

Cleveland Airport System RTA Tunnel Membrane Replacement

Pre-Bid Conference

February 23, 2024

Pre-Qualification Meeting Agenda

- **Introduction..... Lori Birschbach-Tober**
- Project General Scope..... MBI**
- Safety Alyssa Biondo**
- Security Jeff Allhouse**
- Operations Zachary Randall**
- Building Maintenance..... Robert Henderson**
- Electrical..... Eric Schuler**
- DBE Requirements..... Rosita Turner**
- Questions and Answers**

Bid Opening: Friday, March 22, 2024 at 12:00 noon local time

Questions

Please send all future questions to:

Jules Gilliam, Buyer

Question Cutoff:

Friday, March 1, 2024 at 12:00 Noon

Email questions to both: Purchasing@city.clevelandohio.gov and
JGilliam@clevelandohio.gov

Fax (216) 664-2271

Room 128, City Hall

Cleveland, OH. 44114

Ordinance

Ordinance No. 1365-2023

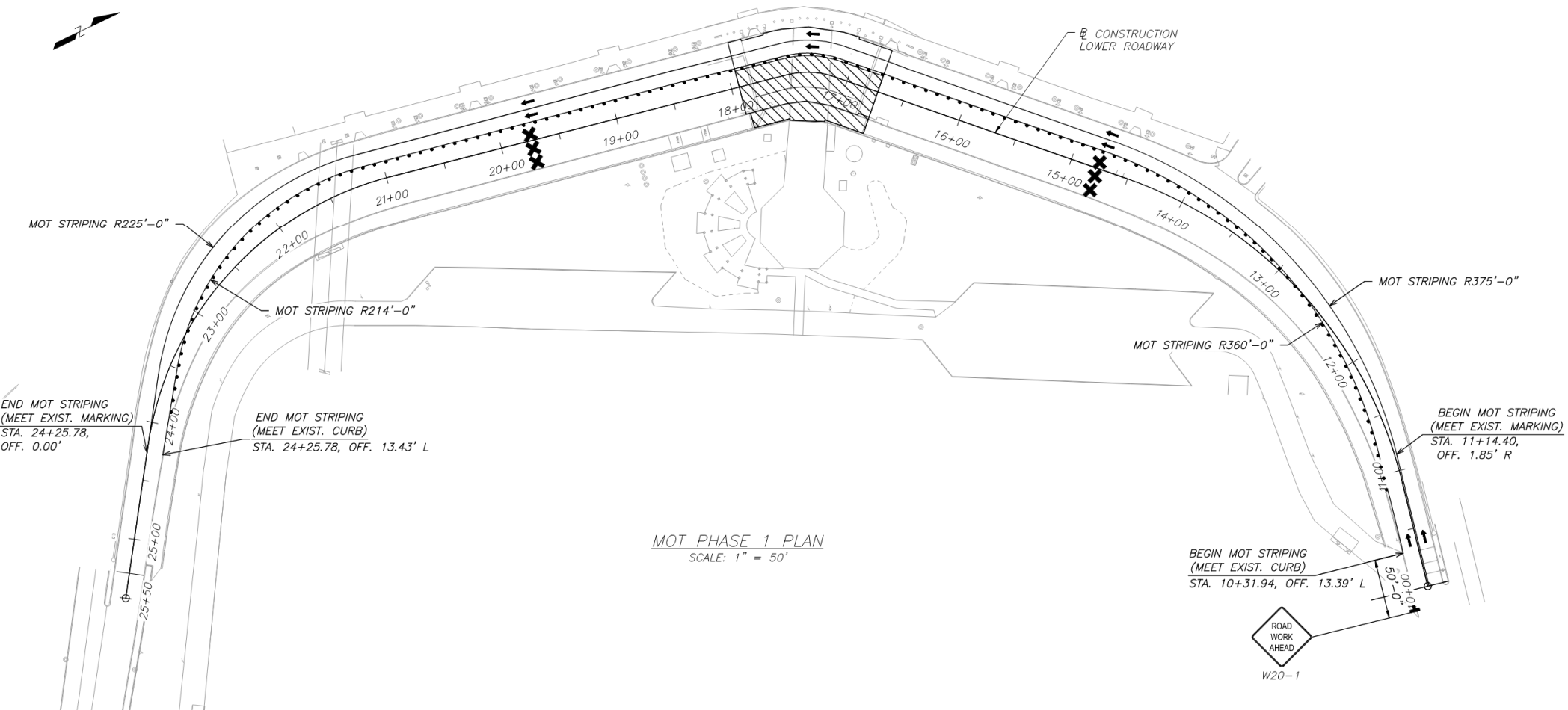
Project Overview

- The project includes, but is not limited to, the following elements.
 - Replacement of the RTA Tunnel Waterproofing Membrane
 - Replacement of the RTA Tunnel footer drains
 - Repair of the Connector/Collector concrete wall.
 - Plumbing Modifications within the Connector/Collector Mechanical Room.

