

## **City of Saratoga Springs**

OFFICE OF PUBLIC WORKS

**CITY HALL** 

5 Lake Avenue Saratoga Springs, New York 12866

> Telephone 518-587-3550 Fax 518-587-2417 www.saratoga-springs.org

ANTHONY J. SCIROCCO COMMISSIONER

TIMOTHY J. COGAN DEPUTY COMMISSIONER

### **MEMORANDUM**

Date:

1-14-15

To:

John Franck, Commissioner of Accounts

From:

Anthony Scirocco, Commissioner of Public Works

Regarding:

1-20-15 City Council Meeting Agenda - Bid #2014-26

Canfield Casino Dining Room Reinforcing & Ceiling Stabilization

This is in regard to Canfield Casino Dining Room Reinforcing & Ceiling Stabilization bid for City Council award on January 20, 2015. This bid was opened on Thursday, January 8, 2015 with Mid-State Industries, Ltd. of Schenectady, NY as the low, qualified bidder.

The DPW is undertaking this project to provide shoring and reinforcement of the existing roof framing and supplemental anchorage of the existing ceiling plaster above the ballroom of the Canfield Casino. We are requesting the City Council's approval at the January 20, 2015 City Council meeting to award the bid to Mid-State Industries, Ltd. and for permission to approve their contract in the amount of \$137,500. This includes the following:

- \$127,500 Base bid
- \$10,000 Allowance

The project was designed by Ryan-Biggs/Clark Davis Associates. The City Engineers Office will assist with project oversight and contract administration. The funding is available in the 2015 Capital budget.

### Dining Room Roof Reinforcement & Ceiling Stabilization 2014-26

	Base Bid Pl	<u>us \$10000</u>	<u>Total Bid</u>
Mid-State Industries, Ltd. 1105 Catalyn Street, Schenectady, NY 12303 Mike Lucey amanda@midstateltd.com	\$127,500	\$10,000	\$137,500
Bunkoff General Contractors, Inc 790 Watervliet-Shaker Road, Latham, NY 12110 Adam Bunkoff abunkoff@bunkoffgc.com	\$188,000	\$10,000	198000
VMJR Companies 73 Mohican Street, Glens Falls, NY 12801 Victor Macri info@vmjrcompanies.com	\$217,000	\$10,000	\$227,000
Louis C Allegrone, Inc 273 Newell Street, Pittsfield, MA 01201 Michael Mucci mcmucci@allegrone.com	\$279,700	\$10,000	\$289,700
Hoosick Valley Contractors, Inc 52 Melrose-Valley Falls Road, Melrose, NY 12121 Scott Wiley swiley@hoosickvallev.com	\$358,700	\$10,000	\$368,700

### Request for Certification of Sufficient Funds



Submittei Date:

1/14/2015

The Department of Public to cover the claim to mest				
Obligation to be incurred, (attach supporting docum		roject description, Counc	il Approval, etc.	
Wan dam	Mid State Industri	land to de la co		
Vendor:		/		
Project	Project: Canfield Casino Rehab			
Casino Dining Room Ceiling Stabilization				
Dining Room Calling and Roof Rehab				
Appropriation - Cu  Amount Request  Current Amount A	••	rg/Object/Proj(s): H35 \$137,500.00 \$249,100.00	37112 / 52000 116	5
Transfer/Amendr	nent Pending:			
1	Fransfer/Amendment Dai	te		
Citting !	Limin		1/14/15	
Department/Head Signa	iture	<u>-</u>	Date /	
The Commissioner of Fir		of Sufficient Funds at funds are or will be ave	illable to cover	

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

Annoval Date



## City of Saratoga Springs

OFFICE OF COMMISSIONER OF ACCOUNTS

474 Broadway - City Hall Saratoga Springs, New York 12866

SHARON J. KELLNER-BYRNES DEPUTY COMMISSIONER

JOHN P. FRANCK

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

# Award/Extension of Bid Sign-Off Form

Department That Owns Award/Extension of Bid:	Department of Public Works			
Project or Item Being Awarded: Canfield Casino Reinforcing & Ceiling Stabilization				
Item Being Extended:	<u> </u>			
Vendor Who Won the Bid: Mid-State Industrial Ltd				
<b>Budget Line Item</b> : H3537112-52000-1165				
Mayor/Commissioner: Please add to the 1/20/2015 Commissioner: Please add to the 1/20/2015 Commissioner	City Council Agenda, the award of bid Mid State  1/14/2015  Date			
Assistant Purchasing Agent: Purchasing policy has selection of the winner of the bid or bid extension.  Assistant Purchasing Agent	1/15/15			
Director of Risk and Safety: Vendor being awarded not met all insurance requirements of the City their certificate of insurance for review by the Director of Risk and Safety	of Saratoga Springs and has provided a copy of r of Risk and Safety.			

\*\*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.

### ACORD...

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2015

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	CONTACT NAME:			
Cool Insuring Agency Inc	PHONE (A/C, No, Ext): 518 783-2665 (A/C, No): 5	187838754		
784 Troy Schenectady Road Latham, NY 12110	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
518 783-2665	INSURER A: Harleysville Insurance Co. of N	10674		
Mid-State Industries, Ltd. 1105 Catalyn Street Schenectady, NY 12303	INSURER B: Merchants Mutual Insurance Co	23329		
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSTREE 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 SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S
Α	GENERAL LIABILITY		MPA00000035411K			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			THE PROPERTY OF THE PROPERTY O		MED EXP (Any one person)	\$300,000 \$15,000
	X BI/PD Ded: \$5,000					PERSONAL & ADV INJURY	s1,000,000
						GENERAL AGGREGATE	s <b>3,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$3,000,000 \$
Α	AUTOMOBILE LIABILITY		BA0000075238J	05/30/2014	05/30/2015	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	X ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							S
В	X UMBRELLA LIAB X OCCUR		CUP0000274	05/30/2014	05/30/2015	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$\$10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ISSUED			WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	SEPARATELY			E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		BY NYSIF			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Lease/Rent Eqpt		MPA00000035411K	05/30/2014	05/30/2015	\$100,000/Ded: \$1,00	0
Α	Installation Flt		MPA00000035411K	05/30/2014	05/30/2015	\$250,000/Ded: \$2,50	0

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

Project: Canfield Casino Dining Room Roof Reinforcement & Ceiling Stabilization

The City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents and employees are added to the General Liability coverage as Additional Insured on a primary and non-contributory basis if required by written contract with respect to the above project.

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			
	Anthony J. Worachita			

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