

# PROPOSAL DOCUMENTS

## LABORATORY TESTING

**PROPOSALS DUE:**

**October 2, 2025**

**11:00 AM**

***Prepared by:***

*Mohawk Valley Water Authority*

*Water Quality Department*

*1 Kennedy Plaza, Third Floor*

*Utica, New York 13502*

*Tel: (315) 792-0319 \* Fax: (315) 792-5201*



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### **ATTACHMENTS**

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- ATTACHMENT C – SERVICE-DISABLED VETERAN-OWNED BUSINESS PROGRAM (SDVOB)



**MOHAWK VALLEY WATER AUTHORITY  
1 KENNEDY PLAZA  
UTICA, NEW YORK 13502**

**INVITATION TO BID**

Bids for **Laboratory Testing** as detailed in the specifications for the scope of work for the Upper Mohawk Valley Regional Water Board doing business as Mohawk Valley Water Authority shall be received by the Water Quality Department, 1 Kennedy Plaza, Utica, New York 13502, up until and no later than **11:00 a.m. on October 2, 2025**, at which time they shall be publicly opened and read aloud in the Board's Conference Room.

Proposals shall be submitted only on the forms contained herein. For this bid, no bid surety shall be required to submit bids to MVWA. The bidder must submit a bid price for all groups solicited. Bids received without prices listed for each bid group will be disqualified.

No bids or proposals shall be received after 11:00 a.m. on the date set for receipt and bids that do not comply with the requirements set forth for their submittal shall be considered informal.

**Bid documents are available for download at [www.mvwa.us](http://www.mvwa.us).**

Packages containing bids must be sealed, marked, and addressed to the **Mohawk Valley Water Authority, Water Quality Department, Attention: Philip Tangorra, Director of Water Quality, 1 Kennedy Plaza, 3<sup>rd</sup> Floor, City Hall, Utica, New York 13502**. Packages containing bids that are delivered by courier (*i.e., FedEx, UPS, etc.*) **must** be delivered to the Water Authority's Water Quality Department, 3<sup>rd</sup> Floor Office.

The Board reserves the right to waive any informality and to reject any and all bids. Any questions regarding this solicitation should be directed to Philip Tangorra, Director of Water Quality, at (315) 792-0319 or [ptangorra@mvwa.us](mailto:ptangorra@mvwa.us).

## CHECKLIST

IN ORDER TO QUALIFY FOR A SUCCESSFUL PROPOSAL, BIDDER SHALL INCLUDE THE FOLLOWING:

BID FORMS, Pages 11 through 15  
**ALL BLANKS FILLED IN WITH WORDS  
AND FIGURES FOR EACH SECTION BID**

COPY OF CURRENT NYS ELAP SCOPE OF ACCREDITATION

NON-COLLUSIVE AFFIDAVIT, Pages 16 & 17

COMBINED DISCLOSURE, AFFIRMATION, AND  
CERTIFICATION, PAGES 18 & 19

SEXUAL HARASSMENT PREVENTION CERTIFICATION,  
PAGE 20

MBE/WBE UTILIZATION PLAN/WAIVER

SDVOB UTILIZATION PLAN/WAIVER

EXCEPTIONS, IF ANY, LISTED SEPARATELY

***FAILURE TO SUBMIT ANY OF THE ABOVE MAY RESULT IN REJECTION OF YOUR BID.***

# INSTRUCTIONS TO BIDDERS

## 1. TIME AND PLACE

Sealed Proposals for furnishing **LABORATORY TESTING** to the Upper Mohawk Valley Regional Water Board doing business as Mohawk Valley Water Authority (MVWA) shall be received at MVWA Water Quality Department, Attn: Philip Tangorra, 1 Kennedy Plaza, Utica, New York, no later than and until **11:00 A.M. on October 2, 2025**, and such bids shall be opened as soon as practicable after the time set for receipt thereof.

Proposals shall be sealed and addressed to the MVWA and shall bear on the envelope the name and address of the bidder, also a notation as to the title of work to which the bid relates, *i.e.*, **LABORATORY TESTING**.

## 2. PLANS AND SPECIFICATIONS

Proposals, forms, plans and specifications may be obtained by download at [www.mvwa.us](http://www.mvwa.us) or by emailing [rferrucci@mvwa.us](mailto:rferrucci@mvwa.us) at the Mohawk Valley Water Authority.

