

WELCOME



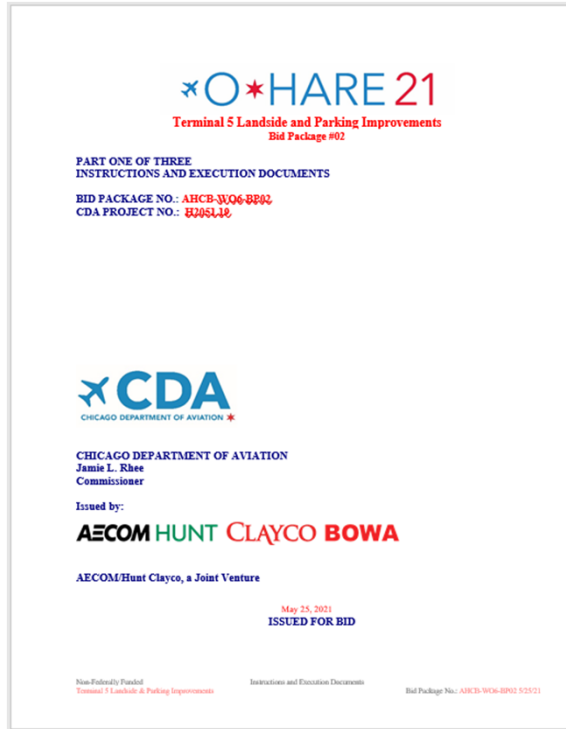
AVIATION LEARNING SERIES DOING WORK ON

*O*HARE 21

SESSION 3
FIRST TIME PRIME CONTRACTOR – SUB TIER MANAGEMENT

AECOM HUNT CLAYCO **BOWA**

AGENDA



Introduction

Pre-Bid

Post-Bid

Construction Execution

Featured Guest

Open Discussion

Survey

Remaining Learning Session

PREQUALIFICATION PROCESS

Email will be sent to Subcontractor with a link to TradeTapp. Complete the prequalification questionnaire, upload the requested documents within TradeTapp, and click “Submit.”

AECOM Hunt Clayco - O’Hare 21 has invited **Test** to qualify through TradeTapp.

Shaily Patel (shaily.patel@ahcjb.com) has invited your company to complete their prequalification questionnaire: "**Primary Qualification**".

[Accept Invitation](#)

Already have a TradeTapp account? [Click here!](#)

REQUIRED SUPPORTING DOCUMENTS

- OSHA 300/300A Logs
- Corporate Safety Manual
- Certificate of Insurance
- Surety Letter
- IRS W-9
- Work-In-Progress (WIP) Schedule
- Bank Reference Letter or “Good Guy” Letter
- Audited Financial Statements



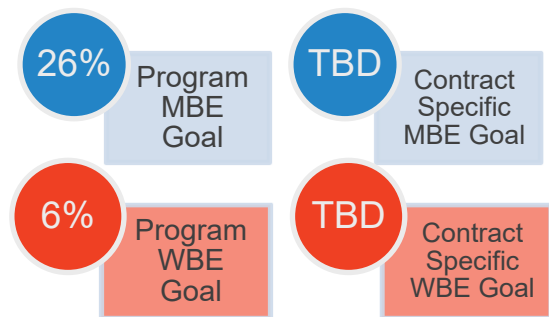
Contact info@ahcjb.com for a TradeTapp user guide

COMPLIANCE – MBE/WBE PARTICIPATION

Firms that are certified as both MBE and WBE may only be listed on a bidder's compliance plan as either a MBE or a WBE to demonstrate compliance with the Contract Specific Goals.

All MBEs and WBEs must be certified with the City of Chicago or Cook County in the area(s) of specialty listed (NAICS).

Only payments made to MBE/WBE firms that meet both the **commercially useful function** and **area of specialty** requirements described above will be counted toward the contract goals.



