

REPLACEMENT AND REHABILITATION OF DEEP SEWER MANHOLES

SEKDSMH23

Submitted by:
C.A.C. Industries Inc.
54-08 Vernon Blvd., Long Island City, NY 11101

In association with:
AECOM USA, Inc.



AECOM

March 31, 2025

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NYCDDC

Contracts Section
30-30 Thomson Avenue
Long Island City, NY 11101

Attn: Nikki Qazi, Senior Contract Manager and Kimberly Acham, Contract Manager

Re.: REQUEST FOR QUALIFICATION - SEKDSMH23 - REPLACEMENT AND REHABILITATION OF DEEP SEWER MANHOLES - PIN: 8502025RQ0035Z

Dear Ms. Qazi and Ms. Acham,

C.A.C. Industries, Inc. (C.A.C.) is pleased to submit our response to the Request for Qualifications for the Design-Build Program for the Replacement and Rehabilitation of Deep Sewer Manholes (project) to the New York City Department of Design and Construction (NYCDDC). As a trusted and experienced contractor for NYCDDC, we are committed to delivering an exceptional infrastructure project with a focus on safety, quality, and community impact. C.A.C., as Proposer and Prime Contractor, is supported by **AECOM USA, Inc.** (AECOM), as the Lead Design Firm. The C.A.C.-AECOM Design-Build Team will also include additional subconsultants and subcontractors skilled and experienced in their respective scopes of work. Currently, we have engaged **Vortex Companies** (Vortex) as our Lining Design and Installation subcontractor, **AVILA Consulting, Inc.** (Avila) for Scheduling, and **Ivy Engineering PLLC** (Ivy) for Quality Management – both certified WBE firms with extensive experience on NYCDDC infrastructure projects.

Our Design-Build Team brings the following unique value propositions to successfully deliver this Project:

- C.A.C. has completed over \$1.25 billion in infrastructure work for NYCDDC over the past 30+ years, with a strong emphasis on deep utility and sewer work. This longstanding relationship demonstrates our ability to consistently deliver complex projects under NYCDDC oversight, including recent successes such as the Green Infrastructure Program and Starlight Park.
- C.A.C. is one of only a few contractors in New York City approved by Con Edison to perform work on electric, gas, and steam systems. This unique status reflects our deep utility expertise, safety record, and proven coordination with utility agencies – critical advantages for a project of this complexity.
- Vortex Companies offers advanced tunnel lining solutions using geopolymer and epoxy systems, which provide faster installation, greater corrosion resistance, and more flexibility than traditional fiberglass liners. Their global track record and ability to simplify complex rehabilitation efforts will bring critical value to this project.
- AECOM brings over 100 years of experience, including 90+ years in the New York metro area, with extensive design-build and deep infrastructure work for NYCDDC and similar agencies. AECOM and Vortex successfully partnered on a 29-foot-deep manhole rehabilitation project in Lakewood, Ohio – an ideal reference point for the technical demands of this project.
- As a team, we are committed to developing even more innovative solutions tailored to this project's constraints. C.A.C.'s trench shoring and dewatering system shortened the construction schedule by 20% on a congested NYCDEP sewer upgrade project, while AECOM's use of digital modeling, scheduling tools, and stakeholder platforms drives smarter, more responsive project delivery. By partnering with Vortex – an industry leader with global success in trenchless rehabilitation and *deep tunnel lining using geopolymer and epoxy technologies* – we offer NYCDDC a forward-thinking team capable of delivering cost-effective, efficient, and technically superior solutions unmatched by conventional approaches.

We look forward to the opportunity to collaborate with DDC on this transformative project. Please do not hesitate to contact us if any additional information is needed.

Sincerely,



Michael A. Capasso
NYCDDC Authorized Representative
President, C.A.C. Industries, Inc.
Phone: (718) 729-1900
Email: mcapasso@cacindinc.com

Designated Contacts for Correspondence:
Oswald Calderon: omc@cacindinc.com
Byron Lopez: blopez@cacindinc.com

Subcontractor Contact Information:
Email: estimating@cacindinc.com
Phone: (718) 729-1900





FUNDAMENTAL QUALIFICATIONS

SOQ CHECKLIST

4. PART B-4: SOQ CHECKLIST AND PAGE COUNT

Provide the following items in the order and format described below. Specific requirements are set forth in Part B-2 of this Exhibit B.

“One page” refers to one side of an 8.5” x 11” sheet.

