

Attachment-A

SUBMITTAL FORM PROPOSER INFORMATION AND SIGNATURE

Firm's Legal Name/Address: _____ Date Prepared: _____

Date Firm Established: _____

Principal to Contact/Title: _____

Business Telephone: _____

Business Email: _____

Is this address the: Main Office Regional Office Branch Office Other _____

Former Firm Name(s), if any. Year Established Name/Address/Telephone of Parent
Company, if any

Corporate Structure:

Sole Proprietorship Corporation Joint Venture
 Parent Company Partnership Other (specify): _____

Other offices of the firm:

City/State Telephone No. No. of personnel Identify home office with *

1. State of Incorporation: _____
2. State of North Carolina Registration #: _____
3. Federal Tax Identification #: _____
4. Acknowledge Addendum(a) by specifying Addendum(a) in spaces provided: _____

Certification

The undersigned prime proposer certifies that, to the best of his/her knowledge, the information presented in this Request for Proposals is a statement of facts and that the firm has the financial capability to perform the work being applied for. The undersigned prime proposer further certifies that it knows of no personal and/or organizational conflict of interest prohibited under federal, state, and local law.

I certify (or declare) under penalty of perjury under the laws of the State of North Carolina that the foregoing is true and correct.

Name: _____

Signature: _____

Title: _____

Date: _____

Place: _____

(City and State)

END OF FORM

BID TAB ON CALL BUS STOP CONSTRUCTION FY25 CONTRACT B					
GoTriangle Bus Stop Improvements					
Addition of bus stop and site amenities to bus stop locations generally consisting of grading, concrete pads and sidewalks, installing amenities, and other related items.					
Item No.	Item Description	Unit	Quantity	Unit Bid Price	Amount Bid
PSP-1	MOBILIZATION/TRAVEL TIME	LS	1	\$0.00	
PSP-2	DEMOLITION	LS	1	\$0.00	
PSP-3	EARTHWORK	LS	1	\$0.00	
PSP-4	EROSION CONTROL	LS	1	\$0.00	
PSP-5	TRAFFIC CONTROL	LS	1	\$0.00	
PSP-6	THERMOPLASTIC & PAINT PAVEMENT MARKINGS	ALL	1	\$30,000.00	\$30,000.00
PSP-7	GRASS SOD / MULCH	SF	200		
PSP-8	ASPHALT PAVEMENT REPAIR	TON	20		
PSP-9	FULL DEPTH ASPHALT PAVEMENT, 12"	SF	200		
PSP-9	VAR. DEPTH, S9.5C	SF	300		
PSP-10	MILLING ASPHALT PAVEMENT, UP TO 3"	SF	500		
PSP-11	4" SIDEWALK	SF	1000		
PSP-11	6" SIDEWALK	SF	1000		
PSP-12	6" CONCRETE PAD	SF	2500		
PSP-13	2'-6" CURB & GUTTER	LF	500		
PSP-14	6' x 12" CURB & GUTTER	LF	300		
PSP-15	CONCRETE CURB ON CONCRETE PAD	LF	100		
PSP-16	5" MONOLITHIC CONCRETE PAD	SF	100		
PSP-17	RETROFIT CURB RAMP	EA	10		
PSP-18	CONCRETE CURB RAMP	EA	5		
PSP-19	BRICK PAVERS	SF	100		
PSP-20	INSTALL SHELTER	EA	10		
PSP-21	INSTALL SIMME SEAT	EA	10		
PSP-22	INSTALL BIKE RACK	EA	10		
PSP-23	INSTALL STREETSCAPE BENCH	EA	10		
PSP-24	RELOCATE SIGN	EA	10		
PSP-25	PERMANENT SIGNAGE	SF	150		
PSP-26	ADJUST MANHOLE	EA	5		
PSP-27	REMOVE AND REPLACE CONCRETE SIDEWALK	SF	500		
PSP-28	AGGREGATE BASE COURSE	TN	20		
PSP-29	BOLLARDS	EA	10		
PSP-30	INSTALL BUS STOP SECURITY LIGHTING SYSTEM	EA	10		
				SUBTOTAL #1	
				5% CONTINGENCY OF SUBTOTAL #1	
				TOTAL #1	
				SAY (TOTAL #1)	

