



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 GILLMETT-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: December 5, 2015
Re: Extension of RFP 2015-13 for GASB 45 Actuarial Services

Please include on your 11/17/15 agenda an award of RFP 2015-43 for GASB 45 Actuarial Services to Armory Associates, LLC 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

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

JOHN P. FRANCK
COMMISSIONER

MAIRE MASTERSON
DEPUTY COMMISSIONER

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 *N/A*
- ☒ 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: GASB 45 Actuarial Services

Item Being Extended: N/A

Vendor Who Won the Bid: Armory Associates, LLC

Budget Line Item: A3021314-54720 2016 Budget Year

Budget Line Item: N/A

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

Stefanie Richards
Assistant Purchasing Agent

12/9/15
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

12/9/15
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.**

GASB 45 Actuarial Services RFP 2015-43**Nyhart**

Randy Gomez
8415 Allison Pointe Blvd., Ste. 300
Indianapolis, IN 46250
317-845-3595
randy.gomez@nyhart.com

	Purchasing	Risk and Safety
2016-Full	\$6,600.00	Does not meet
2017-Interim	Included w/2016	requirements.
2018-Full	\$8,600.00	Umbrella only
2019-Interim	Included w/2018	\$2 million.
2020-Full	\$8,600.00	
2021-Interim	Included w/2020	
Total	\$23,800.00	

Danzinger & Markhoff LLP

Robert Danzinger
123 Main Street
White Plains, NY 10601
914-948-1556
eecheverria@dmlawyers.com

2016-Full	\$3,900.00	Does not meet
2017-Interim	\$975.00	requirements.
2018-Full	\$3,900.00	No insurance
2019-Interim	\$975.00	provided.
2020-Full	\$3,975.00	
2021-Interim	\$975.00	
Total	\$14,700.00	

Armory Associates, LLC

Damon Kacjer
120 Walton St., Ste. 601
Syracuse, NY 13202
315-752-0060 x328
dhacker@armoryassociates.com

2016-Full	\$7,700.00	Does not meet
2017-Interim	\$1,250.00	requirements.
2018-Full	\$7,900.00	Insufficient
2019-Interim	\$1,250.00	limits.
2020-Full	\$8,100.00	
2021-Interim	\$1,250.00	
Total	\$27,450.00	

Sound Actuarial Consulting LLC

Amy Hicks
403 East Main Street
Port Jefferson, NY 11777
631-509-5925
ahicks@soundactuarialconsulting.com

2016-Full	\$11,500.00	Does not meet
2017-Interim	\$2,000.00	requirements.
2018-Full	\$13,500.00	No insurance
2019-Interim	\$2,000.00	provided.
2020-Full	\$13,500.00	
2021-Interim	\$2,000.00	
Total	\$44,500.00	

Aquarius Capital

Michael Frank
110 Betsy Brown Road
Port Chester, NY 10573
914-933-0063
michael.frank@aquariuscapital.com

	2016-Full	\$6,500.00	Meets requirements	Does not meet requirements.
2017-Interim		\$1,500.00		No insurance provided.
2018-Full		\$6,500.00		
2019-Interim		\$1,500.00		
2020-Full		\$6,500.00		
2021-Interim		\$1,500.00		
Total		\$24,000.00		

Jefferson Solutions

Raymond Cerrone
14 Brittany Oaks
Clifton Park, NY 12065
518-461-4805
Ray.Cerrone@JEFSI.com

	2016-Full	\$5,745.00	Meets requirements	Does not meet requirements.
2017-Interim		\$1,445.00		No commercial auto.
2018-Full		\$5,865.00		
2019-Interim		\$1,475.00		
2020-Full		\$5,985.00		
2021-Interim		\$1,505.00		
Total		\$22,020.00		



ARMOASS-01

AKEEFE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2015

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 Paris-Kirwan Associates, Inc. PO Box 40420 Rochester, NY 14604	CONTACT NAME:		
	PHONE (A/C, No, Ext): (585) 473-8000	FAX (A/C, No): (585) 340-1714	
INSURED Armory Associates, LLC 120 Walton Street, Suite 601 Syracuse, NY 13202	E-MAIL ADDRESS: reception@paris-kirwan.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Property & Casualty Ins Co of Hartford		34690
	INSURER B: Underwriters at Lloyd's, London		
	INSURER C:		
	INSURER D:		
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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		01SBAAR5601	10/11/2015	10/11/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			01SBAAR5601	10/11/2015	10/11/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			01SBAAR5601	10/11/2015	10/11/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Errors & Omissions			1150323	03/23/2015	03/23/2016	Per Occurrence 1,000,000
B	Errors & Omissions			1150323	03/23/2015	03/23/2016	Aggregate 3,000,000

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

City of Saratoga Springs; its elected and/or appointed officials, officers, agents and employees are named as Additional Insured on a primary and non-contributory basis per contractual agreement on the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

City of Saratoga Springs 474 Broadway Attn: Risk and Safety Saratoga Springs, NY 12866-2296	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 <i>Lawrence Stanney</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.