

# CONSTRUCTION CONDITIONS

## S.E.Payne Cornerstone

### **General Contractor: Housing Visions Construction Co., Inc (HVCC)**

The Construction Conditions are considered to be a Contract item.

- Review Scope of Work with HVCC for specific category, as per plans & specs.
- Sub-contractor is responsible for placing tools and materials in a secure location on-site.
- Comply with Notice to Proceed.
- Coordinate all work with HVCC in a manner that will accommodate all other trades.
- All work is to be scheduled and completed in a timely and professional manner.
- Coordinate all changes with HVCC representatives and obtain approval in writing before the continuation of work. No changes will be paid without written approval.
- Notify HVCC of any unforeseen circumstances that could influence the schedule or the outcome of the project.
- Clean up at the end of each day.
- HVCC will provide port-a-jon.
- Participation in Safety Meeting (s) required.
- All subcontractors must abide by OSHA and other safety measures as required by governing agencies and Housing Visions.

**INSTRUCTIONS FOR ADMINISTRATIVE REQUIREMENTS**  
**GC & Sub-Contractors**  
**S.E. Payne Cornerstone**

*All reporting requirements must be up to date for payment to be released*

*NOTE: All contractors are responsible for GC requirements as noted in the contract AIA 101.*

**1. Invoicing/PAY APPLICATION:** Please use separate Pay Applications, **1 PER BUILDING.**

**ALL Change Orders and scope of work changes must be approved in writing and the approved copy attached to pay application for a change to be processed.**

Pay applications: submit monthly using AIA documents:

- G702 Application and Certificate for Payment & G703 Continuation Sheet

**2. DAVIS-BACON WAGE REQUIREMENTS DO NOT APPLY.**

**3. M/WBE OUTREACH EFFORTS**

At minimum, the bidder must conduct a good faith outreach effort to solicit the participation of New York State certified Minority and Women-Owned Businesses.

All contract awardees agree to take affirmative steps to utilize MWBE business enterprises. For purposes of this commitment the terms mean:

**MINORITY OR WOMEN-OWNED BUSINESS ENTERPRISE (MWBE):**

- At least 51% owned and controlled by the minority members and/or women;
- The minority and/or women ownership interest, is real, substantial and continuing;
- The minority and/or women ownership has and exercises the authority to independently control the day-to-day business decisions;
- Independently owned, operated and authorized to do business in New York State.
- NOTE: Businesses eligible to participate in the program must be owned and operated by women and/or minority group members who are citizens of the United States or permanent resident aliens. Generally they must be in operation for at least one year.

**MINORITY GROUP MEMBER:**

- A United States citizen or permanent resident alien who has and can demonstrate membership in one of the following groups:
- Black persons having origins in any of the Black African racial groups;
- Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American
- Descent of either Indian or Hispanic origin, regardless of race;
- Native American or Alaskan native persons having origins in any of the original peoples of North America;
- Asian and Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

**CONTRACTOR:**

- An individual, a business enterprise including a sole proprietorship, a partnership, a corporation, a not-for-profit corporation, or any other party to a state contract, or a bidder in conjunction with the awarding of a state contract or a proposed party to a state contract.

Minority business enterprises may be employed as construction subcontractors or as suppliers.

#### **4. SECTION 3 OUTREACH EFFORTS**

The General Contractor and the Sub-Contractor must reach out into the local community for Section 3 Employees and Businesses for new hires and sub-contracts. Documentation of Outreach is required.

#### **5. FORMS AND SUBMITTALS**

The General Contractor and Subcontractors are each responsible for specific compliance forms (see list below). Samples and instructions are included in the Project Manual.

##### **Forms for General Contractor:**

Forms to be submitted at time of award:

- MWBE Utilization Report-Preliminary
- ADM-EEO / M/WBE – EEO & M/WBE Policy

Forms to be submitted Monthly:

- ADM-136 Monthly Employment Utilization Report (monthly)

Forms to be submitted quarterly:

- ADM-123 Quarterly Cumulative Pay Statement
- ADM-146 Quarterly Affirmation of Income Payments to MWBE

Form to be submitted upon completion of the project

- OFHEO-S3 Utilization of Section 3 Residents & Business
- As Built Drawings
- ADM 095 MWBE Utilization Plan-Final

# **Forms for Sub-Contractor**

Blank Copies found in Project Manual or at [www.Housingvisions.org](http://www.Housingvisions.org) , Construction

Forms to be submitted at time of award:

- ADM-EEO / M/WBE – EEO & M/WBE Policy

Forms to be submitted Monthly:

- ADM-136 Monthly Employment Utilization Report (monthly)

Forms to be submitted quarterly:

- ADM-146 Quarterly Affirmation of Income Payments to MWBE (if pertinent-HVCC will issue this)

Form to be submitted upon completion of the project

- OFHEO-S3 Utilization of Section 3 Residents & Business
- Warranty Documents (if applicable)

To be submitted throughout contract period:

- As Built Drawings (mechanicals only)
- Change Order approval-must be attached to any pay application that is applying for change order dollars.

