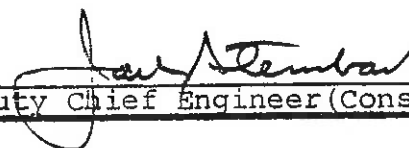


|   |  |  |  |   |  |
|---|--|--|--|---|--|
| TO: Director, Preliminary Plan Review Bureau  |  | PREL. <input type="checkbox"/> FINAL <input type="checkbox"/><br>RECEIVED<br>FACILITIES DESIGN SUBDIVISION<br>AUG 23 1977<br>REVIEW BUREAU |  | <b>ENGINEERING INSTRUCTION</b><br>NEW YORK STATE DEPARTMENT OF TRANSPORTATION                               |  |
| CIRC. <input type="checkbox"/> FILE <input type="checkbox"/>  |  | DESIGN <input type="checkbox"/>  |  | SUBJECT: SUBMISSION OF O.S.C.C. INFORMATION FORMS PRIOR TO APPROVAL OF SUBCONTRACTORS<br>Subject Code: 7.30 |  |
| Distribution: <input checked="" type="checkbox"/> Main Office <input checked="" type="checkbox"/> Regions <input type="checkbox"/> Special      |  |  |  | Code: <u>EI 77-35</u>   |  |
| APPROVED: <br>Deputy Chief Engineer (Construction Subdivision) |  |  |  | Date: <u>8/15/77</u>  |  |
|   |  |  |  | Supersedes:   |  |

The Division of Human Rights has issued, pursuant to the Governor's Executive Order #45, Bulletin No. 1, Procedures for Construction Contracts, dated July 8, 1977, to be issued and followed by all State Agencies in connection with State and State-assisted construction contracts.

These requirements will be included in all contracts, beginning with our August 25, 1977, letting. The provisions which relate to the submission and processing of O.S.C.C. Information Forms by bidders and furnishing the Office of State Contract Compliance with various types of information will be handled by Main Office personnel.

The only change in current Regional procedures will be to require all proposed subcontractors, involving work in excess of \$10,000 on contracts let on or after August 25, 1977, to complete O.S.C.C. Information Forms, copies attached, pursuant to the following steps:

1. The prime contractor shall require his proposed subcontractor to complete the attached 3-sheet form. Sufficient copies should be made for project and regional files.
2. The prime contractor shall forward copies of the O.S.C.C. Form along with his request for approval for each subcontractor.
3. The Region, in addition to other requirements including evaluating the capability of the proposed subcontractor and whether adequate affirmative action has been taken to provide equal opportunity to minority business firms, shall review the Form for completeness and for adequate percentages of estimated minority and female work hours and workers.
4. The Region shall forward an approved copy to:
 

Assistant Commissioner James McNamara  
 Division of Human Rights  
 Office of State Contract Compliance  
 2 World Trade Center, New York, NY 10047
5. If no response is received from the O.S.C.C. within 5 days of the date of submission of the O.S.C.C. Information Form, approval by OSCC may be assumed.
6. A supply of O.S.C.C. Information Forms will be forwarded to each Region in the near future. In the meantime, it will be necessary to make copies of the attached forms.

"ATTACHMENT B"

OFFICE OF STATE CONTRACT COMPLIANCE INFORMATION FORM

To be completed for Sub-Contracts in excess of \$10,000

1. Contracting Agency: NEW YORK STATE, DEPARTMENT OF TRANSPORTATION
2. Sub-Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Prime Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name of official in the Sub-Contractor's Company  
in charge of Equal Opportunity: \_\_\_\_\_
5. Dollar Value of proposed Sub-Contract: \_\_\_\_\_
6. Contracting Agency's contract number: \_\_\_\_\_
7. Description of Project: \_\_\_\_\_

8. Site Address: \_\_\_\_\_
9. List all other construction projects in the State of New York for which the Sub-Contractor is now a prime contractor or subcontractor, including contracts awarded but not commenced. For each job, give the name of the project, address, dollar value, current percentage of completion, contracting agency or owner, sector (public or private), and where applicable, the contracting agency's project number.