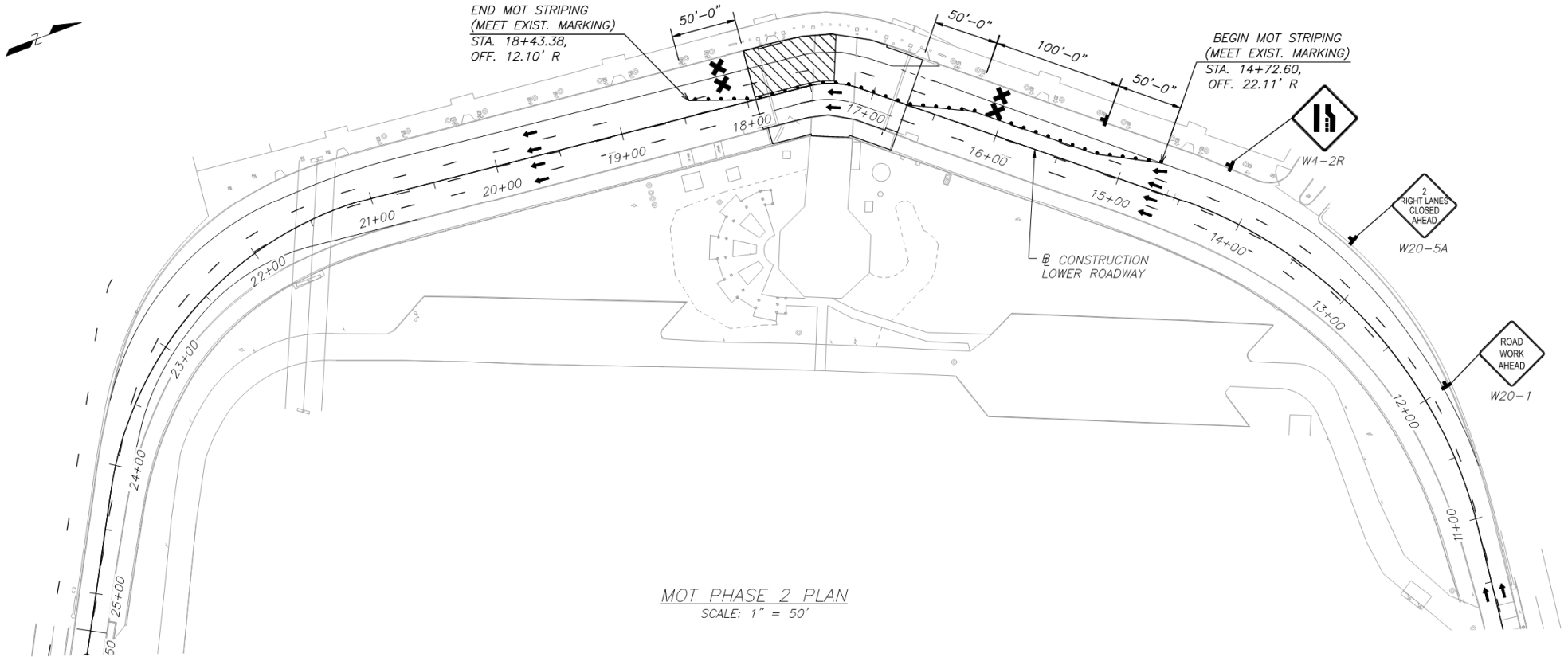
Project Phasing Overview

- It is anticipated that the project will be constructed in 3 phases.
- Phase 1 will be the largest phase, consisting of the west side of the tunnel.
- Phase 2 will be the south half of the remaining tunnel area to be repaired
- Phase 3 will be the remaining tunnel area.
- Phase 4 will be the installation of the 1" surface course.
- Work on the wall repair and plumbing modifications are not included in any particular phase.
- All phases must be completed in 120 days.

