



CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)
Prescribed by State Board of Accounts

PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): 05/26/26

1. Governmental Unit (Owner): The Board of Public Works of the City of South Bend
2. County : St Joseph
3. Bidder (Firm): D.A. Dodd, LLC
Address: 14 E. Michigan Street PO Box 430
City/State/ZIPcode: Rolling Prairie, IN 46371
4. Telephone Number: 219-778-4302
5. Agent of Bidder (if applicable): _____

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of Century Center Hood Project Project No. 2025-01729 (Governmental Unit) in accordance with plans and specifications prepared by Edward J. Kowalczyk

State of Indiana No. 11700117 and dated May 26, 2026 for the sum of Two Hundred Eighty Nine Thousand Five Hundred Eighty Five \$ 289,585.00

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS

(If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

Alternate #1 New grease duct and fans for River Level Hoods (ADD): \$75,990.00

ACCEPTANCE

The above bid is accepted this _____ day of _____, _____, subject to the following conditions: _____

Contracting Authority Members:

PART II (For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: The Board of Public Works of the City of South Bend

Bidder (Firm) D.A. Dodd, LLC

Date (month, day, year): May 26, 2026

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner
20,537,009.00	Plumbing/HVAC	03/2022	PU P3 Housing, West Lafayette, IN
6,143,068.00	Plumbing/HVAC	03/2022	PU Vet, West Lafayette, IN
15,007,814.00	Plumbing/HVAC	03/2022	Four Winds Casino South Bend, IN

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner
23,456,799.00	Plumbing/HVAC	02/2025	UND Research Building II Notre Dame, IN
5,099,981.00	Plumbing/HVAC	02/2024	FHLE Cancer Center Lafayette, IN
3,367,500.00	Plumbing/HVAC	12/2023	Ross-Ade Stadium West Lafayette, IN
31,819,295.00	Plumbing/HVAC	06/2023	Four Winds Casino & Hotel South Bend, IN

3. Have you ever failed to complete any work awarded to you? No. If so, where and why?

4. List references from private firms for which you have performed work.

Larson-Danielson Construction Co, Inc., -LaPorte, IN

Pepper Construction-Chicago, IL

Kettelhut Construction, Inc.-Lafayette, IN

SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. *(Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)*

To perform all mechanical work in a timely manner to keep pace with all other construction and schedule.

2. Please list the names and addresses of all subcontractors *(i.e. persons or firms outside your own firm who have performed part of the work)* that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

Long Electric, Lafayette, IN

Fargo Insulation, Indianapolis, IN

A to Z Sheet Metal, Lafayette, IN

Dirig Sheet Metal, Fort Wayne, IN

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

All use standard equipment of their trade. No bonds will be required.

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

Standard mechanical equipment.

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

Yes.

SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

D A Dodd, LLC
14 E Michigan St
Rolling Prairie, IN 46371

SURETY:

(Name, legal status and principal place of business)

The Cincinnati Insurance Company
P.O. Box 145496
Cincinnati, OH 45250-5496
Mailing Address for Notices

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

City of South Bend Board of Public Works
County-City Building Room 1316, 227 West Jefferson Blvd
South Bend, IN 46601

BOND AMOUNT: 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Century Center Hood, Project No. 2025-01729

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

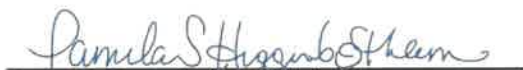
Signed and sealed this 22nd day of May, 2026.



(Witness)

D A Dodd, LLC 
(Principal) _____ (Seal)

By: VP of Construction
(Title)



(Witness) Pamela S. Higginbotham

The Cincinnati Insurance Company
(Surety) _____ (Seal)

By: 
(Title) Jennifer L. Kasznia, Attorney-in-Fact



THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint **Jennifer L. Kasznia** its true and legal Attorney-in-Fact to sign and deliver on behalf of the Companies as Surety, at any place within the United States, the following surety bond:

Surety Bond Number: Bid Bond
Principal: D A Dodd, LLC
Obligee: City of South Bend Board of Public Works

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.



STATE OF OHIO)SS:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



Keith Collett

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 22nd day of May, 2026.



Ed H.

II. MWBE CHECKLIST FOR GOOD FAITH EFFORTS GOAL WAIVER

- a) By checking this box, I hereby acknowledge that the City reserves the right to request supplemental information or additional verification of any information provided by me.
- b) By checking this box, I affirm I have made good faith efforts to seek opportunities to meet the stipulated MBE and WBE participation goals. I affirm I have made reasonable efforts (e.g., attendance at pre-bid meetings, advertising, and written notices) to solicit MWBEs in the scopes of work of the contract.
 - i. I have completed the Evidence of Good Faith Efforts Forms [MBE-2.0 and WBE-2.0] and MWBE Contacted Forms [MBE-2.1 and WBE-2.1] and submit these forms as part of my bid.
 - ii. I affirm that if awarded the bid, I will exhibit post-award good faith efforts, examples of which include emailing and calling MWBEs to solicit quotes, advertising subcontracting work in newspapers and online, and meeting with the Office of Diversity Inclusion to identify opportunities for MWBE utilization throughout the course of the project.
- c) By checking this box, I hereby acknowledge that the determination of whether a bidder has made good faith efforts and should be granted a goal waiver will be made by the MWBE Program Administrator, in consultation with the City's Legal Department and Department of Public Works.
- d) By checking this box, I agree to comply with all tracking and reporting, including online tracking software for MWBE participation, even if a goal waiver is granted.

Date: 05/26/26



(Sign Here)

Dave Siddell

(Print Name Here)

D.A. Dodd

(Name of Company)

14 E. Michigan St

(Address of Company)

Rolling Prairie

(City)

IN

(State)

219-229-7445

(Telephone Number)

CITY OF SOUTH BEND, INDIANA
CONTRACTOR'S BID FOR PUBLIC WORK
RESPONSIBLE BIDDER CHECKLIST

Project Name (Century Center Hood)
Project No. (2025-01729)
For Bids Due (May 26, 2026)
Contractor Name: D.A. Dodd

The City seeks to enhance its ability to identify responsive and responsible bidders on all City public works projects by institution of comprehensive submission requirements in compliance with State law. Quality workmanship, efficient operation, safety, and timely completion of projects requires that all bidders meet certain minimum requirements to be responsive and responsible bidders.

THIS FORM MUST BE SUBMITTED WITH YOUR BID.