MBE/WBE CONTRACT COMMITMENTS CAN BE MET BY:

FIRM'S STATUS AS AN MBE/WBE

FORMING A JOINT VENTURE WITH AN MBE/WBE THAT WILL WORK ON THE PROJECT

SUBCONTRACTING A PORTION OF THE WORK TO AN MBE/WBE

PURCHASE OF MATERIALS USED IN THE PERFORMANCE OF THE CONTRACT FROM AN MBE/WBE.

COMPLIANCE – WORKFORCE COMMITMENTS

An Anticipated Workforce Projection form is required as a part of each contractor's initial documentation submission, detailing the categories anticipated to be hired on the project. This information will be utilized to determine where hiring opportunities are available for each contractor.

The Contract requires compliance with Chicago Residency Ordinance, Section 2 92 330 of the Chicago Municipal Code and Part Two City General Conditions and Procedures of the Contract Documents.

**CITY OF CHICAGO
RESIDENCY**

50%

**PROJECT AREA
WORKER REQUIREMENT**

7.5%

NEIGHBORHOODS

**Dunning, Edison Park, Forest Glen, Jefferson Park,
Norwood Park, Portage Park**

PROJECT AREA ZIP CODES

**60068, 60630, 60631, 60634, 60635, 60641,
60646, 60656, 60706, 60707**

COMPLIANCE – SCHEDULE C'S AND D'S

SCHEDULE C: MBE/WBE Letter of Intent to Perform as a Subcontractor to the Contractor

NOTICE: THIS SCHEDULE MUST BE AUTHORIZED AND SIGNED BY THE MBE/WBE SUBCONTRACTOR/FIRM. FAILURE TO COMPLY MAY RESULT IN THE BID BEING REJECTED, DUPLICATED AS NON-RESPONSIVE.

Project Name: _____

From: _____ (Name of MBE/WBE Firm)

To: _____ (Name of Contractor)

The MBE or WBE status of the undersigned is confirmed by the MBE or WBE participation is credited for the use of a MBE or WBE regular dealer?

FOR CONSTRUCTION PROJECTS ONLY

NOTICE: THIS SCHEDULE MUST BE AUTHORIZED AND SIGNED BY THE MBE/WBE SUBCONTRACTOR/FIRM. FAILURE TO COMPLY MAY RESULT IN THE BID BEING REJECTED AS NON-RESPONSIVE.

Project Name: _____ Bid Package No.: _____

From: _____ (Name of MBE/WBE Firm)

To: _____ (Name of Prime Contractor) and the City of Chicago.

The MBE or WBE status of the undersigned is confirmed by the official City of Chicago or Cook County Certification Letter 100% MBE or WBE participation is credited for the use of a MBE or WBE "manufacturer." 60% participation is credited for the use of a MBE or WBE "regular dealer."

The undersigned is prepared to perform the following services in connection with the above named project/contract. If more space is required to fully describe the MBE or WBE proposed scope of work and/or payment schedule, attach additional sheets as necessary. The description must establish that the undersigned is performing a commercially useful function:

Total @ 60% of the undersigned to perform the above described performance is offered for the following price and described terms of payment:

Part Item No./Description	Quantity	Unit Price	Total

NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES ON EACH PAGE.

Of and the undersigned, signature of person who filled out this Schedule C (Date/Time-Please Print) _____

Signature of President/Owner/CEO or Authorized Agent of MBE/WBE (Date/Time-Please Print) _____

FOR CONSTRUCTION PROJECTS ONLY

Total @ 100% of _____

NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES ON EACH PAGE.

Of and the undersigned, signature of person who filled out this Schedule C (Date/Time-Please Print) _____

Signature of President/Owner/CEO or Authorized Agent of MBE/WBE (Date/Time-Please Print) _____

Letter of Intent to Perform as a Subcontractor or Supplier (Schedule C)

SCHEDULE D: Compliance Plan Regarding MBE & WBE Utilization as Contractor

FOR CONSTRUCTION PROJECTS ONLY

MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE WILL CAUSE THE BID TO BE REJECTED, DUPLICATED AS NON-RESPONSIVE.