Attachment C to GoTriangle Contract No. 24-054
Minimum Insurance Requirements

1. Definitions. "Contractor" as used in this Exhibit shall mean: _____ "GoTriangle" as used in this Exhibit shall mean the Research Triangle Regional Public Transportation Authority dba GoTriangle. "Contract" as used in this Exhibit shall mean the agreement or contract to which this Exhibit is attached.
2. General Terms. Contractor shall secure and maintain at its own expense each type of insurance, with the applicable minimum coverage limits, as specified in this Exhibit. Contractor shall secure the required insurance policies prior to performing any work, activity, or service under this Contract. Contractor shall maintain such policies throughout the term of this Contract, unless a longer period is required pursuant to the provisions herein. Any insurance carried by Contractor is primary insurance and shall not be considered contributory with any insurance carried by GoTriangle. In the event that any portion of Contractor's obligations under this Contract are subcontracted by Contractor, then Contractor shall require each subcontractor to secure and maintain insurance satisfying the requirements of this Exhibit, or in the alternative, Contractor may secure and maintain the insurance on the subcontractor's behalf. The insurance requirements set forth in this Exhibit do not modify or otherwise relieve Contractor of Contractor's other obligations as stated elsewhere in this Contract.
3. Commercial General Liability. Contractor shall secure and maintain occurrence-form Commercial General Liability insurance, including coverage for premises and operations, products and completed operations, independent contractors, personal injury and blanket contractual liability, with limits of not less than: General Aggregate (\$2 million); Products and Completed Operations Aggregate (\$2 million); Personal and Advertising Injury Aggregate (\$1 million); and Each Occurrence (\$1 million). Such insurance shall be primary and non-contributory with any insurance carried by GoTriangle.
4. Worker's Compensation and Employer's Liability. Contractor shall secure and maintain Worker's Compensation insurance complying with North Carolina statutory requirements covering all employees and owners, and including Employer's Liability coverage with limits of not less than \$1 million per accident, \$1 million disease per policy limit, and \$1 million disease per employee limit. Coverage shall extend to all states in which operations are conducted.
5. Automobile Liability. Contractor shall secure and maintain Automobile Liability insurance with a limit of not less than \$1 million combined single limit. Such insurance shall include coverage for all owned, hired, and non-owned motorized vehicles both on and off the project site. Such insurance shall be primary and non-contributory with any insurance carried by GoTriangle.
6. Umbrella/Excess Liability. Contractor shall secure and maintain Umbrella or Excess Liability insurance on a "following form" basis with a limit of not less than \$1 million providing excess coverage over and above Contractor's primary insurance for Commercial General Liability, Automobile Liability, and Employer's Liability. Such insurance shall be primary and non-contributory with any insurance carried by GoTriangle.
7. Professional Liability. Contractor shall secure and maintain Professional Liability insurance providing coverage for errors or omissions committed in the course of Contractor's performance under this Contract. The coverage shall be maintained during the term of this Contract and for at least 3 years

following completion of Contractor's performance. The policy shall have limits of not less than \$5 million per claim and in the annual aggregate. The policy may contain a deductible of a maximum of \$250,000, but in such case the deductible shall be the sole responsibility of Contractor, and no portion of the deductible is the responsibility of GoTriangle.

