

Region 2
University Transportation Research Center



RFP Cover Sheet

Title: Phase 2 Biological Control of Invasive *Phragmites australis*

RFP Number: C-15-07

Sponsor: New York State Department of Transportation

Date Issued: October 5, 2015

Final Proposal Due at UTRC: November 17, 2015. *Please submit electronically through the UTRC online submission system at <http://www.utrc2.org/welcome-utrc-ii-submission-system>. Do not send electronic copies directly to NYSDOT.*

Ten hard copies are also required, after approval of the electronic submission. UTRC will notify you that your electronic submission has been approved and then you may send the hard copies to:

Ms. Deborah Mooney
Head, Research & Policy Studies Section
Statewide Planning Bureau | Policy & Planning Division
New York State Department of Transportation
50 Wolf Rd, 6th Floor, Albany, NY 12232

RFP Closing Date: Tuesday November 17, 2015

If you plan to apply:

Please contact Penny Eickemeyer at peickemeyer@utrc2.org to let us know you are assembling a proposal. We will make sure you receive any additional information that becomes available about this RFP.

Proposal submission guidelines:

Please submit your technical and budget proposals electronically to UTRC. All proposals must include the UTRC cover page, <http://www.utrc2.org/resources>.

Budget forms can be downloaded at <http://www.utrc2.org/sites/default/files/budget-Template.xls>

Funding available:

Up to \$750,000, exclusive of administrative fees, is available from NYSDOT.

For questions about this proposal, please contact:

Deborah Mooney, Deborah.Mooney@dot.ny.gov

For questions about budget preparation, please contact:

Penny Eickemeyer, peickemeyer@utrc2.org

New York State Department of Transportation
Request for Proposals
SPR # C-15-07: Phase 2 Biological Control of Invasive *Phragmites australis*
October 5, 2015

RESEARCH PROBLEM STATEMENT

Phragmites australis plant growth and rapid expansion causes negative impacts including public safety and interference with New York State Department of Transportation (NYSDOT) maintenance operations. More broadly, the growth and expansion of *Phragmites australis* interferes with NYSDOT's Landscape Stewardship Policy to promote biodiversity. Current practices to control *Phragmites australis* include the application of herbicides followed by burning or mechanical removal of dead stalks. Success of eradication using herbicides has only been achieved for small infestations covering less than 1 acre. For larger areas, eradication has not been successful; plants re-grow and require re-treatment with herbicide application at a 3-5 year rotation. These practices pose problems to the maintenance budget and can cause negative ecological side effects for non-target plants.

SUMMARY OF PHASE ONE RESEARCH

Previous research in this area conducted for NYSDOT has resulted in identification of a potential biological control agent for *Phragmites australis* as well as recognition of an endemic and distinct native species called *Phragmites americanus*. Four stem-boring moths, *Archanara geminipuncta*, *Archanara neurica*, *Archanara dissolute* and *Arenostola phragmites* have been found to be potential biocontrol agents for *Phragmites australis*. All species overwinter as eggs and attack *Phragmites australis* stems as larvae in spring and summer. Due to distribution and life history details, there are two species *Archanara geminipuncta* and *Archanara neurica* (Twin-spotted Wainscot and White-mantled Wainscot) that have been found to be the most promising biocontrol agents. These moths lay their eggs in individual rows under the leaf sheaths of *Phragmites*, where eggs overwinter and hatch in the spring.

The *Phragmites australis* leaf sheaths remain tight and attached to stems all winter, in contrast to the native *Phragmites americanus* which have leaf sheaths that loosen in summer and fall off by fall or early winter. Because of the tight leaf sheaths found in *Phragmites australis*, the two moth species identified, *Archanara geminipuncta* and *Archanara neurica*, have an affinity to lay their eggs on the *Phragmites australis*. These two species are widespread and abundant in their native range (Europe and South-west Asia). Once hatched, the larvae start feeding on the tissues of *Phragmites* above the growing point in April, soon after shoots begin to grow. They quickly exhaust food resources of the individual *Phragmites australis* shoots, and the larvae can change shoots three to four times during their development. Thus, these moth species can potentially lead to a viable biocontrol of invasive *Phragmites australis*.

The Centre for Agriculture and Biosciences International (CABI) in Switzerland, a laboratory that carries out applied scientific research and undertakes consultancy projects to support work on invasive species, has developed a methodology to rear *Archanara* eggs and package them for distribution worldwide.

OBJECTIVE FOR PHASE TWO RESEARCH

The objective of the Phase 2 research is to continue and complete development of effective biocontrol for *Phragmites australis* and disseminate the results to stakeholders. NYSDOT will provide a copy of the final report of the Phase 1 research to the Principal Investigator for background information and to build upon existing efforts by reviewing, evaluating and incorporating existing analyses, data and recommendations, as applicable.

PHASE TWO OVERVIEW

Phase 2 of this NYSDOT research includes importing the *Archanara* eggs from CABI and releasing them for testing onto control sites that include NYSDOT's right of way. Before this can happen, Federal and State permits must be obtained to allow for the importation of *Archanara* into the United States and for release in New York. This initial task is the petition phase, including compilation and submission of all required scientific evidence to allow regulatory review from Federal and State permitting agencies (including all required environmental documentation). While the petitions for permits are being prepared, vegetation and insect communities will be monitored at control sites, including along the NYSDOT right of way, in order to develop a demographic model of the *Phragmites australis*. Once all permits are acquired and the eggs have been imported the implementation of initial insect release on test sites, including those within NYSDOT's ROW, will occur. Assuming all required permits are acquired, the research will follow spread of biocontrol agents; assess safety of native *Phragmites*; and monitor test locations. Additionally, research will be conducted to develop recommendations for mass rearing methodologies for the *Archanara* within New York.

PROPOSED RESEARCH TASKS

Task descriptions are intended to provide a framework for conducting the research. NYSDOT is seeking the insights of proposers on how best to achieve the research objectives. Proposers are expected to describe research plans that can realistically be accomplished within the constraints of available funds and research period. Proposals must present the proposer's current thinking in sufficient detail to demonstrate their understanding of the issues and the soundness of their approach to meeting the research objectives.