Plans and specifications are explanatory of each other, but should any discrepancy appear, or misunderstandings arise, the explanation of the Director of Water Quality shall be final and binding.

## 3. AWARD OF BID

The Board reserves the right to reject any bids that are incomplete, conditional, obscure or which contain irregularities of any kind including unbalanced bids, and any or all bids not deemed for the best interest of the MVWA. Award(s) shall be made **to the lowest responsible bidder**.

Bids shall be awarded after proper canvass by the Board. In the case of error in extension or in the total amount of bid, the Water Quality Director shall have the right to use the correct extension, and the correct total based on the unit price in words. In case of conflict between words and corresponding figures, words shall take precedence. In the case of erasure, change or correction of a figure in a unit price, the bid may be rejected. All Blank spaces in a proposal must be filled with prices, either words or figures.

## 4. QUALIFICATIONS

All laboratories performing work for MVWA must be certified for such analyses by NYS ELAP. The successful bidder will have a strong knowledge and understanding of NYS 10CRR Subpart 5-1, the regulatory manual for Public Water Systems. Due to the time-sensitive nature of analytical testing and limited holding times, all potential vendors must operate their primary lab within the borders of New York State. All testing must be completed according to applicable NYS DOH regulations and the Safe Drinking Water Act. Copies of accreditation certificates must be included with the proposal.

## 5. FAMILIARITY WITH PROPOSED WORK

All bidders for work under this contract are required before submitting bids to make all the necessary investigations in order to inform themselves thoroughly as to the character and magnitude of all work involved in the complete execution of this contract and the work involved in the complete execution of this contract and the work specified herein. No pleas of ignorance or conditions that exist or that may hereafter exist or of difficulties that may be encountered in the execution of the work hereunder as a result of failure to make necessary examinations and investigations will be accepted as sufficient cause for any failure or omission on the part of the successful bidder to fulfill this contract or will be accepted as a basis for any claims whatsoever for extra compensation.

## INSTRUCTIONS TO BIDDERS

### 6. **BID SECURITY**

No bid security shall be required as part of this bid.

### 7. **WITHDRAWAL OR MODIFICATION OF BID**

Regardless of whether a bid is awarded, no bidder who submits a proposal shall modify, withdraw, or cancel his bid or any part thereof for forty-five (45) days after the time designated for the receipt of the bids.

### 8. **SUBLETTING**

The contractor shall not assign, transfer, sublet or otherwise dispose of this contract, his right, title, and interest therein, or his power to execute, without the previous written consent of the board.

### 9. **TAXES**

The MVWA is exempt from all taxes. The identification number for this purpose is available upon request.

### 10. **QUESTIONS BEFORE BIDDING**

All questions regarding specifications shall be addressed to [Philip A. Tangorra](mailto:ptangorra@mvwa.us), Director of Water Quality, at [ptangorra@mvwa.us](mailto:ptangorra@mvwa.us). Questions, ambiguities, or contradictions within these specifications shall be clarified only by written addenda.

### 11. **FAILURE TO EXECUTE CONTRACT AND BOND**

If the bidder, whose proposal has been accepted, shall refuse or neglect to execute the contract, or to furnish bond or cash as required, or to secure the compensation required by the Worker's Compensations Law and laws amendatory thereto, or to secure Public Liability Insurance, within seven (7) days after due notice that the contract has been awarded to him, then the bidder shall forfeit the bid and MVWA will select another responsible bidder from those submitted for award.

### 12. **STATEMENT OF BIDDER'S QUALIFICATIONS**

Each bidder, if so requested, shall submit a statement of his qualifications, his experience record in constructing the type of improvements embraced in the project quoted, and his organization and equipment available for the work contemplated. When specifically requested by the board a detailed financial statement shall be furnished.

The Board shall have the right to take such steps as it deems necessary to determine the ability of the bidder to perform his obligations under the contract and the bidder shall furnish the Board all information and data as may be requested for this purpose. The right is reserved to reject any bid where an investigation of the available evidence or information does not satisfy the Board that the bidder is qualified to carry out properly the terms of the contract.

### 13. **QUANTITIES**

The total quantity listed on the Bid Form is approximate and may increase or decrease. Only quantities ordered by the Board shall be delivered and paid for during the contract year.

## INSTRUCTIONS TO BIDDERS

There shall be no payments for extras under this contract, except as indicated in the Specifications under **ADJUSTMENT**.