****THIS FORM ONLY APPLIES TO BIDS GREATER THAN \$250,000.****

INSTRUCTIONS:

If you are a pre-qualified bidder, complete Section I only.

If you are not a pre-qualified bidder, complete Section II only.

Section II acts as an application for pre-qualification. Submission of Section II will allow the bidder to be considered for pre-qualification for bids with the City of South Bend Department of Public Works. Pre-qualified bidders will then be exempt from a portion of the submission requirements outlined in Section 6-71 of The Responsible Bidding Ordinance No. 10975-23 (hereinafter, "Responsible Bidding Ordinance") for a period of twelve (12) months.

Thereafter, contractors who are pre-qualified must submit a complete application for continuation of "pre-qualified" standing, on a form provided by the City ("Responsible Bidder Checklist (1) Pre-Qualified Bidders") within twelve (12) months of obtaining pre-qualified standing. If the status of any item changes within the twelve (12) months, it is the responsibility of the contractor to notify the City. Failure by any pre-qualified contractor to submit its complete application for continuation of "pre-qualified" standing within the time prescribed above shall result in automatic removal of the designation, effective immediately following the twelve (12) months of pre-qualified standing.

However, the "removed" contractor or subcontractor shall still be permitted to bid on City public works projects, though the contractor must submit all required documents under 6-71 until "pre-qualified" status is re-established.

Please Note: The City reserves the right to request supplemental information from the bidder, additional verification of any information provided by the bidder, and may also conduct random inquiries of the bidder's current and previous customers regardless of pre-qualified standing.

It is the sole responsibility of the potential bidder to comply with all submission requirements applicable to the bidder in Section 6-71 of the Responsible Bidding Ordinance no later than the date of the public bid opening.

POST BID SUBMISSIONS:

Post-bid submissions must be submitted in accordance with Section 6-72 of the Responsible Bidding Ordinance. The post-bid submission requirements are as follows:

1. All bidders shall collect, maintain, and provide upon request, a current written list that discloses the name, address, licensing status, and type of work for any subcontractor from whom the bidder has accepted a bid and/or intends to hire on any part of the public work project, including individuals performing work as independent contractors.
2. Each subcontractor, whose portion of the project is estimated to be at least two-hundred fifty thousand dollars (\$250,000.00), shall be required to adhere to the requirements of Section I of the Responsible Bidder Ordinance as though it were bidding directly to the City, except that the subcontractor shall submit the required information (including the name, address, and type of work) to the successful bidder prior to the commencement of work.
3. Failure of a subcontractor to submit the required information shall not disqualify the successful bidder from performing work on the project and shall not constitute a contractual default and/or breach by the successful bidder. However, the City may withhold all payment otherwise due for work performed by a subcontractor, until the subcontractor submits the required information and the City approves such information.
4. The disclosure of a subcontractor list ("Disclosed Subcontractor(s)") to the City by a bidder shall not create any rights in the Disclosed Subcontractor(s). Thus, a bidder may substitute another subcontractor for a Disclosed Subcontractor by giving the City, upon request, written notice of the name, address, licensing status, and type of work of the substitute subcontractor.
5. The successful bidder for projects greater than \$250,000 and all subcontractors performing work greater than \$250,000 on a public works project are required to submit certified payroll utilizing the federal form known as WH-347 or a similar form on a bi-weekly basis, submitted within 10 days after the end of each bi-weekly payroll period. Certified payrolls shall identify the job title and craft for each employee. **Certified payrolls shall be submitted electronically.**

Please Note: Submissions deemed inadequate, incomplete, or untimely by the City may result in the automatic disqualification of the bid.

The City, after review of complete and timely submissions, shall, in its sole discretion, after taking into account all information in the submission requirements, determine whether a bidder is responsive and responsible, and provide a Pre-Qualification Verification Letter. The City specifically reserves the right to utilize all information provided in the contractor's submission and any information obtained by the City through its own independent verification of the information provided by the contractor.

I. PRE-QUALIFIED BIDDER CHECKLIST

(a) Acknowledgements:

- (i) By checking this box, I hereby acknowledge that I am a pre-qualified bidder with the City of South Bend and that I have met the pre-qualification requirements within the last twelve (12) months. **A copy of my Pre-Qualification verification letter is attached.**
- (ii) By checking this box, I hereby acknowledge that the City reserves the right to request supplemental information, additional verification of any information provided by me, and may also conduct random inquiries of my current and prior customers.
- (iii) By checking this box, I hereby acknowledge that apprenticeship and training programs that I participate in have graduated at least five (5) apprentices in each of the past five (5) years.
- (iv) By checking this box, I hereby acknowledge that all subcontractors performing work greater than \$250,000 also meet the qualifications of the Responsible Bidder Ordinance.

(b) Attachments:

- (i) Indiana Secretary of State's on-line records (ie. Business verification) dated within sixty (60) days of the submission of said document showing that business is in existence, current with the Indiana Secretary of State's Business Entity Report, and eligible for a certificate of good standing. (Not applicable to individuals, sole proprietors or partnerships).
- (ii) Statement on staffing capabilities, including labor sources. This statement indicates and ensures I have sufficient employees on staff to complete the work. It outlines how I intend to meet the staffing needs of the work.
- (iii) List of projects of similar size and scope of work performed in all areas, including the State of Indiana, within the last three (3) years.
- (iv) For every project, submit evidence of participation in apprenticeship and training programs, applicable to the work to be performed on the project, which are approved by and registered with the United States Department of Labor's Office of Apprenticeship, or its successor organization. This includes, but may not be limited to, letters from apprenticeship coordinators detailing the bidder's association with the program, and the United States Department of Labor Office of Apprenticeship Certificates of Registration of Apprenticeship Programs for each type of work to be performed on the project.

- (vi) Certificates of Registration of Apprenticeship Programs for each type of work to be performed on the project.
- (vi) Copy of a written plan for employee drug testing that covers all of my employees who will perform work on the public work project and meets or exceeds the requirements set forth in IC 4-13-18-5 or IC 4-13-18-6.
- (vii) Evidence that I am utilizing a surety company which is on the Bureau of Fiscal Service "Department of Treasury's Listing of Approved Sureties" as required in the bid specifications or contract.
- (viii) Written statement of any federal, state or local tax liens or tax delinquencies owed to any federal, state or local taxing body in the preceding three years.
- (ix) List of projects of similar size and scope of work performed in all areas, including the State of Indiana, within three (3) years prior to the date on which the bid is due.