A. Document 1: SOQ

Contents	Page Limit
<input checked="" type="checkbox"/> Cover Page	1 page
<input checked="" type="checkbox"/> Table of Contents	1 page
<input checked="" type="checkbox"/> Cover Letter	1 page
<input checked="" type="checkbox"/> Fundamental Qualifications (Tab 1)	
<input checked="" type="checkbox"/> SOQ Checklist (this form)	2 pages
<input checked="" type="checkbox"/> Equal Opportunity Employer Statement	1 page
<input checked="" type="checkbox"/> Construction Employment Report Compliance Statement (Refer to Exhibit E)	1 page
<input checked="" type="checkbox"/> Iran Divestment Act Form (Exhibit E)	1 page
<input checked="" type="checkbox"/> Letter of Commitment from Surety	1 page
<input checked="" type="checkbox"/> Safety Questionnaire (Exhibit E)	1 page
<input checked="" type="checkbox"/> Financial Questionnaire (Exhibit E)	5 pages
<input checked="" type="checkbox"/> Conflicts of Interest	1 page
<input checked="" type="checkbox"/> Acknowledgement of Addenda Form (Exhibit E)	1 page
<input checked="" type="checkbox"/> Legal Structure	1 page
<input checked="" type="checkbox"/> Teaming Agreement	No limit
<input checked="" type="checkbox"/> DB Team Qualifications Form (Exhibit E)	No limit
<input checked="" type="checkbox"/> Project Experience and Past Performance (Tab 2)	
<input checked="" type="checkbox"/> Project Experience Overview	1 page
<input checked="" type="checkbox"/> Reference Project Information Form (Exhibit E)	1 page
<input checked="" type="checkbox"/> Reference Project Description and Drawings/Images	2 pages/project
<input checked="" type="checkbox"/> Reference Project Owner Evaluations (Optional)	No limit
<input checked="" type="checkbox"/> Key Personnel and Team Organization (Tab 3)	
<input checked="" type="checkbox"/> Team Introduction and Organizational Chart	1 page
<input checked="" type="checkbox"/> Project Team Summary Form (Exhibit E)	2 pages
<input checked="" type="checkbox"/> Resume Template (Exhibit E)	3 pages /person
<input checked="" type="checkbox"/> Key Personnel Commit Form (Exhibit E)	1 Page
<input checked="" type="checkbox"/> Project Understanding and Approach (Tab 4)	NTE 7 pages

- | | | |
|-------------------------------------|---|----------|
| <input checked="" type="checkbox"/> | Team Approach and Organization | |
| <input checked="" type="checkbox"/> | Design Approach and Philosophy | |
| <input checked="" type="checkbox"/> | Project Management Approach | |
| <input checked="" type="checkbox"/> | Project Understanding | |
| <input checked="" type="checkbox"/> | M/WBE Program Experience and M/WBE Approach (Tab 5) | No limit |
| <input checked="" type="checkbox"/> | M/WBE Program Experience Form (Exhibit E) | |
| <input checked="" type="checkbox"/> | M/WBE Approach | |

B. Document 2: Doing Business Data Form

Contents	Page Limit
<input checked="" type="checkbox"/> Doing Business Data Form (Exhibit E)	2 pages

EQUAL OPPORTUNITY EMPLOYER STATEMENT



CAC
INDUSTRIES, INC.

AECOM



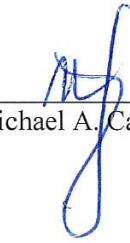
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

It is the policy of **C.A.C. Industries, Inc.** not to discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation or citizenship status. We will take specific action to ensure that applicants are employed and that employees are treated during employment, without regard to their race, creed, color, national origin, sex, age, disability, marital status, sexual orientation or citizenship status. Such action shall include, but not be limited to the following: recruitment, hiring, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off and termination, and all other Terms and Conditions of Employment except as provided by law.

The company encourages individuals who believe they are being discriminated against to firmly and promptly notify the offender that his or her behavior is unwelcome. Additionally, any **C.A.C. Industries, Inc.** employee who has witnessed or experienced any conduct, which he or she believes to be inconsistent with this policy, has a responsibility and an obligation to report that conduct promptly to the Human Resources Manager at 718-729-3600 ext. 228 or 929-229-5075.

All reports of conduct inconsistent with this policy will be promptly investigated. The investigation will be conducted by a designated person and will include interviews of the complainant and the person accused of discrimination. In addition, a designated party, may interview any other person who may have information regarding the alleged discrimination and may conduct such other fact-finding activities as are deemed necessary.

C.A.C. Industries, Inc.



Michael A. Capasso, President



CONSTRUCTION EMPLOYMENT REPORT COMPLIANCE STATEMENT



AECOM

C.A.C. Industries, Inc. affirms its full understanding of and commitment to complying with the Construction Employment Report (CER) requirements as set forth by the New York City Department of Design and Construction (DDC).

We acknowledge that accurate and timely submission of CERs is a contractual obligation and agree to provide all required workforce data, including reporting on-site construction workforce by trade, job category, residency, and demographic details. We will submit these reports monthly via the designated reporting system and ensure our subcontractors also comply.

Additionally, as required by the SOQ, we confirm that our compliance with CER reporting has been updated in the EEO section of our PASSPort Vendor Profile.

Should you need any further information or documentation, please feel free to contact us.



IRAN DIVESTMENT ACT FORM

IRAN DIVESTMENT ACT COMPLIANCE RIDER

FOR NEW YORK CITY CONTRACTORS

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law (“SFL”) §165-a and General Municipal Law (“GML”) §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- (a) The person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- (b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder's certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case by case basis if:

1. The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
2. The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

BIDDER'S CERTIFICATION OF COMPLIANCE WITH IRAN DIVESTMENT ACT

Pursuant to General Municipal Law Section 103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

[Please Check One]

BIDDER'S CERTIFICATION

- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer 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 its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.
- I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-A of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.