8. Privacy and Network Liability (Cyber). Contractor shall secure and maintain Privacy and Network Liability (Cyber) insurance with a limit of not less than \$5 million aggregate and providing coverage for network security, third party liability, notification services, and cyber extortion.
9. Other Terms.
 - 9.1. Qualified Insurers. Contractor shall secure and maintain the required insurance policies from insurance carriers authorized to conduct business in the State of North Carolina with a current A.M. Best rating of "A-" or better.
 - 9.2. Waiver of Subrogation. The following policies of insurance shall include a waiver of subrogation in favor of Research Triangle Regional Public Transportation Authority dba GoTriangle: Commercial General Liability; Worker's Compensation and Employer's Liability; Automobile Liability; and Umbrella/Excess.
 - 9.3. Additional Insured. The following policies of insurance shall name Research Triangle Regional Public Transportation Authority dba GoTriangle as an additional insured: Commercial General Liability; Automobile Liability; and Umbrella/Excess Liability.
 - 9.4. Notice to GoTriangle. If any required coverage lapses for any reason, Contractor shall provide immediate written notice to GoTriangle. Each policy shall also contain notification provisions whereby GoTriangle will receive not less than 30 days' written notice prior to the cancellation of the policy.
 - 9.5. Claims-made Insurance. If any insurance policy required by this Exhibit is secured on a claims-made basis, then such policy shall provide that:
 - 9.5.1. The retroactive date shall coincide with or precede Contractor's commencement of performance under this Contract (including subsequent policies purchased as renewals or replacements);
 - 9.5.2. The policy shall allow for the reporting of circumstances or incidents that might give rise to future claims;
 - 9.5.3. Contractor shall maintain similar insurance under the same terms and conditions for at least 3 years following completion of all performance under this Contract; and
 - 9.5.4. If insurance is terminated for any reason, Contractor shall purchase an extended reporting provision of at least 3 years to report claims arising from Contractor's performance.

- 9.6. Deductibles and Self-insured Retention. GoTriangle will review all deductible and self-insured retention (SIR) amounts and may require Contractor to secure alternate insurance when in GoTriangle's sole discretion such amounts are not reasonable under the circumstances. The payment of any deductible is the sole responsibility of Contractor.
- 9.7. Certificates of Insurance. Before commencing performance under this Contract, for each required policy Contractor shall furnish a certificate of insurance (COI) to GoTriangle that demonstrates coverage in compliance with the requirements of this Exhibit and includes the following:
- 9.7.1. Effective and expiration dates of the policy
 - 9.7.2. Amount of any deductible or self-insured retention
 - 9.7.3. Any exclusions to the policy which are not part of the standard form
 - 9.7.4. Reference to GoTriangle Contract Number identified on the first page of this Exhibit
 - 9.7.5. Title block formatted as follows: **Research Triangle Regional Public Transportation Authority dba GoTriangle, PO Box 13787, Research Triangle Park, NC 27709**

Attachment D- E-Verify Form

GOTRIANGLE E-VERIFY EMPLOYER COMPLIANCE STATEMENT

E-Verify for Public Contracts: HB 786 (S.L. 2013-418)

The legislation referenced prohibits governmental units from awarding to or entering into contracts unless the contractor and the contractor's subcontractors comply with the E-Verify requirements of Article 2 of Chapter 64 of the NC General Statutes.

Contractor, hereafter Employer, understands that E-Verify is a federal program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law. Employer is defined as: Any person, business entity, or other organization that transacts business in

this State and that employs 25 or more employees in this State. This term does not include State agencies, counties, municipalities, or other governmental bodies.

Employer understands that Employers, as Defined Herein, Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

Therefore, all employers must be in compliance with the E-Verify requirements to enter into contracts with Triangle Transit.

Below check the type of employer and complete the information.

