

**Date:** October 5, 2018  
**To:** Prospective Firms  
**From:** City of Cleveland, Department of Port Control  
**RE:** Addendum No. 1 to Request for Qualifications – On Call Professional Planning Services RFQ Rebid

Please be advised that the City of Cleveland, through its Director of the Department of Port Control (“Department”), hereby publishes Addendum No. 1 to the Request for Qualifications – On Call Professional Planning Services RFQ Re Bid, dated September 12, 2018.

This addendum serves as the response to all inquiries received by prospective proposers during the Pre-Qualifications Conference Meeting dated September 26, 2018.

**In addition, the Power Point Presentation and Sign-In-Sheets from the Pre-Qualifications Conference are posted.**

**STATEMENT SUBMITTAL DEADLINE: Wednesday, October 17, 2018**

**INQUIRIES**

<b>1.</b>	<b>Question</b>	Training for B2GNow Training
	<b>Answer</b>	<b>Selected Contractor may register by accessing - <a href="https://cleveland.diversitycompliance.com/?TN=cleveland">https://cleveland.diversitycompliance.com/?TN=cleveland</a> and RSVP to any available listed session. It's Free</b>
<b>2.</b>	<b>Question</b>	Verified vs Certified for SBE and DBE Purposes
	<b>Answer</b>	<b>SBE Program at CLE allows a process for verification of SBE Status. Certified DBE's are listed in Ohio (UCP) Unified Certification Program. Website: <a href="http://www.dot.state.oh.us/dbe/Pages/UCP.aspx">http://www.dot.state.oh.us/dbe/Pages/UCP.aspx</a></b>
<b>3.</b>	<b>Question</b>	In light of the pending House Rule, House Rule 861 - " To Terminate the EPA by December 31, 2018", if the bill passes, how will we address the environmental issues that may be required.
	<b>Answer</b>	<b>The bill has only been introduced and needs to pass through and be approved at all the other federal protocols prior to the end of this year. If this does or does not pass on time, we will continue to monitor all of our industrial and construction projects as we are currently doing to maintain our environmental compliance and stewardship.</b>

4.	<b>Question</b>	Submitting a Statement for the On Call Professional Planning RFQ will not affect submitting a statement for the Master Plan
	<b>Answer</b>	<b>Confirmed, participants can submit and be awarded a contract for both On Call Professional Planning and future Master Plan</b>

**CLEVELAND HOPKINS INTERNATIONAL AIRPORT**  
**On Call Professional Planning Services 2018 RFQ**  
 Wednesday, September 26, 2018

NAME	COMPANY	TELEPHONE	FAX No.	E-MAIL
MARK YEAGER	KS ASSOCS	216-314-8900	440-365-4790	YEAGERM@KASOCIATES.COM
MARK HECKERTH	CHA CONSULTING, INC	216-443-1700	216-443-1780	mheckerth@chacompanies.com
MONICA GEYGAN	LEB	513 314 8299	513 530 2207	MGEYGAN@LANDRUM-BROWN.COM
Doug Mackie	Sigma	216 322-2985	216 522-1701	DMackie@SigmaAssociates.com
LANCE WATANABE	Michael Baker INTL	216-776-6629	216-664-6532	lwatanabem@mbakerintl.com
Kenn Siegs	Michael Baker Intl	216-776-6614	216-664-6532	KENN.SIEGS@MBAKERINTL.COM
GREG HEATON	CM;T INC	614 468 1201	614 854 0509	gheaton@cmtengr.com
Rhonda Osborne	DPU-PROCUREMENT	216 265 4690	216 265 4690	rosborne@delvelandairport.com
James P. Lewis	LEWIS AND ASS. ENL. CORP	216 375 3828		JOSPAU54@qhoo.com
Steve Gage	WSP	216-781-7890		Stephen.gage@wsp.com

John Hogan  
 216-265-3342  
 JHOGAN@CLEARAMP.AIRPORT.COM

CLEVELAND HOPKINS INTERNATIONAL AIRPORT  
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NAME	COMPANY	TELEPHONE	FAX No.	E-MAIL
STEPHEN JOHNSON	CCI ENGINEERING SERVICES			JOHNSON@CCITECHS.COM
Joyce K. Johnson	CCI Engineering Services	216-621-2109		joycej@ccitechs.com
Ellie Biltz	CCI Engineering Services			ebiltz@ccitechs.com
PAUL STRACK	MICHAEL BAKER NOTL	216-702-9206	—	PSTRACK@MBAKERSINTL.COM
Loretta Snider	Osborn Engineering	216-861-2020		lsnider@osborn-eng.com



**CLEVELAND HOPKINS INTERNATIONAL AIRPORT**  
**On Call Professional Planning Services 2018 RFQ**  
**Wednesday, September 26, 2018**

NAME	COMPANY	TELEPHONE	FAX No.	E-MAIL
Rosita Turner	DPC - OCI	216-265-6686		turner@clevalandairport.com
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ALI PARSIPOUR	<sup>DPE</sup> SOMAT ENG.	216-479-0300		aparsipour@somateng.com
Chris R. Brown	HWH	216-875-4037		CRB@HWHASP.COM
Linell Homentosky	Michael Baker INTL	215-801-9317		Linell.Homentosky@mbackerintl.com
Rita Singh SEA Consulting	SEA Consulting Group	216-593-0050		RSingh@sa-consultinggroup.com
Mrp Singh	SEA Consulting Group	216-593-0050		NSingh@sa-consultinggroup.com
Paula Harrison	SEA Consulting Group	216-593-0050		Pharrison@sa-consultinggroup.com



**CLEVELAND HOPKINS INTERNATIONAL AIRPORT**  
**On Call Professional Planning Services 2018 RFQ**  
**Wednesday, September 26, 2018**

