



City and Borough of Juneau  
Engineering Department  
155 South Seward Street  
Juneau, Alaska 99801  
Telephone: 586-0490, FAX: 586-4530

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June 19, 2019

RE: Downtown Library Exterior Window Replacement  
Contract No. BE19-227

James Malapanis  
Carver Construction, LLC  
PO Box 240475  
Douglas, AK 99824

**NOTICE OF AWARD/NOTICE TO PROCEED**

Dear Mr. Malapanis:

This letter represents award and authorization to proceed with construction operations. The final completion date for this work is October 31, 2019.

The following Subcontractors are listed for this project:

◆ Perseverance Glass

Please coordinate your construction activities for this project with Steve Tada, CBJ Project Manager, Engineering Department at (907) 586-0894.

Purchase Order number PO 111736 in the amount of \$148,720 for the Base Bid and Alternate No. 1 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: Project Manager  
CBJ Purchasing  
State Department of Labor, Wage and Hour Division - Bid Opening Date: 5/29/19



THE STATE  
of **ALASKA**  
GOVERNOR MICHAEL J. DUNLEAVY

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 agreement*):

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:

- ☐ 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: \_\_\_\_\_

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