Date: 5/26/26


 (Sign Here)

Dave Siddall
 (Print Name Here)

D.A. Dodd
 (Name of Company)

14 E. Michigan St
 (Address of Company)

Rolling Prairie
 (City)

IN
 (State)

219-229-7445
 (Telephone Number)

BID OF

D.A. Dodd, LLC

(Contractor)

14 E. Michigan Street PO Box 430 Rolling Prairie, IN 46371

(Address)

FOR

PUBLIC WORKS PROJECTS

OF

Century Center Hood Project No. 2025-01729

Filed _____, _____

Action taken _____

Certificate Number

CH671299



NMSDC

Advancing Economic
Impact Together

This certificate attests that the below mentioned company is an NMSDC-Certified
Minority Business Enterprise(MBE)

D.A. Dodd, LLC

03-06-2026

Issuance Date

03-31-2027

Expiration Date

A handwritten signature in black ink, appearing to read "Donald R. Cravins, Jr.", is written over a horizontal line.

Donald R. Cravins, Jr.
President and CEO
NMSDC

238220

NAICS Codes

72151000,72151100,72151200,72151206

UNSPSC Codes

Regional Affiliate: Chicago MSDC



800.814.2122

800.836.2122

www.TheGibsonEdge.com

February 22, 2021

RE: D. A. Dodd, LLC

To Whom It May Concern:

It is our understanding that you have requested a surety reference letter from D. A. Dodd, LLC. First, we would like to provide you background information about us. The Cincinnati Insurance Company's rating provided by A. M. Best is a Financial Strength Rating of A+ and a Financial Size Category of Class XV.

We have been providing surety bonds for D. A. Dodd, LLC since 2019. We have approved bonds for them covering jobs up to \$30,000,000 and potential work programs of \$60,000,000.

We continue to be confident in D. A. Dodd, LLC's ability to perform and we recommend them for your favorable consideration.

This letter is not to be construed as an agreement to provide surety bonds for any particular project, but is offered as an indication of our past experience and confidence in this firm. Any specific request for bonds will be underwritten on its own merits.

Sincerely,

THE CINCINNATI INSURANCE COMPANY

Jennifer L. Kasznia
Attorney in Fact



jlk



SURETY BOND SEAL ADDENDUM
The CINCINNATI INSURANCE COMPANY

Due to logistical issues associated with the use of traditional seals during the COVID-19 pandemic, The Cincinnati Insurance Company ("Cincinnati") has authorized its Attorneys-in-Fact to affix Cincinnati's corporate seal to any bond executed on behalf of Cincinnati by any such Attorney-in-Fact by attaching this Addendum to said bond.

To the extent this Addendum is attached to a bond that is executed on behalf of Cincinnati by its Attorney-in-Fact, Cincinnati hereby agrees that the seal below shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 24th day of March, 2020.

The Cincinnati Insurance Company



By: Stephen A. Ventre
Stephen A. Ventre, Senior Vice President

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Mark E. Wobbe; Barbara E. Pearson; Nicole L. Bicknell; Jennifer L. Kasznia; William J. Cerney, III; Wesley L. Mantooth; Jordan M. Scheiber; Sandra L. Junk; Theresa M. Burns; Megan E. Riesenber and/or Cheryl E. Alkire

of South Bend, Indiana its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States, up to Thirty Five Million and No/100 Dollars (\$35,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 8th day of March, 2017.



THE CINCINNATI INSURANCE COMPANY
[Signature]
Vice President

STATE OF OHIO) ss:
COUNTY OF BUTLER)

On this 8th day of March, 2017, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



[Signature]
MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date. Section 147.03 O.R.C.

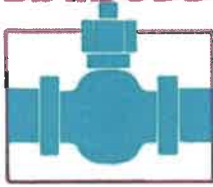
I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.
this 22nd day of February, 2021



[Signature]
Secretary

D.A.DODD



CORPORATE OFFICE

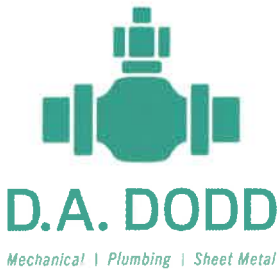
14 E. Michigan Street
P.O. Box 430
Rolling Prairie, IN 46371
Phone (219) 778-4302
FAX (219) 778-2981

729 Navco Drive
Lafayette, IN 47905
Phone (765) 448-3405
FAX (765) 448-7955

4120 N. Home Street
Mishawaka, IN 46545
Phone (574) 968-0589
FAX (574) 968-0590

Note E

As shown in the required/submitted local agreements, each local 597/210 require members to participate and complete an apprenticeship program. Each individual working onsite will be or will have gone through this program for their respective local.



CORPORATE OFFICE

14 E. Michigan Street
P.O. Box 430
Rolling Prairie, IN 46371
Phone (219) 778-4302
FAX (219) 778-2981

3416 Rascal Drive
Lafayette, IN 47909
Phone (765) 448-3405
FAX (765) 448-7955

2516 N. Home Street
Mishawaka, IN 46545
Phone (574) 968-0589
FAX (574) 968-0590

Statement of Staffing Capabilities

D.A. Dodd LLC. maintains the workforce, experience, and labor resources necessary to fully staff and successfully execute all plumbing and mechanical scopes associated with the Kennedy Park Improvements project. Our organization is structured to ensure that adequate qualified personnel are available at every phase of the work, from pre-construction through commissioning.

Labor Source and Workforce Commitment

To meet the staffing requirements of this project, we will utilize skilled, trained, and certified **Union labor**. Our primary labor sources include:

- **United Association Local 172 – Plumbers, Pipefitters & HVAC Technicians**
UA Local 172 provides access to a reliable pool of licensed plumbers, pipefitters, and HVAC specialists who have completed extensive apprenticeship and ongoing training programs. Their workforce ensures proper installation, safety compliance, and the ability to staff multiple concurrent tasks on site.
- **SMART Local 20 – Sheet Metal Workers' Union**
SMART Local 20 supplies highly trained sheet metal workers capable of performing all required fabrication and installation activities related to mechanical ductwork, ventilation systems, and related components. Their apprenticeship and journeyman training programs ensure high-quality craftsmanship and adherence to industry standards.

