



IF SO, THE ALBANY PORT DISTRICT COMMISSION WOULD LIKE TO HEAR FROM YOU!

TO BE PLACED ON THE ALBANY DISTRICT PORT COMMISSION'S PARTICIPATING M/WBE & SDVOB VENDORS LIST, PLEASE FILL OUT THE ATTACHED VENDOR FORM AND EMAIL VSPADARO@PORTOFALBANY.US

PLEASE FEEL FREE TO REVIEW THE ATTACHED DOCUMENTS TO SEE WHAT COMMODITIES AND SERVICES ARE NEEDED BY THE PORT AND VIEW THE CURRENT PARTICIPATING M/WBE & SDVOB VENDORS.

HOPE TO HEAR FROM YOU SOON!

APDC Areas Where M/WBE & SDVOB Participation is Needed:

<u>COMMODITIES/ SERVICES</u>		
TIRES		
TIRE SERVICING		
OVERHEAD DOOR REPAIRS/ REPLACEMENT		
FUELS/ LUBRICANTS		
ELEVATOR REPAIRS		
EQUIPMENT RENTALS		
VEHICLE REPAIRS		
VEHICLE PARTS		
PAINT		
ASPHALT		
FENCE REPAIR/ REPLACEMENT		
LIEBHERR PARTS		
LIEBHERR SERVICING		
TRASH REMOVAL		
EQUIPMENT REPAIRS		
PEST CONTROL SERVICES		
BOAT STOARGE		
BOAT REPAIRS		
FIRE SUPPRESSION		

Current APDC List of M/WBE Vendors & SDVOB Vendors:

<u>M/WBE</u>	<u>SDVOB</u>
ACCESS COMPLIANCE (SAFETY TRAINING)	DOUGLAS INDUSTRIAL (PARTS)
ACCESS TECHNOLOGY – ATI (FENCING)	KB ENGINEERING (ENGINEERING SERVICES)
ADVANCE GLASS (REPAIR/ REPLACE)	MARINELLO CONSTRUCTION (MASONARY SERVICES)
AM&J DIGITAL (PRINTING)	
ATLANTIC TESTING (ENVIRONMENTAL TESTING)	
BLINDS, SHADES, & MORE	
BOXLEYS SERVICES (CLEANING SUPPLIES)	
CONTI APPRAISAL & CONSULT (APPRAISALS)	
CRISAFULLI BROTHERS (PLUMBING)	
DAVIES OFFICE (OFFICE FURNITURE)	
EDR (GIS MAPPING SERVICES)	

VENDOR FORM:

1. Are you a New York State resident business?	Yes ___ No ___	
2. Total number of people employed by your firm?	_____	
3. Total number of people employed by your firm in New York State?	_____	
4. Is your company independently owned and operated?	Yes ___ No ___	
<p>5. Is your firm at least 51% owned and controlled by women, or 51% owned and controlled by minority group members, i.e., Black, Hispanic, Asian, Pacific Islander, American Indian, and Alaskan Native?</p> <p>If yes, _____ Minority Owned _____ Women Owned</p> <p>If yes, have you been certified or registered? _____ Yes _____ No</p> <p>If yes, List certificate or registration authority:</p>	Yes _____ No _____ _____	
6. Within the past five years has your firm, any affiliate, any predecessor company or entity, owner, director, officer, partner, or proprietor been the subject of:	(Check any that apply. If "Yes", describe using additional pages.)	
a. An indictment, judgment, conviction, or a grant of immunity, including pending actions, for any business- related conduct constituting a crime under local, state, or federal law?		Yes _____ No _____
b. A federal, state, or local government suspension or debarment, rejection of any bid or disapproval of any bid or disapproval of any proposed subcontract, including pending actions, for lack of responsibility, denial, or revocation, of pre-qualification or a voluntary exclusion agreement?	Yes ___ No ___	
c. Any federal or state determination of a violation of any public works law or regulation, or labor law or regulation, or any OSHA violation deemed "serious or willful"?	Yes _____ No _____	
d. A consent order with NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a violation of federal or state environmental laws?	Yes _____ No _____	

<p>7. Is your firm owned by a service-disabled veteran?</p> <p>If yes, have you been certified or registered? _____ Yes _____ No</p> <p>If yes, List certificate or registration authority:</p>	<p>Yes _____</p> <p>No _____</p>
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_____		_____	
VENDOR'S SIGNATURE		DATED	
_____		_____	
PRINT NAME		TITLE	
_____		_____	_____
ADDRESS		CITY	STATE/ZIP

TELEPHONE NUMBER			

FEDERAL ID NUMBER			
(Please include your W-9 with submission)			

PLEASE EMAIL PAGES 4 & 5 TO VSPADARO@PORTOFALBANY.US