General Decision Number: GA070069 07/20/2007 GA69

Superseded General Decision Number: GA20030069

State: Georgia

Construction Type: Building

Counties: Henry and Spalding Counties in Georgia.

BUILDING CONSTRUCTION PROJECTS (does not include residential construction consisting of single family homes and apartments up to and including 4 stories)

Modification Number	Publication Date
0	02/09/2007
1	07/20/2007

* SUGA1983-005 03/01/1983

	Rates	Fringes
Air Conditioning & Heating Mechanic	$ 6.81	
Bricklayer	$ 8.50	
Carpenter	$ 7.43	
Cement Mason	$ 6.00	
Electrician	$ 7.50	
Glazier	$ 8.00	
Ironworker	$ 8.00	
Laborers:		
Mason tender	$ 6.00	
Unskilled	$ 5.85	
Painters:		
Brush & roller	$ 6.42	
Drywall finisher	$ 6.42	
Plumbers and Pipefitters	$ 7.98	
Power equipment operators:		
Backhoe	$ 5.85	
Front end loader	$ 8.77	
Grader	$ 7.93	
Roofer (including Built Up, Composition and Single Ply)	$ 8.00	
Sheet Metal Worker	$ 7.22	
Tile Setter	$ 7.00	
Truck Driver	$ 5.85	

WELDERS - Receive rate prescribed for craft performing

operation to which welding is incidental.
==========

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

In the listing above, the "SU" designation means that rates listed under the identifier do not reflect collectively bargained wage and fringe benefit rates. Other designations indicate unions whose rates have been determined to be prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

* an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative

Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION

Attachment 4

BUSINESS DECLARATION

_____

_____

1. Name of Firm: _____

2. Address of Firm: _____

3. Telephone Number of Firm: _____

4. (a) Name of Person Making Declaration: _____

   (b) Telephone Number of Person Making Declaration: _____

   (c) Position Held In The Company: _____

5. Controlling Interest In Company ("X" All Appropriate Boxes)
   ( )Black American ( )Hispanic American ( )Native American
   ( )Asian American ( )Female-Non Minority ( )Male-Non Minority
   ( ) Female ( )Male ( )8(a) Certified-Certification Letter Attached

6. Is the person identified in Number 5 above responsible for day-to-day management and policy decision making, including, but not limited to, financial and management decisions? ( )Yes ( )No
If "No", provide the name and telephone number of the person who has the authority. _____

7. Nature of Business - Specify major services/products: _____

_____

_____

8. (a) Years firm as been in business_____ (b) Number of employees_____

9. Type of Ownership: ( )Sole Ownership ( )Partnership ( )Other-Explain Below

_____

_____

10. Gross receipts of firm for last three years:
    Year Ending_____ Gross Receipts $_____
    Year Ending_____ Gross Receipts $_____
    Year Ending_____ Gross Receipts $_____

11. Is the firm a small business? ( ) Yes ( ) No

I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING_____
_____(Name of Business) ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 U.S.C.1001.

_____ _____
Signature Date

Name and Title_____

Attachment 5

CERTIFICATION OF INVOICE

I hereby certify, to the best of my knowledge and belief, that --

(1) The amount requested are only for performance in accordance with the specifications, terms, and conditions of the contract;
(2) Payments to subcontractors and suppliers have been made from previous payments received under the contract, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code; and

(3) This request for progress payments does not include any amounts which the prime contractor intends to withhold or retrain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.

_____
Contractor Name

_____ _____
Contract Number Title

_____ _____
Invoice Number Date

Delphi Vendor Entry Worksheet

**** Bold/Yellow indicates required fields ****

NAME: _____ **PHONE:** _____ **DATE:** _____
E-MAIL ADDRESS: _____

SUPPLIER NAME: _____ ☐ **New** ☐ **Modifying**
TAXPAYER ID: _____ **DUNS or DUNS + 4 NO.** _____

CLASSIFICATION/TYPE: ☐ **No Cost Lease/Award** ☐ **Vendor** ☐ **Federal Agency**

FEDERAL AGENCY LOCATION CODE (ALC): _____ * For New Agencies

GENERAL: Parent Supplier Name: _____
Tax ID Number: _____

ORGANIZATION TYPE:
☐ Corporation ☐ Government Agency
☐ Individual ☐ Partnership
☐ Foreign Corp / Govt Agency / Indiv / Partner
☐ Reimbursable Non-Govt (Supplier/Grant Sponsor/State & Local Govt)

CCR: VENDOR IS REGISTERED: ☐ Yes ☐ No

SUPPLIER SITES: (Additional sites or additional Tax Reporting Address forward as attachment)
☐ New ☐ Adding Site ☐ Modifying Site

Supplier Number: ____ **Supplier Site Name:** ____
Country: United States **Other:** _____
Address _____
_____
_____
_____

City: _____ **State:** _____
County: _____ **Zip Code:** _____

PAYMENT: Payment Method: Electronic ☐ Check ☐ (Waiver Required)

SITE USES AND TELEPHONE:
Purchasing Site ☐ Pay Site ☐ Primary ☐
Voice (Area Code & Number) ___-___-____
Fax (Area Code & Number) ___-___-____

Note: Provide this information only if obtained at Contract award.

SUPPLIER CONTACTS:

1. Last Name: _____ First: _____ MI ____
   Title: _____ Telephone: ___-___-____
2. Last Name: _____ First: _____ MI ____
   Title: _____ Telephone: ___-___-____

BANK:
Bank Name: _____
Account Name: _____
Bank ABA Routing No: _____
Account Number: _____
Account Type Checking ☐ Savings ☐

EFT Form → Fax to AMZ 405-954-6944

Attachment 7

CONTRACTOR EVALUATION QUESTIONNAIRE

Past Performance & Experience, Business Practices and Customer Satisfaction

Date: _____

Description: Remove existing roof system, repair roof deck as needed, add two drains and replace the existing roof systems and lightning protection at the Air Route Traffic Control Center (ARTCC) Atlanta, Georgia.