### 14. **DEVIATIONS FROM SPECIFICATIONS**

Deviations from the specifications shall be listed item by item on a separate sheet and be included with the proposal.

The Board reserves the right to reject any bid listing deviations or exceptions to the specifications which substantially alters the substance of the materials or equipment the Board intends to purchase.

### 15. **INSURANCE**

The Bidder shall furnish the Board a certificate of insurance naming the MOHAWK VALLEY WATER AUTHORITY as the "**ADDITIONAL INSURED**" in the standard amount of **\$2,000,000** general liability and property damage limits of insurance.

The insurance shall remain in effect for the entire length of the contract.

### 16. **ADJUSTMENTS**

No adjustments, such as fuel surcharges, fees for bottles, containers, coolers, preservation materials or other equipment fees, shipping costs, environmental impact fees, sustainability fees, or security deposits will be paid. Only adjustments specifically detailed in the specifications will be allowed.

### 17. **CONTRACTOR REQUIREMENTS AND PROCEDURES FOR BUSINESS PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN**

#### **NEW YORK STATE LAW**

Pursuant to New York State Executive Law Article 15-A, Mohawk Valley Water Authority (MVWA) recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of MVWA contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing, and able to participate in state procurements. Because of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that MVWA establishes goals for maximum feasible participation of New York State Certified minority- and women - owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

# INSTRUCTIONS TO BIDDERS

## BUSINESS PARTICIPATION OPPORTUNITIES FOR MWBES

For purposes of this solicitation, MVWA hereby establishes an overall goal of 30% for MWBE participation, 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that MVWA may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how MVWA will determine a Contractor's "good faith efforts" refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and MVWA may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract ("Bidder") agrees to submit the following documents and information as evidence of compliance with the foregoing:

- A. Bidders are required to submit a MWBE Utilization Plan with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to MVWA.
- B. MVWA will review the submitted MWBE Utilization Plan and advise the Bidder of MVWA acceptance or issue a notice of deficiency within 30 days of receipt.
- C. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the MVWA, 1 Kennedy Plaza, Utica, NY 13502, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by MVWA to be inadequate, MVWA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver in a timely manner may be grounds for disqualification of the bid or proposal.
- D. MVWA may disqualify a Bidder as being non-responsive under the following circumstances:
  - a) If a Bidder fails to submit a MWBE Utilization Plan;
  - b) If a Bidder fails to submit a written remedy to a notice of deficiency;
  - c) If a Bidder fails to submit a request for waiver; or
  - d) If MVWA determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made after Contract Award may be made at any time during the term of the Contract to MVWA but must be made no later than prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report to the MVWA, 1 Kennedy Plaza, Utica 13502 by the 10<sup>th</sup> day following each end of quarter over the term of the



## INSTRUCTIONS TO BIDDERS

Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### BUSINESS PARTICIPATION OPPORTUNITIES FOR SDVOBS

For purposes of this solicitation, MVWA hereby establishes an overall goal of 6.5% for Service-Disabled Veteran-Owned Business Program ("SDVOB") participation. A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that MVWA may withhold payment pending receipt of the required SDVOB documentation. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/Veterans/>.

For guidance on how SDVOB will determine a Contractor's "good faith efforts" refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the SDVOB participation goals set forth in the Contract, such finding constitutes a breach of Contract and MVWA may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to SDVOBs had the Contractor achieved the contractual SDVOB goals; and (2) all sums actually paid to SDVOBs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract ("Bidder") agrees to submit the following documents and information as evidence of compliance with the foregoing:

- E. Bidders are required to submit a SDVOB Utilization Plan with their bid or proposal. Any modifications or changes to the SDVOB Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised SDVOB Utilization Plan and submitted to MVWA.
- F. MVWA will review the submitted SDVOB Utilization Plan and advise the Bidder of MVWA acceptance or issue a notice of deficiency within 30 days of receipt.
- G. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the MVWA, 1 Kennedy Plaza, Utica, NY 13502, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by MVWA to be inadequate, MVWA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver in a timely manner may be grounds for disqualification of the bid or proposal.
- H. MVWA may disqualify a Bidder as being non-responsive under the following circumstances:
  - e) If a Bidder fails to submit a SDVOB Utilization Plan.
  - f) If a Bidder fails to submit a written remedy to a notice of deficiency.
  - g) If a Bidder fails to submit a request for waiver; or
  - h) If MVWA determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any SDVOB identified within its SDVOB Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made after Contract Award may be made at any time during the term of the Contract to MVWA but must be made no later than prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly SDVOB Contractor Compliance & Payment Report to the MVWA, 1 Kennedy Plaza, Utica 13502 by the 10<sup>th</sup> day following each end of quarter over the term of the