Staffing Strategy and Capability Assurance

Our staffing approach is designed to guarantee the availability of sufficient qualified personnel throughout the duration of the project:

- **Scalable Workforce Availability:**
Through our union partnerships, we can rapidly adjust manpower levels as project demands shift, ensuring schedule adherence and continuity of work.
- **Qualified and Certified Personnel:**
All union employees provided through UA Local 172 and SMART Local 20 are trained in accordance with applicable state licensing requirements, OSHA safety standards, and project-specific protocols.

- **Supervision and Management:**
Experienced superintendents and foremen will oversee the plumbing and mechanical crews, coordinate daily tasks, and maintain quality and safety expectations.
- **Resource Redundancy:**
Our access to union labor halls ensures supplemental personnel can be dispatched when needed to support peak workloads or accelerated schedules.

Commitment to Project Success

By leveraging our long-standing relationships with **UA Local 172** and **SMART Local 20, D.A. Dodd LLC**, we can confidently commit to providing the staffing necessary to complete this project on schedule and to the highest level of workmanship. Our union partners enable us to fulfill all labor requirements while ensuring reliability, skill, and adherence to industry best practices.

D.A. Dodd DRUG FREE WORKPLACE POLICY

DEFINITIONS

TO ENSURE COMMON UNDERSTANDING OF TERMS, THE FOLLOWING DEFINITIONS SHOULD BE CONSISTENTLY USED:

Accredited Laboratory (SAMHSA): A federally certified laboratory approved by the Department of Health and Human Services (DHHS) for testing of prohibited items and substances.

Accident/Incident: Any event caused by an employee, either directly or indirectly, that results in treatment by a health care provider, or that resulted in damage to property. This would also include any serious near-miss incidents.

Adulteration: Tampering with a test sample by the substitution or addition of other ingredients to mask the presence or use of illegal drugs, resulting in a specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration that it is not consistent with human urine.

Annual: Each employee's obligation to be tested at least every 12 months.

Card: A MICCS card is one that states that it meets the requirements of the MICCS substance abuse program, and/or reciprocity with the MICCS program, and is verifiable through the construction safe site database located at www.constructionssafesite.org.

Controlled Substances: Includes all illegal drugs as listed in this policy and per the Department of Transportation (DOT) limits, (including controlled substances, "look alike drugs" and "designer drugs"), prescription drugs used by one for whom they were not prescribed, overuse of prescription drugs prescribed for the user, drug paraphernalia, and alcoholic beverages in the personal possession of or being used by an employee on the premises, or while assigned to work off premises.

Confirmation Test: A second test performed by a SAMHSA - certified laboratory, on the same sample used for the screen test, which uses the more complex methodology of GC/MS (gas chromatography/mass spectrometry), that is more precise for the purposes of confirming or refuting screen test results.

Contractor: The corporation, company, or entity that performs construction or maintenance work either directly with its own employees or indirectly with employees of subcontractors shall be interpreted to pertain to contractors and/or subcontractors, and/or both, whichever is applicable to the situation.

D.A. Dodd DRUG FREE WORKPLACE POLICY

Counterfeit Drug Card: A MICCS Substance Abuse Identification Card modified in any manner without authorization from MICCS. If the card is part of a program granted reciprocity by MICCS, than modifying that card in anyway not authorized by MICCS would also be considered as a counterfeit card.

Diluted Test: A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Follow-up Test - An employee who has had a positive test result and is subject to unscheduled follow up testing per SAP requirements will be required to have such test performed upon notification. Payment arrangements for follow up testing are the responsibility of the employee.

He/His: As used in this program, the terms "he or his" or similar masculine pronouns shall be construed to include the feminine alternatives of such pronouns. Such terms are used solely for grammatical purposes and shall not be construed to limit this program or its application on the basis of gender.

Medical Review Officer (MRO): A licensed physician responsible for receiving laboratory results generated by a substance abuse testing program, who has knowledge of substance abuse disorders, and who has received appropriate medical training to interpret and evaluate an individual's medical history, and any other relevant biomedical information, as certified by either the American Medical Association (AMA) or the American College of Occupational and Environmental Medicine (ACOEM).

Negative Test: A negative test is obtained if: (1) the screen test indicated the absence of legal or illegal substance in excess of the screen limit; or, (2) the screen test indicates the presence of legal or illegal substances in excess of the screen limit but the confirming test indicates the absence of legal or illegal substance in excess of the confirmation limits; or, (3) the screen test and confirmation test indicated the presence of a legal or illegal substance(s) in excess of the limits but the donor had a valid medical reason for the substance being detected in the specimen.

Owner: The corporation, company, agency, person, or other entity, that hires contractors to perform construction work and/or maintenance work on their premises.

Positive Alcohol Test: A positive alcohol test result is obtained if the breathalyzer test, or its equivalent test, indicates the presence of alcohol that meets or exceeds the cut-off limits of the DOT and the Commercial Drivers License (CDL) guideline requirements listed in this policy.

D.A. Dodd DRUG FREE WORKPLACE POLICY

Positive Drug Test: A positive test result is obtained if the substance abuse test result indicates the presence of substances that meet or exceed both the screen and confirmation limits listed in this policy, as verified by a Medical Review Officer (MRO), and the MRO has determined that the test results do not stem from use of prescription medicines, over the counter medicines, food, or any cause other than the use of illegal substances. This would also include the illegal use of prescription drugs. Examples would include exceeding the dose of a prescription or over the counter drug and/or using prescription drugs without a prescription.

Pre-employment/Pre-Job Site Entry: Screening of prospective employees to ascertain whether an applicant is capable of safely performing his duties and of meeting the pre-requisites for employment.

Probable Cause/Reasonable Suspicion: Shall be defined as those circumstances, based on objective evidence about the worker's conduct in the work place, which would cause a reasonable person to believe that the worker is demonstrating signs of impairment due to alcohol or other drugs. It must be based on specific observance(s), which are relative to the current situation/surroundings that concern the appearance, behavior, speech, or body odors of the employee. It is advisable that the objective evidence that gives rise to probable cause is observed by at least two individuals, but it is recognized that in certain circumstances the observation may be made by only one individual. Examples of objective evidence include when a worker shows signs of impairment such as difficulty in maintaining balance, slurred speech, or erratic or atypical behavior. Record of such observation must be documented, and the supervisor must provide the employee with a copy.

Random Testing: An unannounced, unscheduled drug and/or alcohol test, pursuant to an objective method for random selection of employees to be tested. The selection must be truly random without discrimination or arbitrary selection. Upon notification the employee must immediately report for testing.