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Close-out project submittals must be reviewed and accepted prior to release of retainage.

Any additional requirements will be issued as an addendum.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Agency Name & Address	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  Subcontractor name & address	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/> Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Asbestos & Lead						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Contractors Pollution						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/> Y				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
C	UMBRELLA LIAB	<input type="checkbox"/> Y	<input type="checkbox"/> Y				EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE \$ 5,000,000
	EXCESS LIAB						\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/> N				<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y	<input type="checkbox"/> N				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Attach Forms for Additional Insured, Waiver of Subrogation, including Completed Operations and Primary and Non-Contributory.

**CERTIFICATE HOLDER****CANCELLATION**

Housing Visions Construction Co., Inc 1201 E Fayette St. Syracuse, NY 13210	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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See Examples of A & D Insurance Certificate:

Housing Visions Construction Co., Inc. requires insurance certificates with the following names & addresses listed as Additional Insured:

Housing Visions Unlimited, Inc.  
Housing Visions Consultants, Inc.  
Housing Visions Construction Co. Inc.  
1201 E. Fayette Street  
Syracuse, NY 13210

S. E. Payne Cornerstone, LLC  
S.E. Payne Cornerstone Housing Development Fund Corporation  
1201 E. Fayette Street  
Syracuse, NY 13210

Key Community Development Corporation and Its Successors and/or Assigns  
127 Public Square; Mail Code OH-01-27-1317  
Cleveland, OH 44114

Key Bank National Association, Its Successors and/or Assignees  
201 S. Warren Street  
Syracuse, NY 13202

NYS Homes & Community Renewal  
38-40 State Street  
Hampton Plaza  
Albany, NY 12207

Housing Trust Fund Corporation  
38-40 State Street  
Hampton Plaza  
Albany, NY 12207

HSE Consulting Services, LLC  
8636 Brewerton Road  
Cicero, NY 13039



**BID FORM**

**S.E. Payne Cornerstone**

1. The Undersigned Subcontractor, having visited the project and familiarized him/herself with the actual conditions affecting the cost of the work, and with the Asbestos Abatement, Lead Control & Selective Demolition Project Manual, its Table of Contents, Drawings, and any subsequent Addenda , hereby proposes to furnish labor, materials, equipment and services required to perform Asbestos Abatement, Lead Control and Selective Demolition at :

Bldg # (old)	ACM Removal	Lead Controls	Lead strip in place/stairs	Soil	Selective Demo	MOLD	Bldg TTL\$
R/ 9-11 James	\$				\$		\$
R/ 1 Benton	\$						\$
R/ 26 Washington	\$				\$		\$
R/ 5 Orchard	\$				\$		\$
R/ 13-15 Orchard	\$				\$		\$
							\$
Bldg # (old)	ACM Removal	Lead Controls		Soil	Full Demo		\$
							\$
1 Orchard	\$				\$		\$
4 Orchard	\$				\$	small quan	\$
L/6 Orchard	\$				N/A Vac Lot		\$
21 Orchard	\$				\$		\$
26 Orchard	\$				\$		\$
33 Orchard	\$				\$		\$
66 Orchard	\$				\$		\$
67 Orchard					\$		\$
8 James	\$				\$		\$
10 James	\$				\$		\$
**92 Clark					\$		\$
28 Washington	\$				\$		\$
** 92 Clark to be reviewed for condemnation							

Number of days to complete work. Indicate per building and total time if awarded multiple buildings.						
Note number of buildings your firm can work on concurrently.						
Address	# of days per building	Est Schedule for multiple buildings				Notes
9-11 James						
1 Benton						
26 Washington						
5 Orchard						
13-15 Orchard						
1 Orchard						
4 Orchard						
6 Orchard						
21 Orchard						
26 Orchard						
33 Orchard						
66 Orchard						
67 Orchard						
8 James						
10 James						
**92 Clark						
28 Washington						

R-Rehab Building    D-Demo Building    L-Vacant Lot

Discount if awarded Multiple Buildings \_\_\_\_\_ (multi bldg. price)

In accordance with a Total Base Bid of: \_\_\_\_\_ dollars.  
 (\$ \_\_\_\_\_), a certified check in the amount of 1% of this bid or a  
 Bid Bond is enclosed as Bid Security Deposit.

