



City of Saratoga Springs
Office of the Mayor
City Hall
474 Broadway
Saratoga Springs, N.Y. 12866

Telephone 518-587-3550
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JOANNE D. YEPSEN
Mayor

JOSEPH J. OGDEN
Deputy Mayor

GAYLE LASALLE
Executive Assistant
to the Mayor

To: Commission John Franck

From: Mayor Joanne D. Yepsen

 Ar JDY

Date: August 14, 2014

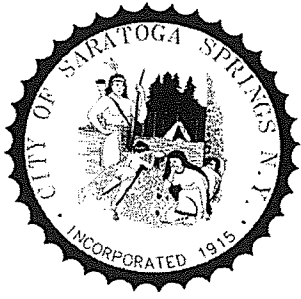
Re: Veteran's Memorial Field Rehabilitation Project IFB# 2014-13

The lowest overall bidder of the Veteran's Memorial Field Rehabilitation Project IFB# 2014-13 for the baseball field is Cleveland Bros. Landscaping Inc.

The City will be awarding:

Base Bid-	\$ 51,454.00
Bid Alternate A1-	\$ 500.00
Bid Alternate A2-	\$ 7,890.00
Bid Alternate A4-	\$ <u>9,936.00</u>
Total Sum-	\$ 69,780.00

We would appreciate the placement of this on your agenda for the City Council meeting scheduled August 19, 2014. Thank You



City of Saratoga Springs
OFFICE OF COMMISSIONER OF ACCOUNTS

474 Broadway - City Hall
Saratoga Springs, New York 12866

Telephone 518-587-3550
Fax 518-587-6512

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.

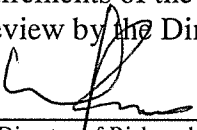
Department That Owns Award/Extension of Bid: Recreation
Project or Item Being Awarded: Veteran's Memorial Field Rehabilitation
Item Being Extended: _____
Vendor Who Won the Bid: Cleveland Bros. Landscape
Budget Line Item: H3567142 52000 1225
Budget Line Item: _____

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

8/12/14
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

8/12/14
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.**

Veteran's Memorial Field Rehabilitation Project 2014-13

Cleveland Bros. Landscaping, Inc	<u>Base Bid</u>	<u>Alt #1</u>	<u>Alt #2</u>	<u>Alt #3</u>	<u>Alt #4</u>	<u>Total</u>
215 Maple Street, Corinth, NY 12866	\$51,454	\$500	\$7,890	\$4,220	\$9,936	\$74,000

518-654-7064

Kevin Cleveland

kc@cbl17064.com



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DW

DATE (MM/DD/YYYY)

08/06/14

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 Marshall & Sterling Upstate 113 Saratoga Road Glenville, NY 12302		518-384-1100 518-384-0193	CONTACT NAME: PHONE: (A/C, No. Ext): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: CLEVE-5	FAX: (A/C, No):
INSURED Cleveland Brothers Landscaping Inc 215 Maple Street Corinth, NY 12822	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Continental Western Ins Co			10804
	INSURER B: Acadia Insurance Company			31325
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

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	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	X	CPA508939311	04/01/14	04/01/15	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000			
				PRODUCTS - COMP/OP AGG	\$ 2,000,000			
							\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CAA508939411	04/01/14	04/01/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS		\$						
<input type="checkbox"/> NON-OWNED AUTOS		\$						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		CUA508939511	04/01/14	04/01/15	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	<input checked="" type="checkbox"/> DEDUCTIBLE							\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
B	Equipment Floater			CIM509689311	04/01/14	04/01/15	Lease Eq	200,000
							Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City of Saratoga Springs is provided additional insured status on a primary and non contributory basis as required by written contract. A waiver of subrogation applies.

CERTIFICATE HOLDER**CANCELLATION**

SARA-CI

City of Saratoga Springs
City Purchasing Agent
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

Request for Certification of Sufficient Funds



Submittal Date: 08/12/2014

The Department of Recreation 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): Funds are from the Field Rehabilitation Capital line H3567142-52000-1225 . The Funds requested are for Cleveland Bros. Landscaping 215 Maple Street , Corinth NY 12866 in the amount of \$69,780. Cleveland Bros. is the overall lowest bidder .

Appropriation – Current Budget Expense Org/Object/Proj(s): H3567142-52000-1225

Amount Requested for Approval: \$ 69,780.00 ✓

Current Amount Available: \$ 95,000.00

Transfer/Amendment Pending: \$

Transfer/Amendment Date: _____



Department Head Signature

8/12/14

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

8/12/14

Approval Date

Base + Alt 1 + Alt 2 + Alt 4 = 69,780