Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F  | Veteran<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Home & Cell phone numbers<br>H 518-357-4404<br>C 518-878-2699 | Birth date<br>4-13-1999 | 2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid<br>Operating Engineer<br>Heavy Equipment |  |
| Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," Trade _____ State _____   |  |   |                         | 3. Start Date<br>12/14/18   | 4. Length of program (Months)<br>36 months       |
| 6. Related and Supplemental Instruction (RI) Provider(s) and location(s)<br>ABC Construction Training Centers of NY<br>878 Old Albany Shaker Rd Latham NY  |  |   |                         | 5. DOL Apprentice Probation Period for Completion Rates (Months)<br>9 months  | 7. Minimum Journey-Worker Rate<br>18.25 per hour |
| 8. Credit for previous training or experience: _____ Months _____ Points _____ Sections<br><input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): Carver Construction Inc.  |  |   |                         |   |  |

## 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 |
|--------|-----------|-----------|-----------|-----------|-----------|---|---|---|----|
| 0-1000 | 1001-2000 | 2001-3000 | 3001-4000 | 4001-5000 | 5001-6000 |   |   |   |    |
| 60%    | 70%       | 80%       | 85%       | 90%       | 95%       |   |   |   |    |

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<br><i>Chanler Kanas</i> | Date<br>12/14/18 | Signature of Official Sponsor Representative<br><i>[Signature]</i> | Date<br>12/14/18 |
| Registered by the New York State Department of Labor<br><i>[Signature]</i>       |                  | DEC 21 2018  |                  |
| Signature New York State Department of Labor                                     |                  | Date   |                  |

| State Use Only  |       |  |
|-----------------|-------|--|
| Date            | Init. |  |
| To ATC 12/17/18 |       |  |
| 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 \_\_\_\_\_

| State Use Only |       |  |
|----------------|-------|--|
| Date           | Init. |  |
| To ATC         |       |  |
| To DLEA        |       |  |
| Data Entry     |       |  |

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 |       |  |
|----------------|-------|--|
| Date           | Init. |  |
| To ATC         |       |  |
| To DLEA        |       |  |
| Data Entry     |       |  |



# NEW YORK STATE OF OPPORTUNITY Department of Labor Apprentice Training

Please send to your regional DOL office:

## DEC 21 2018 Apprenticeship Agreement

### I. Apprenticeship Agreement

Sponsor No. 22211

ATP Code 18318

|  |  |  |  |   |
|--|--|--|--|---|
| Name of Apprentice (Last, First, Middle Initial)<br><b>Blair Jr, Kevin R</b>   |  | Social Security Number<br><b>081860923</b>   | 1. Name of Program Sponsor<br><b>Carver Construction, Inc.</b> |   |
| Address of Apprentice (no. and street)<br><b>7875 State Highway 5</b>  |  | Physical address of Program Sponsor (no. and street)<br><b>494 Western Turnpike</b>  |  |   |
| City<br><b>St Johnsville</b>   | County<br><b>Montgomery</b>  | State<br><b>NY</b>   | Zip code<br><b>13452</b>                                       | City<br><b>Altamont</b>   |
| Answer both A and B<br>A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino<br>B. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |  | Mailing address of Program Sponsor (no. and street)<br><b>494 Western Turnpike</b>   |  |   |
| Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  | Veteran<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Home & Cell phone numbers<br><b>H 518-568-7484</b><br><b>C 518-775-7547</b>  | Birth date<br><b>12/08/1996</b>                                | City<br><b>Altamont</b>   |
| Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," Trade _____ State _____   |  | 2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid<br><b>Operating Engineer - Heavy Equipment</b> |  |   |
| 6. Related and Supplemental Instruction (RI) Provider(s) and location(s)<br><b>ABC Construction Training Centers of NY 878 Old Albany Shaker Rd Latham, NY</b>   |  | 3. Start Date<br><b>12/14/2018</b>   | 4. Length of program (Months)<br><b>36</b>                     | 5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b> |
| 8. Credit for previous training or experience: <b>6</b> Months Points Sections<br><input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>Carver Construction, Inc.</b>   |  | 7. Minimum Journey-Worker Rate<br><b>18.25 per hour</b>  |  |   |

