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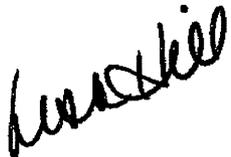
Date: 1/18/12

Addendum # 7449341A2

BID# 7449341

TITLE: PURCHASE AND INSTALLATION OF CIVIL RIGHTS SOFTWARE  
INCLUDING SYSTEM MAINTENANCE AND SUPPORT TRAINING

The forms requested through the questions posted on the RIDOT website are included in this addendum.

Lisa Hill   
Chief Buyer - DOT

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
RIDOT Addendum Notification

**BID NO. 7449341**

**PURCHASE AND INSTALLATION OF CIVIL RIGHTS SOFTWARE  
INCLUDING SYSTEM MAINTENANCE AND SUPPORT TRAINING**

Per the issuance of Department of Transportation ADDENDUM # 7449341A2 the following changes are noted:

- **CLARIFICATION**

The following sample forms are hereby provided to all Respondent firms in response to questions asked on the RIDOT website. These forms are for informational purposes only and need not be completed and included in the proposal response.

- OJT MONTHLY REPORT FORM (1 PG)
- RIDOT OJT TRAINEE REGISTRATION FORM (1 PG)
- RIDOT OJT ACKNOWLEDGEMENT AND STATEMENT OF INTENT FORM (2 PGS)
- RIDOT INITIAL EMPLOYEE SITE INTERVIEW QUESTIONAIRRE FORM (2 PGS)
- RIDOT FOLLOW-UP EMPLOYEE SITE INTERVIEW QUESTIONAIRRE FORM (2 PGS)
- EMPLOYEE EXIT INTERVIEW QUESTIONAIRRE FORM (2 PGS)
- RIDOT DBE COMMERCIALY USEFUL FUNCTION PROJECT SITE REVIEW FORM (5 PGS)

# MONTHLY REPORT

Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Contractor \_\_\_\_\_

\*Note if the company does not have trainees, please complete only section III.

I.

Trainee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Hours to date: \_\_\_\_\_

Hours this period: \_\_\_\_\_

II.

Please note period of time at each location listed

Location & Training Received	FAP	Non FAP

III.

List any modification of the approved Annual Training Plan, since last submitted report. Include New Contract Awards, new trainees, progress of each RIDOT contract, including % complete of each contract. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV.

Remarks: (list trainee absence, tardiness, early dismissal, status progress, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainee Status: Working: \_\_\_\_\_ Lay-off (date): \_\_\_\_\_ other: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Prime contractor's OJT Officer

\*This report is due within 10 days from the end of the month being reported.

**RIDOT OJT PROGRAM  
TRAINEE REGISTRATION FORM**

Contractor \_\_\_\_\_ Date \_\_\_\_\_

Trainee Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Ethnic Group \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Training Classification \_\_\_\_\_

New Hire \_\_\_\_\_ Rehire \_\_\_\_\_ Upgrade \_\_\_\_\_

Start Date \_\_\_\_\_ Current Rate of Pay \_\_\_\_\_

% of Apprenticeship Completed \_\_\_\_\_

\_\_\_\_\_  
Trainee Signature EEO Officer Signature

Rhode Island Department of Transportation – On the Job Training Program	
_____ RIDOT/Supportive Service Agent	_____ Date
_____ RIDOT/Administrator, Community & Business Resource	_____ Date

**RIDOT  
ON-THE-JOB TRAINING  
ACKNOWLEDGEMENT AND STATEMENT OF INTENT**

\_\_\_\_\_ Date

**To:** RIDOT OJT Coordinator  
Office of Business and Community Resources  
Rhode Island Department of Transportation  
2 Capitol Hill Rm109  
Providence, RI 02903

**Project Name and Number:** \_\_\_\_\_

\_\_\_\_\_ (Company) has reviewed the OJT training requirements (Training Special Provisions) stated in the contract for the above noted project. Based on these requirements, the availability of applicants within a reasonable area of recruitment, and in an effort to meet the minority and female participation goals outlined in the contract (Affirmative Action Requirements, 41 CFR 60-4.2- Solicitations), our company will select a qualified trainee(s) and conduct training under the classification(s) identified below in accordance with the \_\_\_\_\_ (Name of Program).

**\*Submit copy of training program (training classification) to be used.**

The undersigned has personally reviewed the content of each selected training classification in relation to the project scope and assures that all portions of training can be completed if initiated by the “no later than” (NLT) date indicated below.

1 Selected Training Classification	2 Number of Trainees in Classification	3 Projected Start Date	4 NLT Start Date in Order to Complete training hours
1.			
2.			
3.			
4.			
5.			

