

Associated Builders & Contractors, Empire State Chapter 2024 Construction Excellence Awards Project Submission Requirements and Forms

Each year, the Empire State Chapter of Associated Builders and Contractors hosts its annual Construction Excellence Competition in which member companies submit their best work to be judged against the best-of-the-best in New York State.

The Empire State Chapter is now accepting submissions and we invite member companies to submit their best projects for consideration in our 2024 competition.

THE DEADLINE TO SUBMIT PROJECTS IS FRIDAY, JUNE 28, 2024.

Benefits

Participation in the Construction Excellence Competition provides a unique tool in building relationships with key clients, and is a tremendous opportunity to build morale within your company as your employees earn the public recognition they deserve for delivering a successful job.

A Construction Excellence Award will help grow your business by raising your company's profile among industry leaders. Winners will be recognized during the Empire State Chapter's Construction Excellence Celebration in September.

Purpose

This competition is intended to increase awareness in our local communities regarding the quantity and quality of work being produced by members of the Empire State Chapter of ABC. By calling attention to excellence, we will continue to set the standard throughout the construction industry.

Projects must be substantially completed by June 28, 2024.

Only projects completed in the last two years are eligible.

(JUNE 28, 2022 - JUNE 28, 2024)

NO REPEAT SUBMISSIONS WILL BE ACCEPTED.

Contents

- Judging Criteria
- Project Information Form
- Project Award Category Form
- Project Safety Form

Completion of Project

To be eligible for consideration, the project must be substantially completed between June 28, 2022 and June 28, 2024.

Project Entry Steps

- 1. Complete application (select only one category per project submission
- 2. Include all required supporting documents
- 3. Submit application and supporting documents via Dropbox (All files and documents must be submitted no later than Friday, June 28, COB)

CLICK TO SUBMIT

Condensed Project Narrative

- Microsoft Word document, no more than 400 words.
- A project description describing what is special or unique about your project that can be used in the media presentation and program if you are a winner.

Photographs

- Submit NO MORE THAN 5 high resolution photographs of the project.
- Only .JPEG or .PNG file formats will be accepted.
- These MUST be submitted as separate files please do not put photos into a Word document.

Project Safety

- No project involving a prime, multi-prime, subcontractor or any trade-related work (regardless of the type of contract) with a safety-related fatality is eligible for a Construction Excellence Award.
- Complete the separate Project Safety section of this application on page 5.
- You must include your company's OSHA Form 300A (project specific, if available) for the year(s) the project was under construction.

References (Preferred)

- Include letters of recommendation from third parties involved with the project, such as the owner and design team. If the owner is unable to provide a letter of recommendation due to company policy, include a letter from the owner on its letterhead stating it is unable to provide a reference.
- Provide a short description of how the author of each letter was involved in the project.

Supplemental Materials (Optional)

- Up to five single-sided pages.
- Provide any miscellaneous supporting materials: diagrams, graphics, media coverage, awards, etc.

Please provide the requested information exactly as it should appear in award-related materials and on the award. If you have any questions regarding this application, you may call the ABC Empire State office at (585) 363-1657 or e-mail Brian Sampson at sampson@abcnys.org or Amy Platenik at platenik@abcnys.org **Contractor Information:** Name of Contractor: Company Principal Name and Title: Street Address: City: State: Zip: Phone: Fax: Email: Indicate if you are a woman- or minority-owned business: WBE MBE Primary Submission Form Contact Information: (Who should be notified once judging is complete) Contact Name: Title: Phone: Fax: E-mail: **Project Information:** Name of Project: Project Location: (City & State) Final Contract Amount: \$ Award Entry Category: (Categories listed below) Name of Primary Architect: (Official firm name) Name of Primary Engineer (Official firm name) Name of General Contractor: (If applying company is a specialty contractor) Name of Client/Owner: (Official firm name) Starting Date of Construction: Substantial Completion Date of Construction: Other Project Information: Was this a design-build project, with design and construction services under one contract with a single point of responsibility? ()Yes ()No Was this a Leadership in Energy and Environmental Design (LEED) project through the U.S. Green Building Council? ()Yes ()No If it was a LEED project, indicate the status of the LEED certification: Under Review Certified as Did Not Submit

Level

Include this form in the project entry, immediately behind the Project Information Form. ABC Empire State Chapter reserves the right to change an entry's original category if it determines that a project's opportunity to win will be enhanced by the change to the new category. ABC Empire State Chapter also reserves the right to redistribute the contract volume levels within a category. Check ONLY ONE category.

Office buildings, banks, retail, hotel, etc. Mega-Project Residential Affordable, marketrate and independent living Mega-Project Mixed Use Combination of street level retail, office and residential Commercial Office buildings, banks, retail facilities, hotels and mixed use Community/Public Service Philanthropic projects that enhance the community, using substantial resources donated by the contractor Fed. Government/Military All projects owned by the federal government, with the exception of transportation infrastructure and utilities Health Care Hospitals, assisted living, nursing homes and other licensed medical facilities	Hist. Restoration/Reno. Restoration of buildings registered as historical, or eligible to be registered as historical Industrial Manufacturing plants and facilities, refineries and similar types of construction Infrastructure: Heavy Streets, highways, parks, dams and bridges Institutional Projects owned by schools, churches and local governments, with the exception of health care facilities. Renewable Energy Solar, wind, geothermal and other similar projects	Pub. Works/ Environmental Water treatment plants and sewage treatment plants Renovation Non-historical, existing buildings where more than 50% of the contracted dollar value was used for renovation or restoration Residential Residential Residential, including independent living retirement communities Other Construction Construction not specifically referred to in the above categories. Examples include theme parks, zoos, skate parks, water parks and other unique types of projects



Complete this form in its entirety.			
Did this project have a safety-related fatality? If yes, do not submit your entry for this competition.	Yes	No	
Include copies of the OSHA Form 300A for your company (project sper project was under construction.	ecific, if av	ailable) for the	year(s) the
• Does your company have a written Safety and Health Policy Manual? If yes, include its table of contents or provide a one-page summary.	Yes	No	
Did you develop a site-specific Safety and Health Policy Manual? If yes, include its table of contents or provide a one-page summary.	Yes	No	
Were toolbox safety meetings held with employees? Were these meetings documented? Frequency of meetings: Include a one-page summary or an example up to two pages.	○Yes ○Yes	○No ○No	
Was specialized training conducted on this project? If yes, indicate on a separate page. Indicate total man hours for all disciplines included in your contract on (GCs and construction managers must also include all specialty contract.)			ject.)
Indicate your SIC code:			
Indicate number of OSHA-recordable accidents on this project: (Include accident counts for all specialty contractors under your contractors)	act for this	and the next	three items.)
Indicate number of OSHA restricted day cases on this project:			
Indicate number of OSHA lost-time accidents on this project:			
Compute the project's Total Recordable Incidence Rate: (TRIR = Number of recordable accidents x 200,000 / total man-hours)	for the pro	oject)	
On a separate page, provide the project's organizational chart identify	ing the pe	erson responsi	ble for safety.
Provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on this provide information about the person responsible for safety on the person responsible for safety of the person responsible for safety on the person responsible for safety of the person responsibl	oject and	attesting to ac	cident rates:
Does your company have a written substance abuse policy? If yes, provide a copy of the table of contents.	Yes	ONo	
 Additional information regarding any innovative safety and health program may be included. 	grams use	d on this proje	ect or the

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