## INSTRUCTIONS TO BIDDERS

Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable; to submit with the bid a staffing plan identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the MVWA, a workforce utilization report identifying the workforce utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility, and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**

## BID FORMS

In accordance with the Instructions to Bidders, the undersigned agrees to furnish and deliver the following as required by the Specifications at the following bid price:

<u>ITEM</u>	<u>REQUIRED TESTING</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u> <u>(In Figures)</u>	<u>EXTENSION PRICE</u> <u>(In Figures)</u>
<b>Group A</b>	Synthetic Organic Compounds <a href="#">10NYCRR Part 5, Table 9C</a> , <i>Including 1,4-Dioxane.</i> <i>Excluding Diquat, Dioxin (TCDD),</i> <i>Endothall, Ethylene dibromide,</i> <i>Dibromochloropropane, and</i> <i>Glyphosate</i>	4	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____ DOLLARS _____ CENTS			
	EXTENSION IN WORDS: _____ DOLLARS _____ CENTS			
	Principal Organic Compounds <a href="#">10NYCRR Part 5, Table 9D</a> , <i>including Vinyl Chloride &amp; MTBE</i>	4	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____ DOLLARS _____ CENTS			
	EXTENSION IN WORDS: _____ DOLLARS _____ CENTS			
<b>TOTAL BID GROUP A: \$ _____</b>				
<b>Group B</b>	Trihalomethanes <a href="#">10NYCRR Part 5, Table 9A</a>	48	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____ DOLLARS _____ CENTS			
	EXTENSION IN WORDS: _____ DOLLARS _____ CENTS			
	Haloacetic Acids <a href="#">10NYCRR Part 5, Table 9A</a>	48	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____ DOLLARS _____ CENTS			
	EXTENSION IN WORDS: _____ DOLLARS _____ CENTS			
<b>TOTAL BID GROUP B: \$ _____</b>				

# BID FORMS

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u> <u>(In Figures)</u>	<u>EXTENSION PRICE</u> <u>(In Figures)</u>
<b>Group C</b>	Inorganic Chemicals <a href="#">10NYCRR Part 5, Table 8B</a>	2	\$ _____	\$ _____
	Antimony, Arsenic, Barium, Beryllium, Cadmium, Chromium, Cyanide, Mercury, Nickel, Selenium, Thallium, Fluoride			
	UNIT PRICE IN WORDS: _____		DOLLARS _____	CENTS _____
	EXTENSION IN WORDS: _____		DOLLARS _____	CENTS _____
	Inorganic Chemicals <a href="#">10NYCRR Part 5, Table 8D</a>	2	\$ _____	\$ _____
	Chloride, Iron, Manganese, Silver, Sodium, Sulfate, Zinc, Color, Odor			
<b>Group D</b>	Micro Suitability	2	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____		DOLLARS _____	CENTS _____
	EXTENSION IN WORDS: _____		DOLLARS _____	CENTS _____
	Metals (Cd, Cr, Cu, Ni, Pb, Zn)	2	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____		DOLLARS _____	CENTS _____
	EXTENSION IN WORDS: _____		DOLLARS _____	CENTS _____
<b>TOTAL BID GROUP C: \$ _____</b>				
<b>Group E</b>	Lead	20	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____		DOLLARS _____	CENTS _____
	EXTENSION IN WORDS: _____		DOLLARS _____	CENTS _____
	Copper	20	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____		DOLLARS _____	CENTS _____
	EXTENSION IN WORDS: _____		DOLLARS _____	CENTS _____
<b>TOTAL BID GROUP E: \$ _____</b>				
<b>Group F</b>	Nitrate & Nitrite (48-hour holding time)	10	\$ _____	\$ _____
	UNIT PRICE IN WORDS: _____		DOLLARS _____	CENTS _____
	EXTENSION IN WORDS: _____		DOLLARS _____	CENTS _____
	<b>TOTAL BID GROUP F: \$ _____</b>			