NAME	COMPANY	TELEPHONE	FAX No.	E-MAIL



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# Cleveland Airport System

## On Call Professional Planning Services

## Pre-Qualification Conference

Robert Kennedy  
Director



# Pre-Bid Meeting Agenda

<b>Introduction &amp; Background.....</b>	<b>Nick Belluardo</b>
<b>Project Scope.....</b>	<b>Nick Belluardo</b>
<b>Environmental.....</b>	<b>Kim McGreal</b>
<b>Operations .....</b>	<b>Robert Fischietto</b>
<b>Security .....</b>	<b>Howard Phillips</b>
<b>DBE Contact Information.....</b>	<b>Rosita Turner</b>
<b>Procurement.....</b>	<b>Rhonda Osborne</b>



## *Background*

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- DPC is responsible for planning, operation, and development of CLE and BKL
- Plan for facilities that will improve airline and airport operations, while achieving a level of service and convenience desired by the flying public
- Legislation: No. 645-17 passed by council on 6/5/2017



***Authorizing Ordinance***



**Ordinance No. 645-17**



**CLE™**

CLEVELAND HOPKINS  
INTERNATIONAL AIRPORT



**BKL™**

CLEVELAND-BURKE  
LAKEFRONT AIRPORT

# Authorizing Ordinance

## Ord. No. 645-17.

By Council Members Keane and Kelley (by departmental request).

An emergency ordinance authorizing the Director of Port Control to employ one or more professional consultants to provide general planning, engineering, and design services, for a period of one year, executed by December 31, 2018, with three one-year options to renew, the second of which requires additional legislative authority.

Whereas, this ordinance constitutes an emergency measure providing for the usual daily operation of a municipal department; now, therefore,

Be it ordained by the Council of the City of Cleveland:

**Section 1.** That the Director of Port Control is authorized to employ by contract or contracts one or more consultants or one or more firms of consultants for the purpose of supplementing the regularly employed staff of the several departments of

the City of Cleveland in order to provide professional services necessary to provide general planning, engineering, and design services on an as-needed basis, for a period of one year, executed by December 31, 2018, with three one-year options to renew, for the various divisions of the Department of Port Control. The second of the one-year options to renew may not be exercised without such additional legislative authority. If is granted and the second of the one-year options to renew is exercised, then the third of the one-year options to renew may be exercisable at the option of the Director of Port Control, without the necessity of obtaining additional authority of this Council.

The selection of the consultants for the services shall be made by the Board of Control on the nomination of the Director of Port Control from a list of qualified consultants available for employment as may be determined after a full and complete canvass by the Director of Port Control for the purpose of compiling a list. The compensation to be paid for the services shall be fixed by the Board of Control. The contract or contracts authorized shall be prepared by the Director of Law, approved by the Director of Port Control, and certified by the Director of Finance.

**Section 2.** That the cost of contract or contracts authorized shall be paid from Fund Nos. 60 SF 001, 60 SF 104, 60 SF 105, 60 SF 106, 60 SF 115, 60 SF 116, 60 SF 122, 60 SF 126, 60 SF 128, 60 SF 130, 60 SF 141, 60 SF 160, from the fund or subfunds to which are credited the proceeds of any grants received or passenger facility charges if authorized for the purposes of this ordinance, Request No. RQS 3001, RL 2017-53.

**Section 3.** That this ordinance is declared to be an emergency measure and, provided it receives the affirmative vote of two-thirds of all the members elected to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor; otherwise it shall take effect and be in force from and after the earliest period allowed by law.

Passed June 5, 2017.  
Effective June 7, 2017.





## *Project Scope*

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- Professional On Call Planning Services
  - Aviation Planning
  - Environmental (NEPA) Planning, Sustainability & Safety
  - Programming & Cost Estimating
  - Funding Sources & Revenue Enhancement
  - Harbors
  - Third party planning reviews



## *Project Scope*



- Projects will be task oriented and on-call in support of project initiatives at CLE, BKL, & Harbors



## *Reference Documents*



- CLE Master Plan Update – 2012
- BKL Master Plan Update - 2017



## *Selection Criteria*

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- **Qualifications/Experience** – up to 15 points
- **Project Approach** – up to 30 points
- **Key Staff** – Up to 20 points
- **Management Approach** – Up to 25 points
- **Work Product Sample** – Up to 10 points
- **DBE/SBE**



## *Environmental*



Historic reports and information available upon request, examples:

- EIS
- EDDA
- Rule 13 Applications and Closeout Report
- Trigger Plan (Plan For Managing Potentially Impacted Soils and Subsurface Water Encountered During Implementation of Expansion Program at Cleveland Hopkins International Airport)
- Drainage maps
- Asbestos



***Security & Operations Requirements***

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**Robert Fischietto**  
CHIA Operations Manager  
(216) 265-6090

**Howard Phillips**  
Airport Security  
(216) 265-3302



## ***Operations Requirements***

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- Activity on the airport must comply with FAA rules & regulations.
- All construction activity must comply with the requirements of the project's construction and safety/phasing plan.
- Cranes and/or obstructions require airspace approval; obtained by filing an FAA form 7460-1 through the Detroit Airports District Office (ADO), 734.229.2900 (the Airport will be responsible for this coordination. Contractor must allow adequate time for approval).



## ***Airport Security Requirements***

- Emergency Phone contacts of personnel will be delivered to Airport Operations (OPS) for contacts regarding project site and its activities.
- Company logos and signage is required on all vehicles entering the airport property. For vehicles remaining on-site, a ramp permit is required and applications are available at Security. Signage must be a minimum of 24"x24".
- Criminal History Records Check (CHRC) fingerprint applications will be processed at \$65.00 payable to Treasury City of Cleveland. Payment is required at time of fingerprinting.
- No Airport ID credentials will be issued until a Notice to Proceed is signed/issued. Please allow 7-14 days for processing after Fingerprint results are received. This will allow time for the TSA to process the Security Threat Assessment (STA).

