

City and Borough of Juneau Engineering Department 155 South Seward Street Juneau, Alaska 99801

Telephone: 586-0490, FAX: 586-4530

June 22, 2020

RE: 2020 Area Wide Paving

Contract No. BE20-214

Jon McGraw Southeast Earthmovers, Inc. PO Box 784 Sitka, AK 99835

NOTICE OF AWARD/NOTICE TO PROCEED

Dear Mr. McGraw:

This letter represents award and authorization to proceed with construction operations. The completion date for this work is September 1, 2020.

The following Subcontractors are listed for this project:

- ♦ SECON
- ♦ SPM

Please coordinate your construction activities for this project with John Nelson, CBJ Project Manager, Engineering Department at (907) 586-0896.

Purchase Order number PO 112774 in the amount of \$493,994 for the Total Bid has been issued for this project. Please reference this PO number, project manager name, project name, and contract number on all invoices.

Sincerely,

Greg Smith

Contract Administrator

Enclosure

c: John Nelson, CBJ Project Manager

CBJ Purchasing

State Department of Labor, Wage and Hour Division - Bid Opening Date: 6/2/20



Department of Labor and Workforce Development

Division of Employment and Training Services Employment Security Tax

P.O. Box 115509

Juneau, AK 99811-5509 Relay Alaska (in state): (800) 770-8973 or 7.1.1

Relay Alaska (out of state): (800) 770-8255

Toll free: (888) 448-2937 Phone: (907) 465-2787 Fax: (907) 465-2374

Tax Clearance Request Form for Contractors

Date of request:	
Business name of the contractor a Tax Clearance is being requested for:	
Business address:	
Business contact phone number:	
Federal Identification Number:	
Alaska Employer Account Number:	
Specific time period a tax clearance is being requested for (i.e. beginning and ending date of a subcontract of	igreement):
Subcontract project name:	
Name and address of the person this Tax Clearance is to be returned to:	
Comments or additional information:	
For agency use only:	Leg .
☐ Tax Clearance is granted	
Tax Clearance is not granted (please have employer contact the department)	
☐ No account on file, liability unknown (please have employer contact the department)	
☐ Employer has stated no employees, Tax Clearance not required.	
Agency representative signature:	Date:
Agency representative title:	