



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.2 – ELECTRICAL CONSTRUCTION
Bid #2014-01

.....

The Department of Public Works requests that the Bid for Contract No.2 – Electrical Construction for the Bog Meadow Infrastructure and Water Supply Project be awarded to the low bidder, CKM Electrical Services Inc., at the August 19, 2014 City Council Meeting. This bid includes the Base Bid plus Alternates AE1, AE2, AE3 and the Allowance for a total of \$95,038.00.

The work includes all labor, materials, machinery, tools, scaffolding, equipment and other means of electrical 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 new submersible pumps, related conduit and control systems.



City of Saratoga Springs
OFFICE OF COMMISSIONER OF ACCOUNTS

474 Broadway - City Hall
Saratoga Springs, New York 12866

Telephone 518-587-3550
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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.

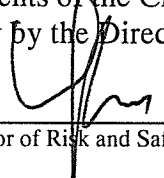
Department That Owns Award/Extension of Bid: Dept. of Public Works
Project or Item Being Awarded: Bag Meadow Infrastructure and
~~Item Being Extended:~~ Water Supply - Electric
Vendor Who Won the Bid: CKM Electrical Services
Budget Line Item: H 3638332 5000 1224
Budget Line Item: _____

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


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.


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.**

Bog Meadow Infrastructure and Water Supply Project 2014-01

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

Project: Bog Meadow Water Source

Electrical-Base Agreement

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

Amount Requested for Approval: \$ 95,038.00 ✓

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

Transfer/Amendment Pending: \$

Transfer/Amendment Date: _____

[Signature]
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.

Michael Clark Madigan

Commissioner of Finance

8/13/14

Approval Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2014

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(ies) 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).

PRODUCER Hughes Insurance Agency, Inc. 328 Bay Road PO BOX 4630 Queensbury NY 12804		CONTACT NAME: House PHONE (A/C, No, Ext): (518)793-3131 FAX (A/C, No): (518)793-3121 E-MAIL ADDRESS:																						
INSURED CKM ELECTRICAL SERVICES INC 216 ELK ST ALBANY NY 12210-1406		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Selective Ins. Co. of So. Caro</td><td>19259</td></tr><tr><td>INSURER B:</td><td>Hartford Ins. Co. of the Midwe</td><td>37478</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Selective Ins. Co. of So. Caro	19259	INSURER B:	Hartford Ins. Co. of the Midwe	37478	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:**14-15 Master**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	GENERAL LIABILITY			S 2092986	2/8/2014	2/8/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
A	AUTOMOBILE LIABILITY			S 2092986	2/8/2014	2/8/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		S 2092986	2/8/2014	2/8/2015	PIP-Work loss benefits \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01WECGD1989	5/22/2014	5/22/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	E.L. EACH ACCIDENT \$ 1,000,000				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

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

Subject to all policy terms, limitations and conditions:

re: Bog Meadow Infrastructure and Water Supply Project, contract #2 / Electrical

Certificate Holder is Additional Insured on a Primary Non Contributory basis, including Waiver of Subrogation, when required by written contract, agreement or permit.

CERTIFICATE HOLDER**CANCELLATION**City of Saratoga Springs
Department of Accounts
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

Linda Abodeely/KR

Linda M. Abodeely, C.R.C.V.