



City of Saratoga Springs
OFFICE OF COMMISSIONER OF FINANCE

City Hall
Saratoga Springs, New York 12866-2296
518-587-3550
Fax 518-580-0781

MICHELE D. CLARK-MADIGAN
Commissioner


M. LYNN BACHNER
Deputy Commissioner

CHRISTINE GILMETT-BROWN
Director of Finance

KAMERON KLIPPEL
Receiver of Taxes

CATHERINE LOZIER
Benefits Administrator

FLORENCE C. WHEELER
Payroll Administrator

To: Commissioner Franck
From: Commissioner Madigan 
Date: November 9, 2015
Re: Extension of RFP 2015-27 for Time and Attendance System

Please include on your 11/17/15 agenda an award of RFP 2015-27 for a Time and Attendance System to Andrews Technology HMS, Inc. since they are the most qualified to meet the needs of the City.

Please contact Christine Gillmett-Brown or me if you have any questions.

Thank you.



City of Saratoga Springs
OFFICE OF COMMISSIONER OF ACCOUNTS
474 Broadway - City Hall
Saratoga Springs, New York 12866

JOHN P. FRANCK
COMMISSIONER

SHARON J. KELLNER-BYRNES
DEPUTY COMMISSIONER

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

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: Finance

Project or Item Being Awarded: Time and Attendance System

Item Being Extended: N/A

Vendor Who Won the Bid: Andrews Technology HMS, Inc.

Budget Line Item: H3021692-52000-1182

Budget Line Item: N/A

Assistant Purchasing Agent: Purchasing policy has X / has not _____ been followed in the selection of the winner of the bid or bid extension.

Atomie Richards
Assistant Purchasing Agent

11/9/15
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.

[Signature]
Director of Risk and Safety

11/9/15
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.**

**Bid Results Time and Attendance
2015-27**

Purchasing Risk and Safety

Timetrak Systems Inc. 933 Pine Grove Ave. Port Huron, MI 48060 (810)984-5518 BHARTTMAN@TIMETRAK.COM Rejected-Missing E
Total Bid \$91,855.20 Approved & O and \$1M Excess

Kronos The Sage Estate Albany, NY 12204 (518)459-5545 dhayes@mmhayes.com Approved E&O

Option 1-On-Premise Solution \$103,555.00 \$10,286.00
Maintenance fee of
In Addition, annual
Maintenance fee of
\$10,286.00 and yearly
hosting fee is

Option 2-Hosted Solution \$103,555.00 \$9,900.00
plus \$23,975.00 one
time professional

Option 3-SaaS Solution \$44,325/year services fee

TimeClock Plus 860 Johnson Ferry Road Atlanta, GA 30342 800-804-6504 mikes@wdsg.com Rejected,
Total Bid \$92,958.00 NE, Ste. 140344 Rejected- Insufficient Limits
forms not signed.

IntelliTime Systems Corporation 1118 E 17th Street Santa Ana, CA 92701 (714)444-3030 dpeters@intellitime.com Approved Approved
Hosted Option \$160,829.00 ext. 105
Onsite Option \$162,780.00

Replicon 1200 Bridge Parkway Redwood City, CA #100 94065 (647)955-2291 brent.sajiro@replicon.com Approved Rejected-No
insuracne provided

Total Bid \$33,850.00

CareersUSA, Inc. 6501 Congress Ave., Boca Raton, FL 33487 (561)995-7000 mwilson@careersusa.com Approved Approved
Set Up Services \$5,000.00 Ste. 200

Additional Set Up \$150.00/hr

Per Diem Rate for PerfectTIME Specialist \$45.00/day

Travel & Hotel, billed at actual costs and expenses

Monthly minimum fee for hosted software up to 550 licensed employees, \$1,500

Additional Employees \$2.50 per licensed employee/month

Annual Maintenance, Waived

Customer Support, Included
Standard Telephone Support, Included
24/7/365 support, Included

Fingerprint Reader Device, \$350.00/unit

Microsoft USB Fingerprint Reader, Creative

Camera Live Camp OptiaPro, and Software \$250 per installation/unit
Annual Hardware Technical Support (optional) \$550/unit

trinour 125 Church St., Ste. 100 Marretta, GA 30060 (404)478-6441 rory.scott@trinour.com
Tasik Licensing Option \$174,200.00 Total 1st Year Cost
\$279,800.00 Total 5 Year Cost
Yearly support year 2, 8,26,400.00
Yearly support year 3, 8,26,400.00
Yearly support year 4, 8,26,400.00
Yearly support year 5, 8,26,400.00
Yearly Fees
Yearly support year 2, 8,26,400.00
Yearly support year 3, 8,26,400.00
Yearly support year 4, 8,26,400.00
Yearly support year 5, 8,26,400.00
Tasik Saas Pricing
\$96,900.00 Total 1st Year Cost
\$273,300.00 Total 5 Year Cost
Optional Premium Support Services, \$12, 600
Annually