## BID FORMS

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u> <u>(In Figures)</u>	<u>EXTENSION PRICE</u> <u>(In Figures)</u>
<b>Group G</b> <b>Perfluorinated compounds</b>	PFOS/PFOA - EPA Method 533	2	\$ _____	\$ _____
UNIT PRICE IN WORDS: _____ DOLLARS ____ CENTS				
EXTENSION IN WORDS: _____ DOLLARS ____ CENTS				
<b>TOTAL BID GROUP G: \$ _____</b>				

### TOTAL BID

GROUP	TOTAL GROUP BID
<b>A</b>	\$ _____
<b>B</b>	\$ _____
<b>C</b>	\$ _____
<b>D</b>	\$ _____
<b>E</b>	\$ _____
<b>F</b>	\$ _____
<b>G</b>	\$ _____
<b>TOTAL BID (SUM A...G)</b>	\$ _____
<b>TOTAL BID IN WORDS:</b> _____ DOLLARS ____ CENTS	

**SIGNED:**

\_\_\_\_\_  
*Signature and Title*

**(Seal)** *(If bid is by a Corporation)*

\_\_\_\_\_  
*Date*

## BID FORMS

Bidder acknowledges receipt of the following addenda:

Addendum No. 1 \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. 2 \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. 3 \_\_\_\_\_ Dated \_\_\_\_\_

The above prices include all labor, materials, equipment, overhead, profit, insurance, and incidental cost required to cover the finished work called for in this contract.

Bidder understands that the MOHAWK VALLEY WATER AUTHORITY reserves the right to reject any and all bids.

### SUBMITTED BY:

\_\_\_\_\_  
*Signature and Title*

**(Seal)** *(If bid is by a corporation)*

\_\_\_\_\_  
*Business Address*

\_\_\_\_\_  
*Phone*

**BID FORMS**

**Please complete information requested below:**

P.O. BOX: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY and STATE: \_\_\_\_\_

TELEPHONE/FAX #: \_\_\_\_\_

POC: \_\_\_\_\_

**If a CORPORATION:**

Name	Address
_____, President	_____
_____, Secretary	_____
_____, Treasurer	_____

**If a FIRM:**

_____	_____
_____	_____
_____	_____

## **NON-COLLUSIVE BIDDING CERTIFICATE**

***(Required by Section 2878 of the Public Authorities Law)***

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Statement of non-collusion in bids and proposals to political subdivision of the state and fire district.

1. Every bid or proposal hereinafter made to a political subdivision of the state or any public department, agency or official thereof where competitive bidding is required by statute, rule, regulation or local law, for work or services performed or to be performed or goods sold or to be sold, shall contain the following statement subscribed by the bidder and affirmed by such bidder as true under the penalties of perjury: Non-Collusive Bidding Certification.
  - (a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief.
    - (1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restriction competition, as to any matter relating to such prices with any other bidder or with any competitor;
    - (2) Unless otherwise required by law, the prices, which have been quoted in this bid, have not been knowingly disclosed by the bidder and will not be knowingly disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor;
    - (3) No attempt has been made or will be made by the bidder to induce any person, partnership, or corporation to submit or not to submit a bid for the purpose of restricting competition.
  - (b) A bid shall not be considered for award nor shall any award be made where (a) (1), (2) and (3) above have not been complied with: provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a) (1) (2) (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of sub-paragraph one (a).



**NON-COLLUSIVE BIDDING CERTIFICATE**

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***(Required by Section 2878 of the Public Authorities Law)***

1. Any bid hereinafter made to any political subdivision of the state, or any public department, agency or official thereof by a corporate bidder for work or services performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the certification referred to in subdivision one of this section shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certification as to non-collusion as the act and deed of the corporation.

---

*Date*

---

*Legal Name of Person, Firm or Corporation*

---

*Signature*

---

*Title*

## COMBINED DISCLOSURE, AFFIRMATION AND CERTIFICATION PURSUANT TO STATE FINANCE LAW

Name of Bidder (Individual or Entity) Submitting Bid:

---

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

---

Name and Title of Person Submitting Bid:

---

Bid Number: \_\_\_\_\_ Date: \_\_\_\_\_

### DISCLOSURE PURSUANT TO STATE FINANCE LAW SECTION 139-k(2)

1. Has any government entity made a finding of non-responsibility regarding the individual or entity seeking to enter into this procurement contract in the previous four years?

(Please Circle)

No

Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law Section 139-j? (Please Circle)

No

Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a government entity?