**IMPORTANT:** Written justification is required to substantiate the selection of training classifications where company representation is below the minority and female participation goals specified in the contract. Compare columns (i) and (j) of the table on page 2 of 2 with 41 CFR 60-4.2, Affirmative Action Requirements.

Please provide information regarding your company's current workforce demographics in the trades listed below:

(a) Trade Classification	(b) Total Employees	(c) Female	(d) Hispanic	(e) American Indian or Alaskan Native	(f) Black	(g) Asian or Pacific Islander	(h) Total of columns (d) through (g)	(i) Minority Percentage (h) / (b)	(j) Female Percentage (c) / (b)
Constr. Supervisors									
Constr. Foreperson									
Carpenters									
Equipment Mechanics									
Equipment Operators									
Grade Foreman Asst.									
Ironworker									
Laborers									
Truck Drivers									

The authorized representative below certifies that the information proved herein is accurate and is made in good faith:

\_\_\_\_\_  
Company EEO Officer

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> _____ RIDOT OJT Coordinator	Date: _____
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CONTRACTOR. Submit in original to RIDOT OJT Coordinator for review/approval. Distribution: 1 – Contractor; 1 –RIDOT Construction Section (for project records); 1 – Trainee.

**Rhode Island Department of Transportation  
Initial Employee Site Interview Questionnaire**

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Date: \_\_\_\_\_ Job Site \_\_\_\_\_ OJT Representative \_\_\_\_\_

Company Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Hire \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone \_\_\_\_\_

Job Classification: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Who is your supervisor? \_\_\_\_\_

Benefits (i.e. health, dental, vacation, retirement fund, etc): \_\_\_\_\_

Has anyone explained the RIDOT Training Program to you? \_\_\_\_\_

Did you receive an outline of your training program? \_\_\_\_\_

How were you solicited /recruited for this training position? \_\_\_\_\_

Which of the following describes your work status? Journeyed: \_\_\_\_\_ OJT \_\_\_\_\_ (Trainee)

Describe what you do on a day-to-day basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of work did you do prior to this job? \_\_\_\_\_

What new skills are you learning on this job? \_\_\_\_\_  
\_\_\_\_\_

Have you worked for this contractor on other jobs? \_\_\_\_\_ Dates employed \_\_\_\_\_

Were you unemployed /laid off for more than 3 months during the last construction season? \_\_\_\_\_

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Who is your employer's Equal Opportunity Employment (EEO)/Affirmative Action Officer?  
\_\_\_\_\_

Are you aware if the company has a non-discrimination policy? \_\_\_\_\_

Briefly explain what it entails.  
\_\_\_\_\_  
\_\_\_\_\_

Where can you find a copy of your company EEO policy? \_\_\_\_\_

Have you discussed the policy with your employer? \_\_\_\_\_ Did you receive a copy? \_\_\_\_\_

When? (i.e. time of hire, once a year, safety meetings, etc.) \_\_\_\_\_

How often? \_\_\_\_\_

Do you have any issues about safety on the job? \_\_\_\_\_

Do you any questions or concerns regarding the training you are receiving? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

How are the bathroom facilities? Are they accessible? \_\_\_\_\_

Have you received training on Sexual Harassment? \_\_\_\_\_

When? \_\_\_\_\_ Who instructed you? \_\_\_\_\_

How often does training occur? \_\_\_\_\_ Do all employees attend? \_\_\_\_\_

Have you ever received a pay raise from your employer? \_\_\_\_\_

From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ How often? \_\_\_\_\_

Have you ever witnessed anything of a discriminating or harassing nature, or anything that made you or others feel uncomfortable or unwelcome, from other employees or supervisors on the job site? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If yes, was any corrective action taken? \_\_\_\_\_

Are you aware that you have a right to file a complaint if you feel you have been discriminated against? \_\_\_\_\_

Overall, do you feel that you are treated fairly without regard to your sex, race, age, sexual orientation, or national origin? \_\_\_\_\_

Explain \_\_\_\_\_

Is there anything else you would like to add? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**OJT Representative**

\_\_\_\_\_  
**Date**

**Rhode Island Department of Transportation**  
**Follow-up Employee Site Interview Questionnaire**

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Date: \_\_\_\_\_ Job Site \_\_\_\_\_ OJT Representative \_\_\_\_\_

Company Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Hire \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone \_\_\_\_\_

Job Classification: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Who is your supervisor? \_\_\_\_\_ Has it changed since your last interview? \_\_\_\_\_