### 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 |
|--------|-----------|-----------|-----------|-----------|-----------|---|---|---|----|
| 0-1000 | 1001-2000 | 2001-3000 | 3001-4000 | 4001-5000 | 5001-6000 |   |   |   |    |
| 60%    | 70%       | 80%       | 85%       | 90%       | 95%       |   |   |   |    |

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

Kevin Blair Jr  
Signature of Apprentice and Parent/Guardian if age 16-17

12/14/2018  
Date

[Signature]  
Signature of Official Sponsor Representative

12/14/2018  
Date

Registered by the New York State Department of Labor:

[Signature]  
Signature New York State Department of Labor

DEC 21 2018

Date

State Use Only

Date 12/14/18 Init. [Initials]  
To ATC \_\_\_\_\_  
To DLEA \_\_\_\_\_  
Rank Verify \_\_\_\_\_  
Date 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 \_\_\_\_\_

State Use Only

Date \_\_\_\_\_ Init. \_\_\_\_\_  
To ATC \_\_\_\_\_  
To DLEA \_\_\_\_\_  
Date Entry \_\_\_\_\_

[Signature]  
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

STATE USE ONLY

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

[Signature]  
Signature of DLEA Representative

Date \_\_\_\_\_

Print Name \_\_\_\_\_

State Use Only

Date \_\_\_\_\_ Init. \_\_\_\_\_  
To ATC \_\_\_\_\_  
To DLEA \_\_\_\_\_  
Date Entry \_\_\_\_\_



APR 30 2020  
ADDCO

# Apprenticeship Agreement

I. Apprenticeship Agreement Central Office Sponsor No. 22211 ATP Code 18514

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Name of Apprentice (Last, First, M.I.)<br><b>Bibik, Ashley M</b>   |   | Social Security Number<br><b>065885430</b>                                |  | 1. Name of Program Sponsor<br><b>Carver Construction, Inc</b>   |  |
| Address of Apprentice (no. and street)<br><b>932 Windfall Road</b>   |   |   |  | Physical address of Program Sponsor (no. and street)<br><b>494 Western Turnpike</b>   |  |
| City<br><b>Utica,</b>  | County<br><b>Oneida,</b>  | State<br><b>New York</b>  | Zip code<br><b>13502</b>   | City<br><b>Altamont,</b>  | County<br><b>Schenectady,</b>  |
| Answer both A and B<br>A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino<br>B. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |   |   |  | Mailing address of Program Sponsor (no. and street)<br><b>494 Western Turnpike</b>  |  |
| Sex<br><input type="checkbox"/> M<br><input checked="" type="checkbox"/> F   | Veteran<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Home & Cell phone numbers<br><b>H315-601-0461</b><br><b>C315-601-0461</b> | Birth date<br><b>07/16/1998</b><br>E-mail address<br><b>iconicdetailing315@gmail.com</b> | 2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid<br><b>Skilled Construction Craft Laborer</b> |  |
| Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," Trade _____ State _____   |   |   |  | 3. Start Date<br><b>04/01/20</b>  | 4. Length of program (Months)<br><b>24</b>                                       |
| 6. Related and Supplemental Instruction (RI) Provider(s) and location(s)<br><b>ABC Construction Training Center of NY, Railroad Ave, Albany NY CTCNY- Latham, NY</b>   |   |   |  | RI Compensated<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | 5. DOL Apprentice Probation Period for Completion Rates (Months) <b>6 months</b> |
| 8. Credit for previous training or experience: <b>6 Months</b><br><input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>Carver Construction, Inc.</b>   |   |   |  | 7. Minimum Journey-Worker Rate<br><b>20.00</b>  |  |

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 |
|--------|-----------|-----------|-----------|---|---|---|---|---|----|
| 0-1000 | 1001-2000 | 2001-3000 | 3001-4000 |   |   |   |   |   |    |
| 65%    | 70%       | 80%       | 90%       |   |   |   |   |   |    |

