

Quincy Park District
Contractor Qualification/Job Checklist

Project/Repair: _____
Contractor: _____
Quote Price: _____
Date: _____
District Contact: _____

Check applicable block:

- Work is less than \$5,000. Single quote/proposal is attached
 - Work is between \$5,000 and \$24,999. Two quotes/proposals attached
 - Work is between \$25,000 – Bid limit (70ILCS8-1(c)). Three quotes/proposals attached
- Or
- Work is an exception to policy. Exception statement is attached

Required before work begins:

- Signed Prevailing Wage/Insurance Certificates/Equal Opportunity/Safety Statement
- Signed Hold Harmless
- Copy of Insurance Certificate naming Quincy Park District as additionally insured
- Copy of a written Substance Abuse Prevention Policy

Required if work will be more than \$50,000:

- Performance and Payment Bond or, under some circumstances, a non-diminishing irrevocable bank letter of credit

Required before payment is made:

- Certified payrolls

Project Quotes Received: (See Attached)

Amount of Quote:

_____	_____
_____	_____
_____	_____
_____	_____

All required documents will be placed in a project file folder along with this checklist and filed in the business office.

NOTE: Notify vendor that the Quincy Park District Business Office will not release any payments without receipt of Certified Transcript of Payroll.



1231 Bonansinga Dr. - Quincy, Illinois 62301-1762
 Telephone 217-223-7703 – Fax 217-228-9209
 Email info@QuincyParkDistrict.com
quincyparkdistrict.com



Prevailing Wage/Insurance Certificates/Equal Opportunity/Safety/FOIA

Project: _____

Contactor/Company: _____

PREVAILING WAGE: All Projects/Contracts for the Construction of Public Works are subject to the Illinois Prevailing Wage Act. Contractors shall not pay less than the prevailing rates of wages to all laborers, workmen, and mechanics performing work on this project/contract, and shall comply with the requirements of the Illinois Wages of Employees on Public Works Acts (820 ILCS 130/1-12).

CERTIFIED PAYROLL: All Projects/Contracts for the Construction of Public Works must submit monthly, in person, by mail, or electronically a certified payroll to the public body in charge of the project. The certified payroll shall consist of a complete copy of the records identified in 820 ILCS 130/5 paragraph 1 subsection (a). The certified payroll shall be accompanied by a statement signed by the contractor or subcontractor which avers that: (i) such records are true and accurate; (ii) the hourly rate paid to each worker is not less than the general prevailing rate of hourly wages required by this Act; and (iii) the contractor or subcontractor is aware that filing a certified payroll that he or she knows to be false is a Class B misdemeanor. (820 ILCS 130/1-12).

FOIA: The contractor shall comply with the requirements and provisions of the Freedom of Information Act (5 ILCS 140/1) and, upon request of the Quincy Park District’s designated Freedom of Information Officer, Don Hilgenbrinck, Contractor shall within two (2) business days of said request, turn over to the FOIA Officer any record in possession of the contractor that is deemed a public record under FOIA.

INSURANCE: The Quincy Park District requires that all contractors performing work provide a valid Certificate of General Liability Insurance naming the park district as additionally insured.

Contractors must provide the Quincy Park District a copy of a valid certificate of Worker’s Compensation and automobile insurance.

If applicable, copies of product liability, hazardous operations, product liability and completed operations insurance must also be provided.

EQUAL OPPORTUNITY: Contractors must comply with Subchapter VI (“Equal Employment Opportunities”) of Chapter 21 of Title 42 of the United States Code (42 U.S.C. 2000e and following) and with Federal Executive Order No. 11246 as amended by Executive Order No. 11375.

SAFETY: All contractors must follow all applicable OSHA and all other federal, state and local rules relating to worker and environmental safety.

If you have any questions or need information concerning these matters please contact the business office at 217-223-7703.