Have Your Benefits (i.e. health, dental, vacation, retirement fund, etc) changed? :  
\_\_\_\_\_

Are you receiving training as proposed to you for the position you were hired?  
\_\_\_\_\_

Is your training program progressing as you expected? \_\_\_\_\_

Which of the following describes your work status? Journeyed: \_\_\_\_\_ OJT \_\_\_\_\_ (Trainee)

Describe what you do on a day-to-day basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What new skills are you learning on this job? \_\_\_\_\_  
\_\_\_\_\_

Have you worked for this contractor on any other jobsites? \_\_\_\_\_ If yes, where and at which location(s)? \_\_\_\_\_

Do you expect to be laid off during the winter months? \_\_\_\_\_

Were you unemployed /laid off for more than 3 months during the last construction season? \_\_\_\_\_

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any issues about safety on the job? \_\_\_\_\_

Do you any questions or concerns regarding the training you are receiving? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

How are the bathroom facilities? Are they accessible? \_\_\_\_\_

Are you experiencing any sexual harassment on the job? \_\_\_\_\_

If yes, have you filed a complaint? \_\_\_\_\_

Have you ever witnessed anything of a discriminating or harassing nature, or anything that made you or others feel uncomfortable or unwelcome, from other employees or supervisors on the job site? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If yes, was any corrective action taken? \_\_\_\_\_

Overall, do you feel that you are treated fairly without regard to your sex, race, age, sexual orientation, or national origin? \_\_\_\_\_

Explain \_\_\_\_\_

Have you ever received a pay raise from your employer? \_\_\_\_\_

From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ When? \_\_\_\_\_

Is there anything else you would like to add? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**OJT Representative**

\_\_\_\_\_  
**Date**

**EMPLOYEE EXIT INTERVIEW QUESTIONNAIRE**

**Interviewer :**

**Date** \_\_\_\_\_

**Employee=s Name** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Phone Number ( )** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

**Employee=s Supervisor** \_\_\_\_\_

**Related Class School Attended**

\_\_\_\_\_

**WHAT IS YOUR MOST SIGNIFICANT REASON(S) FOR LEAVING (circle)**

- |                                      |                         |                           |
|--------------------------------------|-------------------------|---------------------------|
| Better Opportunity                   | Maternity               | No Health Benefits        |
| Better Compensation                  | Marriage                | Economics Reasons (Check) |
| Better Working Conditions            | Relocation              | Child Care ____           |
| Lack of Training OJT/School Military |                         | Cost of School ____       |
|                                      |                         | Lack of Work ____         |
|                                      |                         | Parking Fees ____         |
| Job Lay-off                          | Health Issues           |                           |
| Poor Supervision                     | Co-Workers              |                           |
| Termination                          | Transportation Problems |                           |

\*\*\*\*\*

**Over Please**

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Year Participant Left Program                      1      2      3      4      5

**SPECIFIC REASONS, OTHER THAN ABOVE, WHICH CAUSED  
YOU TO LEAVE** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**For In-House Use Only :**

**Sex :** M\_\_ F\_\_

**Veteran :** Vietnam Era  
Other Veteran  
Non- Veteran

**Ethnic :** White \_\_  
Black \_\_  
Hispanic  
Am. Indian or Alaskan Native  
Asian or Pacific Islander \_\_  
Other

**Disabled :** Yes \_\_\_  
No

**Highest Schooling Completed :**

12 \_\_\_ GED

College 13, 14, 15, 16

**RIDOT  
DBE COMMERCIALLY USEFUL FUNCTION (CUF)  
PROJECT SITE REVIEW**

Project Name and Number: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

DBE Firm's Name: \_\_\_\_\_

Type of Operation: (as discernable by NAICS code(s) for which certified and, as stated in the certification letter and directory):

- Contractor
- Trucker
- Regular Dealer
- Manufacturer
- Broker

List all NAICS codes for which the DBE has been certified to perform work: \_\_\_\_\_

\_\_\_\_\_

Contract/Subcontract/Agreement Approved: \_\_\_\_\_

\_\_\_\_\_

Start Date(s) of DBE's Work: \_\_\_\_\_ Date DBE to Complete Work: \_\_\_\_\_

Date of review: \_\_\_\_\_

Describe the type of work observed: \_\_\_\_\_

\_\_\_\_\_

Check off each item used in conducting this review. The documents checked should be filed with the report for easy reference if needed. If the answer is "No" to any of the following questions provide an explanation in the general notes at the end of the report:

1. Management:

a. Is there a legal contract executed by the DBE to perform a distinct element of work?