SIGNATURE

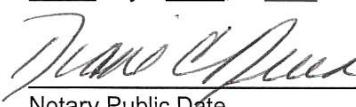
Michael A. Capasso

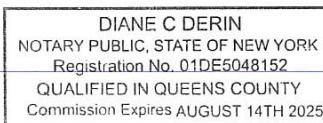
PRINTED NAME

President

TITLE

Sworn to before me this
4th day of MARCH, 20 25



Notary Public Date

LETTER OF COMMITMENT FOR SURETY



CAC
INDUSTRIES, INC.

AECOM

March 4, 2025

New York City Department of Design and Construction
30-30 Thomson Avenue
Long Island City, NY 11101

RE: Principal: C.A.C. Industries, Inc.
Project: SEKDSMH23 – Design Build Services for Replacement of Deep Sewer Manholes

To Whom It May Concern:

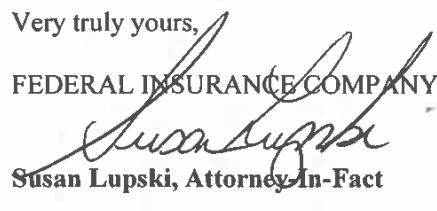
C.A.C. Industries, Inc. is a highly regarded and valued client of **Federal Insurance Company**. We have had the privilege of providing their bonds for over twenty years. Currently **C.A.C. Industries, Inc.** has a single job limit of \$500,000,000.00 and aggregate program of \$1,000,000,000.00.

We would anticipate no difficulty providing surety support to **C.A.C. Industries, Inc.** on all phases of the captioned Design Build project. We are prepared to bond **C.A.C. Industries, Inc.** as the successful awardee for this project, taking into consideration the preliminary project specific budget described in the RFQ.

Naturally, the execution of any final bonds would be subject to a satisfactory review and approval of the final contract terms, including the bond requirements, conditions and financing by our client and ourselves. This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference requested from us by our client. If we can provide any further assistance, please do not hesitate to call upon us.

Federal Insurance Company is listed on the U.S. Department of Treasury's Listing of Certified Companies and has an AM Best rating of A++, Financial Size Category XV.

Very truly yours,


FEDERAL INSURANCE COMPANY

Susan Lupski, Attorney-In-Fact

Alliant Insurance Services Group
333 Earle Ovington Blvd. Ste. 700
Uniondale, NY 11553
(516) 414-8900





Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Katherine Acosta, Thomas Bean, George O. Brewster, Desiree Cardlin, Colette R. Chisholm, Dana Granice, Susan Lupski, Gerard S. Macholz, Camille Maitland, Robert T. Pearson, Karolynne Ramirez, Nelly Renchiwich, Vincent A. Walsh, Michelle Wannamaker and Ian Williams of Uniondale, New York

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 19th day of March, 2024.

Dawn M. Chloros, Assistant Secretary



Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS.

On this 19th day of March, 2024 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies: and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 4th day of March, 2025



Dawn M. Chloros, Assistant Secretary

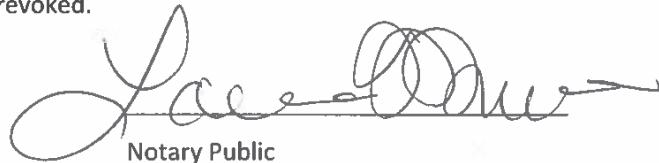
IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT: Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com		
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ACKNOWLEDGEMENT OF SURETY COMPANY

STATE OF NEW YORK

COUNTY OF NASSAU

On this March 4, 2025 before me personally came Susan Lupski to me known, who, being by me duly sworn, did depose and say; that he/she resides in Nassau County, State of New York, that he/she is the Attorney-In-Fact of the Federal Insurance Company the corporation described in which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the Board of Directors of said corporation and say that the Superintendent of Insurance of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to Federal Insurance Company (Surety) his/her certificate of qualification evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such; and that such Certificate has not been revoked.



Notary Public

LAURAJEAN MURTAGH
Notary Public, State of New York
Registration No. 01MU8319758
Qualified in Nassau County
Commission Expires 02/23/2027



FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2023

(in thousands)

ASSETS		LIABILITIES AND SURPLUS TO POLICYHOLDERS	
Cash, Cash Equivalents, and ST Investments	\$ 258,260	Outstanding Losses and Loss Expenses	\$ 9,827,827
United States Government, State and Municipal Bonds	3,248,130	Reinsurance Payable on Losses and Expenses	1,718,382
Other Bonds	7,765,968	Unearned Premiums	2,899,635
Stocks	283,737	Ceded Reinsurance Premiums Payable	344,549
Other Invested Assets	<u>1,763,284</u>	Other Liabilities	<u>516,090</u>
TOTAL INVESTMENTS	<u>13,319,359</u>	TOTAL LIABILITIES	<u>15,304,683</u>
 Investments in Affiliates:			
Great Northern Ins. Co.	433,797	Capital Stock	20,980
Vigilant Ins. Co.	380,846	Paid-In Surplus	2,711,474
Chubb Indemnity Ins. Co.	188,514	Unassigned Funds	<u>2,079,218</u>
Chubb National Ins. Co.	199,440	 SURPLUS TO POLICYHOLDERS	 <u>4,811,672</u>
Other Affiliates	117,668		
Premiums Receivable	2,282,901		
Other Assets	<u>3,215,828</u>		
 TOTAL ADMITTED ASSETS	 <u>\$ 20,116,355</u>	 TOTAL LIABILITIES AND SURPLUS	 <u>\$ 20,116,355</u>