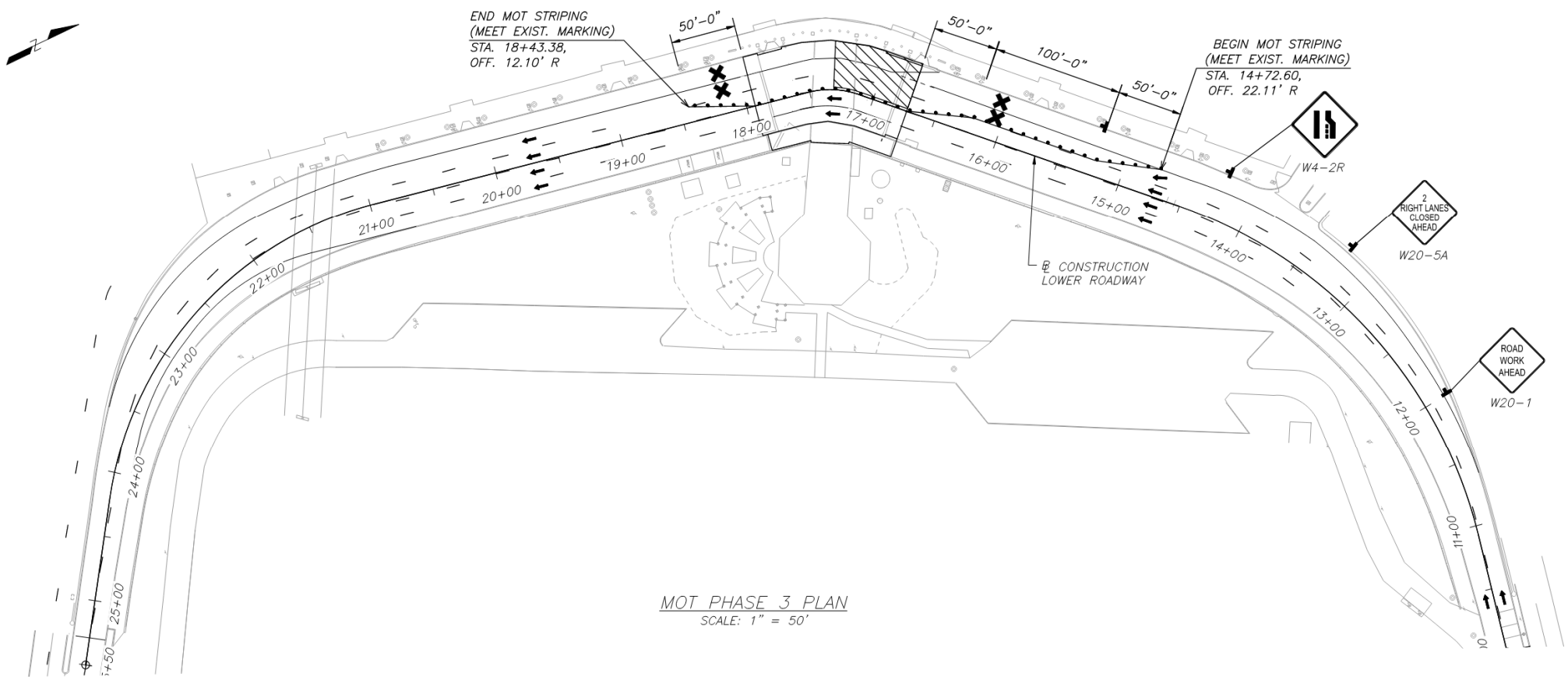
Phase 1 Overview



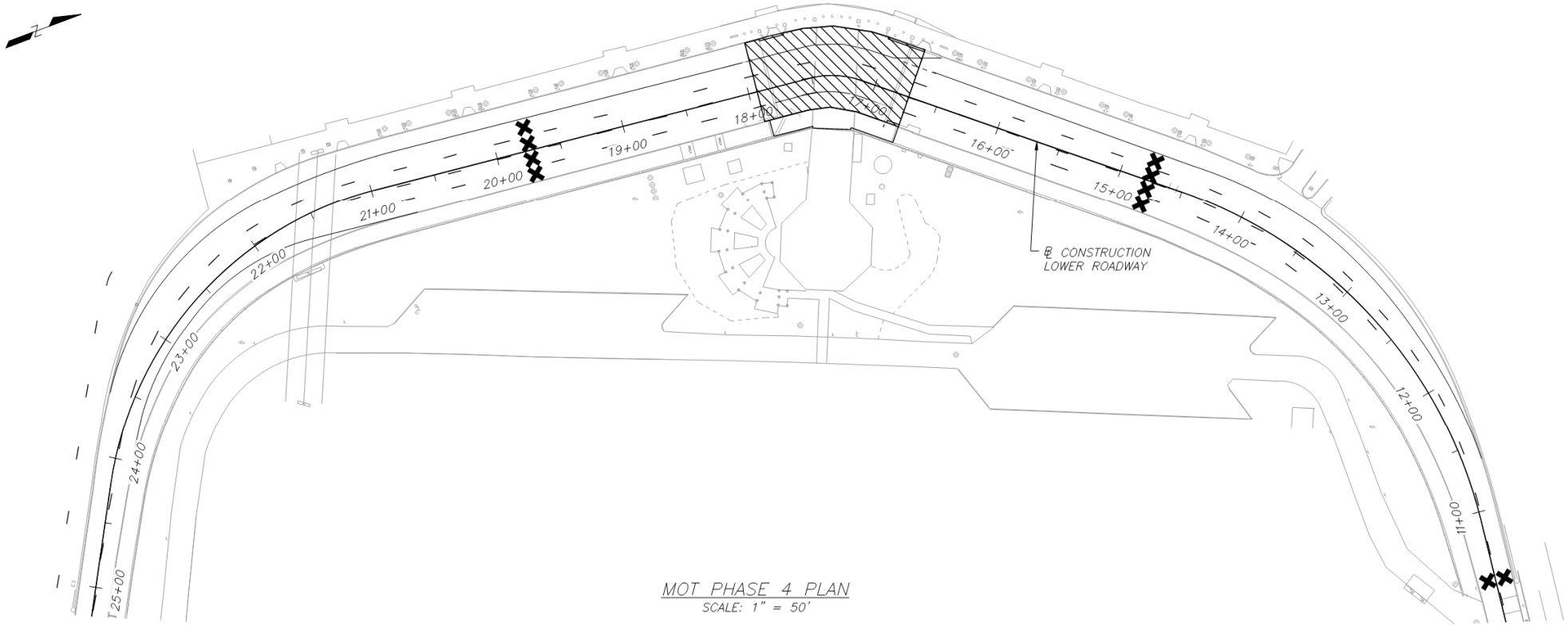
Phase 2 Overview



Phase 3 Overview

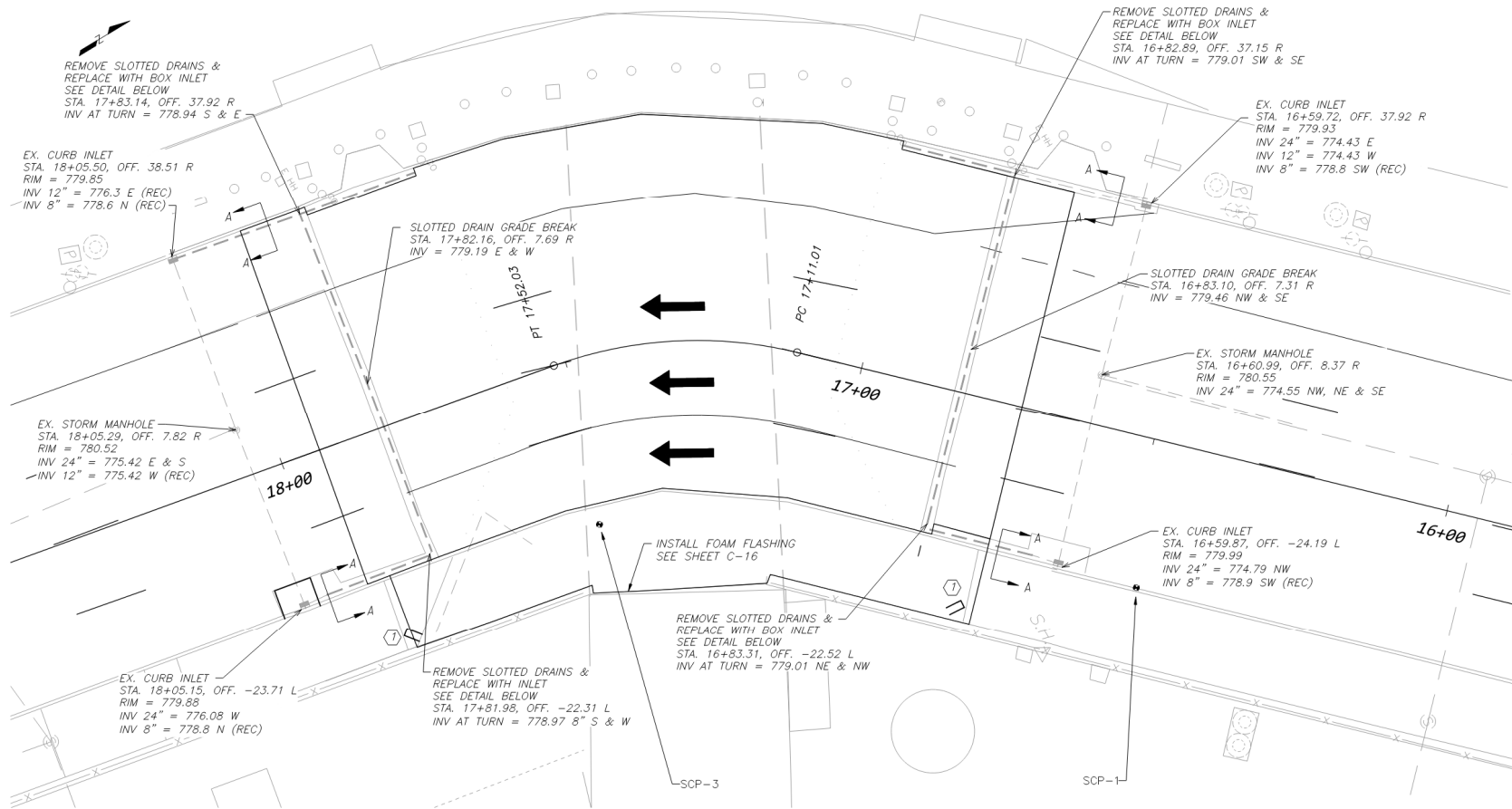


Phase 4 Overview



MOT PHASE 4 PLAN
SCALE: 1" = 50'