***Remember, If you see something, say something...  
call Operations Center at 216.265.6090***





# Office of Compliance and Inclusion (OCI)

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## Contact Information:

**Herlinda Bradley, Manager**

**(O) 216-265-6791**

**E-mail: [hbradley@clevelandairport.com](mailto:hbradley@clevelandairport.com)**

**Rosita Turner, Contract Compliance / Prevailing Wage**

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**(O) 216-265-3389**

**E-mail: [jbrooks@clevelandairport.com](mailto:jbrooks@clevelandairport.com)**



# OCI REQUIREMENTS

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## Points of Discussions:

- 1. Provision of the DBE/ACDBE/SBE Program**
- 2. Project Goals**
- 3. Statement of Qualifications (SOQ)**
- 4. SBE Certification and Validation**
- 5. Required Sub-consultants Forms**
- 6. Project Compliance**



# **1. PROVISIONS OF THE DBE/ACDBE AND SBE PROGRAM**

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**1a. 49 CFR PART 26 - DISADVANTAGED BUSINESS  
ENTERPRISE (DBE)**

**1b. 49 CFR PART 23 - AIRPORT CONCESSIONS DISADVANTAGED  
BUSINESS ENTERPRISE (ACDBE)**

**\*Effective March 2013:**

**Small Business Enterprise element of DBE/ACDBE  
Program**



## 2. PROJECT GOALS

### Specific Project Goal

15 %

- ✓ based on willingness, readiness and availability
- ✓ Certified DBE/ACDBE website: <http://www.dot.state.oh.us/dbe/Pages/UCP.aspx>

**Small Business Enterprise (SBE) Assigned Goal: 5 %**

**Note:**

**Do not use the same DBE firm as DBE and SBE at the same time.**



### **3. STATEMENT OF QUALIFICATION (SOQ)**

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#### **WHAT TO DO?**

- Submit**
    - ✓ DBE Utilization Plan
    - ✓ Must demonstrate Good Faith Efforts in obtaining DBEs
- Note: No Good Faith Effort will be considered a non-responsive SOQ.

- When selected, complete ALL the required DBE Forms**



# OCI REQUIREMENTS

## Good Faith Effort

**All solicitation documentations must be included with proposals upon submissions**

**[49CFR Part 26-Appendix A49 CFR 26.53(a)(2)]**

### ENCLOSURE B-5 GOOD FAITH EFFORTS GUIDELINES

restrictions. In the event a competitor is unable to curtail to full attainment of an established ACDBE contract specific goal, a good faith effort evaluator must be satisfied by the Airport. All competitors must provide documentation demonstrating all of the steps outlined below were taken in attempting to obtain ACDBE participation. **ALL GOOD FAITH EFFORT DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF BID/PROPOSAL QUALIFICATION.** With the exception of the RFO process, the Airport is not allowed to contact potential contractors/consultants prior to selection of the successful bidder/contractor regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/contractor will be deemed **NON-COMPLIANT**.

1. Whether the contractor attended any pre-solicitation or pre-bid meetings that were scheduled by the Airport to inform ACDBEs of contracting and subcontracting opportunities.
2. Whether the contractor advertised in general circulation, trade association, and in non-city-focus media concerning the subcontracting opportunities.
3. Whether the contractor provided written notice to a reasonable number of specific ACDBEs, that their interest in the contract was being solicited in sufficient time to allow the ACDBEs to participate effectively.
4. Whether the contractor followed up initial solicitations of interest by contacting ACDBEs to determine with certainty whether the ACDBEs were interested.
5. Whether the contractor selected portions of the work to be performed by ACDBEs in order to increase the likelihood of meeting the ACDBE goals, including where appropriate breaking down contracts into economically feasible units to facilitate ACDBE participation.
6. Whether the contractor provided interested ACDBEs with adequate information about the plans, specifications and requirements of the contract.
7. Whether the contractor negotiated in good faith with interested ACDBEs, not rejecting ACDBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
8. Whether the contractor made efforts to assist interested ACDBEs in obtaining bonding, lines of credit or insurance required by the recipient of contract; and
9. Whether the contractor effectively used the services of available minority community organizations, disadvantaged contractors, groups, local, state and Federal disadvantaged business assistance offices, and other organizations that provide assistance in the recruitment and placement of ACDBEs.

**\*PLEASE ATTACH ALL SUPPORTING DOCUMENTATION OF THE GOOD FAITH EFFORTS TO THE BID/PROPOSAL QUALIFICATION. COMPETITORS WILL BE DETERMINED NON-COMPLIANT WITHOUT THE APPROPRIATE SUPPORTING GOOD FAITH EFFORTS DOCUMENTATION.**



## 4. SBE CERTIFICATION AND VALIDATION

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### **a. DBES**

- ❖ DBEs can be SBEs but cannot be both

### **b. Non-certified DBEs**

- b1. Apply EBED's SBE Certification and Validation **Guidelines**
- b2. DBE Unified Certification Application
- b3. Most recent three (3) years business tax returns
- b4. One of the following certifications:
  - b4-1. CSB Certification - Cleveland OEO
  - b4-2. Small Business Certification - Cuyahoga County
  - b4-3. US SBA 8(a) Certification
  - b4-4. NEORSD Certification
  - b4-5. Northern Ohio Supplier Diversity Council Certification



# 5. REQUIRED SUBCONSULTANTS FORMS

## 5a. DBE Forms:

- 5a1. **B-3** (*DBE/ACDBE Participation Plan*)
- 5a2. **B-2** (*DBE/ACDBE Affidavit*)
- 5a3. **B-4A** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