Company Authorized Signature

Date



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HOLD HARMLESS AGREEMENT

_____ shall implement appropriate safeguards

to prevent accidents or injuries to persons or properties. To the fullest extent that is permitted

by law, _____ agrees to indemnify, defend

and hold harmless the Quincy Park District, its Board of Commissioners, officials, agents, employees and volunteers and all others connected with the Quincy Park District, from any and all actions, claims, demands, suits, liabilities (statutory and workmen's compensation law), losses, damages or expenses including attorney's fees, as well as all costs from death of, injuries to, theft of or damage to properties or persons, including third parties; growing out of, directly or indirectly caused by any service, operation or associated incidents from the actions or omission by

_____ or any of its agents,

volunteers, employees or subcontractors.

Quincy Park District

Contractor Representative

Signature

Signature

Printed Name

Printed Name

Date:

Date:



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Certified Payroll Statement

(Complete and return with each monthly payroll submitted)

Project: _____

Contractor/Company: _____

From: _____ **To:** _____

Dates Covered: _____

Illinois Wages of Employees on Public Works Acts (820 ILCS 130/5).

- (a) While participating on public works, the contractor and each subcontractor shall:
 - (1) Make and keep, for a period of not less than 3 years, records of all laborers, mechanics, and other workers employed by them on the project; the records shall include each worker’s name, address, telephone number when available, social security number, classification or classifications, the hourly wages paid in each pay period, the number of hours worked each day, and the starting and ending times of work each day; and
 - (2) Submit monthly, in person, by mail, or electronically a certified payroll to the public body in charge of the project. The certified payroll shall consist of a complete copy of the records identified in paragraph (1) of this subsection (a). The certified payroll shall be accompanied by a statement signed by the contractor or subcontractor which avers that: (i) such records are true and accurate; (ii) the hourly rate paid to each worker is not less than the general prevailing rate of hourly wages required by this Act; and (iii) the contractor or subcontractor is aware that filing a certified payroll that he or she knows to be false is a Class B misdemeanor. A general contractor is not prohibited from relying on the certification of a lower tier subcontractor, provided the general contractor does not knowingly rely upon a subcontractor’s false certification. Any contractor or subcontractor subject to this Act who fails to submit a certified payroll or knowingly files a false certified payroll is in violation of this Act and guilty of a Class B misdemeanor. The public body in charge of the project shall keep the records submitted in accordance with this paragraph (2) of subsection (a) for a period of not less than 3 years. The records submitted in accordance with this paragraph (2) of subsection (a) shall be considered public records, except an employee’s address, telephone number, and social security number, and made available in accordance with the Freedom of Information Act.

I certify that:

- 1. The records submitted are true and accurate.
- 2. The hourly rate paid to each worker is not less than the general prevailing wage required by Illinois Wages of Employees on Public Works Acts (820 ILCS 130/1-12).
- 3. I am aware that knowingly filing a false certified payroll is a Class B misdemeanor.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Certified Transcript of Payroll

IDOL Case File Number: _____

Please Note: The submission of falsified payroll records is a criminal offense.

Payroll Date: _____

Contractor and/or Subcontractor

Public Body Information

(Contract Number)

(Project Number)

(Project Location)

(Company Name) _____ (Contact Name)

(Street Address) _____ (City)

(State) (Zipcode) _____ (Telephone Number)

(Public Body Name) _____ (Contact Name)

(Street Address) _____ (City)

(State) (Zipcode) _____ (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address SSN & Telephone Number		* Hours worked each day							Total Hrs Each PW and Reg.	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net	
	PW														
	N														
Labor Classification		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
	PW														
	N														
Labor Classification		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
	PW														
	N														
Labor Classification		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
	PW														
	N														
Labor Classification		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													

*PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked

Certified Transcript of Payroll

Instructions:

Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status.

We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program.

If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate.

On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/idol/ or call 217-782-1710.



Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: _____

I, _____,
(name signatory party)
_____, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project _____;

(name of project)
that during the payroll period commencing on the _____ day of _____, _____, _____
(day) (month) (year)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

(name of contractor or subcontractor)
from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature _____

Digital Signature _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

(820 ILCS 265/) Substance Abuse Prevention on Public Works Projects Act.

