

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

M. Jodi Rell
Governor

September 8, 2009

Rudy Marconi
First Selectman
Town of Ridgefield
400 Main Street
Ridgefield, CT 06877

PWS Name: Barlow Mtn. & Scotland Elem. Schools
Town: Ridgefield
PWSID: CT1180013
DPH Project #: 2007-0098
DWSRF ID #: 2007 1180013a
Project Name: Water Main Extension for Consolidation

Re: Drinking Water State Revolving Fund (DWSRF)
American Recovery and Reinvestment Act of 2009 (ARRA)
Authorization to Award Construction Contract

Dear First Selectman Marconi:

The Department of Public Health (DPH) has received your request for authorization to award the construction contract above to **Anthony Julian Railroad Construction Company, Inc.** advertised as "North Street Water Main Bid 08-20" in the amount of **\$1,349,400.00**.

After reviewing the materials submitted, we wish to inform you that it appears you have satisfied the applicable Drinking Water State Revolving Fund requirements under Section 22a-482-4(j) of the Regulations of Connecticut State Agencies. Therefore, you may award the contract, subject to the conditions set forth in this letter, including but not limited to the following:

1. Upon approval of the Town, you must submit a signed copy of the bonding resolution for this project, bearing the town's seal. An Interim Funding Obligation (i.e. Loan Agreement) will not be processed and you will not be eligible to receive ARRA funding without this document.
2. Within 24 hours after the contract has been signed, you must submit a completed "FFY2009 DPW ARRA Notification Form" (attached) to our office by fax (860-509-7359, Attn: Capacity Development Unit).
3. A copy of the "Notice to Proceed" letter issued to the contractor must be received by DPH within five (5) business days of the date the letter is issued to the contractor.
4. You must submit an executed copy of the contract to the DPH within five (5) business days of the date the contract is executed.
5. A project sign must be in place prior to the start of any construction work. A draft (proof) of the sign must be submitted to DPH (email to sara.ramsbottom@ct.gov or fax to 860-509-7359 atn. Sara Ramsbottom) for review and approval prior to printing the sign.



6. You must comply with Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) requirements that were included in the contract bid documents approved by our office on April 15, 2008. Those requirements were based upon the Department of Environmental Protection (DEP) Clean Water Fund Memorandum dated June 12, 2003. Approval of the contract described above is based upon our understanding that the contractor has accepted, as a condition of its bid, the minimum participation goals of six percent (6%) for MBEs and two and a half percent (2.5%) for WBEs.

Please note that for future projects the 2003 memo has been superseded by the DEP Clean Water Fund Memorandums dated July 1, 2008 and January 20, 2009. The January 20, 2009 memo revises the minimum participation goals to two percent (2%) for MBEs and three percent (3%) for WBEs. It also states that “for subcontracts for material suppliers, only 25% of the dollar value of their contracts may be applied toward the required percentage listed above unless that supplier manufactures those supplies.”

MBE/WBE Subcontractor	MBE or WBE	Amount of Subcontract	% of Contract
T. Arduini Construction Company	MBE & WBE	\$ 103,200.00	7.6%
PJ's Construction Company	MBE	\$ 70,000.00	5.2%

The contractor shall be required to continue positive efforts to solicit MBE/WBE participation in accordance with the provisions of 40 CFR Sections 33.301 Subpart C, 30.44(b), 31.36(e), 35.3145(d) and 35.6580 whenever subcontracting opportunities arise during the performance of this contract. The contractor is expected to review MBE/WBE proposals brought to their attention during the contract period and if not utilized, keep a record of reasons for rejecting the proposals.

7. The contractor is required to submit to you executed copies of MBE/WBE subagreements within fourteen (14) days of the execution of its contract with you. You must then submit to the DPH a copy of each contract. Please be aware that no contractor payment requests that you submit for DWSRF reimbursement will be processed by the DPH or by DEP prior to receipt of each signed MBE/WBE subagreement.
8. The contractor is required to pay the higher of (1) the prevailing wage rates contained in the most current Wage Decision of the State of Connecticut in effect ten days prior to bid opening, adjusted for July 1 revisions, or (2) the federal Davis-Bacon wage rates available through the U.S. Dept. of Labor's website.
9. Any Change Orders to the Construction Contract must be approved by the DPH in order to receive payments from the DWSRF. The Change Orders must be associated with the subject DWSRF project and eligible for funding.
10. No payments will be processed for this contract until a project Loan Agreement, in a form satisfactory to the State of Connecticut, has been fully executed by you and accepted by the State.
11. Upon completion of the Construction Contract, a summary verifying the total dollar amount for eligible work executed under the approved Construction Contract and change orders thereto, the amounts paid to each MBE/WBE, and other administrative or other costs identified in your Full Loan Application must be submitted to the DPH. This information is necessary in order for the DPH to determine closure of the Construction Contract and for the processing of a Permanent Loan Obligation.

Nothing contained in this letter shall constitute a commitment by the State to make a project loan to you under ARRA or the DWSRF program. It is acknowledged that the project appears to meet the Buy American and Davis-Bacon provisions of the ARRA, thus retaining eligibility for those funds.

Should you have any questions, please contact Ted Dunn or Linda S. Li of my staff at 860-509-7333. Thank you for your continued interest in our DWSRF program.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Galvin", with a stylized flourish at the end.

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner
Department of Public Health

Encl.: FFY 2009 DPW ARRA Reporting Form

cc: Charles Fisher, Town Engineer
Linda S. Li & DWSRF File
Mary Fuller, DPH (w/o att.)
Karen Sheets, DPH (w/o att.)
Bruce Wallen, DPH (w/o att.)
Sharon Dixon-Peay, OTT (w/o att.)
Meg Hooper, DPH (w/o att.)
Natalina Raimondi, DPW (w/o att.)

STATE OF CONNECTICUT – DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER STATE REVOLVING FUND (DWSRF)
AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA)
TRACKING AND REPORTING INFORMATION

FFY 2009 DPW ARRA REPORTING FORM

Section 1512 of the Federal American Recovery and Reinvestment Act of 2009 (ARRA) requires the Connecticut Department of Public Health (DPH) Drinking Water Section (DWS) to report detailed information on the projects and activities funded by the Recovery Act. In addition to these requirements, the Governor issued Executive Order Number 25 that requires the Connecticut Department of Public Health Agency Accountability Officer to notify the Connecticut Department of Public Works (DPW) Stimulus Project Oversight Officer within 48 hours of the commencement of any ARRA infrastructure project. To assist the DPH in satisfying these requirements, we have developed this form for you to provide DPH the required information needed to be submitted to DPW. **Please return this completed form immediately or no later than 24 hours after the execution of a construction contract.**

PWS Name: _____

PWSID: _____

Project Name: _____

Project #: _____
(as assigned by DPH)

Project Title	
Brief Project Description	
Construction Contract Amount	
Construction Contract Execution Date	
Construction Start Date	
Projected 50% Completion Date	
Projected Substantial Completion (95%) Date	

**** IMPORTANT****- A copy of the "Notice to Proceed" letter issued for each contract must be faxed to the DWS *within 5 business days* from the date the letter was issued. This should include the exact contract start date and project timeline.

Completed by:

Name: _____
(please print)

Title: _____

Signature: _____

Date: _____

FAX this completed form to:

Rachel Nowek
Department of Public Health
Drinking Water Section
Capacity Development Unit
Fax number: (860) 509-7359

If you have questions about completing this form, please contact Rachel Nowek at Rachel.nowek@ct.gov or (860) 509-7333.