Project Name: _____

Bid Package No.: _____

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am the _____ and a duly authorized representative of _____

Name of Contractor: _____

and that I have personally reviewed the material and facts set forth in the attached Schedule C's regarding Minority Business Enterprise and Women Business Enterprise (MBE/WBE) to perform as subcontractor, Joint Venture Agreement and Schedule B's or Schedule B's (if applicable). All MBEs and WBEs must be certified with the City of Chicago or Cook County in the areas of specialty lists.

Name of MBE	Type of Work to be Performed as Subcontractor with Schedule C's	Total MBE Participation in dollars	MBE Participation in percentage	Mentor Protégé Program Credit Granted	Total MBE Participation in percentage
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%
		\$	%	%	%

FOR CONSTRUCTION PROJECTS ONLY

Total MBE Participation % _____

Total MBE Participation % (including any Mentor Protégé Program credit) _____

Total WBE Participation % _____

Total WBE Participation % (including any Mentor Protégé Program credit) _____

Total Bid \$ _____

To the best of my knowledge, understanding and belief the facts and representations contained in the aforementioned attached Schedules are true, and no material facts have been omitted.


One or more owners or principals of the Contractor () does () does not have an ownership interest in any MBE or WBE listed in this Schedule D. Provide names of such individuals and their respective ownership percentages, and identify the MBE/WBE firms in which such ownership is held, or indicate "none." Add additional sheets if necessary.

FORM REQUIRED WITH BID SUBMISSION

Compliance Plan Regarding MBE/WBE Utilization (Schedule D)

CONTRACT AND SUBCONTRACT


- Execute JV Subcontract agreement
- Executive Sub Tiers agreements
 - Schedule/Contract milestones
 - Workforce requirements
 - MBE/WBE participation
 - Billing provisions
 - Safety plans



Terminal 5 Landside and Parking Improvements
Bid Package #02

PART ONE OF THREE
INSTRUCTIONS AND EXECUTION DOCUMENTS

BID PACKAGE NO.: ~~AHCB-3VQ6-0002~~
CDA PROJECT NO.: 0206140



CHICAGO DEPARTMENT OF AVIATION
Janis L. Eber
Commissioner

Issued by:
AECOM HUNT CLAYCO BOWA

AECOM Hunt Clayco, a Joint Venture

May 23, 2021
ISSUED FOR BID

Non-Federally Financed
Terminal 5 Landside & Parking Improvements Instructions and Execution Documents Bid Package No.: AHCB

AECOM HUNT CLAYCO Job No. _____
Subcontract No. _____
Bid No. _____

SUBCONTRACT
Subcontractor: **[INSERT NAME OF SUBCONTRACTOR]**
Scope of Subcontract Work: **[INSERT SCOPE]**

SECTION 1	Definitions
SECTION 2	Contract Documents
SECTION 3	The Subcontract Work
SECTION 4	Subcontract Sum
SECTION 5	Payment
SECTION 6	Contract Deliverables
SECTION 7	Bonding of Subcontractor
SECTION 8	Insurance Requirements
SECTION 9	Schedule and Coordination
SECTION 10	Delays and Extensions of Time
SECTION 11	Subcontractor's Project Staff
SECTION 12	Shop Drawings and Other Submissions
SECTION 13	Contingency Work
SECTION 14	Directives
SECTION 15	Freight Charges and Shipments
SECTION 16	Claims
SECTION 17	Contractor Furnished Equipment, Labor or Materials
SECTION 18	Changes to the Subcontract Work
SECTION 19	Risk of Loss and Title
SECTION 20	Mechanic's Lien or Claims
SECTION 21	Subcontractor Claims
SECTION 22	Compliance with Law and Permits
SECTION 23	Labor Relations
SECTION 24	Equal Employment Opportunity and Affirmative Action
SECTION 25	Safety
SECTION 26	Hazards and Other Regulated Substances
SECTION 27	Arbitration Representation and Notice
SECTION 28	Inspection and Defective Work
SECTION 29	Guarantee
SECTION 30	Termination for Cause
SECTION 31	Termination for Convenience
SECTION 32	Damages for Delay
SECTION 33	Indemnification
SECTION 34	Choice of Law and Dispute Resolution
SECTION 35	Miscellaneous Provisions
SECTION 36	Acknowledgment of Review of Subcontract