Tasks:

- 1) Complete the United State Department of Agriculture Animal and Plant Health Inspection Service (USDA/APHIS) petition process by compiling all of the required data and analysis from previous research and writing all of the required environmental documentation (Environmental Assessment or Environmental Impact Statement-whichever is required) in order to acquire a Federal Permit. This includes review by US Fish and Wildlife Endangered Species Unit.
- 2) Once the USDA permit is obtained, complete application and all required paperwork to submit to NYS DEC Special License Bureau to obtain a permit to liberate wildlife.
- 3) Complete paperwork for and obtain a NYSDOT Highway Work Permit (**Attachment B**) for any research to be conducted on NYSDOT's ROW. The researcher must meet all permit requirements, including insurance requirements.
- 4) Define the characteristics used to select a successful control site and appropriate number of control sites sufficient to develop a demographic model of the *Phragmites australis*

- including different genotypes and different populations. Propose control sites in consultation with NYSDOT, including several along NYSDOT right of way. NYSDOT shall have final approval of locations. Monitor vegetation and insect communities at the control sites. Assess and document the effects of insects on *Phragmites australis* size, structure and distribution.
- 5) Contract with the Centre for Agriculture and Biosciences International (CABI) in Switzerland to maintain or expand the captive colony of the insect population in preparation of future export of the eggs.
 - 6) Once all Federal and State permits are obtained, import insects and begin experimenting with various mass rearing methodologies, including lab-based and field-based, to develop mass production techniques.
 - 7) Once insects have been imported, release the insects into the control sites. After release, follow spread of biocontrol agents and assess direct and indirect effects of insect release on *Phragmites* including the safety of native *Phragmites americanus*. Monitor and document plant and insect populations at test locations.
 - 8) Facilitate technical information transfer to agencies and other interested invasive species stakeholder groups (such as the Wetlands Forum, NY Invasive Species Council and PRISMS, Maintenance/Construction Environmental Coordinator meetings). Prepare datasets and research results for publication. (See Special Notes regarding publicity.)
 - 9) Submit required, written quarterly project status reports on a calendar year basis to the NYSDOT Project Manager.

PRODUCTS

- Technical petition documentation
- Environmental Documentation (Environmental Assessment or Environmental Impact Statement, depending on what is required)
- USDA permit
- DEC application to the Special License Bureau
- DEC permit
- NYSDOT highway work permit
- Technical Transfer activities to share research results
- Monitoring data and reports, including a demographic model of *Phragmites australis*, from control sites prior to release
- Monitoring data and report on biocontrol agents impact on *Phragmites americanus* and *Phragmites australis* from control sites after the release
- Formal presentation and summary report to NYSDOT Technical Working Group
- Final report summarizing the research and results, including all tasks, deliverables, findings, recommendations and an implementation strategy, as applicable. Final reports are to adhere to **Attachment A**, *Requirements for the Final Report*.

URGENCY / EXPECTED BENEFITS

Each year the cost to New York State of the spread of *Phragmites australis* continues to increase and prospects for effective control diminish. Having a *Phragmites* biocontrol can simplify and stabilize the costs of routine maintenance activities over time.

In addition, the research will benefit many other government agencies, non-governmental organizations and private citizens within and outside NYS that are also involved with invasive species control efforts. Currently, there are no practical control methods for large infestations of *Phragmites australis*. Existing methods are confined to small populations and are very costly. Specifically, other beneficiaries will include other state DOT's, FHWA, local DPWs, the Thruway Authority/Canal Corporation, Utilities, OPRHP, Ag & Markets and NYSDEC.

RESEARCH PERIOD

5 years

FUNDING

\$750,000 has been budgeted for this project, exclusive of administrative fees. New York State believes this is a reasonable estimate for the total cost of the work being requested.

The net cost to New York State is one of the selection criteria. When compared to competing proposals, a proposal that requires fewer New York State dollars will receive a higher score on the cost component of the selection criteria. The value of New York State funds required could be reduced through efficiencies (fewer hours per task and / or lower cost per hour) or through cost-sharing where other funds substitute for New York State funds.

Proposals with a New York State cost over the budgeted amount will also be considered, provided the New York State cost, exclusive of administrative fees, does not exceed the budget estimate by more than 10 percent. (Note: Cost-sharing funds may increase the total project cost further.)

If a sufficient number of potential Principal Investigators indicate in writing that they believe the research cannot be reasonably conducted within these funding constraints and there are only a limited number of proposals submitted within the funding constraints, New York State reserves the option of not proceeding with the work or revising the budget estimate and issuing a new Request for Proposals. Potential Principal Investigators who believe the budget estimate is unreasonable should write to:

Deborah L. Mooney, Head
Research & Policy Studies Section, 6th Floor
Policy and Planning Division
New York State Department of Transportation
50 Wolf Road
Albany, NY 12232

SPECIAL NOTES

- **Proposals are due by close of business on [Tuesday, November 17, 2015](#).** This Request for Proposals is being offered to the University Transportation Research Center (UTRC) members only. UTRC members must submit both a technical and a cost proposal through the UTRC research consortium RFP online submission system.
- **Ten hard copies** of the proposal should be provided.
- NYSDOT and the City University of New York Research Foundation (RF-CUNY) on behalf of the UTRC have an executed University Transportation Research Consortium Agreement, Contract #C030793, in place. RF-CUNY/UTRC is the prime consultant for NYSDOT Task Assignments executed under this prime contract agreement. All sub-consultants (UTRC consortium members included) and sub-contractors performing work under the prime consultant contract shall be bound by the same required contract provisions as the prime Consultant. All sub-agreements between UTRC and a sub-consultant or sub-contractor shall include all standard required contract provisions, and such agreements shall be subject to review by the State.
- Publicity, including any material, data, information or analyses other than Confidential Information, that derive from activity under the Project; State materials; the State's name or other references to the State or NYSDOT ("Project Information"), in any document or forum disclosed to the public, is subject to the publicity and disclaimer terms and conditions of the NYSDOT/RF-CUNY UTRC prime contract agreement #C030793-01, Supplemental Agreement #1, Article 8, Section 8.05, Publicity, and Article 2, Section 2.03, Disclaimer.
- Proposals should indicate direct and indirect costs, hourly rates of team members and hours by task and team member, travel costs, and material costs to assist NYSDOT in understanding how the total cost for the work was estimated. The winning proposal will result in a fixed cost contract based on the details provided in a supporting detailed budget.
- Proposals should include the qualifications of team members assigned to this project.
- Please provide a Budget Chart showing the cost for each task deliverable. Task headings in the Budget Chart must match the scope task headings.
- Please include a Gantt Chart showing the duration (start to finish) for each task in terms of months (i.e. Month 1, Month 2, etc) since the actual start date is an estimate. This can be combined on one page with the Budget Chart.
- If the proposal involves a joint venture or sub-consultants, it must be clear as to how tasks will be distributed or shared in the scope of work.
- The Principal Investigator is required to submit quarterly project status reports to the NYSDOT Project Manager as specified in the Task Assignment.
- The Principal Investigator is required to submit all project task deliverables, first, in draft formats for review and comment by the NYSDOT Project Manager and