(Please Circle)

No

Yes

4. If you answered yes to any of the above questions, please provide details regarding the findings of non-responsibility below:

Government Entity: \_\_\_\_\_

Date of Finding(s) of Non-Responsibility: \_\_\_\_\_

Basis of Non-Responsibility: \_\_\_\_\_

---

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*(Use additional pages if necessary)*

5. Has any government entity or other government agency terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provisions of false or incomplete information?

(Please Circle)

No

Yes

6. If yes, please provide details below:

Government Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Use additional pages if necessary)*

**AFFIRMATION PER STATE FINANCE LAW 139-j(6)(b)**

Bidder affirms that it understands and agrees to comply with MVWA's policies relating to permissible contacts during MVWA's procurement pursuant to State Finance Law 139-j(6)(b).

**CERTIFICATION PER STATE FINANCE LAW 139-k(5)**

Bidder certifies that all information provided to the Mohawk Valley Water Authority with respect to State Finance Law 139-k(5) is complete, true, and accurate.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

## SEXUAL HARASSMENT PREVENTION CERTIFICATION

By Submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of that person's knowledge and belief:

1. In accordance with State Finance Law 139-L, bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace;
2. Bidder provides annual sexual harassment prevention training to all of its employees;
3. Bidders sexual harassment policy, at a minimum, meets the requirements of section 201-G of the State Labor Law.

I hereby affirm under penalties of perjury that the foregoing statement is true.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_  
(Please type or print name)

Title: \_\_\_\_\_

Any bid made by a corporate bidder for work or services shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bids and the inclusion therein of this certificate.

## SPECIFICATIONS

### 1. **SCOPE OF WORK**

The scope of work under this contract is to perform laboratory testing for the MOHAWK VALLEY WATER AUTHORITY.

Testing and estimated quantities that shall be performed under this proposal by one or more vendors are:

GROUP	CLASSIFICATION	TESTING REQUIRED	QTY	FREQUENCY/TIMING
<b>GROUP A</b>				
	Synthetic Organic Compounds	<a href="#">10NYCRR Part 5, Table 9C</a> , Including 1,4-Dioxane; Excluding Diquat, Dioxin (TCDD), Endothall, Ethylene dibromide, Dibromochloropropane, and Glyphosate	4	Various
	Principal Organic Compounds	<a href="#">NYCRR Part 5, Table 9D, + Vinyl Chloride and MTBE</a>	4	Various
<b>GROUP B</b>	Trihalomethanes	<a href="#">10NYCRR Part 5, Table 9A</a>	48	8 samples/Q (Feb, May, Aug, Nov); Various others
	Haloacetic Acids	<a href="#">10NYCRR Part 5, Table 9A</a>	48	8 samples/Q (Feb, May, Aug, Nov); Various others
<b>GROUP C</b>				
	Inorganic Chemicals	<a href="#">10NYCRR Part 5, Table 8B</a> (Antimony, Arsenic, Barium, Beryllium, Cadmium, Chromium, Cyanide, Mercury, Nickel, Selenium, Thallium, Fluoride)	2	Various
		<a href="#">10NYCRR Part 5, Table 8D</a> (Chloride, Iron, Manganese, Silver, Sodium, Sulfate, Zinc, Color, Odor)	2	Various
<b>GROUP D</b>	Reagent Water	Micro Suitability	2	January
		Metals (Cd, Cr, Cu, Ni, Pb, Zn)	2	January
<b>GROUP E</b>	Lead & Copper	Lead	20	Various
		Copper	20	Various
<b>GROUP F</b>	Nitrate/Nitrite	Nitrate & Nitrite (48 hour holding time limit)	10	Various
<b>GROUP G</b>	Perfluorinated compounds	PFOS/PFOA - EPA Method 533	2	Various

**\*The unit bid price shall include all labor, materials, shipping (supplies to MVWA and overnight shipping of samples from MVWA to the bidder's facility), equipment, transportation, overhead, profit, insurance, and all incidental costs required to perform the testing.**

All labs should assume a standard turnaround time for all testing. MVWA typically assumes 10-14 days turnaround as standard unless specified otherwise.

2. **CONTRACT PERIOD**

The contract period is from January 1, 2026, through December 31, 2026. MVWA reserves the right to modify quantities of, or cancel in its entirety, the resulting contract by providing the supplier thirty (30) days prior notice. MVWA, upon mutual consent of both parties, may extend this contract for up to one (1) additional year.

