

Cleveland Airport System

Environmental Analytical and Regulatory Services

Pre-Qualification Meeting

November 3, 2023



Pre-Qualification Meeting Agenda

Introduction.....	Kim McGreal
Project General Scope.....	Michael Reilly
Safety	Alyssa Biondo
Security	Jeff Allhouse
Operations	Zachary Randall
DBE Requirements	Rosita Turner
Questions and Answers	

Please send all future questions to:

Sharri Muia

SMuia@clevelandairport.com

Introduction

- The City of Cleveland, Department of Port Control is responsible for the planning, operation, and development of CLE and BKL.
- Our goal is to ensure that we meet the needs of the present without compromising our ability to meet the needs of the future.
- We aim to achieve this through continued customer and stakeholder satisfaction as well as flexible development ushered in through comprehensive planning.

Ordinance

Ordinance No. 692-2021

Project Overview

- On an on-call basis, the Selected Consultant shall:
 - Be required to provide regulatory reporting services including consultation and report generation as required by applicable law and regulatory agency (e.g., USEPA, Ohio EPA, etc.);
 - Provide the necessary equipment, facilities, utilities, labor, supervision, management, administration, technical support and consumables, as needed, to facilitate the work without delay of normal airport operations and completion of the work in a timely fashion; and
 - Comply with all necessary reporting timeframes throughout the duration of the contract period.
- These services include a mix of anticipated and unanticipated tasks.

Scope of Services

- **Laboratory Services**

- Full service, independent, environmental laboratory must be licensed and appropriately certified in the State of Ohio as of the date of the issuance of this RFQ and maintained throughout the contract period.
- Shall provide shipping containers and coolers, sample containers, preservative, and shipping. All items must meet standard EPA protocols.
- Shall coordinate with DPC and its Consultants for project requirements and timely delivery of supplies.
- Shall provide guidance to DPC and its Consultants with applicable method numbers, sample container requirements, collection methods, preservatives, handling methods, and shipping requirements - all conforming to EPA methods. The laboratory shall also secure subcontracted services when a service can not be fulfilled by the laboratory.
- Shall retain and dispose of all unused sample volumes, test blanks, and associated media
- Will provide analytical reports in a timely manner with all pertinent information and copy of chain-of-custody (COC).

Scope of Services (cont'd)

- **National Pollutant Discharge Elimination System (NPDES):**

- The selected consultant may assist in the following tasks:
 - Permit compliance, permit renewal, SWP3 and SPCC updates, compliance strategy development, regulatory agency coordination, monthly reporting, sample collection, source identification and investigations, trend and data analysis, etc.

- **Biofilm and Treatability Project**

- The Successful Consultant will be required to continue these projects through semiannual sample collection and reporting, treatment strategies, siting restrictions, etc., implementation timeline development and updating, and if necessary, designing a treatment facility to achieve the goal of reducing biofilms and COD in receiving waters.

Scope of Services (cont'd)

- **Air Permitting**

- The selected consultant may be utilized to assist with calculations, audits, regulatory inquiries, construction projects, strategy development, grants, etc.

- **Sustainability**

- The Department may create a Sustainable Master Plan that is integrated into the Airport Master Plan. Assistance in these tasks may be needed.

- **Purchases**

- Typical purchases may include ISCO stormwater sampling equipment, YSI water quality meters, field supplies, spill supplies (booms, granular, pads, etc), tools, consumables (batteries, gloves, calibration solutions, sampler tubing, etc).

Scope of Services (cont'd)

- **Examples of On-call Services**

- Emergency Response assistance – sampling, air monitoring, and spill response.
- Landfill permit generation and review for construction projects and maintenance, input on resolving settling and releases, etc.
- Wetlands delineation, mitigation.
- Mold remediation and air monitoring.
- BUSTR compliance.
- Noise monitoring and maintenance.
- NEORSD credit applications.
- Grant writing, management, and closure.

