



*City of Saratoga Springs*  
*Department of Public Works*  
*5 Lake Avenue*  
*Saratoga Springs, NY 12866*  
*(518) 587-3550 office*  
*(518) 587-2417 fax*

To: Commissioner John Franck  
From: Commissioner Anthony "Skip" Scirroco  
Date: October 1, 2015  
Re: Award of Bid: East Side Field House Asbestos Abatement Project IFB# 2015-38

The Department is requesting the East Side Field House Asbestos Abatement Project IFB# 2015-38 be awarded. The lowest overall bidder of the East Side Field House Asbestos Abatement Project IFB# 2015-38 is Neoplanta Restoration, Inc..

Neoplanta Restoration, Inc.	Labor Cost:	\$11,950.00
	Material Cost:	<u>\$ 3,000.00</u>
	Total Sum:	\$14,950.00

We would appreciate the placement of this item on your agenda for the City Council Meeting scheduled Tuesday, October 6, 2015. Thank you for all your help and cooperation!

---

Anthony J. "Skip" Scirroco

Cc: John Hirliman

Department That Owns Award/Extension of Bid: Recreation/DPW

Project or Item Being Awarded: East Side Field House Asbestos Abatement: IFB# 2015-38

Item Being Extended: \_\_\_\_\_

Vendor Who Won the Bid: Neoplanta Restoration, Inc.

Budget Line Item: H3567142 52000 1008

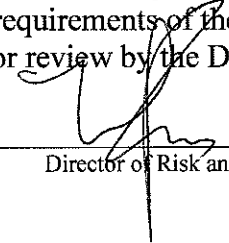
Budget Line Item: \_\_\_\_\_

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

10/1/15  
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

10/1/2015  
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.**

East Side Field House Asbestos Abatement 2015-38

**Millstone Remediation Inc.**

Labor Cost	\$16,275.00
Material Cost	\$2,625.00
Other	\$10,875.00
Total Sum	\$29,775.00

**Genesee Environmental LLC**

Labor Cost	\$21,130.00
Material Cost	\$4,228.00
Other	\$5,080.00
Total Sum	\$30,438.00

**Environmental Management Services Group LLC**

Labor Cost	\$26,250.00
Material Cost	\$4,375.00
Other	\$7,500.00
Total Sum	\$38,125.00

**Neoplanta Restoration Inc.**

Labor Cost	\$11,950.00
Material Cost	\$3,000.00
Other	
Total Sum	\$14,950.00

**Dakota Environmental**

Labor Cost	\$12,200.00
Material Cost	\$2,100.00
Other	\$18,000.00
Total Sum	\$32,300.00

**Two Brothers Contracting**

Labor Cost	\$30,000.00
Material Cost	\$6,900.00
Other	\$0.00
Total Sum	\$36,900.00

**ERSI**

Labor Cost	\$33,000.00
Material Cost	\$2,300.00
Other	\$1,800.00
Total Sum	\$37,100.00

**Academy Construction**

Labor Cost	\$21,000.00
Material Cost	\$9,000.00
Other	\$7,500.00
Total Sum	\$37,500.00

**Sample Form COSF-2**  
**Request for Certification of Sufficient Funds**

Submittal Date: 9/17/15

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):**

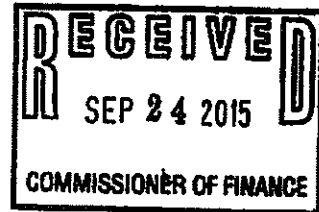
The Recreation Department requested proposals for the East Side Field House Asbestos Abatement Project bid #2015-38. The Accounts Department received 8 bids to open which were publically opened on September 8, 2015. The company with the lowest and most qualified proposal was Neoplanta Restoration Inc. located at PO Box 1009, Ballston Lake, NY 12019. The lump sum total of the proposal was Fourteen thousand, Nine hundred, Fifty dollars (\$14,950) and will be paid from the Capital Account H3567142\_52000\_1008 School Capital Improvement (east and west side rec). This project will remediate the asbestos in the basement off the East Side Field House located at 226 Lake Ave, Saratoga Springs, NY 12866.

Appropriation – Current Budget Expense Org/Object/Proj(s): H3567142\_52000\_1008 ✓✓✓

Amount Requested for Approval: \$ 14,950 ✓

Current Amount Available: \$ 35,000 ✓

Transfer/Amendment Pending: \$



Transfer/Amendment Date: \_\_\_\_\_

  
Department Head Signature

9/21/15  
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

9/24/15  
Approval Date



# CERTIFICATE OF LIABILITY INSURANCE

NEOPL-1 OP ID: NBAR

DATE (MM/DD/YYYY)

09/17/2015

<b>PRODUCER</b> JJ Farber-Lottman 200 State Route 5 Palisades Park, NJ 07650 Scott L. Swan		Phone: 201-947-1600	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
<b>INSURED</b> Neoplanta Restoration, Inc. P.O. Box 1009 Ballston Lake, NY 12019		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Starr Indemnity &amp; Liability Co</b>	
		INSURER B: <b>Allstate Insurance Company</b>	
		INSURER C: <b>Federal Insurance Company</b>	
		INSURER D: <b>ShelterPoint Life Insurance Co</b>	
		INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	SISIEIL70070815	01/09/2015	01/09/2016	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
		<input checked="" type="checkbox"/> Asbestos poll.				PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 2,000,000	
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG	\$ 2,000,000	
B		<b>AUTOMOBILE LIABILITY</b>	048858141	02/05/2015	02/05/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>					
		<input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY: EA ACC	\$	
					AGG	\$	
A		<b>EXCESS / UMBRELLA LIABILITY</b>	SISIXNV71029315	01/09/2015	01/09/2016	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	004 4727071 NY COVERAGE ONLY	01/09/2015	01/09/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D		<b>OTHER</b>	DBL286118	11/19/2014	11/18/2015	Limits	Statutory
		Disability					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: See Attachment:

### CERTIFICATE HOLDER

City of Saratoga Springs  
 474 Broadway  
 Saratoga Springs, NY 12866

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**NOTEPAD:**

HOLDER CODE  
INSURED'S NAME **Neoplanta Restoration, Inc.**

**NEOPL-1**  
**OP ID: NBAR**

PAGE 3  
Date **09/17/2015**

Additional Insured: The City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents and employees are named as Additional Insured on a Primary Non-Contributory basis/Waiver of Subrogation applies with respect to the work and operations of Neoplanta Restoration, Inc. only, on their behalf as per their written contract requiring the same. Subject to policy conditions and exclusions.



**New York State – Department of Labor**

Division of Safety and Health  
License and Certificate Unit  
State Campus, Building 12  
Albany, NY 12240

**ASBESTOS HANDLING LICENSE**

Neoplanta Restoration, Inc.

PO Box 1009

Ballston Lake, NY 12019

FILE NUMBER: 06-1054

LICENSE NUMBER: 29795

LICENSE CLASS: FULL

DATE OF ISSUE: 12/12/2014

EXPIRATION DATE: 12/31/2015

Duty Authorized Representative – Ljiljana Novkovic:

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.



Eileen M. Franko, Director  
For the Commissioner of Labor