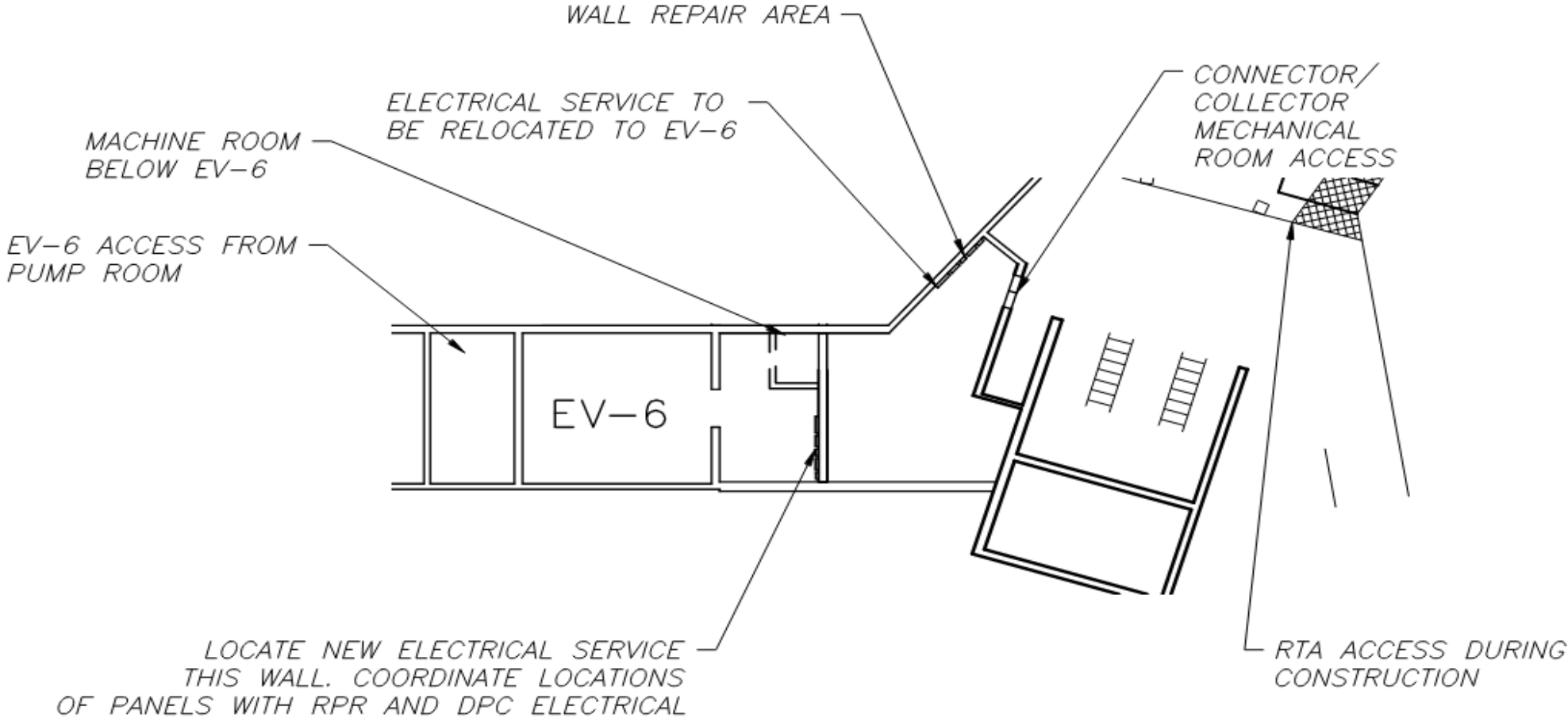
Membrane Scope Overview



Membrane Scope Overview Cont.

- **Tunnel Membrane Replacement (for each Phase)**
 - Work zone delineation and survey of existing roadway markings
 - Asphalt cold milling – 4”
 - Concrete wearing slab removal
 - Waterproofing system removal
 - Repair of the tunnel structural slab, if required
 - Installation of new waterproofing system
 - Installation of the concrete wearing slab
 - Asphalt concrete overlay
 - Joint sealing/flashing installation
 - Final roadway markings
 - Refer to the project documents for more information

Concrete Wall Repair Scope Overview

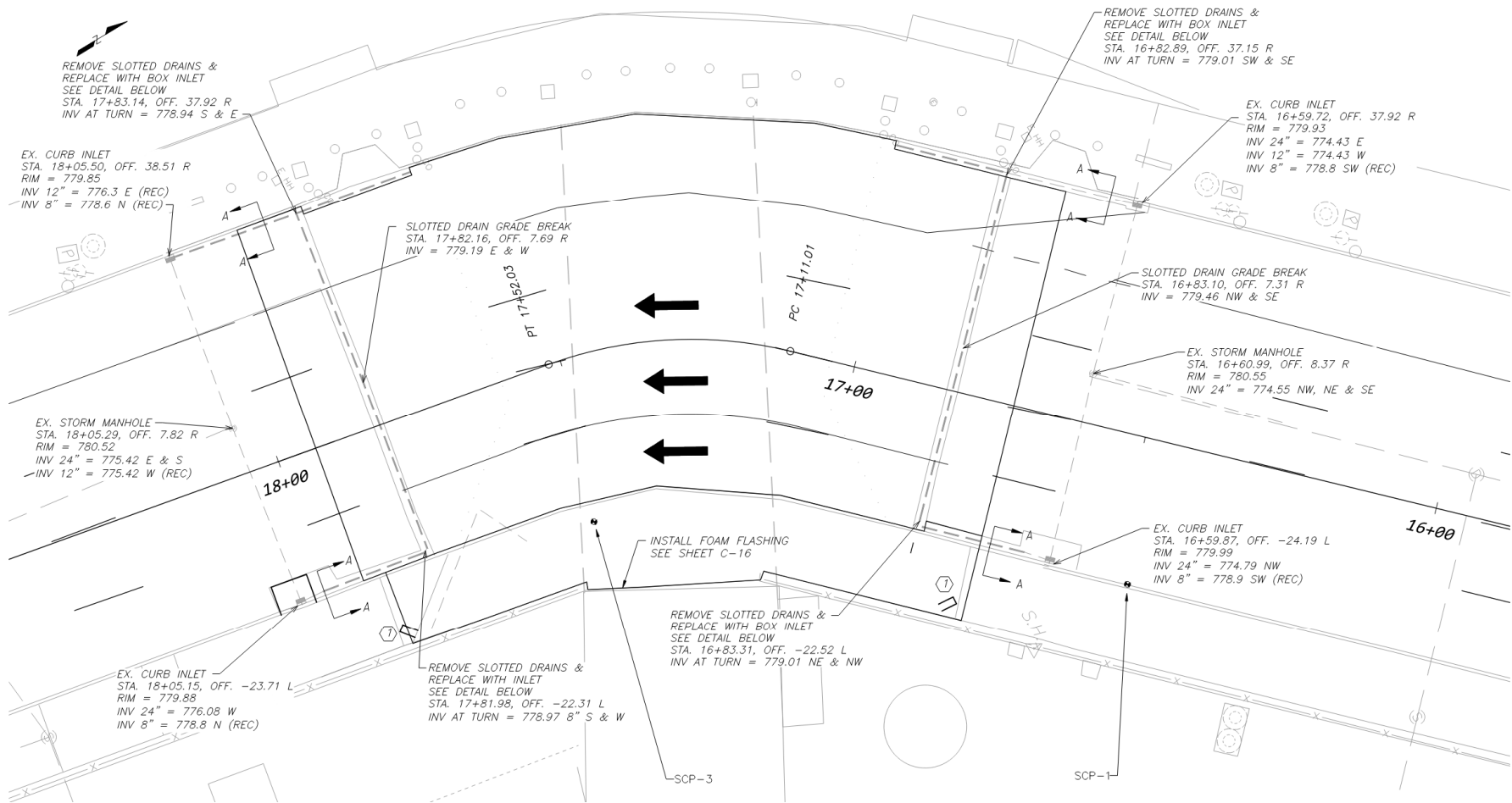


Concrete Wall Scope Overview

- **Mechanical Room Concrete Wall Repair**

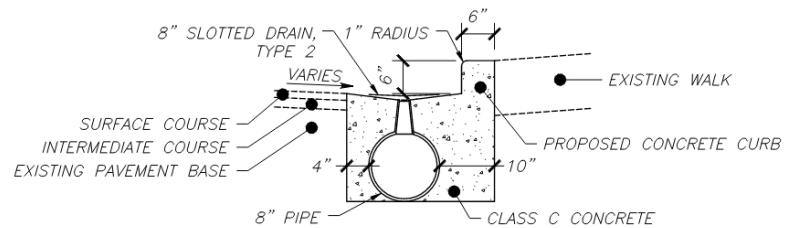
- Relocate Electrical Service Panels and transformers from the repair wall area to Electrical Vault EV-6, including all required wall penetrations, conduits, cabling, and panels
- Power outages for modifications and switch overs will be limited to the hours of 0000 to 0400.
- Prior to switching over any circuits, the Contractor will investigate and identify the affected areas. The list of circuits and affected areas will be presented to the Electrical Department prior to switch over.
- The Contractor is responsible for any temporary shoring of the existing structural members.
- The Resident Project Representative will sound the wall and identify areas of concrete removal. Following removal of loose concrete, any exposed reinforcement will be cleaned.
- The concrete will be replaced to the original wall limits.
- Refer to the project documents for more information

Drainage Overview



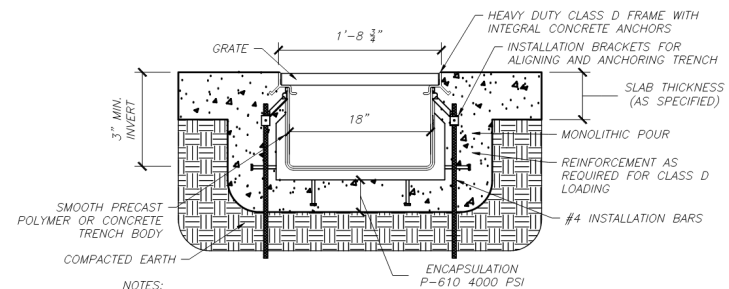
Drainage Overview

- The project will replace the existing drains with box inlets per D751.
- The slot drains will be replaced in the areas where they cross the Lower Roadway.
- Refer to ODOT Standard Construction Drawing DM-1.3 for the existing section to be removed.
- The slot drains running parallel to the curb will remain. The new box inlets will be connected to the slot drains to remain.