3. **DELIVERIES**

Shipping containers, bottles, coolers, *etc.* for sample collections will be shipped from the MVWA Water Quality Laboratory, 1 Kennedy Plaza, Utica, NY 13502. All samples will be shipped from the same address. All coolers must be returned promptly to MVWA.

4. **AWARD**

Awards will be made based on Total Price for the entire bid package. Laboratories must provide bid prices for each Bid Group.

# ATTACHMENTS



# M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form **MUST** be submitted with any bid, proposal, or proposed negotiated contract prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS-certified Minority and Women-owned Business Enterprise (M/WBE), including the offeror if a NYS-certified MWBE, and estimated (or actual if known) annual dollar value under the contract and reflect the MWBE participation goals specified in the contract or procurement document.

Will there be M/WBE participation for services provided under this contract? ☐ YES (Complete the form.) ☐ NO (If No, please complete Request for Waiver.)

Contract Overview			
Offeror/Contractor Name: _____		Telephone: _____	
Address: _____		SFS Vendor ID: _____	
City, State, Zip: _____		Federal ID No: _____	
		Solicitation No: _____	
NYS Certified M/WBE Fill out box below for each NYS Certified M/WBE Contractor or Subcontractor	Classification	Description of Scope of Work (Subcontractors/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DUAL	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations.) Description: _____ <input type="checkbox"/> INDIRECT (Spending in support of company operations.) Description: _____ <input type="checkbox"/> Copy of written agreement attached (Required for teaming.)	\$ _____
Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DUAL	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations.) Description: _____ <input type="checkbox"/> INDIRECT (Spending in support of company operations.) Description: _____ <input type="checkbox"/> Copy of written agreement attached (Required for teaming.)	\$ _____

☐ VENDOR CERTIFICATION: I hereby affirm that the information supplied in this utilization plan is true and correct.

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_





# M/WBE UTILIZATION PLAN

FOR AUTHORIZED USE ONLY	
Utilization Plan Approved: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____
Notice of Deficiency Issued: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____
Notice of Acceptance Issued: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____
Reviewed By:	Date: _____
Comment(s):	



# REQUEST FOR WAIVER

Please see bid specifications for documentation requirements. By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE participation requirements set forth under the contract.

## CONTRACT OVERVIEW

Offeror/Contractor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Federal ID No. \_\_\_\_\_ SFS Vendor ID: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Solicitation/Contract: \_\_\_\_\_  
 Type of Procurement: Competitive Bid ☐ Other ☐ Bid Response Due Date: \_\_\_\_\_ Est. or Actual Cost: \_\_\_\_\_

## WAIVER REQUEST ("X" ALL boxes that apply)

1. ☐ MBE Waiver – A waiver of the MBE Goal for this procurement is requested. ☐ Total ☐ Partial
2. ☐ WBE Waiver – A waiver of the WBE of the WBE Goal for this procurement is requested. ☐ Total ☐ Partial
3. ☐ Waiver – Pending ESD Certification – Check here if subcontractors or suppliers of Contractor are not certified M/WBE but an application has been filled with Empire State Development. Supplier Name: \_\_\_\_\_ Date of Filing: \_\_\_\_\_ Reference submission Instruction on Page 2, Item 1.
4. ☐ Vendor does not subcontract construction/professional services.
5. ☐ Vendor subcontracts some of this type of work but at lower % than bids/solicitation describes.
6. ☐ Vendor has solicited NYS Certified M/WBE firms for purposes in complying with participation goals without success. Reference submission Instruction on Page 2 – 10.
7. ☐ Other:

Provide a summary of your Justification for requesting a waiver:

☐ By checking this box you verify that you went through the NYS ESD M/WBE Directory of Certified firms to view companies that you may be currently using or may use on this bid.

**SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN FINDING OF NON-COMPLIANCE AND/OR TERMINATION OF THE CONTRACT.**

Submit copy via email to: [jmurray@mvwa.us](mailto:jmurray@mvwa.us) or fax to: 315-792-0358. Originals are to be mailed to: Mohawk Valley Water Authority, Attn: Jolie Murray, 1 Kennedy Plaza, Utica, NY 13502



Page 2 of 2

## Instructions for Completing the Monthly SDVOB Compliance Report – SDVOB 101

The SDVOB Monthly Reporting Form is to be completed by the Contractor/Vendor, and submitted **by the 10<sup>th</sup> day of each month for the duration of the Contract.** This form should include **all** (e.g. SDVOB and non SDVOB) Subcontractors and/or Suppliers assigned by the Contractor/Vendor to perform work during the contract. This reporting should also include payments made by your Subcontractors and/or Suppliers to SDVOB firms.