\* **Good Faith Effort**

## 5b. Non Certified DBEs and SBES:

- 5b1. **B-6** (*Non DBE/ACDBE and SBE Participation Plan*)
- 5b2. **B-4B** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

## 5c. Tier Subcontractors

- 4d1. **B-8** (*2<sup>nd</sup> Tier/3<sup>rd</sup> Tier Subcontractor/Sub-consultant*)
- 4d2. **For DBE:** B-2 and B-4A; **For Non DBE:** B-4B

## 5d. Emergency Utilization of Subcontractors

- 4e1. **B-9** (*Emergency Addition-Conditional Approval of Subcontractor/Sub-consultant*)





# 5a1. ENCLOSURE B-3

## (DBE/ACDBE Participation Plan)

### ENCLOSURE B-3

#### CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PARTICIPATION PLAN

Name of Prime Contractor \_\_\_\_\_

Name of Project \_\_\_\_\_

Project/Contract No \_\_\_\_\_

Total DA/ACDBE/Proposal Amount \_\_\_\_\_ Base Disadv. \$\$\$\$\$\$

NOTE: All firms must provide FEDERAL TAX ID NUMBER and must complete and sign a B-4A form

Name of CERTIFIED DBE/ACDBE	Federal Tax ID (must provide)	Address	Contact Person	Stage of Work	Percent Participation	Dollar Value of Work
1. DBE1	xx-xx-xxxxxx	Address 1, City, State Zip	Point of Contact	Solicited work (NAICS Code)	%	\$\$\$
2. DBE2	xx-xx-xxxxxx	Address 1, City, State Zip	Point of Contact	Solicited work (NAICS Code)	%	\$\$\$
3.						
4.						
5.						
6.						
7.						
<b>Total DBE/ACDBE Dollars (%)</b>						

The undersigned will enter into formal agreement with the certified DBE/s/ACDBEs listed above for work in this schedule conditioned upon the award of a contract by the Cleveland Airport System.

Signature of Prime Contractor Representative \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_



**5a2. Enclosure B-2 (DBE/ACDBE AFFIDAVIT)**  
**5a3. Enclosure B-4A (INTENT TO PERFORM...)**

**Enclosure B2**  
**(DBE/ACDBE AFFIDAVIT)**

**ENCLOSURE B-2**  
**DBE/ACDBE AFFIDAVIT**

**THIS PAGE IS TO BE COMPLETED BY ALL DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONGRESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PROPOSED TO PARTICIPATE ON THIS PROJECT.**

I hereby declare and affirm that I am (company representative) \_\_\_\_\_ and duly authorized representative of the \_\_\_\_\_ (name of corporation or joint venture) whose address is \_\_\_\_\_

I HEREBY DECLARE AND AFFIRM THAT I AM A DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONGRESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) AS DEFINED BY 49 CFR Part(s) 23 or 26. I WILL PROVIDE INFORMATION AND/OR THE CERTIFICATION TO DOCUMENT THIS FACT **(attach copy of certification)**.

I DO SOLEMNLY SWEAR OR DECLARE AND AFFIRM THAT THE CONTENTS OF THE FOREGOING STATEMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

State of \_\_\_\_\_ (Affiant) \_\_\_\_\_ (Date)  
 City and County of \_\_\_\_\_  
 On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned officer personally appeared \_\_\_\_\_, known to me to be the person described in the above-mentioned Affidavit, and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.  
 My Commission Expires: \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)  
 (SEAL)

**Enclosure B4-A**  
**(Intent to Perform as Certified DBE/ACDBE)**

**ENCLOSURE B-4A**  
**LETTER OF INTENT TO PERFORM AS A CERTIFIED DBE/ACDBE SUB-CONTRACTOR/CONSULTANT**

This form is to be completed by Prime Contractors and Consultants and ALL Certified DBE and ACDBE Sub-Contractors and Sub-Consultants.

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

**TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT**

Prime Contractor/Consultant: \_\_\_\_\_  
 FEDERAL TAX ID - MBE NUMBER: \_\_\_\_\_

I am the \_\_\_\_\_ and duly authorized representative of the firm of \_\_\_\_\_ which intends to perform work for the above project. I am hereby certifying that I am an individual, a Corporation, a Partnership, or other self-existing legal entity which is a DBE/ACDBE as defined by 49 CFR Part(s) 23 or 26. I will provide information and/or the certification to document this fact. My firm is certified by \_\_\_\_\_ and my certification expires on \_\_\_\_\_.

**TO BE COMPLETED BY CERTIFIED SUB-CONTRACTOR/CONSULTANT**

DBE/ACDBE Subcontractor/Consultant Name: \_\_\_\_\_

This firm represents a Disadvantaged Business Enterprise (DBE) as defined by 49 CFR Part(s) 23 or 26. I am hereby certifying that I am a DBE/ACDBE as defined by 49 CFR Part(s) 23 or 26. I will provide information and/or the certification to document this fact. My firm is certified by \_\_\_\_\_ and my certification expires on \_\_\_\_\_.

The undersigned is prepared to perform the following commitment work to ensure that the DBE/ACDBE participation in the above project is not less than the percentage stated in the above project. I am hereby certifying that I am a DBE/ACDBE as defined by 49 CFR Part(s) 23 or 26. I will provide information and/or the certification to document this fact. My firm is certified by \_\_\_\_\_ and my certification expires on \_\_\_\_\_.

1. Type of Work and Items: \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

You now project the following commitment work for such work, and the undersigned is certifying that the work will be completed in accordance with the above project. I am hereby certifying that I am a DBE/ACDBE as defined by 49 CFR Part(s) 23 or 26. I will provide information and/or the certification to document this fact. My firm is certified by \_\_\_\_\_ and my certification expires on \_\_\_\_\_.



