



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

MAIRE MASTERSON
 DEPUTY COMMISSIONER

Award of Bid Sign-Off Form

Department Requesting Award of Bid: Department of Public Works

Project or Item Being Awarded: Canfield Casino Dining Rm Clerestory Window Restoration

Item Being Extended: _____

Vendor Who Won the Bid: Mid State Industries Ltd.

Budget Line Item: H3537112 52000 1165

Budget Line Item: H3031492 52000 1141

Mayor/Commissioner: Please add to the December 1, 2015 City Council Agenda, the award of bid for "Dining Rm Clerestory Window Restoration" to Mid State Industries Ltd. (lowest bidder).

Matthew J. Franck
 Commissioner of Public Works

11/23/15
 Date

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

Adamie Richards
 Assistant Purchasing Agent

11/23/15
 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

11/23/15
 Date

An award 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.

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:

- o A memo from your department's Commissioner/Mayor requesting the award of bid be placed on Commissioner Franck's agenda; and
- o A copy of the bid tabulation sheet with all vendors names, addresses, and contact person; and
- o 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
- o 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
- o Approved certification of funds by the Finance Department (if applicable) must be obtained and the copy must be attached to this request; and
- o Budget line item must be identified and indicated below.

Casino Dining Room Clerestory Restoration 2015-42

West Branch Inc.

Lisa Tracy
 Box 3230
 Saratoga sPrings, NY 12866
 587-6688
lisa@westbranchinc.com

	Purchasing		Risk and Safety
	Meets	Purchasing Policy	Does not meet requirements
Base Bid	\$330,000.00		
Allowance	\$10,000.00		
Alt. 1	\$65,000.00		
Total Bid	\$405,000.00		

Bunkoff General Contractors Inc.

Adam Bunkoff
 790 Watervliet-Shaker Rd.
 Latham, NY 12110
 786-8666
abunkhoff@bunkoffgc.com

Base Bid	\$143,000.00	Meets Purchasing Policy	Meets
Allowance	\$10,000.00		Requirements
Alt. 1	\$45,000.00		
Total Bid	\$198,000.00		

Mid-State Industries

Michael Lucey
 1105 Catalyn street
 Schenectady, NY 12303
 374-1461
peggie@midstateltd.com

Base Bid	\$133,193.00	Meets Purchasing Policy	Meets
Allowance	\$10,000.00		Requirements
Alt. 1	\$51,500.00		
Total Bid	\$194,693.00		

VMJR Companies, LLC

Victor Macri, Jr.
 73 Mohican Street
 Glens Falls, NY 12801
 792-1128
info@vmjrcompanies.com

Base Bid	\$177,200.00	Meets Purchasing Policy	Meets
Allowance	\$10,000.00		Requirements
Alt. 1	\$52,500.00		
Total Bid	\$239,700.00		

Request for Certification of Sufficient Funds

Submittal Date: 11/20/2015

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.

Obligation to be incurred, detailing vendor name, project description, Council Approval, etc. (attach supporting documentation):

Vendor: Mid State Industries Ltd.
Project: Dining Rm Clerestory Window Restoration
Dining Rm Clerestory Window Restoration-Base

Appropriation - Current Budget Expense Org/Object/Proj(s):	H3537112	52000	1165 (\$118,078.91) ✓
	H3031492	52000	1141 (\$76,614.09) ✓

Amount Requested for Approval \$194,693.00

Current Amount Available: \$319,181.90

Transfer/Amendment Pending:

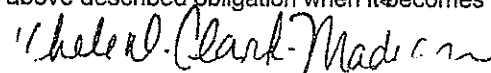
Transfer/Amendment Date _____



Department Head Signature 11/20/15
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 11/20/15
Approval Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2015

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 First Niagara Risk Management, Inc 726 Exchange Street Suite 900 Buffalo NY 14210	CONTACT NAME: Beth Murray PHONE (A/C No. Ext): (716) 819-5500 FAX (A/C No.): (716) 819-5140 E-MAIL ADDRESS: Bethany.Murray@fnrm.com
INSURED Mid-State Industries, Ltd. 1105 Catalyn St Schenectady NY 12303	INSURER(S) AFFORDING COVERAGE INSURER A National Fire Insurance Co of INSURER B Continental Casualty Company INSURER C Merchants Mutual Ins Co. INSURER D American Casualty Company of INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 15/16 Mid State 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		5092136634	5/30/2015	5/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> XCU Incd					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
B	AUTOMOBILE LIABILITY		5092136620	5/30/2015	5/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> \$250 Comp Ded	<input checked="" type="checkbox"/> \$500 Coll Ded				PROPERTY DAMAGE (Per accident) \$
						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	EE 011237579	5/30/2015	5/1/2016	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		5092136648	5/30/2015	5/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 1,000,000
		N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Leased/Rented Equipment		MAC4294142	5/30/2015	5/1/2016	Limit \$500,000
E	Installation		MAC4294142	5/30/2015	5/1/2016	Limit \$1,000,000

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

M Bonetto/BMURRA

Additional Named Insureds

Other Named Insureds

Catalyn Enterprises, Inc

MSI

MSI Building Restoration Inc



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	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		BE 011237579	5/30/2015	5/1/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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AUTHORIZED REPRESENTATIVE

M Bonetto/BMURRA

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