Technical Working Group (TWG). The Principal Investigator is required to revise draft task deliverables, based upon comments, as needed, and re-submit to the NYSDOT Project Manager for review. Upon acceptance by the NYSDOT Project Manager, the Principal Investigator is required to submit draft task deliverables to the NYSDOT Project Manager in final formats, as specified in the Task Assignment.

- The final report on the results of the research is to contain, at a minimum, the information described in **Attachment A**, *Requirements for the Final Report*.
- Principal Investigators should be familiar with and follow the requirements of New York State with regard to the *Compliance Procurement Lobbying Law* and consultant contract procurement. Information can be found on the NYSDOT website under Business Center / Doing Business with NYSDOT / Consultants / Non-Architectural Engineering Information / Active Solicitations:
<https://www.dot.ny.gov/main/business-center/consultants/non-architectural-engineering/active-solicitations>
- If required permits are not acquired, NYSDOT reserves the right to stop the research project and will pay only for NYSDOT-accepted work performed prior to the date of stoppage.
- **The designated contact for this solicitation is Deborah L. Mooney.**
Questions seeking clarification on the RFP will be accepted up to three (3) weeks prior to the due date for proposals and should be e-mailed to:
Deborah.Mooney@dot.ny.gov

CRITERIA FOR SELECTION

- **Expertise / Understanding / Approach** (Weight: 60%)
Expertise: What is the extent of the relevant expertise of the Principal Investigator? What is the extent of the relevant expertise of others who will be involved in the research?

Understanding of the Problem: Does the proposal reflect an understanding of the problem and its relevance to New York State? Does the proposal reflect an understanding of existing data and the current state of knowledge in New York State?

Approach: Is the proposed approach clear, especially in how it will build upon and enhance the state of knowledge in New York State? Will it yield the deliverables called for in the RFP? Does the approach show insight that will lead to results that will sufficiently assist New York State in addressing the problem? Is the proposed approach practical given the schedule and total budget? Will the proposed research draw upon all critical sources of pertinent information?
- **Investigator's Previous Experience with Similar Projects** (Weight: 20%)
Successful completion of previous NYSDOT projects by the Investigator(s) will be considered. These projects should be in the area of expertise required for successful completion of this project, such as invasive species biology, biocontrol and quarantine research.
- **Cost to New York State** (Weight: 20%)
The lower the New York State cost, the greater consideration a proposal will receive.

Requirements for the Final Report

Copies of Final Report – **Twelve (12)** hard copies of a bound, final report is required at the conclusion of the research study. An electronic PDF copy of the final report is required, as well. In addition to the final report, a one page document, summarizing the project and project findings, shall be provided for technical transfer purposes. This is required in PDF format only.

Required Organization for the Final Report

Title Page (front cover) - that contains:

- The research number (C#) assigned by the Research & Policy Studies Section;
- The name of the research study as stated in the Task Assignment (contract);
- The words “Final Report;”
- The date (month & year) the final report is completed;
- The name(s) of the Consultant(s) / Principal Investigator(s), along with the name(s) of the organization(s) they represent and their address(es);
- A color photograph to add professional appearance; and,
- If the final report has a security classification, it shall be noted on the title page.

Disclaimer (inside cover) - as follows:

DISCLAIMER

This report was funded in part through grant(s) from the Federal Highway Administration, United States Department of Transportation, under the State Planning and Research Program, Section 505 of Title 23, U.S. Code. The contents of this report do not necessarily reflect the official views or policy of the United States Department of Transportation, the Federal Highway Administration or the New York State Department of Transportation. This report does not constitute a standard, specification, regulation, product endorsement, or an endorsement of manufacturers.

Form DOT F 1700.7 – complete the standard form used throughout the country to summarize federally funded transportation research

Table of Contents

Executive Summary - a non-technical summary of the research and its findings

Introduction – a discussion of the problem, its background, and a concise history of research previously completed on the topic, and a discussion of what NYSDOT policies, procedures, and practices are currently in place related to the research topic.

Research Method – a description of the methods used in conducting the research

Findings and Conclusions – a discussion on the analysis of the data (findings) and the conclusions reached based on the findings. Suggestions for additional research, if appropriate, would appear in this section.

Statement on Implementation – a brief discussion on what would need to occur to introduce the results into practice, and a discussion on possible technology transfer activities

Appendices – as appropriate

State of New York
Department of Transportation

Form PERM 33 (8/01)

Highway Work Permit Application for Non-Utility Work

Instructions and Form

Submit three copies (photocopies acceptable)

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR HIGHWAY WORK PERMIT – NON-UTILITY

FRONT OF APPLICATION

An Applicant may not have all pertinent information at the time of completing the application form since certain information relative to fees, insurance and guarantee deposits may be contingent upon determinations to be made by the Department. In such cases, the information may be left blank and remittance withheld until the information is determined by the Department.

Please complete the following:

- Permittee's name and address. For more than one applicant, also fill in the joint applicant's name and address.
- Federal Identification Number of the company or individual Social Security Number.
- Applicant's telephone number. A telephone number where applicant can be contacted concerning the application. Please include area code.
- Project Identification No. and Highway Work Permit No. will be completed by the issuing office.
- Name of Contact person and their telephone number in case of emergency.
- If Highway Work Permit is to be returned to someone other than the applicant, complete this section.
- Estimate the cost of work being performed in the State highway right-of-way and place this figure on the blank line.
- Indicate anticipated duration of work to be performed with starting date and ending date on this line.
- You may provide your own insurance, purchase insurance through the Department, if available, or provide an Undertaking (for Utilities and Municipalities only). If you choose to provide your own insurance, a PERM 17 will be necessary. The PERM 17 may be obtained at the office you obtained this form from. It must be completed by your insurance company and accompany the permit application upon submission. The Policy number and expiration date of the PERM 17 should be shown on this line.
- Give a brief description of the proposed work that is to be done under this permit
- Plans and specifications should accompany this application for any work that involves construction within the State highway right-of-way. Place a check mark on the lines for plans and specifications if they are attached.
- Location of the project should be identified by: State Route; State Highway Number, if known; State Highway reference markers and Town and County in which work area is located.
- SEQR requirements: This may be required for larger projects – Contact the Regional Office of the Department of Transportation to determine if these requirements are necessary.
- Signature of applicant (permittee) and date.
- Signature of second applicant, if any, and date.

BACK OF APPLICATION

- Check type of work that will be performed.
- In the appropriate column indicate:
 - Manner in which insurance coverage is furnished the Department, i.e., PERM 17 (P17) or Under-Taking (UT) or Insurance Fee (IF), if available (N/A means the Department's insurance is not available).
- Indicate total amount of permit fee and insurance fee, if applicable.
- Indicate check number of Guarantee Deposit or Bond Number, if required. This will be determined by the Department upon submission of application.

Shaded areas will be completed by the Department of Transportation.

Remove the application form from the back of this packet and submit 3 copies to the Department for approval.

RESPONSIBILITIES OF PERMITTEE PURSUANT TO NON-UTILITY HIGHWAY WORK PERMITS

FAILURE TO OBTAIN A PERMIT OR FAILURE TO COMPLY WITH THE TERMS OF A PERMIT MAY RESULT IN THE DEPARTMENT HALTING THE ACTIVITY FOR WHICH A PERMIT IS REQUIRED UNTIL ADEQUATE CORRECTIONS HAVE BEEN MADE.

PROTECTIVE LIABILITY INSURANCE COVERAGE

Permittee must have protective liability insurance coverage in accordance with Department requirements. See "Certificate of Insurance for Highway Permits" (Form PERM 17, NYSDOT).

Expiration of, or lack of, liability insurance automatically terminates the permit. Insurance coverage may be provided by furnishing the Department with one of the following:

1. A completed Certificate of Insurance for Highway Permits (Form PERM 17, NYSDOT).
2. Purchase the Department Blanket Policy for Highway Work Permits from the Department, if available. N/A shown on the Application in the insurance column means Department insurance coverage is not available for that type of project.
3. Provide an Undertaking. Undertakings are limited to Public Service Corporations and government units.

COMPENSATION INSURANCE AND DISABILITY COVERAGE

The permittee is required to have compensation insurance and disability coverage as noted in the provisions of the Worker's Compensation Law and Acts amendatory thereof for the entire period of the permit, or the permit is invalid.

NOTIFICATION

The following should be notified at the appropriate time as shown below:

1. Commissioner of Transportation, through Regional Office, one week prior to commencing work.
2. Area gas distributors 72 hours prior to any blasting.
3. Utility companies with facilities in work areas before starting work, in accordance with Industrial Code 53 (permission from utility company must be obtained before commencing work affecting utilities' facilities).
4. New York State Department of Transportation, Regional Signal Maintenance Shop, 3 days prior to starting work.
5. New York State Department of Transportation Regional Office at conclusion of work and return original copy of permit to Resident Engineer.

Permit Notification for Annual Permits: Notify by telephone, the Regional or Resident Engineer's Office in advance, when work is to be performed.

SITE CARE AND RESTORATION

An Undertaking, a bond or a certified check in an amount designated by the Department of Transportation may be required by the Regional Office, before a permit is issued, to guarantee restoration of the site to its original condition. If the Department is obliged to restore the site to its original condition, the costs to the Department will be deducted from the amount of the permittee's guarantee deposit at the conclusion of the work. Costs in excess of the Bond/guarantee deposit on file will be billed directly to the permittee.

The permittee is responsible for traffic protection and maintenance including adequate use of signs and barriers during work and evening hours. Anyone working within the State highway right-of-way will wear high visibility apparel (orange/yellow) and hard hat.

No unnecessary obstruction is to be left on the pavement or the State highway right-of-way or in such a position as to block warning signs during non-working hours.

No work shall be done to obstruct drainage or divert creeks, water courses or sluices onto the State highway right-of-way.

All false work must be removed and all excavations must be filled in and restored to the satisfaction of the Regional Maintenance Engineer.

COSTS INCURRED BY ISSUANCE OF THIS PERMIT

All costs beyond the limits of the protective liability insurance, surety deposits, etc. are the responsibility of the permittee. The State shall be held free of any costs incurred by the issuance of this permit, direct or indirect.

SUBMITTING WORK PLANS

The applicant will submit work plans and/or a map as required by the Department. This shall include such details as measurements of driveways with relation to nearest property corner, positions of guys supporting poles and a schedule of the number of poles and feet of excavation necessary for completion of the work on the State right-of-way. A description of the proposed method of construction will be included.

Plan work with future adjustments in mind, as any relocation, replacement or removal of the installation authorized by this permit and made necessary by future highway maintenance, reconstruction or new construction, will be the responsibility of the permittee.

Driveway plans should be prepared in accordance with the POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.

The permittee must coordinate the work with any state construction being conducted.

TRAFFIC MAINTENANCE

A plan detailing how the permittee intends to maintain and protect traffic shall be submitted with work plans. Traffic shall be maintained on the highway in a safe manner during working and non-working hours until construction is completed. The permittee is responsible for traffic protection and maintenance, including adequate use of signs, barriers, and flag persons during working and non-working hours until construction is completed.

All sketches will be stamped with "MAINTENANCE OF TRAFFIC SHALL BE IN CONFORMANCE WITH THE NEW YORK STATE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES."