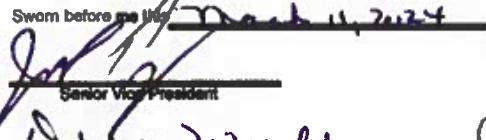
Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2023, investments with a carrying value of \$565,024,973 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31st day of December, 2023.

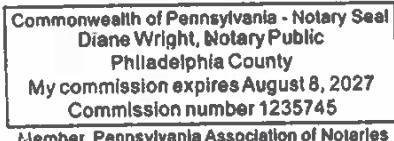
Sworn before me the March 11, 2024



Senior Vice President

Diane Wright
Notary Public

August 8, 2027
My commission expires



SAFETY QUESTIONNAIRE



SAFETY QUESTIONNAIRE

The Bidder must include, with its bid, all information requested on this Safety Questionnaire. Failure to provide a completed and signed Safety Questionnaire at the time of bid opening may result in disqualification of the bid as non-responsive. This Safety Questionnaire will be reviewed as per Section V of the Safety Requirements for Construction Contracts, found in Volume 2 of the Contract.

1. Bidder Information:

Company Name: C.A.C. Industries, Inc.

DDC Project Number: SEKDSMH23

Company Size: Ten (10) employees or less

Greater than ten (10) employees

Company has previously worked for DDC: YES NO

2. Type(s) of Construction Work:

Identify the types of work that the Bidder has performed in the last three years, and the types of work that are part of this Contract.

<u>TYPE OF WORK</u>	LAST 3 YEARS	THIS PROJECT
General Building Construction	<input type="checkbox"/>	<input type="checkbox"/>
Residential Building Construction	<input type="checkbox"/>	<input type="checkbox"/>
Nonresidential Building Construction	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Construction, except building	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Highway and Street Construction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heavy Construction, except highways	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing, Heating, HVAC	<input type="checkbox"/>	<input type="checkbox"/>
Painting and Paper Hanging	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Work	<input type="checkbox"/>	<input type="checkbox"/>
Masonry, Stonework and Plastering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpentry and Floor Work	<input type="checkbox"/>	<input type="checkbox"/>
Roofing, Siding, and Sheet Metal	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Trade Contracting	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Abatement		<input type="checkbox"/>
Other (specify) <u>Heavy Civil, Utility work</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Experience Modification Rate:

The Experience Modification Rate (EMR) is a rating generated by the National Council of Compensation Insurance (NCCI). This rating is used to determine the contractor's premium for worker's compensation insurance. The Bidder / Contractor may obtain its EMR by contacting its insurance broker or the NCCI. If the Bidder cannot obtain its EMR, it must submit a written explanation as to why.

The Bidder must indicate its Intrastate and Interstate EMR for the past three years. [Note: For contractors with less than three years of experience, the EMR will be considered to be 1.00].

YEAR	<u>INTRASTATE RATE</u>	<u>INTERSTATE RATE</u>
2024	0.98	N/A
2023	0.99	N/A
2022	0.71	N/A

If the Intrastate and/or Interstate EMR for any of the past three years is greater than 1.00, the Bidder / Contractor must attach, to this questionnaire, a written explanation for the rating and identify what corrective action was taken to correct the situation resulting in that rating.

4. OSHA Information:

- YES NO Contractor has received a willful violation issued by OSHA or a New York City Department of Buildings (NYCDOB) construction-related violation within the last three years.
- YES NO Contractor has had an incident requiring OSHA notification within 8 hours (all work-related fatalities) or an incident requiring OSHA notification within 24 hours (work-related in-patient hospitalization, amputation and all loss of an eye).

The OSHA Form 300 “Log of Work-Related Injuries and Illnesses” and OSHA Form 300A “Summary of Work-Related Injuries and Illnesses” must be submitted for the last three years for Contractors with more than ten employees.

The Bidder / Contractor must indicate the total number of hours worked by its employees, as reflected in payroll records for the past three (3) years.

The Bidder / Contractor must submit the Incident Rate for Lost Time Injuries (the Incident Rate) for the past three (3) years. The Incident Rate is calculated in accordance with the formula set forth below. For each given year, the total number of incidents is the total number of non-fatal injuries and illnesses reported on the OSHA Form 300 and OSHA Form 300A. The 200,000 hours represents the equivalent of 100 employees working forty hours a week, fifty (50) weeks per year.

$$\text{Incident Rate} = \frac{\text{Total Number of Incidents X } 200,000}{\text{Total Number of Hours Worked by Employees}}$$

YEAR	TOTAL NUMBERS OF HOURS WORKED BY EMPLOYEES	INCIDENT RATE
2024	1,053,697	1.14
2023	138,988	0.23
2022	130,429.50	1.22

If the Bidder's / Contractor's Incident Rate for any of the past three years is one point higher than the Incident Rate for the type of construction it performs (listed below), the Bidder / Contractor must attach, to this questionnaire, a written explanation for the relatively high rate.