ATTACHMENT I	AUTHORIZED REPRESENTATIVES
ATTACHMENT II	SUBCONTRACTOR'S SCOPE OF WORK
ATTACHMENT III	CONTRACT DOCUMENTS
ATTACHMENT IV	MODIFICATIONS AND ADDITIONS TO SUBCONTRACT
ATTACHMENT V	INSURANCE REQUIREMENTS
ATTACHMENT VI	BOND REQUIREMENTS
ATTACHMENT VII	STATE TERMS AND CONDITIONS
ATTACHMENT VIII	EQUAL OPPORTUNITY REQUIREMENTS
ATTACHMENT IX	REQUIREMENTS FOR FEDERAL PROJECTS
ATTACHMENT X	DESIGN PROVISIONS
ATTACHMENT XI	BIM REQUIREMENTS

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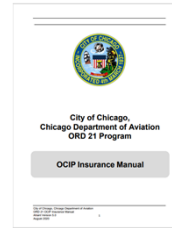
OCIP/BONDING

Insurance Requirements

OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

The OCIP provides the following insurance for all Eligible Subcontractors, regardless of tier, that are approved for participation in the insurance program:

- Commercial General/Excess Liability
- Workers Compensation & Employers Liability
- Builders' Risk
- Contractors Pollution Liability



If eligible, Subcontractor shall enroll in the Owner's Controlled Insurance Program ("OCIP") applicable to the Project upon execution of the Subcontract and maintain enrollment in the OCIP and shall require all of its eligible sub-subcontractors of any tier to enroll in the OCIP.

OCIP Coverages shall not apply to ineligible parties or to Work performed off-site.

Bonding of Subcontractor

SUBCONTRACTOR DEFAULT INSURANCE (SDI)

- SDI is comprehensive insurance maintained by AHCB Joint Venture for the performance default of any subcontractor.
- It replaces the need for subcontractor performance and payment bonds.
- Subcontractors and bidders must be pre-qualified.
- Prequalification includes detailed review of the subcontractor's operations, relevant experience, financial status, and safety record.

SITE SPECIFIC SAFETY PLANS/ PRE-TASK SAFETY ANALYSIS (PTSA) –

SECTION 25 : Safety

- 25.1 Conformance by Subcontractor
- 25.2 Protection of Contractor
- 25.3 Report
- 25.4 Safety Representative
- 25.5 Drug Testing

CDA Construction Safety Manual

AECOM Hunt-Clayco-Bowa Safety, Health and Environmental Program

Required Documents:

- Site Specific Safety Plan
- Toolbox Talks Weekly
- Pre-Task Safety Assessment (PTSA - Daily)
- Job Hazard Analysis (JHA's)
- Daily Reports
- Fall Protection Plan with Rescue Plan
- Silica Control Plan
- Respiratory Protection Plan
- Hazard Communication Program with SDS
- Confined Space Program
- Contact Information for your OSHA Competent Persons
- Copies of other Certifications (i.e., flagger, scaffold user, etc.)

AECOM HUNT-CLAYCO-BOWA DAILY PRE-TASK SAFETY ANALYSIS (PTSA)

Company: _____ Project: _____ Work Location(s): _____ Date: _____

Supervisor Name: _____

LIST ROUTINE TASKS TO BE PERFORMED INCLUDE TOOLS & EQUIPMENT	LIST KEY HAZARDS OF EACH TASK HOW COULD SOMEBODY GET HURT?	LIST CONTROLS TO PREVENT INCIDENTS HOW WILL INJURIES BE PREVENTED?
1.		
2.		
3.		
4.		
5.		