(820 ILCS 265/1)

Sec. 1. Short title. This Act may be cited as the Substance Abuse Prevention on Public Works Projects Act.

(Source: P.A. 95-635, eff. 1-1-08.)

(820 ILCS 265/5)

Sec. 5. Definitions. As used in this Act:

"Accident" means an incident caused, contributed to, or otherwise involving an employee that resulted in death, personal injury, or property damage and that occurred while the employee was performing work on a public works project.

"Alcohol" means any substance containing any form of alcohol including, but not limited to, ethanol, methanol, propanol, and isopropanol.

"Alcohol concentration" means: (1) the number of grams of alcohol per 210 liters of breath; or (2) the number of grams of alcohol per 100 milliliters of blood.

"Drug" means a controlled substance as defined in the Illinois Controlled Substances Act or cannabis as defined in the Cannabis Control Act for which testing is required by an employer under its substance abuse prevention program under this Act. The term "drug" includes prescribed medications not used in accordance with a valid prescription.

"Employee" means a laborer, mechanic, or other worker employed in any public works by anyone under a contract for public works.

"Employer" means a contractor or subcontractor performing a public works project.

"Public works" and "public body" have the meanings ascribed to those terms in the Prevailing Wage Act.

(Source: P.A. 95-635, eff. 1-1-08.)

(820 ILCS 265/10)

Sec. 10. Substance abuse prohibited. No employee may use, possess, distribute, deliver, or be under the influence of a drug, or use or be under the influence of alcohol, while performing work on a public works project. An employee is considered to be under the influence of alcohol for purposes of this Act if the alcohol concentration in his or her blood or breath at the time alleged as shown by analysis of the employee's blood or breath is at or above 0.02.

(Source: P.A. 95-635, eff. 1-1-08.)

(820 ILCS 265/15)

Sec. 15. Substance abuse prevention programs required.

(1) Before an employer commences work on a public works project, the employer shall have in place a written program which meets or exceeds the program requirements in this Act, to be filed with the public body engaged in the construction of the public works and made available to the general public, for the prevention of substance abuse among its employees. The testing must be performed by a laboratory that is certified for Federal Workplace Drug Testing Programs by the Substance Abuse and Mental Health Service Administration of the U.S. Department of Health and Human Services. At a minimum, the program shall include all of the following:

(A) A minimum requirement of a 9 panel urine drug test plus a test for alcohol. Testing an employee's blood may only be used for post-accident testing; however, blood testing is not mandatory for the employer where a urine test is sufficient.

(B) A prohibition against the actions or conditions specified in Section 10.

(C) A requirement that employees performing the work on a public works project submit to pre-hire, random, reasonable suspicion, and post-accident drug and alcohol testing. Testing of an employee before commencing work on a public works project is not required if the employee has been participating in a random testing program during the 90 days preceding the date on which the employee commenced work on the public works project.

(D) A procedure for notifying an employee who violates Section 10, who tests positive for the presence of a drug in his or her system, or who refuses to submit to drug or alcohol testing as required under the program that the employee may not

perform work on a public works project until the employee meets the conditions specified in subdivisions (2)(A) and (2)(B) of Section 20.