COST OF INSPECTION AND SUPERVISION

Prior to issuance of the Highway Work Permit, the permittee may be required to sign an INSPECTION PAYMENT AGREEMENT FOR HIGHWAY WORK PERMITS (FORM PERM 50) agreeing to the payment of inspection charges and/or PAYMENT OF AGREEMENT FOR HIGHWAY WORK PERMITS DESIGN REVIEW (FORM PERM 51) for Department employees. Inspection charges will be based on number of work days. Design Review charges will be based on number of work hours.

SCOPE

Areas Covered: Permits issued are for highways, bridges and culverts over which the New York State Department of Transportation has jurisdiction. (Local governments issue permits for highways under their jurisdiction.)

Legal: The privilege granted by the permit does not authorize any infringement of federal, state or local laws or regulations, is limited to the extent of the authority of this Department in the promises and is transferable and assignable only with the written consent of the Commissioner of Transportation.

Commissioner's Reservation: The Commissioner of Transportation reserves the right to modify fees and to revoke or annul the permit at any time, at his discretion without a hearing or the necessity of showing cause.

Locations: Work locations must be approved by the Department.

Maintenance: Property owners having access to a state highway shall be fully responsible for the maintenance of their driveway in accordance with POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.

Work Commencement: The Permittee shall have a copy of the permit available at the site during the construction period. Work should start within 30 days from validation date of permit or said permit may be revoked.

COMPLETION OF PROJECT

Upon completion of the work within the state highway right-of-way authorized by the work permit, the person and his or its successors in interest, shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the Terms and Conditions of the Highway Work Permit.

STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION
HIGHWAY WORK PERMIT APPLICATION FOR NON-UTILITY WORK

PREPARE 3 COPIES
(photocopies acceptable)

Application is hereby made for a highway work permit:

For Joint application, name and address of Second Applicant below:

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Federal I.D. No. or Social Security No. _____

Applicant Telephone No. _____

Contact person in case of emergency _____

Telephone No. of contact person _____

Project Identification No. _____

Highway Work Permit No. _____

RETURN PERMIT TO (If different from above):

RETURN OF DEPOSIT/BOND TO (Complete only if different from permittee):

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

1. Estimated cost of work being performed in state highway right-of-way \$ _____

2. Anticipated duration of work: From _____ 20, _____ thru _____, 20 _____, to apply to the operation(s) checked on the reverse side.

3. Protective Liability Insurance covered by Policy No. _____ ; expires on _____ 20 _____

4. A \$20.00 fee will be charged for checks returned by the bank.

PROPOSED WORK (Brief description): _____

ATTACHED: Plans _____ Specifications _____ LOCATION: State Route _____ State Highway _____

between Reference Marker _____ and Reference Marker _____

Town of: _____ County of: _____

SEQR REQUIREMENTS (Check appropriate item):

_____ Exempt _____ Ministerial _____ Type 11 _____ EIS or DEIS Lead Agency _____

If project is identified to be ministerial, exempt, or TYPE 11, no further action is required.

If project is determined to be other than ministerial, exempt, or TYPE 11, refer to M.A.P.7.12-2, Appendix A SEQR REQUIREMENTS FOR HIGHWAY WORK PERMITS.

Acceptance of the requested permit subjects the permittee to the restrictions, regulations and obligations stated on this application and on the permit.

Applicant Signature _____ Date _____ 20 _____.

Second Applicant Signature _____ Date _____ 20 _____.

Approval recommended _____ 20 _____, By Resident Engineer _____ Residency No. _____

Approved _____ 20 _____, By Regional Traffic Engineer _____ Region No. _____

PERMIT IS ISSUED CONTINGENT UPON LOCAL REQUIREMENTS BEING SATISFIED.

CHECK TYPE OF OPERATION	Permit Fee	Insurance Fee	Perm 17 or Under Taking	Total Amount of Fee and/or Insurance	Guarantee Deposit and/or Bond Amount
5. <input type="checkbox"/> Single job – Permit issued for each job					
a. <input type="checkbox"/> Driveway or roadway					
1. <input type="checkbox"/> Residential	\$ 15	\$ 25			
2. <input type="checkbox"/> Commercial – Minor	550	175			
a. <input type="checkbox"/> Home Business	100	75			
3. <input type="checkbox"/> Commercial – Major – (Less than 100,000 square feet Gross Building Area)	1400	N/A			
4. <input type="checkbox"/> Commercial – Major – (100,000 square feet Gross Building Area and Greater)	Actual cost with Minimum of \$2000 upon permit app.	N/A			
5. <input type="checkbox"/> Subdivision Street	900	N/A			
6. <input type="checkbox"/> Temporary access road or street	200	150			
b. <input type="checkbox"/> Improvement					
1. <input type="checkbox"/> Residential	15	25			
2. <input type="checkbox"/> Commercial					
Check additional description below:					
a. <input type="checkbox"/> Install sidewalk, curb paving, stabilized shoulder, drainage, etc.	200	150			
b. <input type="checkbox"/> Grade, seed, improve land contour, clear land of brush, etc.	100	75			
c. <input type="checkbox"/> Resurface existing roadway or driveway	50	50			
d. <input type="checkbox"/> Annual resurfacing of residential and commercial roadways or driveways.					
1. <input type="checkbox"/> Per County	150	N/A			
2. <input type="checkbox"/> Per Region	400	N/A			
c. <input type="checkbox"/> Tree Work					
1. <input type="checkbox"/> Residential	15	25			
2. <input type="checkbox"/> Commercial (not required for pruning if utility has annual maintenance permit)	25	50			
Check additional description below:					
a. <input type="checkbox"/> Removal or planting					
b. <input type="checkbox"/> Pruning, applying chemicals to stumps, etc.					
3. <input type="checkbox"/> Vegetation control for advertising signs	150/sign	75			
d. <input type="checkbox"/> Miscellaneous Construction					
1. <input type="checkbox"/> Beautifying ROW – (for Civic Groups only)	NC	25			
2. <input type="checkbox"/> Temporary signs, banners, holiday decorations					
a. <input type="checkbox"/> Not-for-profit organizations	NC	25			
b. <input type="checkbox"/> Organizations other than not-for-profit	25	25			
3. <input type="checkbox"/> Traffic control signals	500	175			
4. <input type="checkbox"/> Warning and entrance signs	25	50			
5. <input type="checkbox"/> Miscellaneous – Requiring substantial review	400	175			
6. <input type="checkbox"/> Miscellaneous	25	50			
6. <input type="checkbox"/> Encroachment caused by D.O.T. acquisition of property	25	50			
7. <input type="checkbox"/> Compulsory permit required for work performed at the request of D.O.T.					
a. <input type="checkbox"/> Building demolition or moving requested by D.O.T.	NC	25			
1. <input type="checkbox"/> Demolition 2. <input type="checkbox"/> Moving					
b. <input type="checkbox"/> Improvement to meet Department standards	NC	25			
8. <input type="checkbox"/> Miscellaneous	25	25			
9. <input type="checkbox"/> Adopt a Highway	NC	N/A			