- In submitting this bid, it is understood that the right is reserved by the General Contractor to reject any and all bids. All bids are required to be valid for a minimum of 90 calendar days after the time and date of receiving the bid. If written notice of acceptance of this bid is mailed, faxed or delivered to the Undersigned prior to expiration of bid, or at any time thereafter before this bid is withdrawn, the Undersigned agrees to execute and deliver a Contract in the prescribed form within five (5) days after he Contract is presented to him/her for signature.



3. Certifications of Non-Segregated facilities: by signing this Bid, the Bidder certifies that he/she does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. As used in this certification, the term segregated facilities means any waiting rooms, work areas, time clocks, locker rooms, storage areas, dressing areas, rest rooms, wash rooms, restaurants, entertainment areas, transportation, or housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin, because of habit, local custom or otherwise.
  
4. In submitting this Bid, it is understood that the proposal or bid is genuine; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any other bidder or person, to put in a non-genuine bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement, collusion, communication or conference, with any person, to fix the bid price of any other bidder or to fix any overhead, profit or cost any advantage against the Owner or any person interested in the proposed contract; and that all statements in said proposal or bid are true.
  
5. **ADDENDA**  
 Receipt of the following Addenda is hereby acknowledged:

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_

6. Bid Breakdown: The undersigned Subcontractor includes the following schedule of values to achieve the base bid as previously stated (all items base bid):

**PLEASE COPY FORM WHEN NEEDED FOR SPECIFIC BUILDINGS**

<b>BLDG # _____</b>	<b>COST PER UNIT</b>	<b>COST</b>	<b>PROPOSED SUB-CONTRACTOR(S)</b>
Asbestos Abatement			
Selective Demolition including Lead controls			
Mobilization, Permits & Notification fees			
Bonds & Insurance			
Additional Duct seam tape-per seam Include all cost of disposal.			
Additional duct insulation per Linear Foot. Include all cost of disposal.			
Additional Pipe Insulation per Linear Foot. Include all cost of disposal.			
Additional layers of concealed ACM flooring per Sq. Ft.			
Additional sheet rock per sq. ft			

7. How many years has your organization been in business as a Contractor? \_\_\_\_\_

8. How many years has your organization been in business under its present name? \_\_\_\_\_

9. Under what other names has your organization operated? \_\_\_\_\_  
\_\_\_\_\_

10. Are you licensed to perform the scope of work you are bidding for? \_\_\_\_\_

11. List the categories your organization normally performs with your own forces. \_\_\_\_\_

12. Claims & Suits-if the answer to any questions below is yes, please attach details.

- . Has your organization ever failed to complete any work awarded? \_\_\_\_\_
- . Are there any judgments, claims, suits, or arbitration proceedings pending or outstanding against your organization or its officers? \_\_\_\_\_
- . Has your company filed any lawsuits or requested arbitration with regard to Construction contracts within the last 5 years? \_\_\_\_\_

13. On a separate sheet, please list major projects and estimated work dates that your organization has completed within the last 5 years.

14. Are you an MBE \_\_\_\_\_ WBE \_\_\_\_\_ Dual MWBE \_\_\_\_\_ DBE \_\_\_\_\_

15. Will you be using subcontractors for this project? \_\_\_\_\_

16. If so, for what percentage of the work? \_\_\_\_\_

17. Trade References

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

18. In submitting this bid the bidder agrees to comply with the administrative regulations and reporting applicable to this project. This includes, but is not limited to M/WBE Outreach Efforts, Section 3 Hiring Practices, Elations certified payroll reporting, and to abide by all OSHA & EPA Regulations while on and relating to the job. All applicable reporting forms and instructions are found within the Asbestos Abatement, Lead Removal & Selective Demolition Project Manual.

NOTE: Any additional regulations or paperwork not available at the time this manual was created will be communicated to the subcontractor in the form of an addendum.

SIGNATURES

\_\_\_\_\_ Tax ID# \_\_\_\_\_  
(Legal name of Company)

\_\_\_\_\_ \_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name and Title of Signatory)

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

City, St, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address \_\_\_\_\_

Corporation:

Name of Officers:	Address
_____ President	_____
_____ Secretary	_____
_____ Treasurer	_____

Partnership:

Names of Partners	Address
_____	_____
_____	_____
_____	_____

Joint Venture:

Names of Members	Address
_____	_____
_____	_____

Return Bid to:

*Sue March  
Housing Visions Construction Co., Inc.  
1201 E Fayette St.  
Syracuse, NY 13210*

**Mark Envelope: Bid, S.E. Payne Cornerstone, Scope : A&D, \_\_\_\_\_ (Date)**