General Building Construction	8.5
Residential Building Construction	7.0
Nonresidential Building Construction.....	10.2
Heavy Construction, except building	8.7
Highway and Street Construction	9.7
Heavy Construction, except highways	8.3
Plumbing, Heating, HVAC	11.3
Painting and Paper Hanging.....	6.9
Electrical Work.....	9.5
Masonry, Stonework and Plastering.....	10.5
Carpentry and Floor Work	12.2
Roofing, Siding, and Sheet Metal	10.3
Concrete Work.....	8.6
Specialty Trade Contracting	8.6

5. Safety Performance on Previous DDC Project(s)

YES NO Fatality or an incident requiring OSHA notification within 24 hours (work-related in-patient hospitalization, amputation and all loss of an eye) on DDC Project(s) within the last three (3) years.

DDC Project Number(s): _____, _____, _____

The Bidder hereby affirms that all the information provided in this Safety Questionnaire and all additional pages and/or attachments, if applicable, consist of accurate representations.

Date:

3/4/2025

By:


(Signature of Bidder: Owner, Partner, Corporate Officer)

Title: President

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2024
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name CAC INDUSTRIES INC
City Long Island City State NY

Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work	On job transfer or restriction	Away from work	(M)	Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)						
1	local1010	1/5	monthly/day	Noble Ave Cross By EASY St. Lawrence	Chained from forklift to employee many value straps slipped off to employee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	local731	1/24	monthly/day	EAST NY Annex	Hurt by bucket	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	233	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	local731	2/19	monthly/day	EAST NY Annex	Slipped into uncompact soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	218	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	local731	3/5	monthly/day	77TH & 145ST	Finger Amputation by plate in truck motor vehicle accident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	307	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	local731	3/15	monthly/day	W 145ST & Frederick Douglass	Thrown by FDNY in Backhoe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	local15	10/15	monthly/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Summary of Work-Related Injuries and Illnesses

Year 2024



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
0	5	0	1

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
(K)	(L)
0	725

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(4) Poisonings	(5) All other illnesses
(N)	6	0	0
(2) Skin disorders	0		
(3) Respiratory conditions	0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name CAC INDUSTRIES INC

Street 54-08 Vernon Blvd

City Long Island City State NY ZIP 11101

Industry description (e.g., Manufacture of motor truck trailers)

Water, Sewer, Pipe Construction

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

11023

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 483

Total hours worked by all employees last year 1,053,697

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Antonio Winters-Rigo Risk Analyst
 Company executive 347 715 .0055 Date 1.16.25
 Phone



OSHA's Form 300 (Rev. 04/2004)
***Log of Work-Related
Injuries and Illnesses***

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 23

U.S. Department of Labor
National Safety and Health Administration

Occupational Safety and Health Administration

Please Record

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
 - Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional
 - Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
 - Feel free to use two lines for a single case if you need to.
 - Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

CAC Industries, Inc.

Establishment name

City Long Island City

State NY

Step 1. Identify the person			Step 2. Describe the case			Step 3. Classify the case			Step 4.		Step 5.		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	SELECT ONLY ONE circle based on the most serious outcome:							
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the date needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ► 0 1 0 0 8
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

1	0	0	0	0	0
Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)



Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 23U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	1 (H)	0 (I)	0 (J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
8 (K)	0 (L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information					
Your establishment name	CAC Industries, Inc.				
Street	54-08 Vernon Blvd.				
City	Long Island City	State	NY	Zip	11101
Industry description (e.g., Manufacture of motor truck trailers) Water, Sewer, Pipe Construction					
North American Industrial Classification (NAICS), if known (e.g., 336212) 2 3 7 1 1 0					
Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)					
Annual average number of employees	400				
Total hours worked by all employees last year	865,025.00				
Sign here					
Knowingly falsifying this document may result in a fine.					
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.					
			Vice President		
Company executive		Title			
Phone	718-729-3600	Date	1/5/2024		
Reset					



OSHA's Form 300

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2022 
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:				
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work	On job transfer or restriction	Away from work	(M)	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) All other illnesses
1	XXXXXXXXXX	Operator	1/20 monthly	Muliner Ave/ Bronxdale Ave Bronx Sewer Rop.	Missed step when coming down the paved ladder. Fractured left ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	42 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	XXXXXXXXXX	Laborer	3/7 monthly	East New York Brooklyn	Back injury (Herniated disk)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	19 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	XXXXXXXXXX	Laborer	1/25 monthly	Bronx Gas	Pinched nerve in his vertebra after using jack hammer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	80 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	XXXXXXXXXX	Mechanic	5/20 monthly	JFK	Stuck by steel manifold from sediment tank pump. Fractured right ankle.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	158 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	XXXXXXXXXX	Laborer	9/13 monthly	33rd Ave Queens	Demo saw kicked back and cut his forearm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2022