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 03/26/2020 Date  
Signature of Official Sponsor Representative 3/26/2020 Date  
Registered by the New York State Department of Labor:  
Signature New York State Department of Labor APR 30 2020 Date

| State Use Only |           |
|----------------|-----------|
| Date           | Init.     |
| To ATC         | <u>me</u> |
| 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 \_\_\_\_\_

| State Use Only |       |
|----------------|-------|
| Date           | Init. |
| To ATC         |       |
| To DLEA        |       |
| Data Entry     |       |

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.

| State Use Only |       |
|----------------|-------|
| Date           | Init. |
| To ATC         |       |
| To DLEA        |       |
| Data Entry     |       |

Signature of DLEA Representative \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_



ATTACHMENT "A"

**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: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

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):

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

  
Signature

Carver Laraway  
Printed Name

President  
Title

05/19/21  
Date

## IRANIAN ENERGY DIVESTMENT CERTIFICATION

Pursuant to Section 103-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 therefore. 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.

Firm: Carver Construction Inc.

By: 

(signature)

Carver Laraway

(typed)

Title: President

Date: 05/14/21

### BIDDERS QUALIFICATION QUESTIONNAIRE

The undersigned guarantees the accuracy of all statements and answers herein contained. (Please print in ink.)

1. How many years has your firm been in business? 32 years
2. What has been the dollar volume of your firm's business for each of the past three years?  
Year: 2020 \$ 36 Million Year: 2019 \$ 34 Million Year: 2018 \$ 28 Million
3. List up to five projects of this nature (highway/paving projects) that you have completed in the last three years, and give the name, address and telephone number of a reference from each. Also, give the completion date, the original contract bid price, the completed cost and a brief description of each project listed. Submit additional sheets if necessary.

Please see attached sheets.

4. List all the projects presently under construction by your firm, the dollar volume of the contract and the percentage completion of the contract. Submit additional sheets if necessary.

Please see attached sheets.

5. Has your firm ever failed to complete work awarded to it? If so, state where and why.

NO

6. 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

7. Has your firm received two final determinations within any consecutive six year period, the second final determination occurring within the past five years, that your firm willfully failed to pay the prevailing rate of wages or to provide supplements in accordance with Article 8 of the Labor Law? If so, give details.

NO

8. Do you plan to sublet any part of this work? If so, give details (description of work, dollar value, name of subcontractor).

Cast in place concrete work, Dollar value \$60,000, Winn Cons.  
Guide rail, dollar value \$60,000, contractor \$60,000.

9. What equipment do you own that is available for this work? Be specific.

Excavators - CAT 330, Link belt 470X3  
Loaders - CAT 970, Skid Steers  
Full list available if low bidder.

10. What equipment do you plan to rent or purchase for this work? Be specific.

None

11. Have you ever performed work under the direction of a professional engineer or registered architect? If so, list up to three such firms, giving the name of the firm, its address, telephone number and the name of the project (list most recent projects).

See attached list.

12. 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, a bank and a major material supplier.

Surety: Marshall & Sterling - 113 Saratoga Rd, Glenville, NY 12325  
Bank: Trustco Bank - 3900 Carman Rd, Guilford, NY 12303  
Supplier: Core & Main - 14 Arch St, Watervliet, NY 12189

13. Give a summary of your financial statement. List assets and liabilities (submit additional sheets, if necessary).

Will provide if low bidder.

14. 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 this information be furnished.

a) Correct name of bidder: Carver Construction Inc.

b) The business is a Corporation

c) The address of principal place is: 494 Western Turnpike  
Altamont, NY 12009

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

Carver Laraway - President

Sybil Laraway - Secretary / Treasurer

Firm: Carver Construction Inc.