- Yes  No

b. Name of the on-site representative: \_\_\_\_\_

c. On-site representative reports to: \_\_\_\_\_

d. Has the on-site representative been identified as an employee of the DBE?

- Yes  No

e. Has this individual ever shown up on any other contractor's payroll?

- Yes  No

f. Does the DBE on-site representative effectively manage the job site without interference from any other non-DBE contractor?

- Yes  No

g. Who does the DBE on-site representative contact for hiring, firing, or to modify the contract? \_\_\_\_\_

h. Has the DBE owner been present on the jobsite?  
 Yes  No

i. Does the DBE appear to have control over methods of work on its contract items?  
 Yes  No

j. Is the DBE maintaining its own payroll?  
 Yes  No

k. Who prepares the DBE's certified payroll? \_\_\_\_\_

l. Is the DBE actually scheduling work activities, material deliveries and other related actions required for prosecution of the work?  
 Yes  No

m. Did the DBE sublet any items or portions of the work to any other firm?  
 Yes  No  
If yes, what % was sublet? \_\_\_\_\_%  
Name of the firm \_\_\_\_\_

## 2. Equipment

a. List the major self-propelled (engine) equipment used by the DBE: \_\_\_\_\_

b. Does the equipment have the DBE's markings or emblems?  
 Yes  No

If another firm's markings are discernable, note the Name: \_\_\_\_\_

c. Is the DBE's equipment?  
 Owned  Leased from \_\_\_\_\_

d. If leased, is there a formal agreement identifying the terms and parties?  
 Yes  No

e. Is the equipment under the direct supervision of the DBE?  
 Yes  No

f. Is the operator of the leased equipment the DBE's employee?  
 Yes  No  
If not the DBE's whose employee is it? \_\_\_\_\_

g. If the equipment is leased, is the payment for the equipment deducted from the work performed?  
 Yes  No

## 3. Workforce:

a. List the name of DBE's crew as observed during the operation described above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Has any of this crew ever shown up on any other contractor's payroll?  
 Yes  No

4. Materials:

- a. Is the work to be performed by a DBE a *furnish and install* item of work?  
 Yes  No
- b. Is the quality of the materials controlled by the DBE?  
 Yes  No
- c. If two party checks used, who are the parties identified as payable to:  
\_\_\_\_\_
- d. Who makes arrangements for delivery of materials? \_\_\_\_\_
- e. Material Invoices made out to: \_\_\_\_\_
- f. Who scheduled delivery of materials? \_\_\_\_\_
- g. In whose name area materials shipped? \_\_\_\_\_
- h. Does the prime contractor direct who the DBE is to obtain the material from and at what price?  
 Yes  No

4. Performance:

- a. Does the DBE appear to have control over methods of work on its contract items?  
 Yes  No
- b. Has any other contractor performed any amount of work specified in the DBE contract?  
 Yes  No

5. Other Work categories:

Truckers:

- a. Are trucks under the control of the DBE?  Yes  No  
Are they  Owned  Leased from \_\_\_\_\_  
If leased, is there a formal agreement identifying the terms and parties?  
 Yes  No
- b. Do the hourly rates meet the minimum wage requirements indicated on the Wage Decision?
- c. Is there an approved subcontract or written agreement?  
 Yes  No  
Who are the parties? \_\_\_\_\_
- d. Is DBE trucking firms' employees shown on the certified payroll?  
 Yes  No

Regular Dealers:

- a. Does the regular dealer have an established storage facility and inventory?  
 Yes  No
  
- b. Does the dealer have a business that sells to the public on a routine basis in the product being supplied?  
 Yes  No
  
- c. Does the business stock the product for the use on the project as a normal stock item? Yes\_\_\_\_\_ No\_\_\_\_\_
  
- c. Is the quality of the materials controlled by the DBE?  
 Yes  No
  
- e. In whose name are the materials shipped? \_\_\_\_\_
  
- f. Who is delivering, and unloading the material? \_\_\_\_\_
  
- g. Is the distribution equipment used in delivering the product the DBE's?  
 Yes  No  
Is it  Owned  
 Leased

4. Manufacturer

- a. Is the business's primary function to manufacturer construction products?  
 Yes  No
  
- b. Does the business stock the product altered for this project as a normal stock item?  
 Yes  No
  
- b. Is the quality of the materials controlled by the DBE?  
 Yes  No

General Notes:

The undersigned certifies that (s)he has reviewed the above referenced project and that the named DBE has been subject to monitoring for CUF compliance on this project and herein conforms with the contract and is true to the best of her/his knowledge and belief.

\_\_\_\_\_  
Reviewer's signature

\_\_\_\_\_  
Date