- **Recordkeeping and Reporting**

- Reports will be required on a task order basis. Reports may be consolidated into a single monthly report at the discretion of the Department.
- Examples of reporting:
 - Biofilm study reports
 - Treatability reports
 - Investigation reports

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

FEDERAL PROGRAM REQUIREMENTS (DBE/SBE/ACDBE)

POINTS OF DISCUSSIONS:

- 1. Provisions of the Federal Programs**
- 2. Project Specific Goals**
- 3. Statement of Qualifications**
- 4. SBE Verification and Validation**
- 5. Required OCI Forms/Documents**
- 6. Project Compliance Requirements**
- 7. Fraud and Sanctions**
- 8. OCI Website and Resources**

1. PROVISIONS OF THE FEDERAL PROGRAMS

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

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

**1c. EFFECTIVE MARCH 2013:
SMALL BUSINESS ENTERPRISE (SBE) as an element of
the DBE Program**

2. PROJECT SPECIFIC GOALS

DBE Project Specific Goal 7.66 %

✓ **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: 1.99%

3. STATEMENT OF QUALIFICATION (SOQ)

What to do in RFQ?

Submit

- ✓ DBE Utilization Plan
- ✓ Must demonstrate Good Faith Effort in obtaining DBEs

NOTE: No Good Faith Effort will be considered a non-compliance SOQ.

- When selected, complete ALL required DBE forms.**

4. SBE VERIFICATION AND VALIDATION

2 Kinds of SBEs

a. Certified DBEs

b. Non-certified DBEs Validation

Submission requirements:

- b1. Application to OCI
- b2. Most recent three (3) years business tax returns
- b4. Copy of certification from one of the following agencies:
 - 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 OCI DOCUMENTS

5a. Certified DBEs:

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*)

5b. Good Faith Effort

5c. Non Certified DBEs/SBEs:

5c1. **B-6** (*Non DBE/SBE/ACDBE Participation Plan*)

5c2. **B-4B** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

5. REQUIRED OCI DOCUMENTS - *continuation*

5d. Tier Subcontractors (i.e. 2nd/3rd...)

- 5d1. **B-8** (*2nd Tier/3rd Tier Subcontractor/Sub-consultant*)
- 5d2. **For DBE:** B-2 and B-4A; **For Non DBE:** B-4B

5e. Emergency Utilization of Subcontractors

- 5e1. **B-9** (*Emergency Addition-Conditional Approval of Subcontractor/Sub-consultant*)
 - limited to 3 requests only
- 5E2. Revised DBE/Non-DBE forms whichever is applicable

5f. With ongoing projects, submit:

- 5f1. Revised DBE/Non-DBE forms
- 5f2. Copies of **ALL** sub contracts, sub-agreements and POs



5a1. ENCLOSURE B-3 (DBE 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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5a2. ENCLOSURE B-2 (DBE AFFIDAVIT)

5a3. ENCLOSURE B-4A (INTENT TO PERFORM...)

Enclosure B2 (DBE 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)

**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 this 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

5b. 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 evaluator 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.**



5c1. ENCLOSURE B-6

(NON CERTIFIED DBE/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 YES NO	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)
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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5c2. 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)



5d1. ENCLOSURE B-8

(ALL TIER SUBCONTRACTORS/SUB-CONSULTANTS)

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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5e1. 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
- 3. Limited to 3 requests only**

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: _____

6. PROJECT COMPLIANCE REQUIREMENTS

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

Assurance 49 CFR §26.13:

"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."

Applied to ALL!

Prime Contractor, ALL Tier subcontracts/sub-agreements either certified and non certified DBE or SBE.

6. PROJECT COMPLIANCE REQUIREMENTS

6b. B2GNow Payments Compliance Reporting

What to do?

- Monthly Audit
- Subs Payment verifications
- **Upload supporting documents** (*i.e. invoices and cancelled checks*)

Not sure what to do?
Training! Training! Training!