Guarantee Deposit Check Number or Bond Number _____

PERM 33 (8/01)
REVERSE



NYS DOT ACCOUNT NUMBER

CERTIFICATE OF INSURANCE FOR HIGHWAY WORK PERMIT
TO BE PREPARED BY INSURANCE AGENCY OR INSURANCE COMPANY

THIS CERTIFICATE OF INSURANCE WILL SUPERSEDE ALL OTHER CERTIFICATES OF INSURANCE NOW ON FILE WITH THE NYSDOT AND MUST BE IN EFFECT FOR THE FULL TERM OF THE PERMIT. EXPIRATION OF, OR LACK OF, LIABILITY INSURANCE AUTOMATICALLY INVALIDATES THE PERMIT.

Highway Work Permits: Used for installing and/or maintaining facilities on State right-of-way – coverage in such case shall be written as a protective liability insurance policy and shall also include completed operations liability insurance with respect to liability imposed by laws arising between the date and final cessation of the work pursuant to the Highway Work Permit and the date of final acceptance of such work by the State. Questions 1-6 are to be filled in by permit applicant. The rest of the form is for insurance agent or broker to fill in and agree to.

1. NAME OF PERMIT APPLICANT

(The Legal Name of the Business Entity, i.e., Corporation, Partnership or individuals. **NOTE:** If DBA, also provide Name of Legal Entity and Copy of “Certificate of Conducting Business under an Assumed Name” that was filed in County Clerk’s Office.)

2. FEIN Number _____

(Federal Employee Identification Number, also known as the IRS Tax Identification Number.)

3. PHYSICAL ADDRESS OF PERMIT APPLICANT

(Provide street address of principal place of business; may attach additional PERM 17 ATTACHMENT sheet listing physical addresses of branch offices (page (4)), *if application for permits will be for those locations.*)

☐ **PLEASE CHECK HERE IF THIS IS A CHANGE OF ADDRESS**

4. MAILING ADDRESS OF PERMIT APPLICANT

(If different than above) ☐ **PLEASE CHECK HERE IF THIS IS A CHANGE OF ADDRESS**

5. TELEPHONE NUMBER OF PERMIT APPLICANT

6. NAME OF PERMIT APPLICANT CONTACT PERSON

7. 7a. PROTECTIVE LIABILITY POLICY NUMBER

(See Policy requirements in A or B on reverse) **Binders, and unassigned policy numbers are only valid for 30 days.**

7b. EFFECTIVE DATE _____ EXPIRATION DATE _____

☐ **PLEASE CHECK HERE AND SIGN BELOW IF COVERAGE IS CONTINUOUS UNTIL CANCELLED**
Insurer agrees to notify NYSDOT at least 30 days prior to the expiration or cancellation of said policy.

(Authorized Signature of Insurance Agent or Broker is Required to indicate agreement to notify NYSDOT)

8. Submit to the New York State Department of Transportation Regional Office where the permit work will occur. If the permit work occurs in multiple Regions submit this form to one Region and the New York State Department of Transportation will coordinate its acceptance. See Page 3 for a Regional listing with addresses.

REVERSE SIDE MUST BE COMPLETED

In accordance with NYS Department of Transportation requirements, the subscriber hereby certifies that a **PROTECTIVE LIABILITY** insurance policy has been issued on behalf of the Permit Applicant:

- A. HIGHWAY WORK PERMIT; for the protection of the people of the State of New York, all municipal subdivisions thereof, and the Commissioner and NYS Department of Transportation, the NYS Thruway Authority, the State Bridge Authority and their officials, officers, and employees as named insureds, **(and no other co-insureds)**, covering bodily injury (including death) with minimum limits of \$500,000 each occurrence and covering property damage with minimum limits of \$100,000 each accident and minimum aggregate annual limits of \$500,000, against actions resulting from use of a Highway Permit by the Permittee or by an person acting by, through or for the Permittee, including omissions and supervisory acts of any of the named insureds; or
- B. MAJOR COMMERCIAL HIGHWAY WORK PERMIT; for the protection of the people of the State of New York, all municipal subdivisions thereof, and the Commissioner and NYS Department of Transportation, the NYS Thruway Authority, the State Bridge Authority and their officials, officers, and employees as named insureds, **(and no other co-insureds)**, for Major Commercial Highway Work Permits – covering bodily injury (including death) with minimum limits of \$1,000,000 each occurrence and covering property damage with minimum limits of \$200,000 each accident and minimum aggregate annual limits of \$1,000,000, against actions resulting from use of a Highway Permit by the Permittee or by an person acting by, through or for the Permittee, including omissions and supervisory acts of any of the named insureds.

The subscriber certifies and agrees that such insurance policy contains an endorsement that said policy shall not be cancelled until thirty (30) days written cancellation notice has been given the NYS Department of Transportation. Any cancellation notice shall indicate the permit applicant's name, permit account number (obtain from permit applicant), address, and policy number. Notice of reinstatement must be made by a reinstatement notice or a completed Certificate of Insurance (PERM 17) and sent to the NYS Department of Transportation. In addition, the subscriber further certifies and agrees that the insurance policy referred to herein shall not be changed or cancelled unless all work authorized has been completed and accepted by the NYS Department of Transportation.