(2) Reasonable suspicion testing. An employee whose supervisor has reasonable suspicion to believe the employee is under the influence of alcohol or a drug is subject to discipline up to and including suspension, and be required to undergo an alcohol or drug test. "Reasonable suspicion" means a belief, based on behavioral observations or other evidence, sufficient to lead a prudent or reasonable person to suspect an employee is under the influence and exhibits slurred speech, erratic behavior, decreased motor skills, or other such traits. Circumstances, both physical and psychological, shall be given consideration. Whenever possible before an employee is required to submit to testing based on reasonable suspicion, the employee shall be observed by more than one supervisory or managerial employee. It is encouraged that observation of an employee should be performed by a supervisory or managerial employee who has successfully completed a certified training program to recognize drug and alcohol abuse. The employer who is requiring an employee to be tested based upon reasonable suspicion shall provide transportation for the employee to the testing facility and may send a representative to accompany the employee to the testing facility. Under no circumstances may an employee thought to be under the influence of alcohol or a drug be allowed to operate a vehicle or other equipment for any purpose. The employee shall be removed from the job site and placed on inactive status pending the employer's receipt of notice of the test results. The employee shall have the right to request a representative or designee to be present at the time he or she is directed to provide a specimen for testing based upon reasonable suspicion. If the test result is positive for drugs or alcohol, the employee shall be subject to termination. The employer shall pay all costs related to this testing. If the test result is negative, the employee shall be placed on active status and shall be put back to work by the employer. The employee shall be paid for all lost time to include all time needed to complete the drug or alcohol test and any and all overtime according to the employee's contract.

(3) An employer is responsible for the cost of developing, implementing, and enforcing its substance abuse prevention program, including the cost of drug and alcohol testing of its employees under the program, except when these costs are covered under provisions in a collective bargaining agreement. The testing must be performed by a laboratory that is certified for Federal Workplace Drug Testing Programs by the Substance Abuse and Mental Health Service Administration of the U.S. Department of Health and Human Services. The contracting agency is not responsible for that cost, for the cost of any medical review of a test result, or for any rehabilitation provided to an employee. (Source: P.A. 95-635, eff. 1-1-08.)

(820 ILCS 265/20)

Sec. 20. Employee access to project.

(1) An employer may not permit an employee who violates Section 10, who tests positive for the presence of a drug in his or her system, or who refuses to submit to drug or alcohol testing as required under the employer's substance abuse prevention program under Section 15 to perform work on a public works project until the employee meets the conditions specified in subdivisions (2)(A) and (2)(B). An employer shall immediately remove an employee from work on a public works project if any of the following occurs:

(A) The employee violates Section 10, tests positive for the presence of a drug in his or her system, or refuses to submit to drug or alcohol testing as required under the employer's substance abuse prevention program.

(B) An officer or employee of the contracting agency, preferably one trained to recognize drug and alcohol abuse, has a reasonable suspicion that the employee is in violation of Section 10 and requests the employer to immediately remove the employee from work on the public works project for reasonable suspicion testing.

(2) An employee who is barred or removed from work on a public works project under subsection (1) may commence or return to work on the public works project upon his or her employer providing to the contracting agency documentation showing all of the following:

(A) That the employee has tested negative for the presence of drugs in his or her system and is not under the influence of alcohol as described in Section 10.

(B) That the employee has been approved to commence or return to work on the public works project in accordance with the employer's substance abuse prevention program.

(C) Testing for the presence of drugs or alcohol in an employee's system and the handling of test specimens was conducted in accordance with guidelines for laboratory testing procedures and chain-of-custody procedures established by the Substance Abuse and Mental Health Service Administration of the U.S. Department of Health and Human Services.

(3) Upon successfully completing a rehabilitation program, an employee shall be reinstated to his or her former employment status if work for which he or she is qualified exists. (Source: P.A. 95-635, eff. 1-1-08.)

(820 ILCS 265/25)

Sec. 25. Applicability. This Act applies to a contract to perform work on a public works project for which bids are opened on or after January 1, 2008, or, if bids are not solicited for the contract, to a contract to perform such work entered into on or after January 1, 2008. The provisions of this Act apply only to the extent there is no collective bargaining agreement in effect dealing with the subject matter of this Act.

(Source: P.A. 95-635, eff. 1-1-08.)

(820 ILCS 265/99)

Sec. 99. Effective date. This Act takes effect January 1, 2008.

(Source: P.A. 95-635, eff. 1-1-08.)



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CERTIFIED PAYROLL:

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I certify that I understand the provisions of the Illinois Prevailing Wage Act and due to the organization of my business no certified payrolls are required.

Company: _____

Printed Name: _____ Signature: _____

Date: _____