Refusal to Test: It is considered a refusal to test if the employee adulterated and/or substituted or refused to provide his urine specimen, or if he failed to appear for testing within a reasonable time, or to remain at the testing site until testing process is complete, or failed to provide a sufficient amount of urine without a medical reason, and/or failed to undergo an MRO directed medical evaluation for such a reason. Failure to cooperate with any part of the testing process, including the use of abusive language or behaving in a threatening manner, or behaving in a confrontational way that disrupts the testing procedure, shall also be considered a refusal to test. A refusal to test will be treated in the same manner as a person who has a positive test result.

D.A. Dodd

DRUG FREE WORKPLACE POLICY

Return to Duty Testing: If an employee has received a positive test result he must take another test, termed a "return to duty test" before he is eligible to return to work, and he must receive a negative result. Payment arrangements for this test are the responsibility of the employee.

Substance Abuse Professional (SAP): A licensed physician (Medical Doctor or Doctor of Osteopathy), a licensed or certified psychologist, a licensed or certified social worker, or a licensed or certified employee assistance professional. Additionally alcohol and drug abuse counselors must be certified by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Certification Commission, a national organization that imposes qualification standards for treatment of alcohol and/or drug related disorders. All must have knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders.

TESTING POLICY AND PROCEDURES

A. TYPES AND CIRCUMSTANCES FOR TESTING

Contractors are required to send all drug test results, regardless of the reason for testing, to the MICCS database. The following is a listing of the types of testing, and required time frames for such testing, as required under this policy:

1. Annual/Pre-employment Testing - Each onsite contractor employee is to be tested or provide documentation of having been tested within the past 12 months, and is to participate in annual testing. To preserve resources of time and money each time an employee is tested, regardless of the reason, the latest test date will become their new annual testing date for purposes of the MICCS program. This policy prohibits a contractor from giving any more than 14 days notice to an employee of annual/pre-employment testing dates. It is not the intent of this policy to punish anyone because of failure to remember their annual test. Therefore, employers should have some type of system to inform employees when their annual test is due.
2. Post-Accident Testing - A substance abuse drug and alcohol test of an onsite contractor employee is required when they are involved in any accident/incident or event, caused by them either directly or indirectly, that results in treatment by a health care provider, or that results in damage to property, including any serious near-miss incident. The test is to be administered either at the time of the first physician visit, or on the day of the incident/property damage.

D.A. Dodd
DRUG FREE WORKPLACE POLICY

3. Probable Cause/Reasonable Suspicion Testing - A substance abuse drug and alcohol test shall be required at the time of observable probable cause circumstances, based on objective evidence about the worker's conduct in the workplace, that would cause a reasonable person to believe that the worker is demonstrating signs of impairment due to alcohol or other drugs. Examples of objective evidence include when a worker shows signs of impairment such as difficulty in maintaining balance, slurred speech, or erratic or atypical behavior, etc. Such observation must be documented, and the supervisor shall provide the employee with a copy.
4. Random testing - MICCS owners are required to perform random drug testing on their contractor employees working on their premises. It is the owner's responsibility to see that their selection is truly random without discrimination or arbitrary selection. Random testing is to be an unannounced, unscheduled drug and/or alcohol test, and upon notification the employee must immediately report to the testing facility. (Owners shall give notification of random testing in sufficient time before the end of the shift so as to accommodate a probability of a 2-hour wait time should an employee be unable to accommodate the test.)
5. Return to Duty Testing – For an employee to be eligible to return to work after having a positive test result, he will be required to take a return to duty test, and the result must be negative. Payment arrangements for a return to duty test are the responsibility of the employee.
6. Follow-up Testing – An employee who is subject to unscheduled follow-up testing, as the result of a SAP requirement, will be required to have such test performed upon notification, and the results must be negative. They will be notified by telephone or letter, that they are required to report for testing the following day after receiving notification. If a worker/employee is unable to complete a required follow-up test due to being laid off or is working out of the area, their MICCS card will be made noncompliant until they report for the follow-up test. It will be the responsibility of the worker/employee to contact the third party administrator as soon as they are employed again and/or are back in the local area. The length of time that was designated by the SAP to complete their follow up tests will be extended by the length of time they are noncompliant for not reporting for the test. (The third party administrator will make the determination of the time frame to determine if the employee was unable to report, or refused to report. – IE: they were on vacation at the time the letter arrived, they were not working at the time they were called back, they didn't get the letter for a week, etc.) Payment arrangements for follow-up testing are the responsibility of the employee.

D.A. Dodd

DRUG FREE WORKPLACE POLICY

B. DRUG TESTING PROCEDURES

1. **Specimen Collection:** Specimen collection will be conducted in accordance with the Department of Health and Human Services (DHHS) "Mandatory Guidelines for the Federal Workplace Drug Testing Programs," as set forth in the Federal Register, and testing shall only be performed by DHHS-approved laboratories as set forth in the Federal Register. Specimen collection will be conducted in accordance with applicable state and federal law. The MICCS program does not follow the complete regulatory testing requirements of the DOT, only the general guidelines. The procedure will be designed to ensure the security and integrity of the specimen provided by each employee and those procedures will follow accepted federal DOT chain-of-custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of anyone submitting a specimen for this program.

If an employee is unable to supply a sample at the time of testing they could be required to wait up to two hours, without leaving the testing facility. Failure to remain and complete the testing procedure could be considered as a refusal to test, which carries the same sanctions as a positive test result. To accommodate this probability notification of random testing shall be given in ample time before the end of the shift.

- a. The employee will provide a urine specimen for the drug test. An exception to this rule would be if a worker could present written documentation from a medical doctor for his inability to provide an approved specimen. In situations where the worker/employee is not physically able to produce proper urine sample for testing a test may be done using a different testing method (hair, saliva, etc.), if approved by the third party administrator or the MICCS substance abuse committee. The worker/employee or company must contact the third party administrator for instruction on obtaining a test by an alternate method.
- b. A photo ID must be presented at the time of collection to ensure proper identity.
- c. The donor will be asked to empty his pockets and display them to the collector, as required by Department of Transportation collection rules and regulations.
- d. A donor will have up to two hours to provide a specimen. If he leaves before two hours and does not give a sample, he will be considered having refused to test. The donor will be afforded privacy for the urine collection unless the collector observes evidence of an employee's attempt to tamper with a specimen, or the temperature range of the original specimen was out of normal range, or the specimen appeared to have been tampered with, or the specimen was determined invalid by the laboratory.
- e. Upon completion of testing the donor will be given a copy of form CCF (Custody and Control Form)

