



## City of Saratoga Springs

OFFICE OF PUBLIC WORKS

CITY HALL

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Saratoga Springs, New York 12866

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ANTHONY J. SCIROCCO  
COMMISSIONER

TIMOTHY J. COGAN  
DEPUTY COMMISSIONER

### MEMORANDUM

**Date:** 8/14/14  
**To:** John Franck, Commissioner of Accounts  
**From:** Anthony Scirocco, Commissioner of Public Works  
**Regarding:** 8/19/13 City Council Meeting Agenda

BOG MEADOW WATER SUPPLY AND INFRASTRUCTURE PROJECT  
CONTRACT NO.1 – GENERAL CONSTRUCTION  
Bid #2014-01

.....

The Department of Public Works requests that the Bid for Contract No.1 – General Construction for the Bog Meadow Infrastructure and Water Supply Project be awarded to the low bidder, Trinity Construction Inc., at the August 19, 2014 City Council Meeting. This bid includes the Base Bid plus Alternates A2, A3, A4, A5 and the Allowance for a total of \$445,263.00.

The work includes all labor, materials, machinery, tools, scaffolding, equipment and other means of construction necessary and incidental to the rehabilitation of the existing Bog Meadow Pump Station, replacement of two vertical turbine pumps, and development of a new groundwater well field including installation of new submersible pumps, related piping, control systems and connection to an existing City Transmission System.



**City of Saratoga Springs**  
**OFFICE OF COMMISSIONER OF ACCOUNTS**

474 Broadway - City Hall  
Saratoga Springs, New York 12866

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JOHN P. FRANCK  
COMMISSIONER

SHARON J. KELLNER-BYRNES  
DEPUTY COMMISSIONER

# Award/Extension of Bid Sign-Off Form

## Award of Bid

Prior to an award of bid being placed on Commissioner Franck's agenda for a City Council meeting, this form **must** be completed and the following **must** occur:

- A memo from your department's commissioner/mayor requesting the award of bid be placed on Commissioner Franck's agenda; and
- ✓ A copy of the bid tabulation sheet with all vendors names, addresses, and contact person; and
- ✓ the Assistant Purchasing Agent **must** review that the purchasing policy was followed in the selection of the vendor and indicate such by signing below; and
- the Director of Risk and Safety **must** be provided a copy of the vendor's certificate of insurance (if applicable) for review and indicate by signing below that the vendor meets all insurance requirements for the City of Saratoga Springs; and
- approved certification of funds by the Finance Department (if applicable) **must** be obtained and a copy **must** be attached to request an award of bid; and
- budget line item **must** be identified and indicated below.

## Extension of Bid

Prior to an extension of bid being placed on Commissioner Franck's agenda for a City Council meeting, this form **must** be completed and the following **must** occur:

- A memo from your department's commissioner/mayor requesting the extension of bid be placed on Commissioner Franck's agenda; and
- A copy of the page from the previous year's bid showing the bid can be extended; and
- the Assistant Purchasing Agent **must** review that the purchasing policy was followed in the selection of the vendor and indicate such by signing below; and
- the Director of Risk and Safety **must** be provided a copy of the vendor's certificate of insurance (if applicable) for review and indicate by signing below that the vendor continues to meet all insurance requirements for the City of Saratoga Springs; and
- approved certification of funds by the Finance Department (if applicable) **must** be obtained and a copy **must** be attached to request an extension of bid; and
- budget line item **must** be identified and indicated below.

Department That Owns Award/Extension of Bid: Dept. of Public Works  
Project or Item Being Awarded: Bog Meadow Infrastructure and Water  
~~Item Being Extended:~~ Supply - General  
Vendor Who Won the Bid: Trinity Construction  
Budget Line Item: H3638332 52000 1227  
Budget Line Item: \_\_\_\_\_

Assistant Purchasing Agent: Purchasing policy has ☒ / has not \_\_\_\_\_ been followed in the selection of the winner of the bid or bid extension.

S. Voigt  
Assistant Purchasing Agent

8/13/14  
Date

Director of Risk and Safety: Vendor being awarded the bid or the bid being extended has ☒ / has not \_\_\_\_\_ met all insurance requirements of the City of Saratoga Springs and has provided a copy of their certificate of insurance for review by the Director of Risk and Safety.

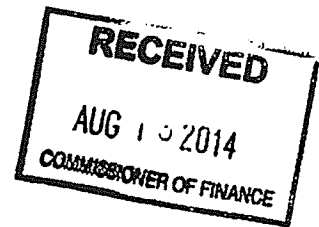
[Signature]  
Director of Risk and Safety

8/13/14  
Date

**\*\*An award/extension of bid will not be placed on the Commissioner's agenda if any of the above is missing. The request to place the item on the agenda will be returned to the appropriate department.**