By: (signature)  
Carver Laraway  
(typed)

Title: President

Date: 05/19/21

**ATTACHMENT "C"**  
**ALBANY COUNTY**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**

|  |                               |   |   |
|--|-------------------------------|---|---|
| <b>1. VENDOR IS:</b><br><input checked="" type="checkbox"/> PRIME CONTRACTOR   |                               |   |   |
| <b>2. VENDOR'S LEGAL BUSINESS NAME</b><br><div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Carver Construction Inc.</div>  |                               | <b>3. IDENTIFICATION NUMBERS</b><br>a) FEIN # 14-176470<br>b) DUNS # 833117661  |   |
| <b>4. D/B/A – Doing Business As (if applicable) &amp; COUNTY FIELD:</b><br><div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Schenectady</div>  |                               | <b>5. WEBSITE ADDRESS (if applicable)</b><br><div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">www.carvercompanies.com</div> |   |
| <b>6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE</b><br><div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">444 Western Turnpike, Albany NY 12004</div>  |                               | <b>7. TELEPHONE NO.</b><br><div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">518-355-6034</div>                              | <b>8. FAX NUMBER</b><br><div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">518-356-7282</div> |
| <b>9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE<br/> <small>IN NEW YORK STATE, if different from above</small></b>   |                               | <b>10. TELEPHONE NO.</b>  | <b>11. FAX NUMBER</b>   |
| <b>12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE</b><br>Name <i>Gabriel Hamoufa</i><br>Title <i>Estimator</i><br>Telephone Number <i>518-355-6034 X 157</i><br>Fax Number<br>e-mail <i>ghamoufa@carvercompanies.com</i>  |                               |   |   |
| <b>13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.</b>  |                               |   |   |
| <b>a) NAME</b> <i>Carver Lurawoy</i>   | <b>TITLE</b> <i>President</i> | <b>b) NAME</b>  | <b>TITLE</b>  |
| <b>c) NAME</b>   | <b>TITLE</b>                  | <b>d) NAME</b>  | <b>TITLE</b>  |
| 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.   |                               |   |   |
| <b>14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE 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.</b> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No         </div> |                               |   |   |
| <b>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 YEAR HAVE SERVED AS:</b>   |                               |   |   |
| a) An elected or appointed public official or officer?<br><i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No         </div>   |                               |   |   |
| b) An officer of any political party organization in Albany County, whether paid or unpaid?<br><i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No         </div>   |                               |   |   |

|     |   |   |
|-----|---|---|
| 16. | <p>WITHIN THE PAST FIVE 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>  |   |
| a)  | <ol style="list-style-type: none"> <li>1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</li> <li>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</li> <li>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</li> <li>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</li> <li>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;</li> <li>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</li> <li>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;</li> <li>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</li> <li>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</li> </ol> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| b)  | <p>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>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| c)  | <p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <ol style="list-style-type: none"> <li>1. federal, state or local health laws, rules or regulations.</li> </ol>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 17. | <p>IN THE PAST THREE 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>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 18. | <p>DURING THE PAST THREE YEARS, HAS THE VENDOR FAILED TO:</p> <ol style="list-style-type: none"> <li>a) file returns or pay any applicable federal, state or city taxes?<br/><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></li> <li>b) file returns or pay New York State unemployment insurance?<br/><i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></li> <li>c) Property Tax<br/><i>Indicate the years the vendor failed to file.</i></li> </ol>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19. | <p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN 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>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>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

20. 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. ☐ Yes ☒ No

21. IN THE PAST FIVE 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.

I "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.



ALBANY COUNTY  
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN # 14-176470

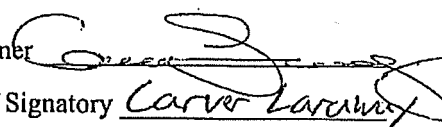
State of: NY )  
County of: Schenectady ) ss:

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 Carver Construction Inc. Signature of Owner   
Address 494 Western Turnpike Printed Name of Signatory Carver Laramy  
City, State, Zip Altamont, NY 12009 Title President

Sworn before me this 19<sup>th</sup> day of May, 2021;

Melissa K. Vivenzio  
Notary Public



Melissa K. Vivenzio  
Printed Name  
Melissa K. Vivenzio  
Signature  
5-19-21  
Date

Acknowledgment by Bidder:

If Individual or Individuals:

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2021, 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 \_\_\_\_\_

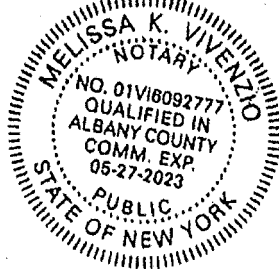
My commission expires \_\_\_\_\_

If Corporation:

State of New York

County of \_\_\_\_\_

On this 19 day of May, 2021, before me personally appeared Carver  
Laraway to me known, who, being by me sworn, did say the he resides at (give  
address) Schenectady NY;  
that he is the (give title) President of the (name of corporation) Carver  
Construction Inc., the corporation described in and which executed the above  
instrument; that he knows the seal of the corporation; 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.



Melissa K. Vivenzio  
Notary Public, State of New York

Qualified in Albany County

My commission expires 05-27-2023

If Partnership:

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 2021, 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 \_\_\_\_\_  
\_\_\_\_\_ 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 \_\_\_\_\_

My commission expires \_\_\_\_\_

### SCHEDULE OF MBE/WBE PARTICIPATION

#### PROJECT IDENTIFICATION

Project No. 20-C557 (Bid #2021-064)  
Title: CR402 and CR404  
Culvert Replacement Project

#### BIDDER:

Name: Carver Construction  
Address: 494 Western Trk  
Altamont, NY 12009

Total Bid Amount: \$ 774,145 Fed. Emp. ID #: 14-1716470  
Telephone No. 518-355-6034

MBE Goal: 7% x Total Bid Amount = \$ 54,190.15

WBE Goal: 5% x Total Bid Amount = \$ 38,707.25

Bidder is an approved \_\_\_\_\_ MBE, \_\_\_\_\_ WBE, \_\_\_\_\_ majority firm as described in Article SC-19, Affirmative Action Plan of the Supplementary Conditions of the Project Manual (check appropriate category).

MBE/WBE participation is broken down into joint ventures with bidder, subcontracting construction, trucking or services, and materials or supplies. Joint ventures between the prime bidder and MBE/WBE firms are shown below. Other MBE/WBE participation is shown on next page.

#### JOINT VENTURES WITH BIDDER (check one of the following)

- ☒ No MBE/WBE joint ventures with bidder on this contract.  
\_\_\_\_ Bidder is joint venturing with the following firm(s):  
(attach copy of joint venture agreements to this form)

|                |                              |
|----------------|------------------------------|
| Name: _____    | Telephone: _____             |
| Address: _____ | Contact Person: _____        |
| _____          | Fed. Emp. ID #: _____        |
| _____          | Approved _____ MBE _____ WBE |
|                | _____ Majority Firm          |

MBE Share of Joint Venture: \_\_\_\_\_ % x Total Bid Amount = \$ \_\_\_\_\_  
WBE Share of Joint Venture: \_\_\_\_\_ % x Total Bid Amount = \$ \_\_\_\_\_

#### OTHER MBE/WBE PARTICIPATION:

Complete each section below where appropriate showing all MBE/WBE participation other than joint ventures. Enter the type of participation for each MBE/WBE as one of the following:

- SC - Subcontract Construction
- TS - Trucking or Services
- MS - Source of Materials or Supplies

# **SCHEDULE OF MBE/WBE PARTICIPATION (con't)**

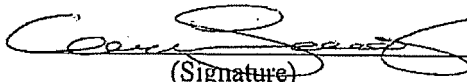
Show the actual amount to be paid to the MBE/WBE, not the contract item bid price.

| <u>MBE Firm Name</u>       | <u>Work Description</u> | <u>Type Participation</u> | <u>Amount</u> |
|----------------------------|-------------------------|---------------------------|---------------|
| _____                      | _____                   | _____                     | \$ _____      |
| _____                      | _____                   | _____                     | \$ _____      |
| _____                      | _____                   | _____                     | \$ _____      |
| _____                      | _____                   | _____                     | \$ _____      |
| Subtotal                   |                         |                           | \$ _____      |
| MBE Share of Joint Venture |                         |                           | \$ _____      |
| TOTAL MBE PARTICIPATION    |                         |                           | \$ _____      |

| <u>WBE Firm Name</u>         | <u>Work Description</u> | <u>Type Participation</u> | <u>Amount</u>               |
|------------------------------|-------------------------|---------------------------|-----------------------------|
| <del>PRATT &amp; MOORE</del> | <del>WATER MAINS</del>  | <del>WBE</del>            | \$ <del>28,000</del>        |
| DI Highway                   | Guide Rail Supply       | WBE - MS                  | \$ 59,000                   |
| Donnelly Cons.               | Temp Signage            | WBE - SC                  | \$ 21,063                   |
| Burt Crane                   | Crane picks             | WBE - TS                  | \$ 14,610                   |
| Subtotal                     |                         |                           | \$ <del>80,063</del> 94,673 |
| MBE Share of Joint Venture   |                         |                           | \$ _____                    |
| TOTAL MBE PARTICIPATION      |                         |                           | \$ <del>80,063</del> 94,673 |