D.A. Dodd
DRUG FREE WORKPLACE POLICY

- 2. Laboratory Testing Procedures:** All substance analysis will be done in SAMHSA laboratories certified by DHHS (Department of Health and Human Services). Laboratory procedures will include:
- a. Initial screen on each specimen. In the event that the initial test is positive a confirmation test will automatically be performed using the GCMS method. A test is considered positive if the detected level of the drug is at or above the cutoff level listed herein. MICCS recommends that no adverse action or discipline be taken against any worker or applicant for employment on the basis of any positive test that has not been "confirmed".
 - b. Validity testing on each specimen will automatically be performed. Each specimen is measured for creatinine level, specific gravity, and pH to determine if any of the following occurred:
 - Adulterants or foreign substance were added to the urine;
 - The specimen was substituted; or,
 - The urine was diluted.
 - c. The laboratory will report all results to the MRO (Medical Review Officer). The MRO will make a final determination as to the verified result and the results will be reported to the designated contractor's employee representative.
- 3. MRO Procedures:** All drug testing shall come under the control and supervision of a physician with confidentiality protected in accordance with state law and the "American Medical Association's Code of Ethical Conduct for Physicians Providing Occupational Medical Services" or the Medical Review Officer Manual, as developed by the National Institute on Drug Abuse (NIDA). All testing results shall be verified by a MRO. The MRO is a licensed physician responsible for receiving laboratory results generated by a substance abuse testing program, who has knowledge of substance abuse disorders, and who has received appropriate medical training to interpret and evaluate an individual's medical history, and any other relevant biomedical information, as certified by either the American Medical Association (AMA) or the American College of Occupational and Environmental Medicine (ACOEM). He provides a medical review on all test results issued by the laboratory as follows:

D.A. Dodd
DRUG FREE WORKPLACE POLICY

- a. If the laboratory result is negative, the review is completed and a negative result is mailed.
 - b. If the laboratory result is positive, adulterated, substituted, or invalid, the MRO will; Make one attempt to contact the donor by telephone to inform him of the results and complete an interview to determine whether a legitimate medical explanation exists for the result reported by the lab. If he was able to leave a message, but unable to talk to the employee by 10:00 AM of the following workday he will call the employer to report the results. In any case, the employee always has the opportunity to discuss the test results with the MRO.
 - c. If the laboratory reports an invalid result to the MRO, the MRO will contact the employee and inquire as to medications the employee may have taken that may interfere with some immunoassay tests. If the employee provides an acceptable explanation, the test will be canceled and no further testing will be required unless a negative result is required to obtain a valid MICCS card. If the employee is unable to provide an acceptable explanation and denies having adulterated the specimen, the test will be canceled, and a second collection must take place immediately under direct observation.
- 4. Specimen Retest Protocol:** When the MRO has informed the employee of a verified "positive drug test" or "refusal to test" because of adulteration or substitution, the employee/worker has 72 hours from the time of notification to request a retest of his specimen at a different SAMHSA laboratory. The cost of the test will be the responsibility of the employee/worker. The employee may make the request verbally or in writing and make proper arrangements for payment with the MRO service. If the result of the retest is different from the original result, the test will be cancelled, and a recollection will be needed.

C. ALCOHOL TESTING PROCEDURES

Alcohol testing is required for probable cause, post-accident/incident, and in immediate random testing situations.

Tests for alcohol shall be performed using the breath or blood to determine a BAC (blood alcohol content). If possible, a breathalyzer type instrument conforming to DOT standards should be used. If that is not available, then a blood draw may be used.

Failure to provide a sufficient breath sample to complete a breath test or refusing to provide a blood sample will be considered a "refusal to test" and have the same consequences as a positive test.

D.A. Dodd DRUG FREE WORKPLACE POLICY

All alcohol test results with a confirmation test BAC level of .04 or higher will be considered positive and will require the employee/worker to be removed from the owner's property immediately. This result will also invalidate the employees/workers MICCS card, and in order to become eligible for a MICCS card again the individual will have to complete the required program of rehabilitation outlined by this policy. All alcohol test results with a confirmation test BAC level of .020 through .039 will require the worker/employee to be removed from the owner's site for twenty-four (24) hours or until his/her next scheduled on duty time, whichever is longer. Any initial test that indicates a BAC of .02 or greater will be confirmed by an EBT operated by a BAT. The confirmation test will be performed no sooner than fifteen (15) minutes and no later than thirty (30) minutes following the completion of the initial test, per present DOT protocol.

DRUG TESTING RESULTS AND SANCTIONS/CONSEQUENCES

A. MICCS IDENTIFICATION CARD AND DATABASE PROTOCOL:

1. Test results from all MICCS required testing would be entered into the MICCS database. The employee's annual test date will automatically be updated with the entry of a negative result.
2. A MICCS card will be issued to the employee with a negative test result. A new card will not be issued each time a test is taken; rather, the card will be issued periodically as is needed to update the employee's photo and/or to replace a worn, unreadable card.
3. The MICCS cards will display the employee's picture, name, and a computer generated identification number. If the employee is collected at a location without the capabilities to take photos, the MICCS ID card will be issued without a picture. NOTE: All MICCS and MICCS reciprocity cards must have a photo on them by January 1, 2006, and any cards issued after July 1, 2004 must have pictures on them. If a photo was not taken at the time of testing, Midwest Toxicology can take one for you at a later date and reissue the card. There will be a fee for this service. The MICCS Substance Abuse Card is the property of MICCS and contractors are asked to make every effort to retrieve the card of any person whose card has become invalid.

Contractors are required to send testing results to the database for tests taken for post-accident, annual, probable cause/reasonable suspicion, random, follow-up, and return to duty testing.