# \*Good Faith Effort (49 CFR Part 26.53)

## ENCLOSURE B-5 GOOD FAITH EFFORTS GUIDELINES

Instructions: In the event a competitor is unable to submit a full attainment of an established ACDBE contract specific goal, a good faith effort evaluation must be conducted by the Airport. All competitors must provide documentation demonstrating all of the steps outlined below were taken in attempting to obtain ACDBE participation. **ALL GOOD FAITH EFFORT DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF BID/PROPOSAL/QUALIFICATION.** With the exception of the RFQ process, the Airport is not allowed to contact potential contractors/consultants prior to selection of the successful bidder/offeror regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/offeror will be deemed **NON-COMPLIANT**.

1. Whether the contractor attended any pre-solicitation or pre-bid meetings that were scheduled by the Airport to inform ACDBEs of contracting and subcontracting opportunities.
2. Whether the contractor advertised in general circulation, trade association, and monthly-focus media concerning the subcontracting opportunities.
3. Whether the contractor provided written notice to a reasonable number of specific ACDBEs, that their interest in the contract was being solicited in sufficient time to allow the ACDBEs to participate effectively.
4. Whether the contractor followed up initial solicitations of interest by contacting ACDBEs to determine with certainty whether the ACDBEs were interested.
5. Whether the contractor selected portions of the work to be performed by ACDBEs in order to increase the likelihood of meeting the ACDBE goals, including where appropriate breaking down contracts into economically feasible units to facilitate ACDBE participation.
6. Whether the contractor provided interested ACDBEs with adequate information about the plans, specifications and requirements of the contract.
7. Whether the contractor negotiated in good faith with interested ACDBEs, not rejecting ACDBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
8. Whether the contractor made efforts to assist interested ACDBEs in obtaining bonding, lines of credit, or insurance required by the recipient of contract; and
9. Whether the contractor effectively used the services of available minority community organizations, disadvantaged contractors' groups, local state and Federal disadvantaged business assistance offices, and other organizations that provide assistance in the recruitment and placement of ACDBEs.

**PLEASE ATTACH ALL SUPPORTING DOCUMENTATION OF THE GOOD FAITH EFFORTS TO THE BID/PROPOSAL/QUALIFICATION. COMPETITORS WILL BE DETERMINED NON-COMPLIANT WITHOUT THE APPROPRIATE SUPPORTING GOOD FAITH EFFORTS DOCUMENTATION.**

**All solicitation  
documentations must be  
included with proposals upon  
submissions**

**[49CFR Part 26-Appendix A49 CFR 26.53(a)(2)]**



# 5b1. ENCLOSURE B-6

(NON CERTIFIED DBE/ACDBE and SBE PARTICIPATION PLAN)

## ENCLOSURE B-6

**NON-CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE / AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE SUB-CONTRACTOR/CONSULTANT (NON-CERTIFIED DBE/ACDBE) AND SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN**

\*\*\*BUSINESSES MUST MAKE A GOOD FAITH EFFORT TO MEET THE ESTABLISHED SBE GOAL\*\*\*

Name of Prime Contractor		
Name of Project		
Project/Contract No		Total DASB Bid Amount

\*\*\*All firms must provide FEDERAL TAX ID NUMBER AND COMPLETE FORM D-40\*\*\*

SBE YES NO	Name of NON-CERTIFIED DBE/ACDBE <small>(For SBE - Identify if DBE/ACDBE)</small>	Federal Tax ID <small>(Individual/Entity)</small>	Address  Street City, State Zip	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work (Non-Certified DBE/ACDBE)	Dollar Value of Work (SBE)
x	1. Non-DBE 1	xx-xxxxxxx	Street City, State Zip	Point of Contact	Solicited Work	%	\$\$\$\$\$	
	2.							
x	3. SBE 1	xx-xxxxxxx	Street City, State Zip	Point of Contact	Solicited Work	%		\$\$\$\$\$
	4.							
	5.							
	6.							
							<b>Total NON-CERTIFIED DBE/ACDBE Dollars (%)</b>	

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

Signature of Prime Contractor Representative	Email:	Telephone:	Fax:
			Date



# 5b2. ENCLOSURE B-4B

## (LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE AND SBE SUBCONTRACTOR/SUB-CONSULTANT)

### ENCLOSURE B-4B LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE and SBE SUBCONTRACTOR/SUBCONSULTANT

*This form is to be completed by Prime Contractors and Consultants and ALL NON-CERTIFIED DBE, ACDBE and SBE Subcontractors and Sub-consultants.*

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_

**TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT**

Prime Contractor/Consultant: \_\_\_\_\_  
(Federal Tax ID Number - MUST PROVIDE \_\_\_\_\_)

I am the \_\_\_\_\_ and duly authorized representative of the (firm of) \_\_\_\_\_, which intends to perform work for the above project operating as (strike out conditions that do not apply) an individual, a Company, a Corporation, organized and existing under the law of the State of \_\_\_\_\_, or a Proprietorship, a Partnership, or Joint Venture consisting of: \_\_\_\_\_

**TO BE COMPLETED BY NON-CERTIFIED DBE/ACDBE/SBE SUB-CONTRACTORS/CONSULTANTS**

Sub-Contractor/Consultant: \_\_\_\_\_  
I am the \_\_\_\_\_ and duly authorized representative of the (firm of) \_\_\_\_\_, which intends to perform work for the above project operating as (strike out conditions that do not apply) an individual, a Company, a Corporation, organized and existing under the law of the State of \_\_\_\_\_, or a Proprietorship, a Partnership, or Joint Venture consisting of: \_\_\_\_\_

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFO's (task order) and concessions (revenue generating)

projects. If the chart below has not been completed the form will be considered **INCOMPLETE** and will be returned and potentially delay the procurement process):

Type of Work and Items	Work Hours Involved	Projected Commencement Date	Projected Completion Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**REPRESENTATION TO UTILIZE 2<sup>nd</sup>/3<sup>rd</sup> TIER SUB-CONTRACTOR/CONSULTANTS**

I further represent that \_\_\_\_\_ percent (\_\_\_\_ %) of the dollar value of my subcontract will be performed by 2<sup>nd</sup>/3<sup>rd</sup> tier subcontractors and/or suppliers, which are: \_\_\_\_\_ certified / \_\_\_\_\_ not certified by the Airport as an Airport Concession/Disadvantaged Business Enterprise. (Please provide 2<sup>nd</sup>/3<sup>rd</sup> tier sub information on form B-7).