NON-ROUTINE TASKS - Work that is not done on a regular basis. OUT-OF-SEQUENCE WORK - Tasks done out of the normal routine or pattern. It is important to discuss these non-routine or out-of-sequence tasks to make sure those involved are clear on performing those tasks safely. Active site members must have completed this course and be able to identify hazards and type of protective work that will be involved with AECOM Hunt-Clayco-Bowa project. This will be addressed in the PTSA before the work starts.

LIST NON-ROUTINE TASKS TO BE PERFORMED INCLUDE TOOLS & EQUIPMENT	LIST KEY HAZARDS OF EACH TASK HOW COULD SOMEBODY GET HURT?	LIST CONTROLS TO PREVENT INCIDENTS HOW WILL INJURIES BE PREVENTED?
1.		
2.		
3.		
4.		
5.		

CHECK THE BOX IF YOUR CREW IS AT RISK FROM THIS HAZARD	GENERAL HAZARDS	HAZARD CONTROLS
<input type="checkbox"/>	WETNESS Temperature extremes? Sun Exposure? Wind/low? Altitude?	Wetted surfaces (Don't use wet or oily stuff) OSHA/NIOSH Zone 0/Other suitable - Observe tracks Extra work/Arch areas - Appropriate clothing
<input type="checkbox"/>	EYE INJURY Working around flying particles, vapors, dusts, metal chips? Touching anything with particles, vapors, gases and oil?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	HAND/ARM INJURY Working with sharp objects, tools, chemicals? Working around moving parts, pinch points? Use of live potential?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	SLIPS & FALLS Working at 6' or higher? Slippery surfaces? Working off ladders, scaffolds, aerial lifts? Working/working parts?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	DROPPED OBJECTS Work done over top of others - material & tools? Working below others? Suspended loads?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	UTILITIES Contact with live utilities above or below ground (gas, water, electric, data, etc.)	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	CAUGHT IN OR BETWEEN Working between equipment, structures, excavations? Working around moving parts, rotating vehicles, parts?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	SPILL/HAZARDOUS MATERIAL Workers lifting, pulling, pushing loads repeatedly? Work done above shoulder or below knee?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles
<input type="checkbox"/>	VEHICLES & EQUIPMENT Close to other vehicles? Blind spots, road conditions?	OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles OSHA Fall Protection - Eye Protection - Goggles

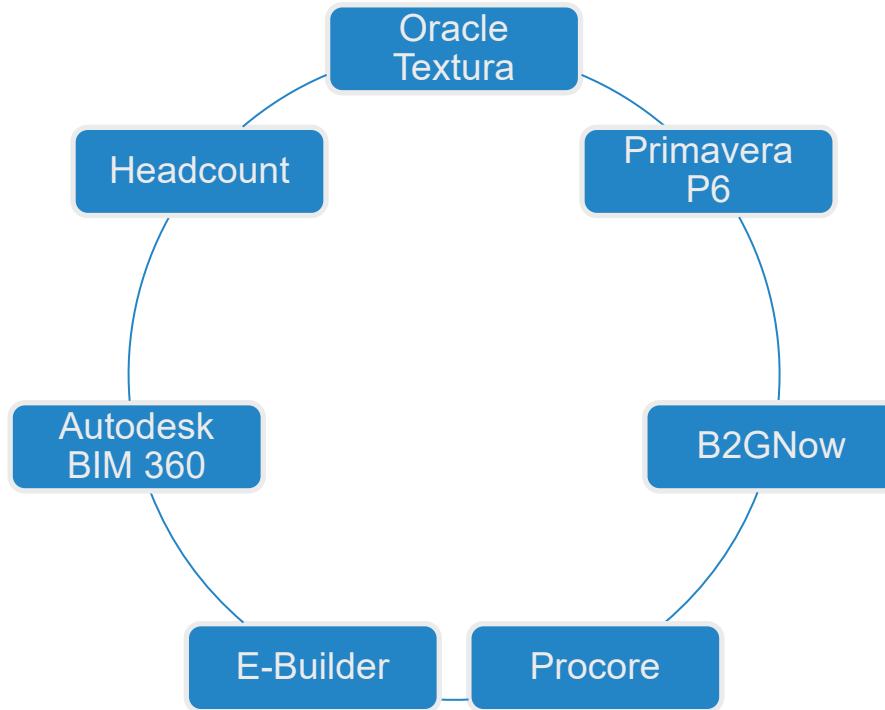


CONSTRUCTION SAFETY MANUAL
REVISED NOVEMBER 2020

1



SYSTEMS AND SOFTWARE



The O'Hare 21 program utilizes the same suite of software for all participants.