Offeror: _____ Evaluator: _____

Reference (Including name of organization, contact person's name, & phone #: _____

_____

Past Performance & Experience

Includes, but is not limited to:

(a) Degree of experience performing work comparable to this project.
(b) Quality of Work.
(c) Timeliness of Completion.
(d) Effectiveness of Management.
(e) Cost Control (i.e., suggestions for more cost-effective means of performing work, scrutiny and verification of subcontractor proposals for change order work, etc.)
(f) Labor & Safety Compliance.

1. What projects has the contractor performed for your firm? _____

_____

_____

2. Did the contractor stay on schedule.

_____

_____

3. Was the contractor required to provide and maintain a Critical Path Method (CPM) schedule? If so, did he demonstrate expertise and ability in doing so?

_____

_____

4. Was the contractor able to solve performance problems without extensive guidance?

_____

5. Did the contractor meet the requirement of the project(s)?

6. Did the contractor provide adequate and effective project coordination and management of subcontractors and suppliers?

8. Are you aware of any poor performance on any other contracts?

9. Have you ever terminated any contracts with the contractor partially or completely for convenience or default? Are there any pending terminations?

10. How technically qualified do you consider this firm, and what is your opinion about the quality of their work?

11. How effective has the contractor been in identifying user requirements (i.e., foresight of problems and suggestions for less costly or more beneficial ways of performing the work)?

12. Was the contractor ever found to be in violation of labor requirements, i.e., payment of required wage rates? If so, identify the violation, and state if restitution was made to the employees or if other corrective action was taken.

13. How satisfied were you with the quality of work performed and with the final results of the project?

_____

_____

_____

14. What is your overall evaluation of the contractor (Excellent, Acceptable, Marginal, Unacceptable), and would you award future contracts to them?

_____

_____

Business Practices

Includes, but is not limited, to:

(a) Maintenance of good customer relations & motivation to perform well.
(b) Ability to work effectively with owner.
(c) Cooperation in solving problems.
(d) Responsiveness to administrative issues.
(e) Submission of reasonable contract change proposals requesting price increases.
(f) Timeliness of payments to subcontractors and suppliers.

1. Were price proposals submitted on time? Were they reasonably priced? If not, was the contractor willing to negotiate, or able to demonstrate entitlement to the price submitted? Were reasonable requests for time extensions submitted on change order work?

_____

_____

2. Was the contractor responsive, and did the contractor work effectively with you to complete the work.

_____

_____

3. Are you aware of subcontractor or suppliers complaints about non-payment, late payment, or lack of responsiveness on the part of the contractor? If so, identify.

_____

_____

Attachment 8

FEDERAL AVIATION ADMINISTRATION
SENSITIVE UNCLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN _____ AND THE UNITED STATES
(Name of Individual - Printed or typed)

1. I understand and accept the United States Government has placed special confidence and trust in me by granting me access to SUI. I accept the conditions and duties of this Agreement in consideration of my having access to sensitive unclassified information (SUI).

2. SUI is information and data - marked or unmarked - including verbal communications, defined by Federal Aviation Administration (FAA) Order 1600.75. SUI includes:

a. Records protected from unauthorized disclosure by Title 5, United States Code Sections 552, The Freedom of Information Act, and 552a, The Privacy Act.

b. Information which, if released to unauthorized persons, could result in harm or unfair treatment to any individual or group, or could have a negative impact on individual privacy, federal programs, or foreign relations. This includes medical, personnel, financial, investigatory, visa, law enforcement information.

c. Data whose improper use or disclosure could adversely affect the FAA's ability to perform its mission, as well as proprietary data and information received through privileged sources.

3. I recognize that my access to SUI enables me to perform my duties for compensation. I also understand that:

a. I must safeguard SUI entrusted to me;

b. I may disclose it only authorized people, who need it to perform approved government functions; and

c. Before disclosing specific SUI, I must find out a recipient's "need to know."

4. I understand that any breach of this Agreement may result in ending my access to SUI. I also understand that ending access could effectively negate my ability to perform my assigned duties, may lead to ending my employment or other relationships with the FAA. I am aware unauthorized release or mishandling of SUI may be grounds for adverse action against me. In addition, I understand that if I misuse Privacy Act records or disclose them to unauthorized people, I may be in violation of United States criminal law. A violation of the Privacy Act may subject me disciplinary actions, a fine of up to $5,000.00, or both.

5. If I have any questions about SUI, I can refer my questions to: _____
_____.

6. I understand all SUI to which I have access or may get access by signing this Agreement is now and will remain the property of, or under the control of the United States Government. I agree that I must

return all SUI which I have, or may come into my possession or for which I am responsible because of such access:

a. On demand by an authorized representative of the United States Government;

b. On ending my employment or other relationship with the Department or Agency that last granted me access to sensitive data; or

c. On ending my employment or other relationship that requires access to sensitive data.

7. I understand that all conditions and duties imposed on me by this Agreement apply during the time I am granted access to sensitive data, and always after that until:

a. I am released in writing by an authorized representative of the United States Government; or

b. The information becomes publicly available.

WITNESS		ACCEPTANCE	
I WITNESSED SIGNING THIS AGREEMENT.		I ACCEPTED THIS AGREEMENT BEFORE ACCESSING SUI OF THE UNITED STATES GOVERNMENT.	
SIGNATURE	DATE	SIGNATURE	DATE