

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.



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 Re	einforcing & Ceiling Stabilization
Item Being Extended:	
Vendor Who Won the Bid: Mid-State Industrial Ltd	
Budget Line Item: H3537112-52000-1165	
Mayor/Commissioner: Please add to the 1/20/2015 the lowest bidder). Mayor/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 Direct Director of Risk and Safety	or 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.

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@hoosickvalley.com	\$358,700	\$10,000	\$368,700

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).

Cool Insuring Agency Inc 784 Troy Schenectady Road	CONTACT NAME: PHONE (A/C, No, Ext): 518 783-2665 (A/C, No. E-MAIL ADDRESS:	o): 518783875 4
Latham, NY 12110	INSURER(S) AFFORDING COVERAGE	NAIC#
518 783-2665	INSURER A: Harleysville Insurance Co. of N	10674
INSURED	INSURER B : Merchants Mutual Insurance Co	23329
Mid-State Industries, Ltd. 1105 Catalyn Street	INSURER C:	
	INSURER D :	
Schenectady, NY 12303	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 TYPE OF INSURANCE INSR IWVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YTYY)	LIMITS	
Α	GENERAL LIABILITY		MPA00000035411K	05/30/2014	05/30/2015	EACH OCCURRENCE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$15,000
-	X BI/PD Ded: \$5,000					PERSONAL & ADV INJURY	s1,000,000
]		GENERAL AGGREGATE	s3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			1		PRODUCTS - COMP/OP AGG	\$3,000,000
	POLICY X PRO- JECT LOC						\$
Α	AUTOMOBILE LIABILITY		BA00000075238J	05/30/2014	05/30/2015	COMBINED SINGLE LIMIT (Ea accident)	\$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)	\$
							\$
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 Y/N		ISSUED			WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	SEPARATELY			E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under		BY NYSIF			E.L. DISEASE - EA EMPLOYEE	\$
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Lease/Rent Eqpt		MPA00000035411K	05/30/2014		\$100,000/Ded: \$1,000	
Α	Installation FIt		MPA00000035411K	05/30/2014	05/30/2015	\$250,000/Ded: \$2,50	0
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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 9. marketer

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Request for Certification of Sufficient Funds



Submittal Date:

1/14/2015

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.

o cover the claim to mee	t the following obligation when it i	pecomes due and	l payable.	<u> </u>
Obligation to be incurred, attach supporting docum	detailing vendor name, project d entation):	escription, Counc	il Approval, etc.	1 mr *11 mr * *10 mmr mmr
Vendor:	Mid State Industries Ltd.	\int		
Project:	Canfield Casino Rehab	Ĭ		
rivjecu	Casino Dining Room Celi	v Ina Stabilization		
	Dining Room Ceiling and	-		
	During Modern Centrals ento	LOOI LEIMD		
Appropriation - Co	urrent Budget Expense Org/Objec	ti/Proj(s): H35	37112 / 52000	1165
Amount Request	ed for Approval	\$137,500.00 [\]		
Current Amount	Available:	\$249,100.00	/	
Transfer/Amend	ment Pending:			
	Transfer/Amendment Date	·····	<u>.</u>	
fullwey !	Line		1/14/11	ร์
Department/Head Sign	ature		Date	
	Certification of Suffi	clent Funds		
	nance hereby certifies that funds eve described obligation when it t			
(MCheler V.C.	lark-Madign		1/14	15
Commissioner of Final	ice U		Annoval Date	· · · · · · · · · · · · · · · · · · ·