Did not fill in bid amount on form. Rejected-No insurance provided

Unicorn HRO LLC 25 B Hanover Rd. Florham Park, NJ 07932 (973)360-0698 tclassi@unicornhro.com
Total Bid \$53,345.00 Approved

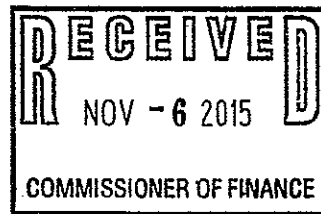
Rejected-Missing E & O

NOVATime, Andrews Technology HMS Inc. 126 1213 Culbreth Dr., Ste. Wilmington, NC 28405 888-357-7299 jamie@andrewstechnology.net
Customer Hosted \$95, 640.00 Approved
Vendor Hosted \$90, 620.00

Conditionally Approved-Need increase of \$1M for E & O

Sample Form COSF-2

Request for Certification of Sufficient Funds



Submittal Date: 10/26/15

The Department of Finance 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): Purchase a time and attendance system from Andrews Technology HMS, Inc.

Appropriation – Current Budget Expense Org/Object/Proj(s): H3021692-52000-1182 ✓ ✓ ✓

Amount Requested for Approval: \$ 74,690 ✓

Current Amount Available: \$ 74,690 ✓

Transfer/Amendment Pending: \$14,690.00 ✓

Transfer/Amendment Date: 11/17/15

Michelle W. Clark-Madigan
Department Head Signature

11/6/15
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.

Michelle W. Clark-Madigan
Commissioner of Finance

11/6/15
Approval Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/9/2015

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 The Flood Group a Division of HUB International NE LTD 100 Sunnyside Blvd. Woodbury NY 11797	CONTACT NAME: Dianne M. O'Connor PHONE (A/C No. Ext): (516) 417-5800 E-MAIL ADDRESS: dianna@thefloodgroup.com	FAX (A/C. No.): (516) 327-5570
	INSURER(S) AFFORDING COVERAGE	
INSURED Andrews Technology Consultants 1213 Culbreth Dr, #126 SUITE 234 Wilmington NC 28405	INSURER A: Travelers Indemnity Co. of Ct. NAIC # 25682	
	INSURER B: Travelers Indemnity 25658	
	INSURER C: Phoenix Insurance Company 25623	
	INSURER D: United States Liability Insurance 25895	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1531905557 **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	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		6801374L45A	3/17/2015	3/17/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000 A/OI \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>	X		6801374L45A	3/17/2015	3/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 10,000	X		CUF4039R570	3/17/2015	3/17/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB1374L750	3/17/2015	3/17/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			TK 1551367A	10/31/2015	10/31/2016	\$1,000,000 Per claim \$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Saratoga Springs is included as additional insured on a primary and non-contributory basis for the general liability when required by written contract.

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brian G. Flood/MK

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**CITY OF SARATOGA SPRINGS
BUDGET AMENDMENT REQUEST**

DEPARTMENT OF FINANCE

FOR THE CITY COUNCIL MEETING 11/17/15

REVENUE ORG/OBJECT INCREASE	AMOUNT	EXPENDITURE ORG/OBJECT INCREASE	AMOUNT
A012-40512	\$ 14,690.00	A3929999-59901	\$ 14,690.00
H142-45033-1182	\$ 14,690.00	H3021692-52000-1182	\$ 14,690.00
TOTALS	<u><u>\$29,380.00</u></u>		<u><u>\$29,380.00</u></u>

Approval Signature: Michael J. Best-Madigan Date: Nov. 6, 2015

In accordance with section 4.4.10 of the City Charter and the City's budget amendment policy, all amendments shall be accompanied by written justification, including the financing source. Please provide explanation on this form, or if necessary attach a separate sheet.

Explanation - Use additional sheets if necessary

TRANSFER OF 14 FB EXCESS ASSIGNED FOR IT INITIATIVES TO TIME AND ATTENDANCE CAPITAL PROJECT.

cgbs 11/6/15