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	5 (H)	0 (I)	0 (J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
0 (K)	403 (L)

Injury and Illness Types

Total number of...	
(1) Injuries	5
(2) Skin disorders	0
(3) Respiratory conditions	0

(4) Poisonings (5) All other illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____
Street C.A.C. INDUSTRIES, INC.
City 54-08 Vernon Blvd.
State L.I.C., N.Y. 11101
ZIP _____

Industry description (e.g., Manufacture of motor truck trailers)
Water/Sewer, Pipe Construction
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

NAICS 1623
NAICS 237110

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 376

Total hours worked by all employees last year 814,159

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

for Michael Gurevich Safety Mgr.
Company executive
347-408-5136
Phone _____ Date _____



FINANCIAL QUESTIONNAIRE

FINANCIAL QUESTIONNAIRE

Attachments and explanations provided on a separate page, as requested in the questions below shall not be counted against Proposer's page count limit.

Provide the following information about the Proposer:

1. Name of Proposer: C.A.C. INDUSTRIES INC.
2. Date of formation: 08/30/1991
3. State of formation: NEW YORK
4. Number of employees? 472
5. If a corporation, provide the following information for each officer of the corporation.

Position	Name	Years with Co.	% Ownership
CEO	Michael A. Capasso	34	0
President	Michael A. Capasso	34	0
Secretary	Michael A. Capaso	34	0
Treasurer/CFO	Richard E. Gavin	12	0
Other (Title)			

6. If an individual doing business as a sole proprietorship, please complete the following:

Owner	Years as Owner
N/A	

7. If a joint venture, partnership, limited liability company ("LLC"), or other association, provide the following for each member of the joint venture, each partner, each member or manager of the LLC, or other association member. (Attach additional pages if necessary)

Name of Individual or Entity	Principal Contact	Position	Years with Joint Venture/ Partnership/ LLC/Other Association	% Ownership Interest
N/A				

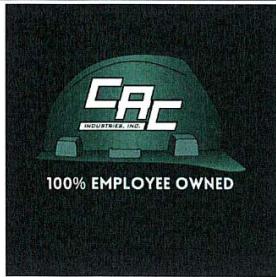
8. Has there been any change in ownership during the last three years?

(NOTE: A corporation whose shares are publicly traded is not required to answer this question with regard to public trades.)

YES

NO

If "yes", please explain on a separate page.



54-08 Vernon Blvd., Long Island City, NY 11101



718.729.3600



718.606.6995



www.cacindinc.com



To whom it may concern:

The Company established an employee stock ownership plan for the benefit of the Company's employees.

On 4/30/2024, 100% of the Company's stock was transferred to the NORTM BHAG Employee Stock Ownership Trust.

The management of the Company did not change as a result of this transaction.

Yours Truly,

Michael A. Capasso
President



100% Employee Owned

Office: 54-08 Vernon Blvd. | LIC, NY 11101

C: 917.887.6481

O: 929.229.5087

mcapasso@cacindinc.com

An Equal Opportunity Employer



9. Is the entity a subsidiary, parent, holding company or affiliate of another firm?
(NOTE: Include information about other firms if one firm owns 50 percent or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.)

YES NO

If "yes", explain on a separate page.

10. State gross revenue for each of the last three years:
2024: \$ 152,731,748 (as of 10/31/24 - Fiscal year is 5/1-4/30)
2023: \$ 235,685,034
2022: \$ 220,606,344

11. Is the entity or any of its affiliates currently the debtor in a bankruptcy case?

YES NO

If "yes," indicate the case number, bankruptcy court, and the date on which the petition was filed.

Case Number	Bankruptcy Court	Date Filed
-------------	------------------	------------

12. Was the entity or any of its affiliates in bankruptcy at any time during the last five years? (This question refers only to a bankruptcy action that was not described in answer to question A-2, above).

YES NO

If "yes," indicate the case number, bankruptcy court, and the date on which the petition was filed.

Case Number	Bankruptcy Court	Date Filed
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13. In the last five years has any insurance carrier, for any form of insurance, refused to renew an insurance policy due to non-payment or contractor losses?

YES NO

If "yes," on a separate page provide the name of the insured, name the insurance carrier, the form of insurance, and the year of the refusal.

14. Please provide the following information from most recent financial statement: AS OF 10/31/24 (6 MONTH

Current Assets:	\$ 131,773,580	STATEMENT)
Current Liabilities:	\$ 56,728,783	
Total Net Worth:	\$ (74,272,115)	
Current Ratio (Assets/Liabilities):	\$ 2.322	
Working Capital (Current Assets - Current Liabilities):	\$ 75,044,797	
Debt to Equity Ratio:	<u>(3.23)</u>	

History of Performance (Past Performance)

15. Has the entity or any of its affiliates ever been terminated for default on a construction contract?

YES NO

If "yes," explain on a separate page.

16. In the last five years has the entity or any of its affiliates, been debarred, disqualified, removed

or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?