This certificate is furnished in accordance with the rules and regulations of the NYS Department of Transportation pertaining to Highway Permits.

A Certificate of Insurance (PERM 17) is the only acceptable proof of insurance. PLEASE DO NOT SEND ACCORD FORMS, INSURANCE CARDS. Altered certificates will NOT be accepted. Updates and changes may be made by submitting a new Certificate of Insurance (PERM 17); the most recent form will supersede all previous Certificates of Insurance (PERM 17) on file with the NYS Department of Transportation.

Name of Insurance Company (please print)

Authorized Signature of Insurance Agent or Broker

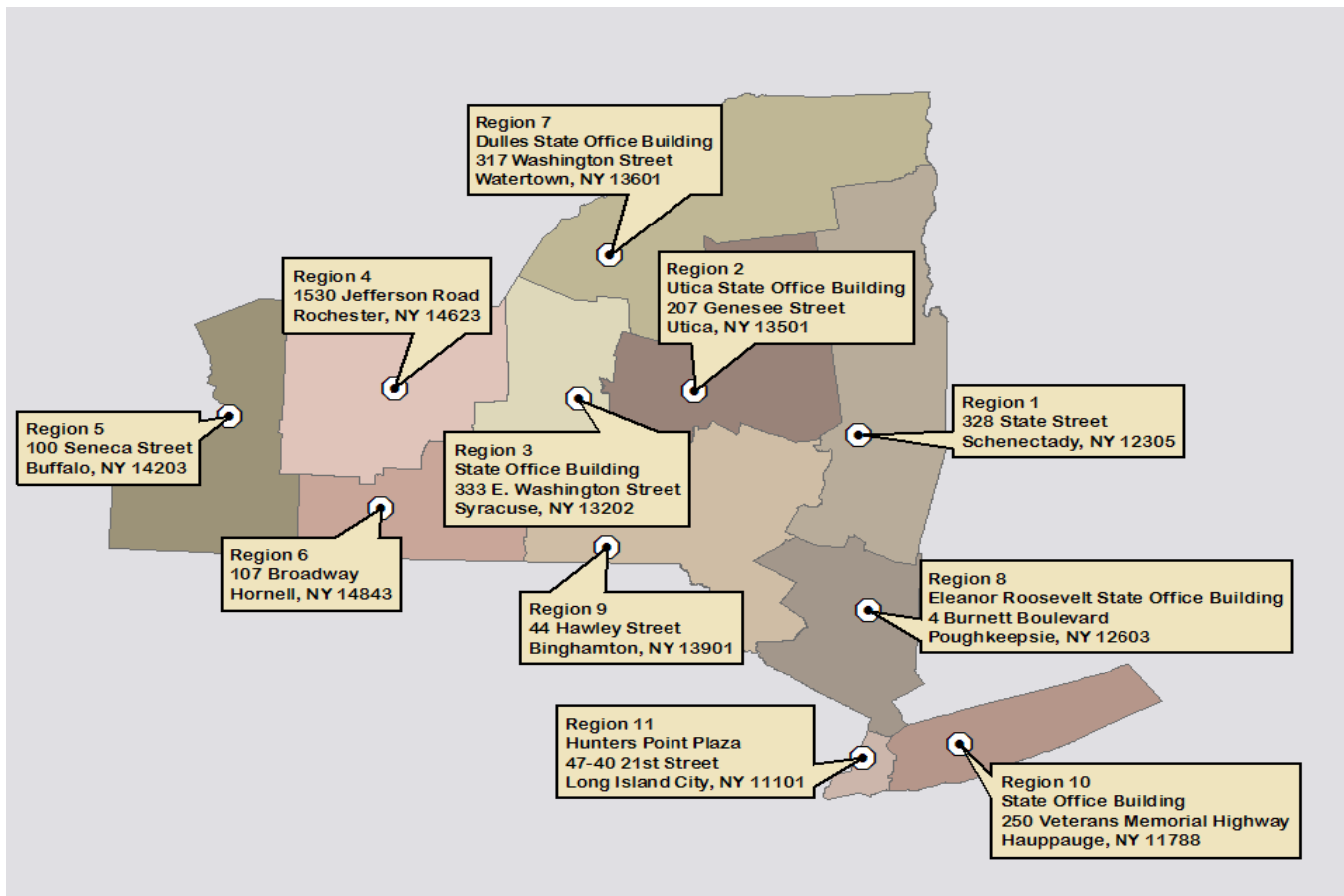
Address of Insurance Company (please print)

Authorized Name of Insurance Agent or Broker (please print)

Telephone No. of Insurance Company

Address of Insurance Agent (please print)

Telephone No. of Insurance Agent



Region	Address	Fax	Counties
1	NYSDOT Region 1, Highway Work Permits 328 State Street Schenectady, NY 12305	518-388-0379	Albany, Essex, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington
2	NYSDOT Region 2, Highway Work Permits 207 Genesee Street Utica, NY 13501	315-793-2522	Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida
3	NYSDOT Region 3 Private Development and Mitigation Section System Operations 333 E. Washington Street Syracuse, NY 13202	315-428-4311	Cayuga, Cortland, Onondaga, Oswego, Seneca, Tompkins
4	NYSDOT Region 4, Highway Work Permits 1530 Jefferson Road Rochester, NY 14623	585-272-3474	Genesee, Livingston, Monroe, Ontario, Orleans, Wyoming, Wayne
5	NYSDOT Region 5, Highway Work Permits 100 Seneca Street Buffalo, NY 14203	716-847-3815	Cattaraugus, Chautauqua, Erie, Niagara
6	NYSDOT Region 6, Highway Work Permits 107 Broadway Hornell, NY 14843	607-324-2663	Allegany, Chemung, Schuyler, Steuben, Tioga, Yates
7	NYSDOT Region 7, Highway Work Permits 317 Washington Street Watertown, NY 13601	315-785-2438	Clinton, Franklin, Jefferson, Lewis, St. Lawrence
8	NYSDOT Region 8, Highway Work Permits 4 Burnett Boulevard Poughkeepsie, NY 12603	845-575-6126	Columbia, Dutchess, Orange, Putnam, Rockland, Ulster, Westchester
9	NYSDOT Region 9, Highway Work Permits 44 Hawley Street Binghamton, NY 13901	607-721-8057	Broome, Chenango, Delaware, Otsego, Schoharie, Sullivan
10	NYSDOT Region 10, Highway Work Permits 250 Veteran's Memorial Highway Hauppauge, NY 11788	631-952-4967	Nassau, Suffolk