SECTION A-A
(TYPICAL ALONG CURB)

EXISTING 8" SLOTTED DRAIN, TYPE 2
SEE ODOT STANDARD DRAWING DM-1.3



- NOTES:
1. STANDARD SLOPE IS 0.5% UNLESS OTHERWISE SPECIFIED
 2. REINFORCE ACCORDING TO STRUCTURAL REQUIREMENTS FOR CLASS D LOADING
 3. TRENCH DRAIN MUST BE $\frac{1}{8}$ " BELOW FINISHED CONCRETE GRADE

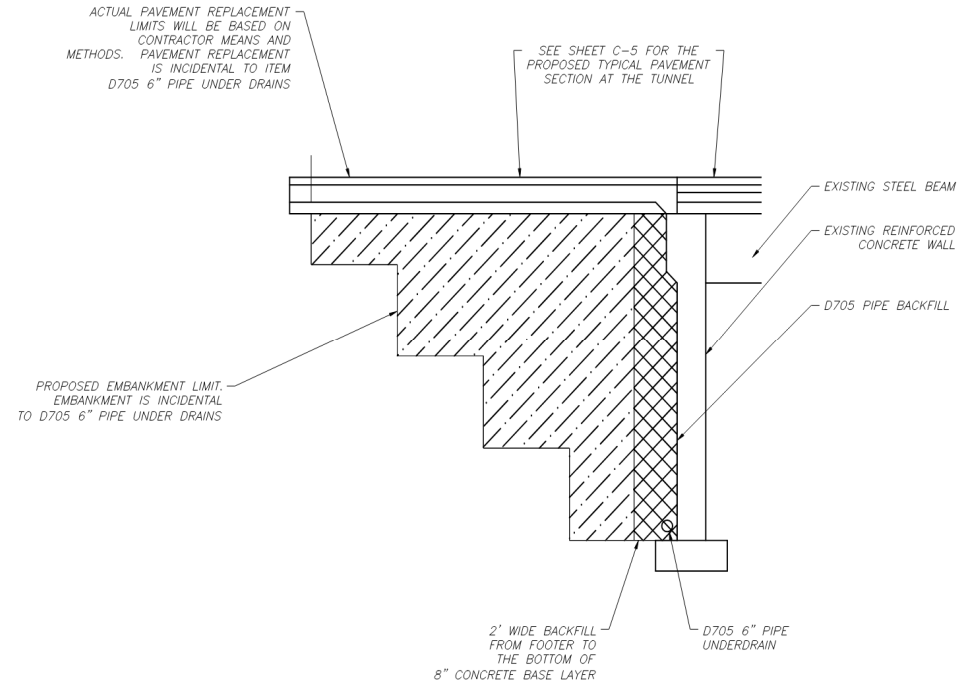
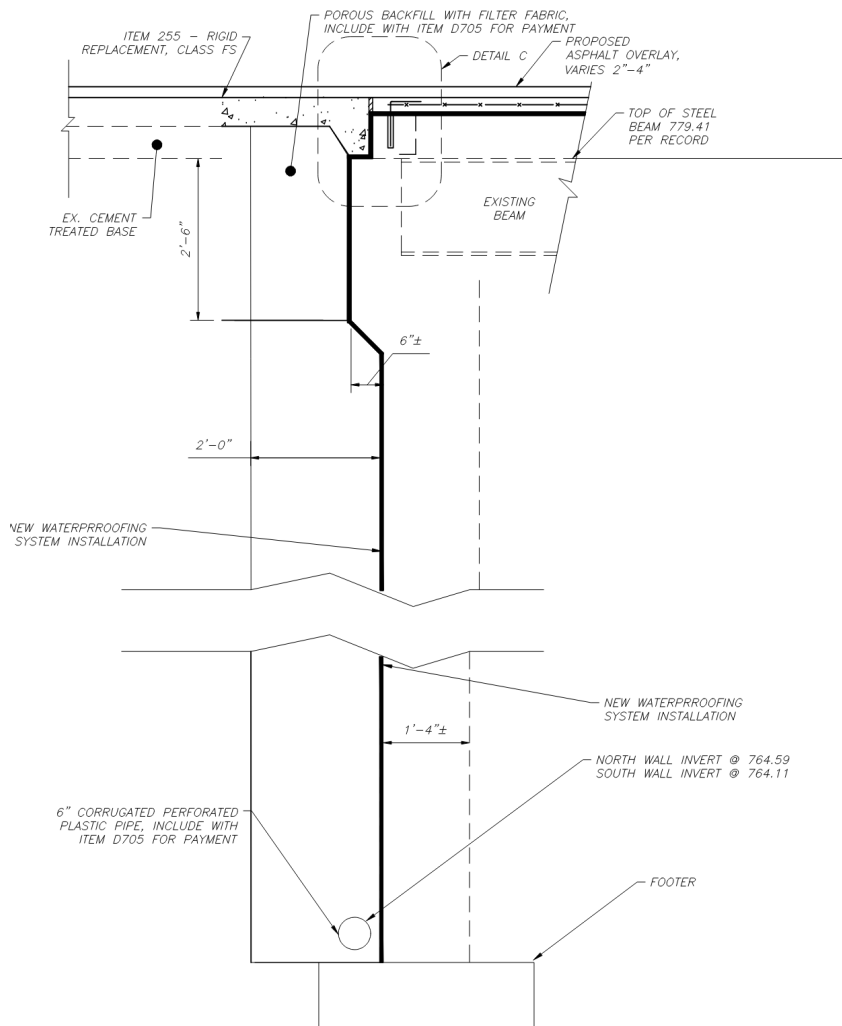
D751 BOX INLET
SCALE: NTS

Drainage Overview

- **Drainage Items (for each Phase)**

- Cold milling, concrete pavement, and base removal
- Excavation to allow for the removal and replacement of the Tunnel footer drains
- Backfill of the tunnel wall and excavated area
- Installation of the box inlet drains
- Replacement of the concrete pavement and base as indicated in the project documents.
- Asphalt overlay to match existing pavement at project limits
- Final roadway markings
- Refer to the project documents for more information

