

Subcontractor Approval/Revision Checklist

D# _____ Prime Contractor _____ Subcontractor _____

PIN# _____ Area Supervisor _____ EIC _____

DBE/MBE/WBE/SDVOB/None: (select one) _____

Is there an incomplete item (i.e. less than 100%)

Yes ☐ No ☐ If Yes, explanation received? Yes ☐ No ☐☐ Verify that the contract pay items have been correctly assigned in EBO (i.e. \$ amount, work category, split items, etc.)

Has the N-tier function been turned on for this contract to allow a Subcontractor to credit their purchases from this DBE/MBE/WBE/SDVOB toward the Goal(s)?

Yes ☐ No ☐ N/A ☐

If yes, list DBE/MBE/WBE/SDVOB they are 2nd tiering to

☐ Verify in EBO that approval of the Subcontractor will not result in the Contractor subcontracting more than 70% of the contract work☐ Verify that the Subcontractor does not have any concern codes shown in AASHTOWare Preconstruction. If there are concern codes, email Vendor.Responsibility@dot.ny.gov for approval of vendor responsibility☐ Verify the Subcontractor has a current Form CCA-2 on file in AASHTOWare Preconstruction with a valid expiration date. If the expiration date has expired, notify the Contractor that the Subcontractor does not have a current CCA-2 on file and email Vendor.Responsibility@dot.ny.gov to request approval once you are notified from the Contractor that the Subcontractor has submitted a new CCA-2 CCA-2 Exp. Date _____☐ [CONR1](#) Vendor Assurance of No Conflict of Interest or Detrimental Effect (Signed by an authorized executive or legal representative of the firm)☐ [CONR 2](#) Prime Contractor's Certification completed and signed☐ [CONR 5](#) SPDES Permit Certification (SPDES only for contracts that have a SPDES monitoring for Item Series # 203, 207, 209, 600)☐ CONR 89 Approval to Subcontract (signed originals received and include Scope of Work from actual Subcontract)☐ AAP15 Confirmed EEO Officers entered in EBO _____☐ AAP20 DBE/MBE/WBE/SDVOB Participation Worksheet (Signed). Compare to Pre-Award file (if applicable). Print out the certification from the appropriate Directory and verify that they are certified to perform/supply the items assigned to them☐ [AC 2948](#) Subcontractor's Certification (Verify correct PRC#)☐ [HC108](#) Subcontractor's Certification Project Specific H&S Plan (if using their own Health and Safety Plan, have the Safety Officer review and OK)Were corrections in EBO required by the Contractor: Yes ☐ No ☐ If yes, complete the following:

Date contacted Prime for corrections _____

Date corrections due _____

Date corrections received _____

☐ CONR89 and AAP20 (DBE/MBE/WBE/SDVOB only) approved & signed by NYDSOT on _____☐ Approved in EBO on _____☐ Notice of Approval sent to Prime Contractor on _____☐ Sub approval package uploaded to ProjectWise on _____ EIC notified on _____Reviewed & checked by: _____
Name Signature Date