A) **Employer with less than 25 employees, not required to use E-Verify:** _____

Company Name: _____

Name and title of Authorized Signer(s): _____

Date: _____

OR:

B) **Employer with 25 or more employees required by NC S.L.213-418 to use E-Verify:
Yes, we comply:**

Company Name: _____

Name and title of Authorized Signer(s): _____

Date: _____

ATTACHMENT E

**Contractor's Statement of Sales/Use Tax Paid
Sales and Use Taxes Paid on Materials Purchased for the Construction of the**

Invoice Date	Invoice Number	Company Name	Type of Material Purchased	Cost of Material	Amount of Sales/Use Taxes Paid	County Where Sales/Use Taxes Paid
Total				\$0.00	\$0.00	

Contractor's Statement of Sales/Use Tax Paid TTA Solicitation

Attachment- F

IFB Number (if applicable): _____

Name of Vendor or Bidder: _____

**IRAN DIVESTMENT ACT CERTIFICATION
REQUIRED BY N.C.G.S. 143C-6A-5(a)**

As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

Signature Date

Printed Name Title

Notes to persons signing this form:

N.C.G.S. 143C-6A-5(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 143C-6A-5(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address www.nctreasurer.com/iran and will be updated every 180 days.

Attachment - G

Companies Boycotting Israel Divestment Act Certification Form

RFP/RFQ Number (if applicable): _____

Name of Contracting Party or Bidder: _____

**COMPANIES BOYCOTTING ISRAEL DIVESTMENT ACT CERTIFICATION
REQUIRED BY N.C.G.S. §147-86.81 *et seq.* ***

Pursuant to N.C.G.S. §147-86.81, any person identified as engaging in a boycott of Israel, as defined by this Act. In addition, State agencies must divest from investments in such restricted companies, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.81, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

As of the date listed below, the supplier or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. §147-86.81.

The undersigned hereby certifies that he or she is authorized by the contracting party or bidder listed above to make the foregoing statement.

Signature

Date

Printed Name

Title

N.C.G.S. §147-86.81 requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. § 147-86.81(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at: <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Divestment-Acts-Resources.aspx> and will be updated every 180 days.

* Note: Enacted by Session Law 2017-193 as N.C.G.S. §147-86.81 *et seq.*

Attachment H



CERTIFICATION REGARDING CONFLICT OF INTEREST

The Submitter is required to certify that performance of the work will not create any conflicts of interest or disclose any actual or potential conflicts of interest by completing and signing one of the following statements:

The Submitter hereby certifies that to the best of its knowledge and belief, and in accordance with GoTriangle's "Procedures and Guidelines for Preventing Organizational Conflicts of Interest and RFP Section 2 performance of the services described in the Scope of Work will not create any conflicts of interest for the Submitter, any affiliates, any proposed subconsultants, and key personnel of any of these organizations.

DATE: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

SUBMITTER/COMPANY NAME: _____

OR

The Submitter hereby discloses the following circumstances that could give rise to a conflict of interest for the Submitter, any affiliates, any proposed subconsultants, and key personnel of any of these organizations. (Attach additional sheets as needed.)

Name of the Individual/Company to which potential conflict of interest might apply:

Nature of potential conflict of interest:

Attachment H

Proposed Remedy:

DATE: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

SUBMITTER/COMPANY NAME: _____

Attachment I

PROPOSER STATEMENT OF NON-COLLUSION

BY SUBMISSION OF THIS PROPOSAL, PROPOSER AND EACH PERSON SIGNING ON BEHALF OF PROPOSER CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

- (1) The prices of this proposal have been arrived at independently, without collusion, consultation, communication, or agreement with any other Proposer or competitor, for the purposes of restricting competition or as to any matter relating to price.
- (2) Unless otherwise required by law, the prices quoted in this proposal have not been knowingly disclosed by Proposer and will not be disclosed by Proposer directly or indirectly to any other Proposer or competitor before proposals are opened.
- (3) No attempt has been made or will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a bid on any portion of the Project work.

IF, FOR ANY REASON, PROPOSER CANNOT CERTIFY AS SET FORTH ABOVE, PROPOSER SHALL SO STATE AND SET FORTH THE REASONS IN DETAIL BELOW:

Subscribed to under penalty of perjury under the laws of the State of North Carolina, this _____ day of _____, 20___ as the act and deed of said corporation or partnership.

