



City of Saratoga Springs
MAYOR'S OFFICE
CITY HALL
474 Broadway
Saratoga Springs, New York 12866

Telephone 518-587-3550 x 2520
Fax 518-587-1688

JOANNE D. YEPSEN
Mayor

JOSEPH J. OGDEN
Deputy Mayor

GAYLE B. LASALLE
Executive Assistant to the Mayor

August 14, 2014

Hon. John Franck
Commissioner of Accounts
City Hall
474 Broadway
Saratoga Springs, NY 12866

The Mayor's Office requests that the attached award of bid be placed on the Accounts Department agenda for the City Council meeting on Tuesday, August 19, 2014. We recommend that the low bidder, HMA be awarded the project for the Waterfront Park Project.

If you have any questions or concerns, please feel free to reach out to me at x2523.

Sincerely,

Joseph Ogden
Deputy Mayor



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: Mayor's Dept.

Project or Item Being Awarded: Waterfront Park

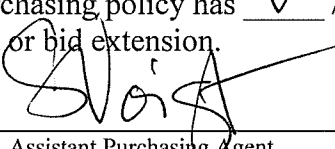
Item Being Extended: _____

Vendor Who Won the Bid: HMA Contracting Corp.

Budget Line Item: H 3517022 - 52000 1075 (project #)

Budget Line Item: H 3517022 - 52000 1131 (project #)

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

8/14/14
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

8/14/14
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.**

Client#: 13422

HMACON1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2014

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 Adirondack Trust Insurance 31 Church Street - 4th Floor PO Box 336 Saratoga Springs, NY 12866	CONTACT NAME:	
	PHONE (A/C, No, Ext): 518 584-5300	FAX (A/C, No): 5185847306
INSURED HMA Contracting Corp. PO Box 151 535 Brickyard Rd Mechanicville, NY 12118	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Selective Insurance of South Ca	NAIC # 19259
	INSURER B: Hartford Fire Insurance Company	19682
	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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	S2091451	01/01/2014	01/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	S2091451	01/01/2014	01/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000	Y	Y	S2091451	01/01/2014	01/01/2015	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Leased/Rented Installation			01MSTK8179	01/01/2014	01/01/2015	\$400,000 \$600,000

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 noncontributory basis as required by written contract. A waiver of subrogation applies.

CERTIFICATE HOLDER

CANCELLATION

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 <i>Eugene G. Quirk</i>

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New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

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Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 141769401

LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038

POLICYHOLDER

HMA CONTRACTING CORP
P.O. BOX 151
MECHANICVILLE NY 12118

CERTIFICATE HOLDER

CITY OF SARATOGA SPRINGS
CITY PURCHASING AGENT
474 BROADWAY
SARATOGA SPRINGS NY 12866

POLICY NUMBER
G 2060 423-7

CERTIFICATE NUMBER
322611

PERIOD COVERED BY THIS CERTIFICATE
04/01/2014 TO 04/01/2015

DATE
8/15/2014

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2060 423-7 UNTIL 04/01/2015, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 04/01/2015 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 656048865



The LA GROUP

Landscape Architecture & Engineering P.C.

Project: Waterfront Park

REC'D JUL 28 2014

7/28/2014

7/28/2014

7/28/2014

7/28/2014

July 28, 2014

Tim Wales
City Engineer
474 Broadway, Saratoga Springs, NY 12866

RE: Waterfront Park, Recommendation of Award

Dear Tim:

The LA Group has reviewed the bids that were submitted to the City of Saratoga Springs in reference to the Waterfront Park Project. At the time of the bid opening, the apparent low bidder was HMA Contracting Corporation. A summary of bids, as read aloud at the bid opening, is attached to this correspondence. HMA Contracting Corporation bid result is as follows:

Base Bid:	\$734,550.00
Add Alternate No. 1:	\$5,600.00
Add Alternate No. 2:	\$15,640.00
Add Alternate No. 3:	\$5,940.00
Allowance:	<u>\$10,000.00</u>
TOTAL:	\$771,730.00

It is our understanding that the City of Saratoga Springs Purchasing Department has reviewed and verified that the bid provided by HMA Contracting Corporation meets the City's insurance, bonding and all other applicable requirements. New York State Office of Parks, Recreation and Historic Preservation has reviewed the (MWBE) Minority and Women Owned Business Enterprise Utilization Plan and has confirmed that the bid meets the 20% minimal MWBE requirements. Please see the attached documents confirming this.

The LA Group has verified that HMA Contracting Corporation is the low bidder. We recommend that HMA Contracting Corporation be awarded the bid, all alternates and allowance on the basis that they are qualified to perform the work, their bid was the low bid of record, and the bid was complete.

Sincerely,

Bob Kernan, RLA
Senior Associate

Enclosures: Bid Results
MWBE Utilization Plan Approval

Waterfront Park 2014-11

	<u>Base Bid</u>	<u>Alt #1</u>	<u>Alt #2</u>	<u>Alt #3</u>	<u>Allowance</u>	<u>Total Bid</u>
HMA Contracting Corp. P.O. Box 151, Mechanicville, NY 12118 518-664-1014 Mike Hamel kshader@hmacontracting.com	\$734,550	\$5,600	\$15,640	\$5,940	\$10,000	\$771,730
Kubricky Construction 269 Ballard Road, Wilton, NY 12831 518-792-5864 Robert Hughes tgarrett@dacollins.com	\$829,000	\$5,300	\$19,000	\$5,700	\$10,000	\$869,000
James H. Maloy, Inc. 421 Albany Shaker Road, Loudonville, NY 12211 518-438-7881 Peter Maloy pmaloy@jhmalo.com	\$829,000	\$5,100	\$42,400	\$5,500	\$10,000	\$892,000
Casale Contruction 551 Main Avenue, Wynantskill, NY 12198 518-283-0834 Charles Casale kristina@casaleexcavating.com	\$1,130,664	\$13,000	\$32,000	\$10,000	\$10,000	\$1,195,664



**New York State Office of Parks,
Recreation and Historic Preservation**

Albany, New York 12238

www.nysparks.com

Andrew M. Cuomo
Governor

Rose Harvey
Commissioner

Friday, July 25, 2014

Brad Birge
City of Saratoga Springs
474 Broadway
Saratoga Springs, NY 12866

Grant No: 18248-SG

Grant Award Amount: \$325,000

Amount to which goals apply: \$325,000.00

Dear Mr. Birge,

I have reviewed the Minority and Women Business Enterprise (MWBE) utilization plan submitted for the above referenced contract. The total projected MWBE participation is 20% and upon review of your submission, your plan reflects a MWBE goal attainment of 48.00 %. The utilization plan is approved with the following NYS certified MBE/WBE firms to be used for goal crediting purposes:

<u>Firm</u>	<u>Certification</u>	<u>Scope of Work</u>	<u>Proposed Dollar Amount</u>
H2H Associates LLC	M	Project Materials	\$120,000.00
West Branch Inc	W	Building Pergola or stairs	\$36,000.00

Total Proposed MBE Participation: 36.92 % Dollar Amount: \$120,000.00

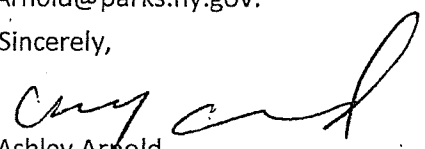
Total Proposed WBE Participation: 11.08 % Dollar Amount: \$36,000.00

It is the contractor's responsibility to inform this office of changes, additions or deletions to the utilization plan and to provide supporting documentation for such. Failure to comply with the M/WBE plan as listed above may result in your company being found non-responsive.

Thank you for your continued efforts to meet and or exceed the goals for MWBE participation.

Should you have any questions, please contact me at 518-486-2636 or by e-mail Ashley.Arnold@parks.ny.gov.

Sincerely,


Ashley Arnold
MWBE Specialist
Bureau of Fiscal Management

CC: Danielle Dwyer;
Mary Beth Bobish



GRANTS MWBE UTILIZATION PLAN

SECTION 1: Grant Project Information for Grant Recipient

Name of the Grant Recipient: City of Saratoga Springs		Grant Contract Number: 18248-SG	
Street Address: 474 Broadway		Region: Saratoga	
City, State, Zip Code: Saratoga Springs, NY 12866		Contact Person: Brad Birge	
Grant Program: (Please check all that apply) <input type="checkbox"/> CFA <input checked="" type="checkbox"/> EPF <input type="checkbox"/> RTP <input type="checkbox"/> OTHER		Telephone Number: (518) 587-3550, Ext. 2515	
Project Name and Location: Waterfront Park 626 Crescent Ave. Saratoga Springs, NY 12866		E-Mail Address: bbirge@saratoga-springs.org	
		MWBE Goals Assigned: 20%; to include at least 1% participation in either category	
Total Dollar Value of Grant Award:	\$325,000	Is this project part of a multi-phase Contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Cost/Dollar Value of Grant Project:	\$650,000	Total Cost/Dollar Value of This Contract:	\$771,730

SECTION 2: Prime Contractor (if applicable)