YES

NO

If "yes," explain on a separate page. State the name of the organization debarred, the year of the event, the owner of the project, and the basis for the action.

(NOTE: The following two questions (Questions 17 and 18) refer only to disputes between the entity and project owners. Do not include information about disputes with suppliers, other contractors, or subcontractors. Do not include information about "pass-through" disputes in which the actual dispute is between a subcontractor and a project owner)

17. In the past five years has any claim in excess of \$50,000 been filed or made in court or arbitration against the entity or any of its affiliates concerning their work on a construction project?

YES

NO

If "yes," on a separate page identify the claim(s) by providing the project name, date of the claim, name of the claimant, the name of the entity the claim was filed against, a brief description of the nature of the claim, the court and case number, and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).

18. In the past five years has the entity or any of its affiliates made any claim in excess of \$50,000 against a project owner concerning work on a project or payment for a contract and filed or made that claim in court or arbitration?

YES

NO

If "yes," on a separate page identify the claim by providing the name of claimant, the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court and case number, and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).

19. Has the entity or any of its affiliates (or any manager of an affiliate if the affiliate is not a person) ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public entity?

YES

NO

If "yes," explain on a separate page, including identifying who was found liable or guilty, the court and case number, the name of the public entity, the civil or criminal verdict, the date and the basis for the finding.

20. Has there been more than one occasion during the last five years in which the entity or any of its affiliates was required to pay either back wages or penalties for failure to comply with the State's prevailing wage laws?

YES

NO

If "yes," attach a separate page, describing the violator, nature of each violation, name of the project, date of its completion, the public agency for which it was constructed, the number of employees who were initially underpaid and the amount of back wages and penalties that were assessed.

21. During the last five years, has there been an occasion in which the entity or any of its affiliates have been penalized or required to pay back wages for failure to comply with the Federal Davis-Bacon prevailing wage requirements?

YES

NO

If "yes," attach a separate page, describing the violator, nature of each violation, name of the project, date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that were assessed.

CONFLICTS OF INTEREST

CAC
INDUSTRIES, INC.

AECOM

C.A.C. Industries, Inc. has no existence of a conflict of interest or evidence of collusion between any member of a DB Team and other Proposer(s)or member of their DB Team in the preparation of subject SOQ or Proposal for any DDC construction project.



ACKNOWLEDGEMENT OF ADDENDA FORM

ACKNOWLEDGEMENT OF ADDENDA

TITLE OF THE REQUEST FOR QUALIFICATIONS: SEKDSMH23 - Design-Build Program for Deep Sewer Manholes	PIN: 85025I0003
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Instructions: The submitting firm is to complete Part I or Part II of this form **(CHECK ONE)**, whichever is applicable, and sign and date this form. This form serves as the submitter's acknowledgement of the receipt of Addenda to this Request for Qualifications (RFQ) which may have been issued by the Agency prior to the Statement of Qualifications Due Date and Time.

Part I

Listed below are the dates of issue for each Addendum received in connection with this RFQ.

Addendum # 1 dated February 4th, 2025
Addendum # 2 dated February 14th, 2025
Addendum # 3 dated March 3, 2025
Addendum # 4 dated March 11, 2025
Addendum # 5 dated _____
Addendum # 6 dated _____
Addendum # 7 dated _____
Addendum # 8 dated _____
Addendum # 9 dated _____
Addendum #10 dated _____

All addenda must be signed and included behind this attachment.

Part II

No Addenda were received in connection with this RFQ.

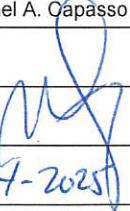
Submitting Firm Name:

C.A.C. Industries, Inc.

Submitting firm's Authorized Representative:

Name: Type text here Michael A. Capasso

Title: President

Signature: 

Date: 3-4-2025

February 4, 2025

ADDENDUM NO. 1

PROJECT: Design-Build Program for Deep Sewer Manholes

THIS ADDENDUM IS ISSUED FOR THE PURPOSE OF AMENDING THE REQUIREMENTS OF THIS REQUEST FOR QUALIFICATIONS AND IS HEREBY MADE A PART OF SAID REQUEST FOR QUALIFICATIONS TO THE SAME EXTENT AS THOUGH IT WERE ORIGINALLY THEREIN.

Request for Qualifications

1. Amendments to the RFQ, provided in the attached documents in redline, have been made affecting the following RFQ and pages:
 - Page 2, Exhibit-B (Procurement Information & Schedule)
 - Page 2, Exhibit-C (Project Information and Requirements)

Contact:

Email: Design_Build@ddc.nyc.gov

Phone: **Please Email for Information**

By signing in the space provided below, the Proposer acknowledges receipt of this Addendum.

THIS ADDENDUM MUST BE SIGNED BY THE SUBMITTING FIRM AND INCLUDED WITH Exhibit E-5 – Acknowledgement of Addenda.

C.A.C. Industries, Inc.