Name (print):

Title:

Company:

"General Decision Number: NC20240011 09/06/2024

Superseded General Decision Number: NC20230011

State: North Carolina

Construction Type: Building

County: Wake County in North Carolina.

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories).

Note: Contracts subject to the Davis-Bacon Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658. Please note that these Executive Orders apply to covered contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but do not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(1).

If the contract is entered into on or after January 30, 2022, or the contract is renewed or extended (e.g., an option is exercised) on or after January 30, 2022:	Executive Order 14026 generally applies to the contract. The contractor must pay all covered workers at least \$17.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2024.
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If the contract was awarded on or between January 1, 2015 and January 29, 2022, and the contract is not renewed or extended on or after January 30, 2022:	Executive Order 13658 generally applies to the contract. The contractor must pay all covered workers at least \$12.90 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours performing on that contract in 2024.
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The applicable Executive Order minimum wage rate will be adjusted annually. If this contract is covered by one of the Executive Orders and a classification considered necessary for performance of work on the contract does not appear on this

wage determination, the contractor must still submit a conformance request.

Additional information on contractor requirements and worker protections under the Executive Orders is available at <http://www.dol.gov/whd/govcontracts>.

Modification Number	Publication Date
0	01/05/2024
1	09/06/2024

* ELEC0553-001 12/01/2023

	Rates	Fringes
ELECTRICIAN.....	\$ 30.00	14.5% +8.30

IRON0848-003 07/01/2023

	Rates	Fringes
IRONWORKER.....	\$ 28.00	17.10

PLUM0421-006 07/01/2023

	Rates	Fringes
PIPEFITTER.....	\$ 33.96	13.48

* SUNC2018-011 08/08/2023

	Rates	Fringes
BRICKLAYER.....	\$ 20.42	0.00
CARPENTER.....	\$ 20.48	3.12
CEMENT MASON/CONCRETE FINISHER...	\$ 17.94	0.00
LABORER: Common or General.....	\$ 14.67 **	2.07
LABORER: Mason Tender - Brick...	\$ 13.52 **	0.00
LABORER: Mason Tender - Cement/Concrete.....	\$ 15.26 **	0.00
LABORER: Pipelayer.....	\$ 15.00 **	0.00
OPERATOR: Backhoe/Excavator/Trackhoe.....	\$ 25.00	0.00
OPERATOR: Bulldozer.....	\$ 17.77	3.01

OPERATOR: Forklift.....	\$ 16.00 **	0.00
OPERATOR: Grader/Blade.....	\$ 22.68	3.27
OPERATOR: Roller.....	\$ 15.31 **	1.46
PAINTER.....	\$ 15.55 **	1.05
PLUMBER.....	\$ 23.66	6.60
ROOFER.....	\$ 18.26	4.38
SHEET METAL WORKER.....	\$ 19.67	13.27
TRUCK DRIVER: Dump Truck.....	\$ 16.56 **	3.09

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

** Workers in this classification may be entitled to a higher minimum wage under Executive Order 14026 (\$17.20) or 13658 (\$12.90). Please see the Note at the top of the wage determination for more information. Please also note that the minimum wage requirements of Executive Order 14026 are not currently being enforced as to any contract or subcontract to which the states of Texas, Louisiana, or Mississippi, including their agencies, are a party.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (iii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

State Adopted Rate Identifiers

Classifications listed under the ""SA"" identifier indicate that the prevailing wage rate set by a state (or local) government was adopted under 29 C.F.R. §1.3(g)-(h). Example: SAME2023-007 01/03/2024. SA reflects that the rates are state adopted. ME refers to the State of Maine. 2023 is the year during which the state completed the survey on which the listed classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 01/03/2024 reflects the date on which the classifications and rates under the ?SA? identifier took effect under state law in the state from which the rates were adopted.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour National Office because National Office has responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION"

ATTACHMENT- J

GUIDE TO M/WBE REQUIRED FORMS

All GoTriangle's procurements have a section entitled "**MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS.**" This section of procurement sets forth the established GoTriangle's goal for this particular procurement and also describes the forms that must be completed with their proposal. Below is a summary of the forms used in the GoTriangle M/WBE Participation Program by a Consultant.