Name and Address of Prime Contractor: HMA Contracting Corp PO Box 151 Mechanicville NY 12118	Contact Person: Kyle Shader	Federal Identification Number: 14-1769401
	Telephone Number: (518) 664-1014	Certified NYS MWBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	E-Mail Address: kshader@hmacontracting.com	

SECTION 3: Proposed NYS Certified MWBE Subcontractors/Suppliers/Vendors

Name, Address and Federal Identification Number	NYS Certification	Description of Sub-Contracting/Supplies	Total Dollar Value Sub-Contracting/Supplies	Anticipated MWBE performance/purchase date(s)
H2H Associates 179 River St Troy, NY 12180 FID #: 14-1924286	X MBE WBE	Various Materials for the project	\$ 120,000.00	8/14-11/14
West Branch Inc PO Box 3230 Saratoga Springs, NY 12866 FID #: 14-1736712	MBE X WBE	Building Pergola or stairs	\$ 36,000.00	8/14-11/14
FID #:	MBE WBE			
FID #:	MBE WBE			

Name, Address and Federal Identification Number	NYS Certification	Description of Sub-Contracting/Supplies	Total Dollar Value Sub-Contracting/Supplies	Anticipated MWBE performance/ purchase date(s)
FID #:	MBE WBE			
FID #:	MBE WBE			
FID #:	MBE WBE			
FID #:	MBE WBE			

SECTION 4: GRANT RECIPIENT'S AFFIRMATION AND SIGNATURE

In connection with the grant awarded to grant recipient, grant recipient will comply with all requirements of Executive Law Article 15-A, including all MWBE requirements. I understand that the failure to undertake good faith efforts to engage certified MWBEs in connection with the grant is a violation of grant recipient obligation and may result in the grant award being reduced or eliminated. I understand that all identified MWBEs will be contacted for verification of solicitation and/or engagement.

Authorized Signature of Grant Recipient:

Date: 7/21/14

Print Name and Title:

BRADLEY S. BURKE - Administration Planning & Economic Development

SECTION 5: PRIME CONTRACTOR'S AFFIRMATION AND SIGNATURE (if applicable)

In connection with my firm's contract with the grant recipient, my firm will comply with all requirements of Executive Law Article 15-A, including all MWBE requirements. I understand that the failure to undertake good faith efforts to engage certified MWBEs in connection with the grant is a violation of my firm's contract with the grant recipient and may result in payments being reduced or eliminated. I understand that all identified MWBEs will be contacted for verification of solicitation and/or engagement. This affirmation modifies and is incorporated as a part of the contract between my firm and the grant recipient.

Authorized Signature of Prime Contractor:

Date:

7/21/14

Print Name and Title:

Kyle Shaden VP Est/PM

FOR NYS OPRHP USE ONLY

☐ Total Grant from NYS (all sources) is less than \$100,000

☐ Non-discretionary purchases will be made for this grant project. If so, please indicate: (e.g. purchases will be made under a NYS contract, a city/county/municipal/village contract etc.) \$ _____ Specify: _____

☐ Federal funds are funding a portion for this grant project. If so, please indicate total dollar value: \$ _____

OPRHP's Determination:

☐ Approved

☒ Approved as Noted

☐ Rejected

MBE 36.92% MBE \$ 120,000

WBE: 11.08% WBE \$ 36,000

Notes:

Goals applied to \$325,000 (grant award)

48%

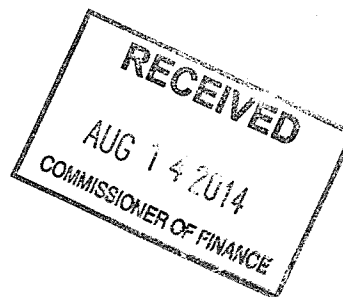
OPRHP Authorized Signature:

Date:

7/25/14

Sample Form COSF-2

Request for Certification of Sufficient Funds



Submittal Date: August 14, 2014

The Mayor's Department 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):

Approval of this request will allow an award of bid to be made to HMA Contracting Corporation for Waterfront Park Project. This project is being funded by grants from the New York State Office of Parks, Recreation, and Historic Preservation and by a city match that has been appropriated in the 2014 Adopted Budget.

Appropriation – Current Budget Expense Org/Object/Proj(s):

Amount Requested for Approval:

\$771,730 ✓

Current Amount Available:

\$158,983.36 (H3517022-52000; Project # 1075) ✓

\$650,000.00 (H3517022-52000; Project # 1131) ✓

Transfer/Amendment Pending:

\$0

✓ \$1,217,300
- 12/1730
- 650,000
for this
of

Transfer/Amendment Date: ____ N/A ____

Joseph J. Adam
Department Head Signature

8/14/14
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 Mark Madigan

Commissioner of Finance

8/14/14

Approval Date