NOTE: All sub-contractor/consultant agreements with certified and non-certified sub-contractors/consultants must be provided to the Airport prior to issuance of the DBE/ACDBE/SBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

**TO BE COMPLETED BY NON-CERTIFIED SUB-CONTRACTOR/CONSULTANTS**  
The undersigned sub-contractor/consultant will enter into a formal agreement for the above work with \_\_\_\_\_ (prime contractor/consultant) conditioned upon the execution of a contract with the Airport.

Respectfully submitted, this \_\_\_\_\_ Day \_\_\_\_\_, 20\_\_\_\_

(NON-CERTIFIED DBE/ACDBE/SBE Firm Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Name Typed) \_\_\_\_\_  
(Title) \_\_\_\_\_

(SEAL IF PROPOSER IS A CORPORATION)



# 5c1. ENCLOSURE B-8

## (2ND TIER/3RD TIER SUBCONTRACTOR/SUB-CONSULTANT)

**ENCLOSURE B-8**

**2ND/3RD TIER SUBCONTRACTOR/SUBCONSULTANT FORM**

THIS FORM IS TO PROVIDE A LISTING OF ALL 2ND/3RD TIER SUB-CONTRACTORS AND SUBCONSULTANTS PERFORMING ON THE PROJECT. ALL SUBCONTRACTOR AGREEMENTS MUST BE PROVIDED PRIOR TO RECEIVING A DRP/ACDRF NTR (NOTICE TO PROCEED) DELAY IN RECEIPT OF THIS INFORMATION CAN DIRECTLY IMPACT PROJECT SCHEDULE.

**DEFINITIONS**

**1<sup>ST</sup> TIER SUB-CONTRACTORS/CONSULTANTS** - CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 1<sup>ST</sup> TIER SUB-CONTRACTORS/CONSULTANTS.

**2<sup>ND</sup> TIER SUB-CONTRACTORS/CONSULTANTS** - CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 2<sup>ND</sup> TIER SUB-CONTRACTORS/CONSULTANTS.

**3<sup>RD</sup> TIER SUB-CONTRACTORS/CONSULTANTS** - CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 3<sup>RD</sup> TIER SUB-CONTRACTORS/CONSULTANTS.

Name of Prime Contractor		Total Base Bid Amount									
Name of Project		All firms must provide FEDERAL TAX ID NUMBER AND COPIES OF AGREEMENTS									
2nd/3rd Tier Sub-Contractor/Consultant Name	1st Tier Sub-Contractor/Consultant w/Agreement w/ 2nd/3rd Tier	Identity 2nd Tier 3rd Tier	CERTIFIED DBE/ACDBE (YES / NO)	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Total Dollar Amount			
1. Firm 1	Sub to Sub	1st	Yes	xx-xxxx-xxxx	Street City State Zip	Point of Contact	Solicited Work (NAICS)	\$\$\$\$\$			
2. Firm 2	Sub to sub to sub	2nd	No	xx-xxxx-xxxx	Street City State Zip	Point of Contact	Solicited Work	\$\$\$\$\$			
3. Firm 3	Sub to sub to sub to sub	3rd	No	xx-xxxx-xxxx	Street City State Zip	Point of Contact		\$\$\$\$\$			
4.		1									
5.											
6.											
7.											
<b>TOTAL DOLLARS</b>											

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

Signature of Prime Contractor Representative \_\_\_\_\_ Email: \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_



## 5c2. TIER FORM 2

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❖ **If Tier is a DBE/ACDBE, use:**

1. DBE/ACDBE form 2 (Enclosure B-2)
2. DBE/ACDBE form 3 (Enclosure B-4A)

❖ **If Tier is Non Certified DBE/ACDBE, use:**

1. NON CERTIFIED DBE/ACDBE-SBE form 2 (Enclosure B-4B)

❖ **If Tier is SBE:**

1. Apply SBE Verification and Validation rule
2. NON CERTIFIED DBE/ACDBE-SBE form 2 (Enclosure B-4B)





# 5d1. ENCLOSURE B-9 (EMERGENCY FORM)

## Emergency Form

### Requirements:

1. **Acquire prior approval before utilization of sub/s**
2. **Submit revised documents to add/exclude a sub**
  - ✓ **For DBE – B-3, B-2, B-4A**
  - ✓ **Non DBE – B6, B-4B**
  - ✓ **For Tier – use forms accordingly**
  - ✓ **Submit a copy of sub-agreement**

ENCLOSURE B-9  
EMERGENCY ADDITION-CONDITIONAL APPROVAL OF SUB-CONTRACTOR/CONSULTANT FORM  
THIS FORM IS TO BE USED ONLY WHEN SUBCONTRACTORS/CONSULTANTS ARE TO BE ADDED  
ON AN EMERGENCY BASIS  
APPROVAL WILL BE GRANTED WITHIN 24 HOURS OF THE FORMAL REQUEST

PROJECT: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_

EST. WORK START DATE: \_\_\_\_\_

EST. COMPLETION DATE: \_\_\_\_\_

SUPPLIER ONLY: YES/NO \_\_\_\_\_

TO THE DIRECTOR OF THE CLEVELAND AIRPORT SYSTEM,  
I RESPECTFULLY REQUEST YOUR CONSENT TO SUBMIT THE FOLLOWING WORK TO:  
SUBCONTRACTOR/CONSULTANT TO PERFORM: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

WORK TO BE PERFORMED (ADD NAICS CODES): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS AND PHONE NUMBER: \_\_\_\_\_

SUB-SUB (ONLY FOR SUBS OF SUBS - PLEASE LIST ORIGINAL SUBS NAME): \_\_\_\_\_

TIER: 1, 2 OR 3	DBE CERTIFIED & CERTIFICATION DATE (YES/NO)	EST. START & COMPLETION DATE	PERCENTAGE (%)	TOTAL CONTRACT AMOUNT (\$)

BY SIGNING THIS FORM, THE CONTRACTOR LISTED BELOW HAS MADE ASSURANCES THAT ALL SUBCONTRACTORS LISTED ABOVE WHO ARE UTILIZED TOWARDS THE FULFILLMENT OF A DBE GOAL WILL BE PERFORMING A COMMERCIALLY USEFUL FUNCTION AS OUTLINED IN 49 CFR PART 26. IF IT IS DETERMINED THAT A CONTRACTOR IS NOT PERFORMING A COMMERCIALLY USEFUL FUNCTION, THE PRIME CONTRACTOR WILL IMMEDIATELY NOTIFY THE EDED OFFICE OF ITS FINDINGS. THE APPROVAL OF THIS FORM IS CONDITIONAL. FINAL APPROVAL WILL NOT BE GRANTED UNTIL ALL EDED A & B FORMS ARE COMPLETED & CONTRACTUAL AGREEMENTS ARE SIGNED AND PROVIDED TO THE EDED OFFICE WITHIN 5 DAYS OF SIGNATURE. THIS ADDITION MUST BE APPROVED BY THE AIRPORT DIRECTOR AND CITY OF CLEVELAND BOARD OF CONTROL. THIS CONTRACT IS SUBJECT TO STATE OF OHIO LAW AND WORKS UNDER FEDERAL LAWS (WAGE & HOUR) REQUIREMENTS. PLEASE CONTACT 216-295-3353 FOR ADDITIONAL INFORMATION. THIS CONTRACT IS VOID IF ANY REQUIREMENTS ARE NOT COMPLETED. PAYMENT TO THE CONTRACTOR CAN BE STOPPED OR THE PROJECT CAN BE STOPPED ENTIRELY.

CONTRACTOR SIGNATURE: \_\_\_\_\_

REQUESTED SUB-CONTRACTOR SIGNATURE: \_\_\_\_\_

EDED SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_





## **6. PROJECT COMPLIANCE REQUIREMENTS**

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### **6a. Contract Clause Inclusion (29 CFR Part 5.13)**

### **6b. Certification and Compliance Reporting System under B2GNow**



## 6a. CONTRACT CLAUSE INCLUSION

### Assurance 49 CFR §26.13:

**Applied to:** Contract with Prime Contractor and **all** sub-agreements with any subcontractor/supplier or lower tier subcontractor/supplier whether DBE, Non DBE or SBE.

*"The contractor, sub recipient or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT assisted contracts. Failure by the contractor to carry out these requirements is a material breach of contract, which may result in the termination of this contract or such other remedy, as the recipient deems appropriate, which may include, but not limited to withholding monthly progress payments, assessing sanctions, liquidated damages, disqualifying the contractor from future bidding as non-responsible."*