Complete the form as specified below.

Contract No.	Indicate the MVWA Contract No.
Contractor/Vendor Name and Address	Provide your firm's name and address.
Federal ID No.	Enter your firm's Federal ID No.
Goals	Indicate SDVOB participation goals.
Reporting Period	Fill in the month and year of reporting period. One copy must be submitted with final payment application.
Contract Name	Fill in the name of the contract
Firm Name and Address	Provide the name, address and phone number of <b>all</b> Subcontractors/Suppliers assigned by the Contractor/Vendor on this contract or purchase agreement(s).
Federal ID No.	Enter the Subcontractor's/Supplier's Federal ID No. If no Federal ID No. has been assigned, provide only the owner's last four (4) digits of his or her Social Security No.
Payment This Month	Indicate the amount paid <i>this month</i> to each SDVOB Subcontractor/Supplier. If there was no income activity for the Subcontractor/Supplier, please check the box indicating "No Payment This Month."
Contract Amount	Enter the total contract amount or purchase agreement(s) amount for each contract or total monthly sales, which ever applies
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.

Submit to:

**MVWA**

# SDVOB UTILIZATION PLAN

☐ Initial Plan    ☐ Revised plan    Contract/Solicitation # \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		SDVOB Goals In Contract
Bidder/Contractor Name:	NYS Vendor ID:	%
Bidder/Contractor Address (Street, City, State and Zip Code):		
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

***If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.***

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

## FOR MVWA USE ONLY

MVWA Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	SDVOB %/\$ _____	Date Received:	Date Processed:
Comments:			

**NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION:** The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/Veterans/default.asp>

**Note:** All listed Subcontractors/Suppliers will be contacted and verified by MVWA.

# ADDITIONAL SHEET

<b>Bidder/Contractor Name:</b>	<b>Contract/Solicitation #</b> _____		
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<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

  

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

  

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

  

<b>SDVOB Subcontractor/Supplier Name:</b>			
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

## APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL

*(must be submitted before requesting final payment on the Contract)*

### Section 1: Basic Information

Contractor's Name:		Federal Identification Number:	
Street Address:		E-Mail Address:	
City, State, Zip Code:		Telephone: (     )     -	
Contract Number:		SDVOB CONTRACT GOALS	
		%	

### Section 2: Type of SDVOB Waiver Requested

<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised SDVOB percentage:	%
Please explain the reason for the waiver request:			

### Section 3: Supporting Documentation

Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application:

- ☐ **Attachment A.** Copies of solicitations to SDVOBs and any responses thereto.
- ☐ **Attachment B.** Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- ☐ **Attachment C.** Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by MVWA with certified SDVOBs whom MVWA determined were capable of fulfilling the SDVOB goals set forth in the contract.
- ☐ **Attachment D.** Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.
- ☐ **Attachment E.** Other information deemed relevant to the request.

### Section 4: Signature and Contact Information

**By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.**

Prepared By: (Signature)	Date:
Name and Title of Preparer (Print or Type)	

For MVWA Use Only	
Reviewed By:	Date:
Decision: <div><input type="checkbox"/> Full SDVOB waiver granted <input type="checkbox"/> Partial SDVOB waiver granted; revised SDVOB goal: _____ % <input type="checkbox"/> SDVOB waiver denied</div>	
Approved By:	Date:
Date Notice of Determination Sent:	
Comments	



**CONTRACTOR'S MONTHLY SDVOB COMPLIANCE REPORT** (DUE ON THE 10<sup>TH</sup> DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE SDVOB GOALS ON THE CONTRACT

Contract No.: \_\_\_\_\_

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Federal ID No.:		SDVOB Goals	Reporting Period				
	Contract Name			Month	Year			
SDVOB Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	SDVOB Payment		Contract Amount				
Federal ID No.:		<input type="checkbox"/> No Payment This Month						
Federal ID No.:		<input type="checkbox"/> No Payment This Month						
Federal ID No.:		<input type="checkbox"/> No Payment This Month						
Federal ID No.:		<input type="checkbox"/> No Payment This Month						
Signature		Print Name and Title		Date				
Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.				For MVWA Use Only				
				Reviewed By:	Date:			