<u>General Contract #1</u>	<u>Base Bid</u>	<u>Alt #1</u>	<u>Alt #2</u>	<u>Alt #3</u>	<u>Alt #4</u>	<u>Alt #5</u>	<u>Allowance</u>	<u>Total</u>	
<b>Trinity Construction</b> P.O. Box 39, Selkirk, NY 12158 518-767-2204 Richard Rapp <a href="mailto:rrapp@trincoinc.com">rrapp@trincoinc.com</a>	\$412,463	\$324,000	\$7,600	\$8,000	\$5,000	\$2,200	\$10,000	\$769,263	
<b>Bellamy Construction</b> 6684 Amsterdam Road, Scotia, NY 12302 518-214-4082 Brian Bellamy <a href="mailto:brian@bellamys.com">brian@bellamys.com</a>	\$482,000	\$341,000	\$11,700	\$10,600	\$11,600	\$5,000	\$10,000	\$871,900	
<b>Stephen Miller General</b> P.O. Box 291, Mayfield, NY 12117 518-661-5601 Stephen Miller <a href="mailto:michelle@smgc-inc.com">michelle@smgc-inc.com</a>	\$661,900	\$882,400	\$12,400	\$9,200	\$10,500	\$15,000	\$10,000	\$1,601,400	
<u>Electrical Contract #2</u>	<u>Base Bid</u>	<u>Alt #1</u>	<u>Alt #2</u>	<u>Alt #3</u>					<u>Total Bid</u>
<b>CKM Electrical Services</b> 216 Elk Street, Albany, NY 12210 518-588-7600 Clyde Lounsbury <a href="mailto:clounsbury@ckmesinc.com">clounsbury@ckmesinc.com</a>	\$77,002	\$7,000	\$600	\$436					\$95,038
<b>Stilsing Electric</b> 500 South Street, Rensselaer, NY 12144 518-463-4451 Kathleen Stilsing <a href="mailto:kstilsing@stilsingelectric.com">kstilsing@stilsingelectric.com</a>	\$133,604	\$5,250	\$400	\$2,000					\$151,254
<b>Harold R Clune</b> 30 Prospect Street, Ballston Spa, NY 12020 518-885-6199 John R Clune <a href="mailto:brian@cluneelectric.com">brian@cluneelectric.com</a>	\$180,000	\$8,500	\$2,500	\$5,000					\$206,000
<b>J McBain Inc</b> 2742 6th Avenue, Troy, NY 12180 518-272-9376 Jay McBain <a href="mailto:jay@mcainelectric.com">jay@mcainelectric.com</a>	\$192,350	\$13,500	\$4,678	\$2,896					\$223,424

Request for Certification of Sufficient Funds



Submittal Date: 8/11/14

The Department of Public Works requests certification that sufficient funds are or will be available to cover the claim to meet the following obligation when it becomes due and payable.

Obligation to be incurred, detailing vendor name, project description, Council approval, etc. (attach supporting documentation):

Vendor: Trinity Construction Inc. ✓

Project: Bog Meadow Water Source

Construction-Base Agreement

Appropriation – Current Budget Expense Org/Object/Proj(s): H3638332 52000 1227 ✓

Amount Requested for Approval: \$ 445,263.00 ✓

Current Amount Available: \$ 1,090,475.00 ✓

Transfer/Amendment Pending: \$

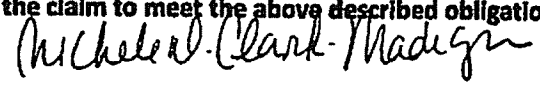
Transfer/Amendment Date: \_\_\_\_\_

  
Department Head Signature

8/8/14  
Date

Certification of Sufficient Funds

The Commissioner of Finance hereby certifies that funds are or will be available to cover the claim to meet the above described obligation when it becomes due and payable.



Commissioner of Finance

8/13/14  
Approval Date

Client#: 14499

TRINICON

ACORD<sup>TM</sup>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Adirondack Trust Insurance 31 Church Street - 4th Floor PO Box 336 Saratoga Springs, NY 12866		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 518 584-5300 FAX (A/C, No): 5185847306 E-MAIL ADDRESS:	
<b>INSURED</b> Trinity Construction, Inc. 180 Bridge Street PO Box 39 Selkirk, NY 12158		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Phoenix Insurance Company NAIC # 25623	
		<b>INSURER B:</b> Travelers Indemnity Company of 25674	
		<b>INSURER C:</b> Travelers Indemnity Co. of Amer 25666	
		<b>INSURER D:</b> Hartford Fire Insurance Company 19682	
		<b>INSURER E:</b> Travelers Indemnity Company 25658	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			DTCO5671N578PHX14	06/30/2014	06/30/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
E	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car			DT3N8103D782158IND	06/30/2014	06/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000			CUP5671N578TIL14	06/30/2014	06/30/2015	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	DTHUB1179R41614	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Installation			01UUMVG8704	06/30/2014	06/30/2015	\$1,000,000
D	Lease/Rent Equip			01UUMVG8704	06/30/2014	06/30/2015	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: Bog Meadow Infrastructure and Water Supply Project. City of Saratoga Springs; its elected and/or appointed officials, agents and employees, are added as Additional Insureds on a Primary and Non Contributory basis when required in a written contract or agreement.

## CERTIFICATE HOLDER

## CANCELLATION

City of Saratoga Springs 474 Broadway Saratoga Springs, NY 12866	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Engene G. Quirk</i>
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