Name: \_\_\_\_\_ Project No. \_\_\_\_\_

Address: \_\_\_\_\_ Agency/Co. \_\_\_\_\_

Dollar Value \_\_\_\_\_ % Complete \_\_\_\_\_ Sector \_\_\_\_\_

Name: \_\_\_\_\_ Project No. \_\_\_\_\_

Address: \_\_\_\_\_ Agency/Co. \_\_\_\_\_

Dollar Value \_\_\_\_\_ % Complete \_\_\_\_\_ Sector \_\_\_\_\_

Name: \_\_\_\_\_ Project No. \_\_\_\_\_

Address: \_\_\_\_\_ Agency/Co. \_\_\_\_\_

Dollar Value \_\_\_\_\_ % Complete \_\_\_\_\_ Sector \_\_\_\_\_

WORKFORCE UTILIZATION TABLE

|   |                      | Total #<br>Workers Currently<br>Employed in Ongoing<br>NYS Projects | Projections for this Contract      |                     |                    |  |                                    |
|---|----------------------|---|------------------------------------|---------------------|--------------------|--|------------------------------------|
|   |                      |   | Column 1                           | Column 2            | Column 3           | Column 4                                   | Column 5                           |
| TRADE                                       | Classifi-<br>cations | Total #<br>Workers  | Total #<br>Minorities<br>& Females | Total Work<br>Hours | Total #<br>Workers | Total Minor-<br>ity & Female<br>Work Hours | Total Mi-<br>nority & F<br>Workers |
|   | J                    |   |                                    |                     |                    |  |                                    |
|   | A                    |   |                                    |                     |                    |  |                                    |
|   | Trn                  |   |                                    |                     |                    |  |                                    |
|   | Tot                  |   |                                    |                     |                    |  |                                    |
|   | J                    |   |                                    |                     |                    |  |                                    |
|   | A                    |   |                                    |                     |                    |  |                                    |
|   | Trn                  |   |                                    |                     |                    |  |                                    |
|   | Tot                  |   |                                    |                     |                    |  |                                    |
|   | J                    |   |                                    |                     |                    |  |                                    |
|   | A                    |   |                                    |                     |                    |  |                                    |
|   | Trn                  |   |                                    |                     |                    |  |                                    |
|   | Tot                  |   |                                    |                     |                    |  |                                    |
| Supervisory<br>(above work-<br>ing foremen) | J                    |   |                                    |                     |                    |  |                                    |
|   | A                    |   |                                    |                     |                    |  |                                    |
|   | Trn                  |   |                                    |                     |                    |  |                                    |
|   | Tot                  |   |                                    |                     |                    |  |                                    |
| Office &<br>Clerical                        | J                    |   |                                    |                     |                    |  |                                    |
|   | A                    |   |                                    |                     |                    |  |                                    |

The figures in Columns 5 and 6 represent the results I anticipate to be achieved by the affirmative action program which I hereby agree to undertake in accordance with Section 3.1 of Executive Order 45, I commit my company's good faith efforts in this regard.

The information submitted herein is true and complete to the best of my knowledge and belief. (A willfully false statement is punishable by law, New York Penal Law, Section 210.45.)

\_\_\_\_\_  
Company Name

(by) \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

10. Indicate below the unions or other employee organizations from which the Sub-Contractor's company anticipates obtaining workers in any building and construction trade. For each union or other employee organization, include the name and number of the local and the trade or trades that you will be requesting.

Local Name: \_\_\_\_\_ # \_\_\_\_\_ Trade: \_\_\_\_\_

Local Name: \_\_\_\_\_ # \_\_\_\_\_ Trade: \_\_\_\_\_

Local Name: \_\_\_\_\_ # \_\_\_\_\_ Trade: \_\_\_\_\_

Local Name: \_\_\_\_\_ # \_\_\_\_\_ Trade: \_\_\_\_\_

Local Name: \_\_\_\_\_ # \_\_\_\_\_ Trade: \_\_\_\_\_

Local Name: \_\_\_\_\_ # \_\_\_\_\_ Trade: \_\_\_\_\_

11. Enter workforce utilization data on the table provided. Under Trade, give appropriate Trade Code (see below). In Column 1, list total number of workers in the Sub-Contractor's company by trade and classification. In Column 2, list the total number of minority and female workers in the Sub-Contractor's company. Columns 3 and 4 should contain the projected work hours and projected number of workers by trade and classification for this contract only. Use Columns 5 and 6 to indicate your total hours by trade and classification, respectively, that the Sub-Contractor anticipates will be utilized.

Include working foremen as journeymen in their trade. Regard non-working foremen as supervisory personnel.

Abbreviations used are as follows: J-Journeymen; A-Apprentices; Trn-Trainees; Tot-Total.

TRADE CODES

|   |                                     |
|---|-------------------------------------|
| BR - Bricklayers (Brickmasons)                              | PD - Pile Drivers                   |
| CA - Carpenters (except Dockbuilders)                       | PF - Pipefitters                    |
| EW - Electrical Workers (Electricians)                      | TE - Teamsters (Truck Drivers)      |
| IWS- Structural Ironworkers                                 | TEC- Teamsters (Ready-Mix Concrete) |
| LA - Laborers   | RG - Riggers                        |
| LT - Lathers  | ML - Millmen                        |
| GE - Operating Engineers<br>(Hoisting & Portable Engineers) | DO - Dockworkers                    |
| PA - Painters   | DE - Demolition Workers             |
|   | OTHER - (Please Indicate)           |