Form #1: Consultant M/WBE Utilization Plan - This document must be completed by all Consultants responding to RFPs with an M/WBE goal greater than zero. The Consultant must demonstrate how it plans to meet the stated M/WBE goal. In completing this form, the Consultant should describe the steps taken to establish communication with M/WBE firms and identify current or future relationships with certified M/WBE firms. The second page of the form should list the M/WBE certified firms that the vendor plans to engage with on the project and the amount that each certified firm is projected to be paid. Plans to work with uncertified firms do not meet the criteria for participation. If the plan is not submitted or is deemed deficient, the Consultant may be sent a notice of deficiency. It is mandatory that all awards with goals have a utilization plan on file.

Form #2: M/WBE Utilization Waiver Request - This document must be filled out by the Consultant if the utilization plan (Form #1) indicates less than the stated participation goal for the procurement. In this instance, Form #2 must accompany Form #1 with the proposal. When completing Form #2, it is important that the Consultant thoroughly document the steps that were taken to meet the goal and provide evidence in the form of attachments to the document. The required attachments are listed on Form #2 and will document the good-faith efforts taken to meet the desired goal. A Consultant can also attach additional evidence outside of those referenced attachments. Without evidence of good-faith efforts, in the form of attachments or other documentation, GoTriangle may not approve the waiver and the Consultant may be deemed non-responsive.

New M/WBE firms are being certified daily and new M/WBE firms may now be available to provide products or services that were historically unavailable. If Form #2 is found by GoTriangle to be deficient, the Consultant will be sent a deficiency letter and may be deemed non-responsive.

Any questions regarding completion of these forms can be sent to procurement@gotriangle.org

**M/WBE Form #1
CONSULTANT M/WBE UTILIZATION PLAN**

Consultant Name:	
Vendor ID:	Telephone No.
RFP/Contract Title:	RFP/Contract No.

Description of Plan to Meet M/WBE Goals (Use pages 3-4 to provide specific MBE and WBE subcontractor information)

PROJECTED M/WBE USAGE IN PERCENTAGE

	%
1. MBE Goal Applied to Eligible Costs	
2. WBE Goal Applied to Eligible Costs	
3. M/WBE Combined Totals*	

*If less than the stated goal in RFP, Form #2 is required.

**CONSULTANT PROPOSED MBE UTILIZATION PLAN
MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

**In order to achieve the MBE 17.1 % Goal, Consultant expects to subcontract with North Carolina Department of Transportation certified MINORITY-OWNED entities as follows:
(add additional pages as needed)**

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Percentage
Name Address City, State, ZIP Employer I.D. Telephone Number () -		_____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		_____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		_____

**CONSULTANT PROPOSED WBE UTILIZATION PLAN
WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

**In order to achieve the WBE Goal of ___%, Consultant expects to subcontract with North Carolina Department of Transportation certified WOMEN-OWNED entities as follows:
(add additional pages as needed)**

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Percentage
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

M/WBE Form #2

M/WBE UTILIZATION WAIVER REQUEST

Consultant Name :	DATE:	
Address:	RFP No.:	
City, State, Zip Code:	M/WBE Goals: MBE ___% WBE ___% (From Lines 1&2 of Form 1)	
By submitting this form and the required information, the officer or/consultant certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under this solicitation.		
Consultant is requesting a :		
<input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total <input type="checkbox"/> / Partial <input type="checkbox"/> check one <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total <input type="checkbox"/> / Partial <input type="checkbox"/> check one <input type="checkbox"/> Waiver Pending Certification – (Check here if subcontractors or suppliers of Consultant are not certified M/WBE, but an application for certification has been filed.) Date of such filing:		
<u>If a total or partial waiver is requested, appropriate supporting documentation of Good Faith Efforts shall be provided as instructed on page 6.</u>		
<hr/> PREPARED BY (Signature) _____ Date: _____ By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote M/WBE participation pursuant to the M/WBE requirements set forth under this solicitation. Failure to submit complete and accurate information may result in a finding of noncompliance and deemed non-responsive.		
Name and Title of Preparer (Printed or Typed):	Telephone Number:	Email Address:
Submit with the bid or proposal	*****FOR GOTRIANGLE USE ONLY *****	
	REVIEWED BY:	DATE:
	Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> Certification Waiver <input type="checkbox"/> Notice of Deficiency Issued _____	