## **IMPORTANT:**

If the TOTAL MBE PARTICIPATION and/or the TOTAL WBE PARTICIPATION is less than the goal amounts, bidder must attach documentation demonstrating good faith efforts to retain MBE's/WBE's. Such documentation shall include: 1) name of MBE/WBE firm, 2) individual contacted, 3) description of work to be done, 4) quotation or proposal received (if any), 5) description of follow-up actions, and 6) explanation of reason(s) why the firm will not be used, for all MBE's/WBE's solicited for participation in this project.

Firm: Carver Construction Inc By:   
 Date: 5/19/21 Carver Loralway  
 (Signature) (Typed)  
 Title: President





# The New York State Contract Reporter

This document printed  
Tuesday, 06/01/2021

*NYS' official source of contracting opportunities  
Bringing business and government together*

## Contracting Opportunity

**Title:** M/WBE Opportunities - CR 402 & 404 Culvert Replacement

**Company:** Carver Construction Inc.

**Date of Issue:** 05/12/2021

**Due Date/Time:** 05/19/2021

**County(ies):** Albany

**Location:** Westerlo NY

**Classification(s):** Construction Horizontal: Highways & Roadways; Maintenance, Repair & New Construction - **Construction**

**Opportunity Type:** Contractor Ads

**Description:** Replacement of the existing concrete roadway cross culverts along CR402 and CR404 with three-sided reinforced concrete span units, wingwalls, and guiderail. The project also includes the installation of roadway striping and signs.

M/WBE contracting firms are encouraged to participate. All interested parties can contact Gabe Hanoufa at [ghanoufa@carvercompanies.com](mailto:ghanoufa@carvercompanies.com) or 518-355-6034 for access to the project documents.

**Service-Disabled Veteran-Owned Set Aside:** No

**Minority Owned Sub-Contracting Goal:** 7%

**Women Owned Sub-Contracting Goal:** 5%

## Contact Information

**Primary contact:** Carver Construction  
Gabriel Hanoufa  
Estimator  
494 Western Turnpike  
Altamont, NY 12009  
United States  
Ph: 518-355-6034 ext.157  
ghanoufa@carvercompanies.com

**Submit to contact:** Carver Construction  
Gabriel Hanoufa  
Estimator  
494 Western Turnpike  
Altamont, NY 12009  
United States  
Ph: 518-355-6034 ext.157  
ghanoufa@carvercompanies.com

## Awards

Awards have not yet been entered.

If you have questions regarding the awards, contact the issuing agency for more information.

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**Gabriel Hanoufa**

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**From:** David Husted <hustedd@aol.com>  
**Sent:** Monday, May 10, 2021 4:04 PM  
**To:** Gabriel Hanoufa  
**Subject:** Re: Albany County Culverts

This one is easy to answer. We can't do the skews. Sorry.

*David K. Husted*  
Vice President  
Husted Concrete Products, Inc.  
315-736-6659  
www.hustedconcrete.com

-----Original Message-----

From: Gabriel Hanoufa <ghanoufa@carvercompanies.com>  
To: hustedd@aol.com <hustedd@aol.com>  
Sent: Mon, May 10, 2021 3:55 pm  
Subject: Albany County Culverts

Hi David,

It looks like another culvert project was just put out for bid, in Westerlo. Let me know if you think Husted can price this one up. It bids on May 20 with a completion date of October 31.

☐ 5.20.21 Westerlo Box Culverts

Thank you,

Gabe Hanoufa



Carver Construction, Inc  
494 Western Turnpike