D.A. Dodd
DRUG FREE WORKPLACE POLICY

B. EXPLANATION OF DRUG TESTING RESULTS

1. **Negative Testing Result** – A result is considered negative if the laboratory finds no drug metabolite levels over the confirmed cutoff values. The employee's card will be updated in the MICCS database.
2. **Positive Testing Result** – A result is considered positive if the presence of the drug meets or exceeds both the screening and confirmation levels listed in Appendix B, as verified by a MRO, and the MRO has determined that the test results do not stem from use of prescription medications, over the counter medications, food, or any reason other than the use of illegal substances or controlled substances used illegally.
3. **Diluted Specimen** - A diluted specimen result will require a retest. The MICCS database manager will report the dilute to the designated contractor representative. A detailed explanation of a diluted specimen and instructions regarding recollection procedures are included in Appendix B, and are to be furnished to the employee prior to retesting. A second diluted test without a medical reason carries the same consequences as testing positive. The collection for another test must be done the following morning of the workday after the employee /contractor has been notified, unless there are acceptable circumstances communicated to and approved by the third party administrator. The administrator can at their discretion reject the explanation. If the two parties cannot agree they can contact the MICCS Office and the Substance Abuse Committee may consider the matter further.
4. **Refusal to Test** - Refusal to submit to a test will carry the same consequences as a positive test. It will be considered a refusal to test if the employee:
 - a. Fails to appear for any required test within a reasonable time, or fails to remain at the testing site until the testing process is complete.
 - b. Fails to provide sufficient amount of urine within the required time (2 hours) unless a legitimate medical explanation exists. This determination of whether a valid medical explanation exists rests with the MRO.
 - c. Fails to undergo a medical examination or evaluation to meet medical explanation requirements in item b above.
 - d. Is issued an adulterated or substituted test result
 - e. Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process).
5. **Adulterated Test** - If it is determined that a test was tampered with by the substitution or addition of other ingredients to mask the presence or use of illegal drugs as outlined earlier in this program, the test result shall be treated as a positive, and will have the same consequences as a positive test result. When a recollection is required due to various reasons such as but not limited to an adulterated specimen or the temperature of a specimen, etc., it shall be an observed recollection in keeping with DOT protocol.

D.A. Dodd

DRUG FREE WORKPLACE POLICY

C. SANCTIONS/CONSEQUENCES IMPOSED FOR FAILING A DRUG TEST

MICCS requires contractor employees who test positive or refuse to test, to surrender his MICCS Substance Abuse Card. The MICCS contractor is required to refer those persons testing positive to a Substance Abuse Professional (SAP) for evaluation and treatment. The MICCS website has a listing of various SAP's located in the Indianapolis area, who are familiar with the MICCS substance abuse program and are aware of the items required by MICCS before the employee can be returned to duty. MICCS is not recommending these SAP's, rather making this listing available as a service to our members. The employee must complete a program of rehabilitation to include the following steps to be eligible to return to a MICCS owner site:

1. The employee must arrange for an evaluation with a Substance Abuse Professional (SAP).
2. The SAP evaluation must specify that the employee attend education classes and/or treatment, and that the employee be required to perform the actions recommended by the SAP, or his assigned rehabilitation specialists, and also require that the employee be subject to random follow-up testing not less than three times within the next twelve month period from his return to work test. (In cases where the employee was unable to complete a required follow-up test due to being laid off or is working out of town, etc., the length of time that was designated by the SAP to complete their follow-up tests will be extended by the length of time they are noncompliant for not reporting for the test. Additionally the employee will not be allowed to take another MICCS drug test for at least 14 days from the date of the first positive test.
3. The employee is required to submit a letter from the SAP to the MICCS database, concerning their fitness for duty. The letter from the SAP must state the individual is fit for duty, can be returned to work, and is eligible for the return to duty test.
4. The employee must submit to a return to duty test and receive a negative result and the result must be submitted to the MICCS database for entry.
5. The employee must actively complete any ongoing rehabilitation and follow up testing required by the SAP to keep the MICCS card valid.
6. Arrangement for all costs of the above items is the responsibility of the employee.
7. An employee/worker testing positive three times within a twelve-month period will not be eligible to retest or obtain a MICCS Substance Abuse Card for a period of one year, and will therefore be unable to work on MICCS owner's sites during that period.
8. The imposition of any of the above sanctions shall result in the employee/worker surrendering his MICCS Substance Abuse Card. The employee's card shall be rendered "invalid" in the database.
9. The result of a person using a counterfeit drug card will be the same as a positive drug test.

D.A. Dodd

DRUG FREE WORKPLACE POLICY

IV. EMPLOYEE RESPONSIBILITIES

All contractor employee's have a responsibility to report to work fit for duty, including being in the appropriate mental and physical condition necessary to perform work in a safe, competent manner, free of the influence of drugs and alcohol. He also has an obligation to report to his employer any medications that may impair his job performance and his or others safety.

Contractor employee's are expected to consent to and participate in owner/employer required testing and consent to the release of the drug screen results to the employer, and to the MICCS database, or for specific purposes as permitted by law. It will be considered a refusal to test if the employee adulterates and/or substitutes or refuses to provide his urine specimen, or fails to appear for testing within a reasonable time, or fails to remain at testing site until testing process is complete, or fails to provide a sufficient amount of urine, without a medical reason, and/or fails to undergo MRO directed medical evaluation. Failure to cooperate with any part of the testing process, including the use of abusive language or behaving in a threatening manner, or behaving in a confrontational way that disrupts the testing procedure, shall be treated in the same manner as a person who has a positive test result, and they shall be ineligible to work on MICCS owner sites.

V. AUDITING INFORMATION

The owner reserves the right, under conditions of strict confidentiality, to inspect contractor's substance abuse testing program records within twenty-four (24) hours of the owner's notification of intent to audit. Owners are required to audit the validity of on-site contractor's employees at time of jobsite entry, and may audit them at any time thereafter through www.construction safesite.org. Owners may also request random drug testing of contractor employees working on their site. When requested to take a random drug test, the employee must immediately report for testing. Neither the employee nor the contractor shall receive prior notification of dates or times of random drug testing. However, the owner shall make the request in ample time to allow for a possible two-hour wait as mentioned previously in the Drug Testing Procedures.

MICCS contractors are required to check the validity of all cards upon hire and/or job site entry.

D.A. Dodd
DRUG FREE WORKPLACE POLICY

APPENDIX A

SAMHSA DRUG SCREEN

Drugs of abuse tested in a routine SAMHSA 5-Panel Screen.

The MICCS program will use the drug screen components and cut-off levels listed below. In addition to these levels and substances the creatinine level and specific gravity of the specimen will be measured. If the creatinine level is less than 20 ml/dl and the Specific Gravity is less than 1.003, the sample will be considered dilute and another collection will be required. The second sample will be requested to be collected the following morning from the time of notification of a diluted sample. Those samples containing adulterants or considered substituted as determined by the laboratory will be considered as a positive test.