Name of Submitting Firm

By _____

Title **President**

Addendum 1 | RFQ - NYC Design-Build Services (11/30/20)

1. PART B-1: PROCUREMENT INFORMATION & SCHEDULE

A. General Information

DDC's Designated Representative	Nikki Qazi, Senior Contract Manager Kimberly Acham, Contract Manager DDC's Designated Representative identified above is Proposers' single point of contact and source of information for the procurement.
Requests for Information (RFIs)	Proposers may submit RFIs. RFIs will only be accepted in writing delivered to the following email address(es): <u>Design_Build@ddc.nyc.gov</u> Proposers may submit RFIs. RFIs will only be accepted <u>Via Link: https://forms.office.com/g/pxELXVt2c1</u>
Statement of Qualifications (SOQ) Submission Location	SOQs must be submitted no later than the SOQ Due Date. DDC is accepting SOQ submissions as follows: <input checked="" type="checkbox"/> Electronic copies only, as follows: SOQs must be submitted by uploading in PASSPort; please see instructions in the system for the project.
Pre-Submission Conference	A pre-submission conference will be held on the date and time set forth in subsection B (Procurement Schedule & Activities), below. The conference will be held as follows: <input type="checkbox"/> In person at 3030 Thomson Avenue, Long Island City, NY 11101 (Note: entrance on 30 th Place, <i>not</i> Thomson Ave.) Registration is required. To register to attend the conference, please visit: [insert link]. <input checked="" type="checkbox"/> Via video conference: <u>Click here to join the meeting</u> Meeting ID: 248 918 254 32 Passcode: b6Cs7UM7 Dial in by phone <u>+1 646-893-7101,,330499659#</u> United States, New York City <u>Find a local number</u> Phone conference ID: 330 499 659# Join on a video conferencing device Tenant key: <u>cityofnewyork@m.webex.com</u> Video ID: 114 631 893 1 <u>More info</u> Registration is NOT required to attend.
Number of Proposers to be Short-listed	DDC will short-list no more than the following to participate in step II of the procurement (the RFP): 3

1. Summary of Project Information and Requirements

This RFQ is being issued concurrently with the process of development and review of the final scope of work for the Project. Any Work described herein is subject to adjustment as a result of the process.

Nothing contained in this RFQ is intended to modify, limit or otherwise constrain the process or commit the City, or any other entity, to undertake any action with respect to the Project, including selection of a Design-Builder or the design and construction of the Project.

Project Sponsor	Department of Environmental Protection (DEP)
End User	City of New York
Project Summary	This project will construct, replace and rehabilitate existing Deep Sewer Manholes at risk of failure.
Project Location	Brooklyn
Project Goals and Objectives	The recent collapse of a deep sewer manhole in Brooklyn has raised safety concerns to the public and community. Therefore, rehabilitation and replacement are required to prevent further failure. Innovative methods beyond typical coating or guniting shall be considered on a case-by-case basis to enhance performance criteria and lifespan.
Anticipated M/WBE Goals	30% for design work and 30% for construction work. Disaggregated M/WBE breakdown: 10% unspecified, 10% Black, 10% Hispanic
Preliminary Project Budget	The total value of the DB Agreement for the Project is anticipated to be no greater than: Approximately: \$39 Million
Anticipated Project Schedule/ Schedule Constraints	4320 CCDs 1643 CCDs
Project Funding	The Project is funded with: <input checked="" type="checkbox"/> City funds <input type="checkbox"/> State funds, specifically _____ <input type="checkbox"/> Federal funds, specifically _____ To the extent the Project is funded with other than City funds, in whole or in part, the Design-Builder will be required to comply with applicable funding requirements.
Site Description	Various locations within Brooklyn, NY; city streets within active travel lanes and NYC Parks Property.
Community and Neighborhood Context	Community Boards which may be affected depending on locations of work completed are the following: Brooklyn: 6,10, 11, 17

February 14, 2025

ADDENDUM NO. 2

PROJECT: Design-Build Program for Deep Sewer Manholes

THIS ADDENDUM IS ISSUED FOR THE PURPOSE OF AMENDING THE REQUIREMENTS OF THIS REQUEST FOR QUALIFICATIONS AND IS HEREBY MADE A PART OF SAID REQUEST FOR QUALIFICATIONS TO THE SAME EXTENT AS THOUGH IT WERE ORIGINALLY THEREIN.

Request for Qualifications

1. Amendments to the RFQ, provided in the attached documents in redline, have been made affecting the following RFQ and pages:
 - Page 10-12, Exhibit-B (Procurement Information & SOQ Requirements)
 - RFI Responses Batch 1 (#1-#31)

Contact:

Email: Design_Build@ddc.nyc.gov

Phone: [Please Email for Information](#)

By signing in the space provided below, the Proposer acknowledges receipt of this Addendum.

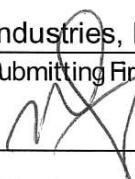
THIS ADDENDUM MUST BE SIGNED BY THE SUBMITTING FIRM AND INCLUDED WITH Exhibit E-5 – Acknowledgement of Addenda.

C.A.C. Industries, Inc.

Name of Submitting Firm

By _____

Title President



Addendum 1 | RFQ - NYC Design-Build Services (11/30/20)