Explanation why Consultant is unable to meet M/WBE goals for this project:

Include attachments below to evidence good faith efforts:

- Attachment A. List of the general circulation, trade and M/WBE-oriented publications and dates of publications soliciting for certified M/WBE participation as a subcontractor/supplier and copies of such solicitation.
- Attachment B. List of the certified M/WBEs appearing in the NCDOT M/WBE directory that were solicited for this contract. Provide proof of dates or copies of the solicitations and copies of the responses made by the certified M/WBEs. Describe specific reasons that responding certified M/WBEs were not selected.
- Attachment C. Descriptions of the contract documents/plans/specifications made available to certified M/WBEs by the contractor when soliciting their participation and steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from certified M/WBEs.
- Attachment D. Description of the negotiations between the contractor and certified M/WBEs for the purposes of complying with the M/WBE goals of this contract.
- Attachment E. Identify dates of any pre-proposal, pre-award or other meetings attended by consultant.

Attachment F. Other information deemed relevant to the request.

**THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST AND
FINAL PAYMENT
MBE/WBE DOCUMENTATION FOR CONTRACT
PAYMENTS**

Prime Consultant: _____
 Address & Phone Number: _____
 Project Name: _____
 Pay Application Number: _____ Period: _____

The following is a list of payments to be made to minority business sub-consultants on this project for the above-mentioned period.

Minority Firm Name and Address	Minority Category MBE/WBE*	Amount Paid For This Period	Amount Paid To Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Minority Categories: Black, African American (B), Hispanic (H), Asian American (AA), American Indian (AI), Female (WF), Socially and Economically Disadvantaged (SE), and Disabled (D).

Total MBE % for this Period: _____ Total WBE % for this Period: _____

ATTACHMENT- L

RFP RESPONSE CHECKLIST

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1.0 Proposer Response Checklist

ALL FORMS AND REQUIRED INFORMATION BELOW MUST BE COMPLETED AND INCLUDED WHEN YOU SUBMIT YOUR PROPOSAL PACKAGE:

Table 1 Vendor Response Checklist

Item #	Proposal Response Item	Completed and Provided as Instructed	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
1	A. Cover Sheet	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	B. Table of Contents	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	C. Concise Letter of Interest	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	D. Statement of Judgments	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	E. Understanding of Scope of Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	F. Qualifications and Experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	G. Previous Experience of Similar Scope of Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	H. References from Previous Clients	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	I. Start-Up and Transition Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	J. Attachments	YES <input type="checkbox"/>	NO <input type="checkbox"/>

2.0 Proposer Attachments

The Proposer must complete the following table identifying all the other documents that are being attached as part of the RFP response.

Table 2 Vendor Attachment Checklist

Item #	Attachment Name	Attachment Provided?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
1	A. Proposal Submittal Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	B. Bid Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	C. Minimum Insurance Requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	D. E-Verify Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	E. Contractor's Statement of Sales/Use Tax	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	F. Iran Divestment Act Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	G. Companies Boycotting Israel Divestment Act Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	H. Certificate Regarding Conflict of Interest	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	I. Non - Collusion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	J. WWBE Forms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11	K. Davis – Bacon Rate Forms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12	L. RFP Response Checklist	YES <input type="checkbox"/>	NO <input type="checkbox"/>