Type	Preliminary Cut-Off Levels (ng/ml)	Confirmation Levels
Amphetamines	1000	500
Cocaine	300	150
PCP – Phencylidine	25	25
Opiates	2000	2000
THC – Cannabinoids	50	15
Ethanol (Alcohol)	.04% w/vol. (enzyme assay)	.04% w/vol. (GC/FD)

D.A. Dodd
DRUG FREE WORKPLACE POLICY

ALCOHOL TESTING LEVEL

The minimum requirement for a positive test result for alcohol will be a BAC of 0.04% w/vol., a level consistent with Department of Transportation and the Commercial Driver's License Guideline Requirements.

New drugs, preliminary cut off and confirmation levels may be modified periodically in order to parallel the Department of Transportation and the Commercial Drivers License guideline requirements.

NOTE: The MICCS program does not follow the complete regulatory testing requirements of the DOT, only the general guidelines.

D.A. Dodd
DRUG FREE WORKPLACE POLICY

APPENDIX B

INSTRUCTIONS FOR DILUTED SPECIMEN RETEST

A diluted specimen result will require a retest, and a second diluted result, without a medical reason; will result in the same consequences as a positive test result. . The MICCS database manager will report the dilute result to the employer's representative. The employee is to be provided with the below specific instructions on fluid intake prior to retesting, to prevent another diluted specimen.

The collection for another test must be done the following morning of the workday after the employee /contractor has been notified, unless there are reasonable circumstances communicated and approved by the database manager. The database administrator may at its discretion reject the explanation. If the employee or contractor disputes the decision of the database manager the employee/contractor can contact the MICCS office and the Substance Abuse Committee may consider the matter further.

INSTRUCTIONS TO BE GIVEN TO EMPLOYER PRIOR TO RETESTING

1. Consume no fluids after 9:00 PM the night before collection.
2. Limit fluid intake to a minimum the day of collection.
3. Supervisor will advise the time and location of testing.
4. It is the employee's responsibility to monitor their intake of fluids to prevent another dilute specimen.

If the employee has a medical condition that will cause a dilute specimen he will need to have his physician provide medical information to the MRO for evaluation. His physician must provide this information in writing to the MRO for evaluation at Midwest Toxicology Services Inc. The MRO will, after reviewing the information from the physician, issue a final report to his employer.

Medical Review Officer FAX 317-262-2222
Midwest Toxicology Services Inc.
603 E. Washington St, Suite 200
Indianapolis, IN 46204



STATE OF INDIANA

Mike Braun, Governor

DEPARTMENT OF ADMINISTRATION
Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W462
Indianapolis, IN 46204
(317) 232 - 3061

May 2, 2025

Mr. Julio Martinez
D A Dodd LLC
14 E. Michigan Street
Rolling Prairie, IN 46371

Subject: Application for MBE Certification

Dear Mr. Martinez,

Congratulations! The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that **D A Dodd LLC** is hereby certified as a Minority Business Enterprise (MBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Minority Business Enterprise participation:

UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
72151000	Boiler and furnace construction and maintenance services
72151100	Plumbing construction services
72151200	Heating and cooling and air conditioning HVAC construction services
72151206	HVAC heating system construction service

On September 13, 2010, the Governor’s Commission on Supplier Diversity approved the department’s effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company’s file and recertification documents. We have approved your recertification and it is valid through **May 31, 2028**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time with certified companies.

Although your certification is valid for three years, you are required to submit an annual *Affidavit of Continued Eligibility (ACE)* form year. Instructions on how to receive and complete this form can be located at <https://www.in.gov/idoa/mwbe/minority-and-womens-business-enterprises/certify-your-business/>. Please remember that you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in the revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership, and control.

We encourage you to visit IDOA’s procurement website, www.in.gov/idoa/2464.htm, and update your Business Registration Profile. You must review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business opportunities.

Referencing: D A Dodd LLC

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit <https://www.in.gov/idoa/mwbe/2743.htm> to verify your certification status. Please contact our office at (317) 232-3061 or mwbe@idoa.in.gov if you have any other questions or concerns about your letter.

Sincerely,

Peter Sobun

Peter Sobun, Director of Certification
Indiana Department of Administration
Division of Supplier Diversity

PS/aw

**BOARD OF PUBLIC WORKS
AGENDA ITEM REVIEW REQUEST FORM**

Date: 5/5/2026
 Name: **Nifemi Oluwatomini** Department of Public Works – Engineering Division
 BPW Date: 5/26/2026 Phone Extension: 0615

Required Prior to Submittal to Board

BPW Attorney	<input checked="" type="checkbox"/>	Attorney Name	<u>Micheal Schimdt</u>
Dept. Attorney	<input type="checkbox"/>	Attorney Name	<u>_____</u>
Purchasing	<input type="checkbox"/>		<u>_____</u>

Check the Appropriate Item Type – Required for All Submissions

<input type="checkbox"/> Professional Services Agreement	<input type="checkbox"/> Contract	<input type="checkbox"/> Proposal
<input type="checkbox"/> Open Market Contract	<input type="checkbox"/> Amendment/Addendum	<input type="checkbox"/> Special Purchase, QPA
<input checked="" type="checkbox"/> Bid Opening	<input type="checkbox"/> Bid Award	<input type="checkbox"/> Req. to Advertise <input type="checkbox"/> Title Sheet
<input type="checkbox"/> Quote Opening	<input type="checkbox"/> Quote Award	<input type="checkbox"/> Reject Bids/Quotes
<input type="checkbox"/> Proposal Opening	<input type="checkbox"/> C/O & PCA No. <u>_____</u>	<input type="checkbox"/> PCA
<input type="checkbox"/> Chg. Order, No. <u>_____</u>	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Resolution
<input type="checkbox"/> Other: <u>_____</u>		<input type="checkbox"/> Ease./Encroach

Required Information

Company or Vendor Name _____

New Vendor Yes If Yes, Approved by Purchasing
 No

MBE/WBE Contractor MBE WBE Completed E-Verify Form Attached Yes No

Project Name Century Center Kitchen duct replacement

Project Number 125-060

Funding Source _____

Account No. PR-00047596

Amount _____

Terms of Contract _____

Special Contract Provisions

Purpose/Description Opening of bid for the Century Center Kitchen hood and associated ducting work

For Change Orders Only

Amount of	<input type="checkbox"/> Increase	\$ _____
	<input type="checkbox"/> Decrease	(\$ _____)
Previous Amount		\$ _____
	Increase	_____ %
Current Percent of Change:	Decrease	(_____ %)
New Amount		\$ _____
	Increase	_____ %
Total Percent of Change:	Decrease	(_____ %)
Time Extension Amount:		_____
New Completion Date:		_____