



Contractor OJT Noncompliance Declaration & Corrective Action Plan (CAP) Proposal

CONTRACT INFORMATION

Contractor Name: _____ OJT Goal- _____ # of Hours: _____ Contract NTP Date: _____ # of Contract _____ Training Hours _____ Achieved by SC: _____	RI Contract Number: _____ OJT Goal- _____ # of Trainees: _____ Contract Substantial _____ Completion (SC) _____ Date: # of Contract _____ OJT not met: _____
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CONTRACTOR DECLARATION

- This contractor acknowledges the unsatisfactory rating from RIDOT with the contract’s Training Special Provision (943.0200 item) requirements to which we had agreed at the time of submitting our bid proposal.
- This contractor acknowledges the RIDOT OCR Unsatisfactory Finding regarding the corresponding evidence of Good Faith Efforts to demonstrate our intention to meet the contract’s Training Special Provision requirements as agreed on the post qualification On-The-Job Training Acknowledgment & Statement of Compliance.
- We acknowledge we have performed unsatisfactorily given opportunity to reverse finding to satisfactory to meet the above contract’s training specifications; thus, we are aware that according to the Rhode Island Standard Specifications for Road and Bridge Construction, Section 102.12 b.7 we may be at risk of being disqualified from future contract awards.
- We are aware that to retain a responsive and responsible contractor status with RIDOT we have the opportunity to comply with the unmet training goal by submitting and implementing a Corrective Action Plan. We are also aware that reallocated training hours are not eligible for reimbursement, and that our failure to implement the approved Corrective Action Plan will generate an Unsatisfactory Performance Claim against us; thus, disqualifying us from future contract awards.

Therefore, to amend our previous unsatisfactory performance, and maintain a responsible contractor status we are committing to meet the previously awarded contract’s Training Special Provision requirements by following the steps outlined on page 2 of this document.

Prime Representative: _____ Signature: _____	Title: _____ Date: _____
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OFFICE OF COMPLIANCE AND REGULATION USE ONLY

Date Received: _____
 Assigned OCR Staff: _____
 Contractor Notified: _____
 Yes No

Date Notified: _____

GFE	<input type="checkbox"/> Yes
Approved:	<input type="checkbox"/> No

Notes: