

TO: Director, Housing Management Bureau
NYS Division of Housing and Community Renewal
25 Beaver Street, NY, NY 10004

DATE: _____

HM-23

FROM: **Housing Authority/Company** _____ DHCR # _____

SUBJECT: **AWARD OF CONTRACT for** _____

We request your approval to award the above contract to _____ for the low* or sole* bid of \$ _____. Where applicable, Division form HM-180 "Notification of Intent to Solicit Bids" was submitted on _____ and Division approval received on _____ (copy of approval attached).

This contract is [], is not [], subject to sales tax. If it is, Bid Price includes applicable sales tax.

The Board/Commissioners/Owner approved award of contract. For Authorities or Mutual Companies a copy of the resolution is attached. Bids were based on identical specifications and scope of work. Two copies of the recommended contract are enclosed. The Housing Authority/Company has taken affirmative action steps to solicit proposals from minority and women owned business enterprises. Copies of all proposals received are enclosed and a listing of all contractors invited to bid and bids received is as follows. (USE ADDITIONAL SHEETS IF NECESSARY):

Note "MBE" if firm is Minority. "WBE" if Women-Owned.

<u>Firm Name</u>	<u>Bid (Dollars)</u>	<u>Note "MBE" if firm is Minority. "WBE" if Women-Owned.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Funds are available and will be charged to _____.

If over \$50,000 for construction or over \$25,000 for supplies (Housing Authority), or if required by regulation or program policy, the proposed contract was publicly advertised at least twenty (20) days before the due date of proposals, as in the attached newspaper notices. The Housing Company/Authority counsel has initialed the face of the contract to indicate review of bids and contract documents and approval of them as to form. The submitted bid documents include proof of satisfactory Insurance Coverage, Performance and Payment Bonds, and Schedule of Prevailing Wage Rates (Housing Authorities) and any other pertinent items in accordance with the approved contract.

Signature: _____

Name/Title: _____

(please print)

* If not low bid, or is sole bid, please attach an explanation to each copy of this form. If any of the questions under paragraph E of form HM-31 has been answered "Yes", include justification for selecting this contractor notwithstanding such affirmative answer. Submit original and one copy of this form to Division; retain one copy.

(FOR DHCR USE ONLY)		Date: _____
<input type="checkbox"/> The Division approves award as recommended by your Authority/Company, subject to the comments below.		
<input type="checkbox"/> DISAPPROVED for the following reasons:		
Reviewed by: _____ Title: _____		DATE STAMP
Approved by: _____ Title: _____		
Circle Distribution: H.C. Pres., M.G.P., Man. Agt., H.A. Chairperson, Exec. Dir., MGMT, A&E, FHEO, File		