ATTACHMENT TO
CERTIFICATE OF INSURANCE FOR HIGHWAY WORK PERMIT
THIS FORM MUST BE SUBMITTED WITH THE APPROPRIATE CERTIFICATE OF INSURANCE (PERM 17)
TO BE PREPARED BY INSURANCE AGENCY OR INSURANCE COMPANY

1. NAME OF PERMIT APPLICANT _____

2. FEIN Number _____

3. Consider the Certificate of Insurance (PERM 17) as PAGE 1, this ATTACHMENT is PAGE _____ of _____ TOTAL PAGES

4. BRANCH OFFICES - Additional locations also listed and covered by the same insurance policy indicated on page one of the Certificate of Insurance (PERM 17), in which the insured has a physical place of business and the vehicles are dispatched from while operating under a NYS Department of Transportation permit.

NAME OR DESIGNATION OF BRANCH OFFICE: _____

DOES THIS BRANCH HAVE A NYSDOT ACCOUNT NO.? ☐ YES ☐ NO. IF YES, PLEASE PROVIDE _____

BRANCH OFFICE PHYSICAL ADDRESS: _____

BRANCH OFFICE MAILING ADDRESS: _____

TELEPHONE NUMBER OF BRANCH OFFICE: _____

CONTACT PERSON: _____

NAME OR DESIGNATION OF BRANCH OFFICE: _____

DOES THIS BRANCH HAVE A NYSDOT ACCOUNT NO.? ☐ YES ☐ NO. IF YES, PLEASE PROVIDE _____

BRANCH OFFICE PHYSICAL ADDRESS: _____

BRANCH OFFICE MAILING ADDRESS: _____

TELEPHONE NUMBER OF BRANCH OFFICE: _____

CONTACT PERSON: _____

NAME OR DESIGNATION OF BRANCH OFFICE: _____

DOES THIS BRANCH HAVE A NYSDOT ACCOUNT NO.? ☐ YES ☐ NO. IF YES, PLEASE PROVIDE _____

BRANCH OFFICE PHYSICAL ADDRESS: _____

BRANCH OFFICE MAILING ADDRESS: _____

TELEPHONE NUMBER OF BRANCH OFFICE: _____

CONTACT PERSON: _____

(Additional sheets may be attached if necessary)

SURETY BOND (PERFORMANCE)
(INSURANCE AND INDEMNITY COMPANY NAME)

BOND NO. _____ AMOUNT \$6,000,000

KNOWN ALL BY THESE PRESENTS, That we, _____ (PRINCIPAL'S NAME)
having its principle place of business at _____, as Principal,
and _____ (INSURANCE AND INDEMNITY COMPANY), as Surety,
having an office and usual place of business at _____ are held and
firmly bound unto the DEPARTMENT OF TRANSPORTATION OF THE STATE OF NEW YORK, in the full and just sum of
Six Million Dollars (\$6,000,000) to the payment of which, well and truly to be
made, we bind ourselves, our heirs, executors, administrators, successors and assigns, to jointly and severally, firmly by these presents.

WHEREAS, said Principal will submit and has submitted plans and specifications for work, within a State highway, deemed necessary by the Commissioner of Transportation, or his duly authorized delegate, and

WHEREAS, said Principal has received and will apply from time to time for permits for the purpose of constructing or maintaining drive entrances, sewer lines, water mains, gas mains, utility lines and poles, street intersections, curb, sidewalk, drainage and excavating for miscellaneous structures, etc., on or within the right of way of highways under the jurisdiction of the State of New York, Department of Transportation,

WHEREAS, this obligation is for the purpose of insuring and guaranteeing the timely and workmanlike completion of such work as reasonably determined by the Commissioner of Transportation or his duly authorized delegate,

IT IS AGREED and understood among the parties hereto that upon the reasonable determination that such work is not being timely performed or is not being or has not been performed in a workmanlike manner by said Principal, the Commissioner of Transportation or his duly authorized delegate may require said Surety to promptly complete said work in a timely and workmanlike manner, or the Commissioner of Transportation or his duly authorized delegate may direct completion of said work with forces chosen by the Commissioner, the costs of which work will be reimbursed by said Surety up the amount designated above, all of which determinations shall be within the sole and exclusive discretion of the Commissioner of Transportation or his duly authorized delegate.

IT IS FURTHER AGREED that said Principal and said Surety shall indemnify and save harmless the State of New York, Department of Transportation, from all liability, damages and expenses of every kind and nature, resulting directly or indirectly to persons or property and arising from and in consequence of any license or permit, and shall well, truly and faithfully perform the duties and privileges pertaining to any license or permit and shall restore such State highways to their original conditions.

IT IS FURTHER AGREED that said Principal and said Surety shall further indemnify, save harmless and pay the New York State Department of Transportation, any damages, loss, charges or expenses which shall, in any way, be sustained or incurred by it in relation to or in connection with any and all such claims, actions, suits or proceedings at law or in equity.

IN TESTIMONY WHEREOF, said Principal has hereunto set his hand and seal and said Surety has caused this instrument of writing to be executed. SIGNED, sealed and dated this _____ Day of _____ Year _____.

This Bond takes effect _____ and shall remain in full force until the work is satisfactorily completed and accepted.

PRINCIPAL
(NOTE: If DBA also provide Name of Legal Entity and Copy of
"Certificate of Conducting Business under an assumed Name"
that was filed in County Clerk's Office, e.g. John Jones dba
Jones Trucking)

BY: _____

(Company Seal)

Address: _____

Telephone No.: _____

SURETY

BY: _____
Attorney-in-Fact

(Company Seal)

Address: _____

Telephone No.: _____

Note: Attach Power of Attorney, Financial Statement and
acknowledgement by representative of the Surety showing his
his powers to execute such instrument.