Website:

<https://Cleveland.diversitycompliance.com/Default.asp>



City of Cleveland, Ohio

OUR MAIN SITE CONTACT SUPPORT

Certification and Compliance Reporting System

Log In

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

6d: ADDITIONS/SUBSTITUTIONS/EXCLUSIONS OF SUBCONTRACTORS

✓ 49 CFR Part 26.53:

1. Require **PRIOR APPROVAL**
 - Letter of justification from Prime
 - Letter of approval from OCI
2. Good Faith Effort applied

AND...

Submit:

1. All corresponding forms
2. Sub-agreements

✓ **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.

7. SANCTIONS FOR NON- COMPLIANCE

Regulation

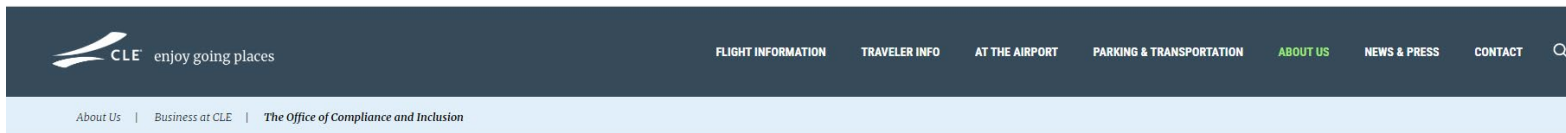
<http://www.dol.gov/whd/regs/compliance/whdfs66.pdf>

1. **Cancellation, termination or suspension of the contract**
2. **Contract payments withheld**
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 is providing ALL the information as a public service. This information and related materials are presented to give the public access to information on Department of Transportation and Department of Labor programs.

8. OCI WEBSITE AND RESOURCES

<https://www.clevelandairport.com/about-us/business-cle/office-of-compliance-and-inclusion>



FOR MORE INFORMATION

Rosita Turner
Manager, Office of Compliance and Inclusion
Office - [216.265.6606](tel:216.265.6606)
Email: rturner@clevelandairport.com

Roman Orinoco
Airport Compliance and Inclusion Coordinator
Office - [216.265.6197](tel:216.265.6197)
rorinoco@clevelandairport.com



The Office of Compliance and Inclusion

The Cleveland Hopkins International Airport is committed to diversity and ensuring that all persons have an equal opportunity to receive and participate in Airport contracts. We demonstrate this commitment in leveling the playing field for all businesses interested in contracting opportunities with The Cleveland Hopkins International Airport through the implementation and operation of its Disadvantaged Business Enterprise (DBE) Program, 49 CFR Part 26, and Airport Concessions Disadvantaged Business Enterprise (ACDBE) Program, 49 CFR Part 23. In 2012, the Small Business Enterprise (SBE) Program was implemented as an element of the DBE Program. We are committed to continually increasing the number of certified DBE/ACDBE firms with the Ohio Unified Certification Program (UCP) and verifying eligible applicants for SBES.

The Cleveland Hopkins International Airport enforces the rules and regulations of the Davis Bacon and Related Acts on federal projects and the Ohio Revised Codes 4115 on non-federal projects to pay prevailing wage rates to all laborers and mechanics working on construction sites for public buildings and public works.

OCI Requirements



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

RFQ Schedule

- Pre-Qualification meeting November 3, 2023 @ 10:00 AM
- Pre-Qualification meeting Addendum November 6, 2023
- Deadline for Questions.....November 15, 2023
(please submit via email to SMuia@clevelandairport.com)
- Addendum (if necessary).....November 20, 2023
- **Statement of Qualifications due** **December 6, 2023 @ 4:00PM**

Questions and Answers

Each Consultant shall submit seven (7) complete Statements, consisting of one (1) unbound original, five (5) identical bound copies and one (1) digital copy in either Microsoft Word (.doc/.docx) or Adobe Acrobat (.pdf) format

Firms may also elect to submit their Statements electronically. Please send the electronic Statements submission to airportprocurement@clevelandairport.com.

Please send all future questions to:

Department of Port Control
Environmental Services
5300 Riverside Drive
P.O. Box 81009
Cleveland, OH 44181-0009
Attention: Sharri Muia
Phone: (216) 265-2693
SMuia@clevelandairport.com