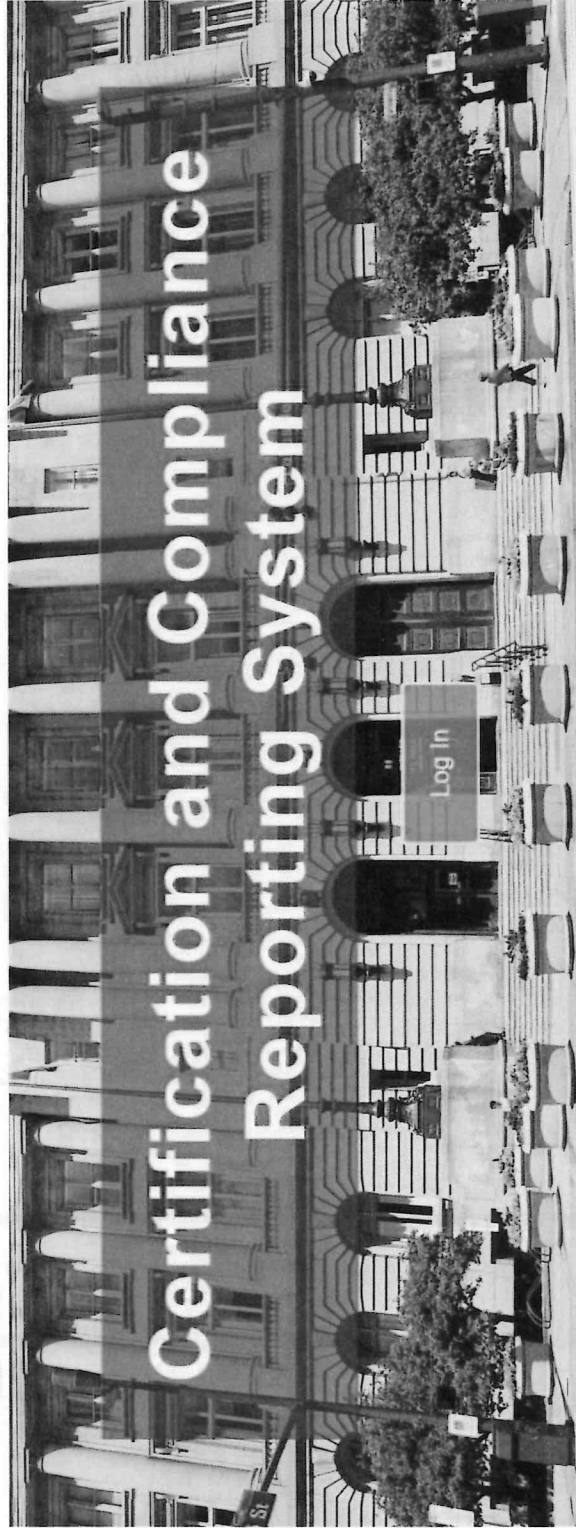


# 6b. Certification and Compliance Reporting System under B2GNow



[OUR MAIN SITE](#)

[CONTACT SUPPORT](#)



## Vendor Certification

Search and/or join our database of CSB/MBE/FBE/LGBTBE and Section 3 Businesses

[Search Certified Directory](#)

[Apply for / Renew Certification](#)

## Contracts

Search by contractor, contract number or description

[Contract Search](#)

## Outreach

Opportunities for vendor involvement

[View Outreach Opportunities](#)

## Account Access

Lookup Vendor accounts or reset user passwords

[Account Lookup](#)

[Forgot Password](#)

## System Training

Learn how to fully utilize our system with a live trainer

[Training](#)

## About the System

Learn more about this system and how it works today

[Information for Vendors](#)



## **6b. Certification and Compliance Reporting System under B2GNow**

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### **What?**

- i. SBE Application**
- ii. Monthly Payments Compliance Report**
- iii. Project contract modifications**
- iv. Participation Changes of Subcontractors**
  - 49 CFR Part 26.53
  - City of Cleveland

### **How?**

**Training! Training! Training!**



# NOTE: ADDITIONS AND SUBSTITUTIONS OF SUBCONTRACTORS

## SUB-CONTRACTOR ADDITION & SUBSTITUTION POLICY

**EFFECTIVE November 1, 2011**

The Policy and Procedure for sub-contractor Addition and Substitution will be enforced throughout The City of Cleveland.

All sub-contractor Addition and/or Substitution request must be approved by the Board of Control **prior** to commencement of work and or services.

**Note:** The City assumes no obligation to pay , and **will not** pay a contractor for any work and or services performed by a sub-contractor on the contract prior to Board of Control approval of that sub-contractor.

Questions: Contact your Project Manager, the Division of Purchasing & Supplies or the Office of Equal Opportunity.

Division of Purchasing Supplies: 216-664-2620

Department of OEO: 216-664-4152

The complete **Subcontractor Addition and Substitution Policy** is available on-line at <http://www.city.cleveland.oh.us>

Click on **Doing Business with the City** under the **BUSINESS** drop-down menu.

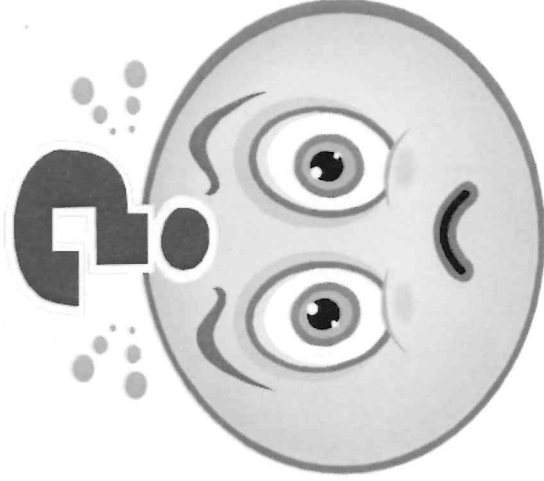
✓ **49 CFR Part 26.53**

✓ **City of Cleveland**



# OCI Requirements

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**Written questions - send to  
designated Procurement Officer**



## ***Questions & Answers***

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### **Questions and Answers**

**Please send all future questions to:**

Procurement (ATTN: Rhonda Osborne)

Department of Port Control

5300 Riverside Road

P.O. Box 81009

Cleveland, Ohio 44181-0009

**Or Email: [rosborne@clevelandairport.com](mailto:rosborne@clevelandairport.com)**

- **After today's conference, all future questions are to be emailed to Rhonda Osborne. Questions received by Wednesday, October 3<sup>rd</sup>, 2018 be answered via addendum on Friday, October 5<sup>th</sup>, 2018**
- **If there are OEO questions, please email to Rhonda Osborne. Mr. Osborne will inquire and post answers via addendum.**



## *Statement of Qualification Submittal*

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- A. Preferred: Via E-Mail to [rosborne@clevelandairport.com](mailto:rosborne@clevelandairport.com)**
- B. Alternate: 5 BOUND COPIES + 1 UNBOUND + 1 CD**
- C. SUBMITTAL DUE DATE: Wednesday, October 17, 2018 at 4:00 PM EST**

### **D. SUBMITTAL MAIL LOCATION:**

**STATEMENT OF QUALIFICATION CANNOT BE HAND DELIVERED**

**Cleveland Airport System  
Department of Port Control  
2<sup>nd</sup> Floor Administrative Offices  
5300 Riverside Road**

**P.O. Box 81009**

**Cleveland, Ohio 44181-0009**

**Attention: Rhonda Osborne, Procurement**





## ***Recap of Deadlines***



**Inquiries: Wednesday, October 3, 2018**

**read Written response to inquiries via Addendum to CLE  
website Friday, October 5, 2018**

**Statement Submittals: Wednesday, October 17, 2018**