Participation / Enrollment in each software system is required.

Training will be provided, as applicable.

BILLING/TEXTURA

INVOICING

Invoices are submitted through Oracle Textura.

The following are required with each invoice:

Sworn Statements	Contractor Payment Certification Form
MBE WBE Status (Utilization) Report	Partial Waivers of Lien and Contractor Affidavits
Certified Payrolls (Submitted via the Headcount)	Weekly/Monthly Payroll Canvass Reports
Ultra Low Sulfur Diesel Forms	Schedule Update

Textura Fee Schedule

Fee shall be included in mobilization costs.

Subcontractor Usage Fees*

Contract Amount	Contract Fee
\$0 - \$1,704,545	0.22%
\$1,704,545 or greater	\$3,750

- Single fee per contract
- Reconciled for change orders
- Transaction between Subcontractor and Oracle
- \$100 flat fee for sub-tiers billing on system

* Plus applicable taxes

CASH FLOW

PAYMENTS

Schedule of Values

- Unit Price
- Lump Sum

Payment cycle can be 60-90 days

Make sure sub-tier contractors fully understand payment terms and schedule



B2GNOW/HEADCOUNT

The logo for B2GNOW features the text 'B2GNOW' in a bold, sans-serif font. The 'B' and '2' are green, 'G' is dark green, 'N' is dark blue, and 'O' is a blue sphere with a white highlight. The 'W' is dark blue.

All contractors are required to utilize the B2GNow payment tracking system to:

- Enter all subcontractor and non-certified subcontractors
- Verify payment(s) received
- Enter tier subcontractors and their payments within three (3) days of receipt of payment from AHCB

All prime contractors and their tier subcontractors are required to utilize the HeadCount system for:

- payroll tracking
- weekly certified payroll reports
- Apprentice documentation

All prime contractors and their tier subcontractors will receive:

- system training
- Contractor Setup Form
- Worker Detail Form(s)
- RFID badge(s)

BADGING

- An identification badge is required when work is in AOA or in other secured areas of the Airport.
- Steps to starting the badging process:
 - 1) Company must register w/office of compliance
 - 2) Nominate company signatory and fill out EIAF
 - 3) Submit company application & endorsement Letter
 - 4) Submit EIAF and letter of intent
 - 5) Signatory gets badge
 - 6) Employees get badged
- <https://badging.flychicago.com/ohare/compliance/Pages/badging-process.aspx>

The image shows the 'Chicago Airport System Fingerprint Application' form. It includes a header with the CDA logo and a list of instructions. The form is partially filled out with handwritten text. At the bottom, it has a date stamp of 03/17/2021.



The image shows the 'City of Chicago Department of Aviation ACCESS CONTROL AND PHOTO ID BADGE APPLICATION' form. It is titled 'Step 1 - Application Information - To be completed by the APPLICANT'. The form is filled out with handwritten information. At the bottom, it has a date stamp of 03/17/2021.

FEATURED GUEST

Adrian Mobley, President
Air & Wellness Safety Training (MBE/WBE)



QUESTIONS/OPEN DISCUSSION



SURVEY



Please complete the Aviation Learning Series survey emailed to all session participants.

FUTURE SESSIONS



To express interest in attending the program, please visit our website at www.ahcjb.com to complete an Aviation Learning Series Workshop form. Email invitations will also be sent.

AECOM HUNT CLAYCO BOWA

THANK YOU FOR YOUR TIME AND PARTICIPATION!