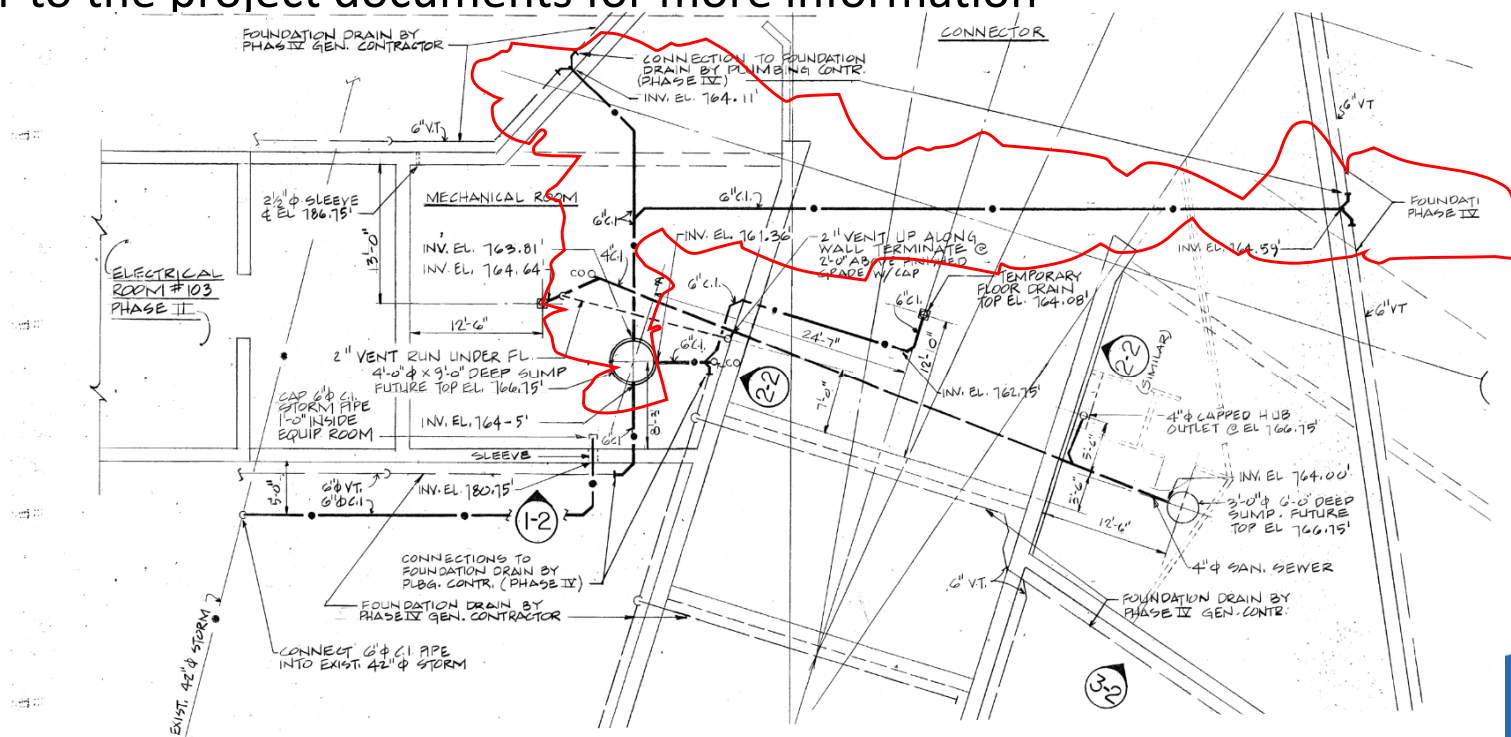
Tunnel Footer Drain Replacement



Plumbing Modifications

- **Mechanical Room Plumbing Modifications**

- According to the available as built information, the footer drains are connected to a 6" pipe beneath the mechanical room floor.
- The project will locate the drain and replace the existing pipe with a solid 8" PVC pipe at the same location. Pipe to be sloped to drain.
- Refer to the project documents for more information



Planning & Engineering

LIQUIDATED DAMAGES

**LIQUIDATED DAMAGES ACCRUE AT
\$1,000/CALENDAR DAY/PHASE.**

SUBSTANTIAL COMPLETION IS:

- **120 CALENDAR DAYS FROM THE CONSTRUCTION NOTICE TO PROCEED**

Safety

Tristian A. Hooten, MPA
Airport Health and Safety Manager
City of Cleveland, Department of Port Control
Office: (216) 265-6965 | Cell: (216) 857-6931
email: thooten@clevelandairport.com

- Safety Management System
- OSHA/FAA/DPC/Requirements
- Site Specific Health and Safety Plan
- Insurance requirements

Security

Shawn M Harris, Sr
Interim Security Manager
City of Cleveland, Department of Port Control
Office: (216) 265-3981
email: sharris@clevelandairport.com

- The Firm must assume the cost of each Cleveland Hopkins Airport issued access media. The cost is \$65 non-refundable for the following:
 - Fingerprint based Criminal History Records Check (CHRC)
 - Security Threat Assessment (STA)
 - Training on Airport specific Security badge responsibilities
 - Payment to “Treasurer, City of Cleveland”. Checks, Credit Cards or if authorized by finance it may be invoiced monthly
 - Expect 1-3 weeks to complete the process
- All vehicles operating outside of the VSR will require an escort. Vehicles operating in the VSR will require an escort if the operator does not have a SIDA badge and driving privileges. Vehicles must be properly marked and lighted. All vehicle movement must comply with the rules and regulations of the FAA and the Airport.
- Ramp hang tags to allow vehicle access may be attained provided all qualifications for insurance are met.
 - Current registration
 - Proper signage (2ft x 2ft company logo)
 - \$10 million policy
- No credentials will be issued until a Notice to Proceed is issued.
- Please allow 5-7 days for processing after Fingerprint results are received.

Operations

Zachary Randall
Manager Airport Operations
(216) 265-6791
zrandall@clevelandairport.com

CLE OPERATIONS: (216) 265-6090

- Emergency Phone contacts of personnel will be delivered to Airport Operations for contacts regarding project site and its activities
- Activity on the airport must comply with the requirements of FAA rules and regulations. Reference the construction Advisory Circular “Operational Safety on Airports During Construction,” 150/5370-2, current version (E). This file may be downloaded from the FAA’s website at <http://www.faa.gov>
- Incursions (unauthorized access into an area intended for the movement of aircraft) will not be dealt with lightly, especially a runway incursion. Any incident will most likely result in the removal of the subject individual, and possibly the supervisor, from the airfield permanently
- Site maintenance should be performed on a regular basis to include the sweeping of debris and collection of trash. This is for FOD / dust / wildlife control purposes

Office of Compliance and Inclusion (OCI)

Contact Information

Rosita Turner

Manager

(O)216-265-6606

(M) 216-857-6875

E-mail: rturner@clevelandairport.com



OCI REQUIREMENTS

POINTS OF DISCUSSIONS:

- 1. Provisions of DBE/ACDBE and SBE Program**
- 2. Project Goals**
- 3. SBE Certification and Validation**
- 4. DBE/ACDBE, Non Certified DBE/ACDBE, SBE Forms**
- 5. Project Compliance Requirements**
- 6. Davis Bacon Requirements**
- 7. Fraud and Sanctions**



1. PROVISIONS OF THE DBE/ACDBE AND SBE PROGRAM

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 (SBE) element of DBE/ACDBE Program**

2. PROJECT SPECIFIC GOALS

DBE Project Specific Goal 9.39 %

✓ **Based on willingness, readiness and availability**

✓ Certified DBE/ACDBE website:

<http://www.dot.state.oh.us/dbe/Pages/UCP.aspx>

Small Business Enterprise (SBE) Project Goal: 7 %



3. SBE CERTIFICATION AND VALIDATION

2 Kinds of SBEs

a. Certified DBEs

b. Non-certified DBEs

Submission requirements:

- b1. OCI's SBE Certification and Validation
- b2. 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



4. DBE/ACDBE, NON CERTIFIED DBE/ACDBE, SBE FORMS

4a. Certified DBEs/ACDBEs:

4a1. **B-3** (*DBE/ACDBE Participation Plan*)

4a2. **B-2** (*DBE/ACDBE Affidavit*)

4a3. **B-4A** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

4b. Good Faith Effort

4c. Non Certified DBEs/ACDBEs and SBEs:

4c1. **B-6** (*Non DBE/ACDBE and SBE Participation Plan*)

4c2. **B-4B** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)



4. DBE/ACDBE, NON CERTIFIED DBE/ACDBE, SBE FORMS - *continuation*

4d. Tier Subcontractors

4d1. **B-8** (*2nd Tier/3rd Tier Subcontractor/Sub-consultant*)

4d2. **For DBE:** B-2 and B-4A; **For Non DBE:** B-4B

4e. Emergency Utilization of Subcontractors

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



4a1. 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 BASE Bid/Proposal Amount	Base Bid\$\$\$\$\$\$

***** 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	Scope of Work	Percent Participation	Dollar Value of Work
1. DBE1	xx-xxxxxxx	Address1, City, State Zip	Point of Contact	Solicited work (NAICS Code)	%	\$\$\$
2. DBE2	xx-xxxxxxx	Address1, City, State Zip	Point of Contact	Solicited work (NAICS Code)	%	\$\$\$
3.						
4.						
5.						
6.						
7.						
Total DBE/ACDBE Dollars (%)						

The undersigned will enter into formal agreement with the certified DBEs/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	Email:	Telephone	Fax	Date
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4a2. Enclosure B-2 (DBE/ACDBE AFFIDAVIT)

4a3. 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 CONCESSION 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 CONCESSION 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.

(Affiant) _____ (Date)

State of _____)
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 abovementioned 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 – 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 CERTIFIED SUB-CONTRACTORS/CONSULTANTS

DBE/ACDBE Subcontractors/consultants: _____

The firm I represent is a Disadvantaged Business Enterprise/Airport Concession Disadvantaged Business Enterprise which is currently certified by the Ohio Unified Certification Program as DBE/ACDBE with a certification date of _____. My firm is certified to perform work in the following areas: (Please provide a description of ALL work along with the NAICS Code for which your firm is certified): _____

The undersigned is prepared to perform the following described work in connection with the above project. (Specify in appropriate detail particular work items or parts to be performed along with NAICS Code for the project only. Also, please provide associated pricing with work outlined)

Type of Work and Items	Price Associated
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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 RFQ's (task order) and concessions (ACDBE) projects.

Rev 3/2013



4b. Good Faith Effort (49 CFR Part 26.53)

**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

Instructions: In the event a competitor is unable to commit to full attainment of an established AC/DBE contract specific goal, a good faith efforts 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 AC/DBE 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/proposer regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/proposer will be deemed **NON-COMPLIANT**.

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

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



4c1. 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

Bidders MUST make a Good Faith Effort to meet the established SBE Goal

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

*****All firms must provide FEDERAL TAX ID NUMBER AND COMPLETE FORM B-4B*****

SBE		Name of NON-CERTIFIED DBE/ACDBE <small>(For SBE - Identify if DBE/ACDBE)</small>	Federal Tax ID <small>(must provide)</small>	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work (Non-Certified DBE/ACDBE)	Dollar Value of Work (SBE)
YES	NO								
	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.							
								Total NON-CERTIFIED DBE/ACDBE Dollars (%)	

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
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4c2. 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 RFQ'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 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (___ %) of the dollar value of my subcontract will be performed by 2nd / 3rd tier subcontractors and/or suppliers, which are: ___ certified / ___ not certified by the Airport as an Airport Concession/Disadvantaged Business Enterprise. (*Please provide 2nd/3rd 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)



4d1. 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 DBE/ACDBE NTP (NOTICE TO PROCEED). DELAY IN RECEIPT OF THIS INFORMATION CAN DIRECTLY IMPACT PROJECT SCHEDULE.

DEFINITIONS

2ND TIER SUB-CONTRACTORS/CONSULTANTS - CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 1ST TIER SUB-CONTRACTORS/CONSULTANTS.

3RD TIER SUB-CONTRACTOR/CONSULTANTS - CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 2ND TIER SUB-CONTRACTORS/CONSULTANTS.

Name of Prime Contractor									
Name of Project							Total BASE Bid Amount		
*** All firms must provide FEDERAL TAX ID NUMBER AND COPIES OF AGREEMENTS ***									
#	2 nd /3 rd Tier Sub-Contractor/Consultant Name	1 st TIER Sub-Contractor/Consultant w/Agreement w/ 2 nd /3 rd Tier	Identify 2 nd Tier 3 rd 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-xxxxxxx	Street City, State Zip	Point of Contact	Solicited Work (NAICS)	\$\$\$\$\$
2.	Firm 2	Sub to sub to sub	2nd	No	xx-xxxxxxx	Street City, State Zip	Point of Contact	Solicited Work	\$\$\$\$\$
3.	Firm 3	Sub to sub to sub to sub	3rd	No	xx-xxxxxxx	Street City, State Zip	Point of Contact		\$\$\$\$\$
4.									
5.									
6.									
7.									
								TOTAL DOLLARS	

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
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4d2. TIER FORM 2

- ❖ **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)



4e1. 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

**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 SUBLET 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 COMMERCIALY USEFUL FUNCTION AS OUTLINED IN 49 CFR PART 26. IF IT IS DISCOVERED THAT THE DBE IS NOT PERFORMING OR HAS NOT PERFORMED A COMMERCIALY USEFUL FUNCTION, THE PRIME CONTRACTOR WILL IMMEDIATELY NOTIFY THE EBED OFFICE OF ITS FINDINGS. **THE APPROVAL OF THIS FORM IS CONDITIONAL.** FINAL APPROVAL WILL NOT BE GRANTED UNTIL ALL EBED A & B FORMS ARE COMPLETED & CONTRACTUAL AGREEMENTS ARE SIGNED AND PROVIDED TO THE EBED 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 PREVAILING WAGE OR FEDERAL DAVIS BACON (WAGE & HOUR) REQUIREMENTS. PLEASE CONTACT 216-265-3353 FOR ADDITIONAL INFORMATION. IF THE WAGE & HOUR STANDARDS ARE NOT COMPLIED, PAYMENT TO THE CONTRACTOR CAN BE STOPPED OR THE PROJECT CAN BE STOPPED ENTIRELY.

CONTRACTOR SIGNATURE: _____

REQUESTED SUB-CONTRACTOR SIGNATURE: _____

EBED SIGNATURE: _____

APPROVED: _____ DENIED: _____

REASON FOR DENIAL: _____



5. PROJECT COMPLIANCE REQUIREMENTS

5a. Contract Clause Inclusion (29 CFR Part 5.13)

5b. Certification and Compliance Reporting System under B2GNow



5a. CONTRACT CLAUSE INCLUSION

Assurance 49 CFR §26.13:

Applied to: Contract/subcontracts/sub-agreements with Prime Contractor and **ALL** 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."



5b. 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](#)



5b. Certification and Compliance Reporting System under B2GNow

What?

- i. **Monthly Payments Compliance Report**
 - Upload copies of invoices and cancelled checks

- ii. **Project contract modifications**
 - Adding/reducing of sub-contractual agreements
 - Upload copies of invoices and cancelled checks

How?

Training! Training! Training!



NOTE: ADDITIONS AND SUBSTITUTIONS OF SUBCONTRACTORS

ALL CORRESPONDING DBE/SBE FORMS MUST BE SUBMITTED TO OCI PRIOR TO UTILIZATION

- ✓ **49 CFR Part 26.53**
- ✓ **City of Cleveland**

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.



5. DAVIS BACON REQUIREMENTS

POINTS OF DISCUSSIONS

- 5a. Provisions of Davis Bacon
- 5b. **Davis Bacon Project Contract Clause**
- 5c. Applications of Davis Bacon
- 5d. **Submissions Requirements**
- 5e. Compliance Requirements
- 5f. **Project On-Site Requirements**
- 5g. Retainage Release Requirements



5a. PROVISIONS OF DAVIS BACON

Davis-Bacon and Related Acts:
29 CFR Parts 1,3,5,6,and 7

United States Code:
40 3141-3144, 3146-3148

Copeland "Anti-Kickback" Act:
18 USC 874; 40 USC 3145; 29CFR Part 3



5b. DAVIS BACON PROJECT CONTRACT CLAUSE INCLUSION

Requirement of 29 CFR Part 5.5

*"The contractor or subcontractor shall insert in any subcontracts the clauses contained in **29 CFR Part 5.5(a)(1) through (10)** and such other clauses as the Federal Aviation Administration may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts."*



5c. APPLICATIONS OF DAVIS BACON

As explained in 29 CFR § 5.5(a):

- **Federal construction contracts over \$2,000**

- **Construction includes:**
 - ✓ **New construction**
 - ✓ **Re-construction**
 - ✓ **Alteration**
 - ✓ **Painting and decorating**
 - ✓ **Repair of public improvement over the established dollar threshold**



5c. APPLICATIONS OF DAVIS BACON

WHO IS COVERED UNDER DAVIS BACON?

➤ Laborers and Mechanics on work site (29CFR § 5.2)

Which Includes:

- Registered Apprentices
- Classified Helpers
- Working foremen
 - 20% x time as labor/mechanic + exemption under 29CFR Part 541
- Truck drivers not under *de minimis* (29CFR § 5.2)

Excluded in PWR:

Executive, Administrative, Non-working foremen, Professional employees
i.e. timekeepers, inspectors, architects, engineers

5d. SUBMISSIONS REQUIREMENTS

- 1) **Pay Rates List** = submitted **prior** to start of project
- 2) **Apprentice Registrations and Trainees certifications**
- 3) **Certified Payrolls + Original Statement of Compliance**
 - ✓ Initial Submission: After 2 weeks of project inception
 - ✓ Thereafter: Weekly **through the one year warranty period**
 - ✓ Form WH -347 (<http://dol.gov/esa/whd/forms/wh347instr.htm>)

SUBMISSIONS ARE WEEKLY!

5e. COMPLIANCE REQUIREMENTS

- **Payroll records contains** *[29CFR § 5.5(3)]*:
 - ✓ **Name, address, social security number**
 - ✓ **Correct classification**
 - ✓ **Hourly rates** *[inclusions of contributions for bonafide fringe benefits or cash equivalents described in Davis Bacon Act 1(b)(2)(B)]*
 - ✓ **Daily and weekly hours worked**
 - ✓ **Deductions made and actual wages paid**

- **Project on-site interview**
 - ✓ **Union/Non-Union Employees must have: Drivers license/State ID/Union ID**
 - ✓ **Posters and prevailing wage rates displayed**

5f. PROJECT ON-SITE REQUIREMENTS

EMPLOYEE RIGHTS UNDER THE DAVIS-BACON ACT
FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PREVAILING WAGES You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.



OVERTIME You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

ENFORCEMENT Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.

APPRENTICES Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.

PROPER PAY If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:

or contact the U.S. Department of Labor's Wage and Hour Division.

For additional information:

1-866-4-USWAGE
(1-866-487-9243) TTY: 1-877-680-6627


WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division




APPLICABLE WAGE DETERMINATION RATES

Wage determination USDOL website:
www.wdol.gov/dba.aspx#0

5g. RETAINAGE RELEASE REQUIREMENTS

A. ENCLOSURE B-10 For Partial Retainage Payment:

B. FINAL AFFIDAVIT For Final Retainage Payment:

 ENCLOSURE B-10
AFFIDAVIT OF COMPLIANCE PREVAILING WAGE PARTIAL RETAINAGE RELEASE

RETAINAGE RELEASE: 5% _____ 2% _____
0%, Complete a FINAL AFFIDAVIT OF COMPLIANCE PREVAILING WAGE

I, _____ do hereby certify that the
(Name of person signing affidavit) (Title)
that the wages paid to all employees of _____
(Company Name)
for all hours worked on project: _____
(Project Name)

(Project Location)
During the period from _____ to _____ are in compliance with
(Project Dates)

Prevailing Wage requirements of Davis-Bacon and Related Acts; 29 CFR Parts 1,3,5,6 and 7; United States Code: 40 3141-3148 and of Chapter 4115 of the Ohio Revised Code. I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages in connection with the project, other than those provided by law.


Signature of Officer or Agent Print Name of Officer or Agent

Sworn to and subscribed in my presence this _____ day of _____, 20____

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. The affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.

Addendum 1 - EBED

 Department of Commerce
Division of Industrial Compliance & Labor

Bureau of Labor and Market Safety
6006 Lansing Road, PO Box 4600
Cincinnati, OH 45206-0600
Phone 513-693-2100 | Fax 513-728-9828
TTY 700-388-726-0288
www.com.ohio.gov
An Equal Opportunity Employer and Service Provider

John F. Kasich, Governor
David Goodman, Director

FINAL AFFIDAVIT OF COMPLIANCE PREVAILING WAGES

I, _____ do hereby certify
(Name of person signing affidavit) (Title)
that the wages paid to all employees of _____
(Company Name)
for all hours worked on project: _____
(Project Name)

(Project Location)
During the period from _____ to _____ are in compliance with
(Project Dates)

Prevailing Wage requirements of Chapter 4115 of the Ohio Revised Code. I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages paid in connection with this project, other than those provided by law.

(Signature of Officer or Agent) (Print Name of Officer or Agent)

Sworn to and subscribed in my presence this _____ day of _____, 20____

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. This affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.

LAW51302



FRAUD AND SANCTIONS

Under

<http://www.dol.gov/whd/regs/compliance/whdfs66.pdf>

- 1. Contract payments withheld under CWHSSA**
- 2. Grounds for contract termination**
- 3. Contractor liability for any resulting costs to the government**
- 4. Debarment from future contracts for a period up to three years**

OCI Requirements



**Written questions - send to the
designated Buyer**

Planning & Engineering

Contract Documents

CONTRACT DOCUMENTS/BID PACKAGE COMPOSED OF:

BID FORMS PACKET: FORMS TO RETURN AS YOUR BID

SPEC BOOK:

GENERAL REQUIREMENTS

TECHNICAL SPECIFICATIONS

PROJECT PLANS / DRAWINGS

ANY ADDENDA / ISSUED DURING BID PHASE

***Questions Cut-Off:* March 1, 2024 at 4:00 PM**