

**J-4 Standard Purchasing Resolutions:**

**d) Standard Purchasing Resolution 2: Low Bidder Meeting Specifications – Fire Station Brick Repair**

Resolution #2014-05-076

Moved by Slater

Seconded by Henderson

RESOLVED, That Troy City Council hereby **APPROVES** a contract to furnish all equipment, material and labor for brick repair at the City of Troy Fire Stations except Fire Station 4; and the Police and Fire Training Center as specified; for an estimated total cost of \$14,000.00; and, if necessary, to complete unforeseen damage if a problem area were to be exposed and identified, at the low bid hourly rate of \$48.50 per hour not to exceed budgetary limitations; to *Arisco Contracting Group, Inc. of Clinton Township, MI*, at prices contained in the bid tabulation opened March 30, 2014; a copy which shall be **ATTACHED** to the original Minutes of this meeting.

BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon contractor's submission of properly executed contract documents, including insurance certificates and all other specified requirements.

## CLOSEOUT SHEET

REQ #	BID NAME	ORIGINATING DEPT.	BID OPENING DATE	TAB REVIEWED	COUNCIL AGENDA DATE
2014- 1...27a	ITB-COT 14-02 Brick Repair	FD	3.20.14	3.27	5.12.14 <del>4.14.14</del>
NOTICE OF AWARD MAILED	BID DEPOSIT CHECKS RETURNED	MITN POSTING OF AWARD	INSURANCE OK PER RISK MANAGER	BONDS CLEARED	DATE P.O. ENTERED
	4.28.14		5.30.14	N/A	2014- 1970
DATE P.O. MAILED	DOCS SCANNED	PERFORMANCE MEASURES			
5.19.14					

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1 <input checked="" type="checkbox"/> MANDATORY REQUISITION</li> <li>2 <input type="checkbox"/> OLD BID FORM</li> <li>3 <input checked="" type="checkbox"/> BID SPECS</li> <li>4 <input checked="" type="checkbox"/> BID PREPARATION CHECKLIST</li> <li>5 <input type="checkbox"/> INSURANCE REVIEW</li> <li>6 <input type="checkbox"/> ORIGINAL BID FORM</li> <li>7 <input type="checkbox"/> NOTES</li> <li>8 <input type="checkbox"/> DEPARTMENT APPROVAL</li> <li>9 <input type="checkbox"/> CONFIRMATION FROM BIDNET</li> <li>10 <input checked="" type="checkbox"/> ADDENDUM (IF APPLICABLE)</li> <li>11 <input type="checkbox"/> NEW VENDORS</li> <li>12 <input type="checkbox"/> DOWNLOAD HISTORY</li> <li>13 <input type="checkbox"/> POSTING NOTICE</li> <li>14 <input type="checkbox"/> BLANK BIDS</li> </ul> | <ul style="list-style-type: none"> <li>15 <input type="checkbox"/> LATE BIDS WITH LETTER</li> <li>16 <input type="checkbox"/> "NO BID" LETTERS</li> <li>17 <input type="checkbox"/> BID PROPOSALS</li> <li>18 <input type="checkbox"/> BROCHURES</li> <li>19 <input type="checkbox"/> WRITTEN BID TAB</li> <li>20 <input type="checkbox"/> TYPED BID TAB (3 OR MORE)</li> <li>21 <input type="checkbox"/> DOWNLOAD HISTORY FOR COUNCIL</li> <li>22 <input type="checkbox"/> MEMO FROM DEPT</li> <li>23 <input type="checkbox"/> LETTER WITH COPIES OF RETURNED CHECKS</li> <li>24 <input type="checkbox"/> NOTICE OF AWARD</li> <li>25 <input type="checkbox"/> COPY OF P.O.</li> <li>26 <input type="checkbox"/> COVER SHEET WITH COUNCIL RESOLUTION #</li> </ul> |
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INSURANCE COMMENTS: INSURANCE CERTIFICATE EXPIRES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER COMMENTS:

Addendum #1 & #2 issued to provide 40 photographs of brick work at fire stations 3/5/14 *oab*

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILE READY FOR CLOSEOUT \_\_\_\_\_

INITIALS

# PURCHASE ORDER

No. 2014-00001970

DATE: 05/19/2014

PAGE: 1 of 1

FOB DESTINATION

**Ship To**

CITY OF TROY  
Fire  
1019 E BIG BEAVER  
TROY, MI 48083

**Bill To**

CITY OF TROY  
Fire  
500 W BIG BEAVER RD  
TROY, MI 48084

**COUNCIL RESOLUTION**  
2014-05-076

**VENDOR NO.** 169068

**Vendor**

ARISCO CONTRACTING GROUP, INC.  
PO BOX 381129  
CLINTON TOWNSHIP, MI 48038

**CC COPY**

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	<b>FIRE STATION BRICKWORK</b> Fire Station Brick Work shall furnish all equipment, material and labor for brick repair at all City of Troy Fire Stations; except Fire Station #4. All work to be performed under the direct supervision of Mr. Peter Hullinger and as per the attached pricing summary. Additional work shall be at the hourly rate of \$48.50/hour and only upon advance approval. Contact Peter to begin work: 248 524-3417.	40,000.0000	\$40,000.00

Entered By: MaryBeth Murz

Special Instructions:

\$40,000.00

**ALL WORK SHALL IN ACCORDANCE WITH ITB-COT 14-02 BID SPECIFICATIONS AND ATTACHED PRICING. CITY COUNCIL APPROVAL DATE: 5/12/2014**

**TERMS & CONDITIONS**

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

**NOTICE:** The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

CITY OF TROY  
 PO SUMMARY I COT 14-02  
 BRICK REPAIR FOR FIRE STATIONS

		<b>Arisco Contracting Group</b>
		<b>Clinton Township, MI</b>
Ck#		609491
Ck. Amount		\$2,000.00
STATION #1		\$4,000.00
1019 Big Beaver Road		
STATION #2		\$1,500.00
5600 Livernois		
STATION #3		\$1,000.00
2350 W. Big Beaver Road		
STATION #4		<i>Eliminated</i>
2103 Maple Road		
STATION #5		\$3,000.00
6399 John R		
STATION #6		\$2,500.00
5901 Coolidge		
Police/Fire Training Center		\$2,000.00
4850 John R		
<b>COMPLETE FOR THE SUM OF:</b>		<b>\$14,000.00</b>
<b>HOURLY LABOR RATE:</b>		<b>\$48.50</b>
<b>MATERIAL DISCOUNT:</b>		<b>None</b>

CONTACT INFORMATION:

Hours of Operation

8 a.m./ 5 p.m

24HR Phone #

586-615-0077

SITE INSPECTIONS: Y/N

Yes

Date

3/17/2014

COMPLETION DATE:

**June 30, 2014**

Can Meet

Yes

Cannot Meet

Offers

Work Shall Commence

5 Days after notice to proceed

REFERENCES:

Yes

INSURANCE:

Can Meet

Yes

Cannot Meet

ACKNOWLEDGEMENT SIGNED: Y OR N

Yes

PAYMENT TERMS:

Net 30

EXCEPTIONS:

Work per photos provided

WARRANTY:

One Year

QUESTIONNAIRE: Attached Y or N

Yes

SCHEDULE OF VALUES: Y or N

FORMS COMPLETED: Y or N

Yes

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PL ARISC50 DATE (MM/DD/YYYY) 05/29/14

**PRODUCER**  
 Lucido's Insurance Agency Inc  
 39999 Garfield  
 Clinton Twp MI 48038  
 Phone: 586-286-8200

**INSURED**  
 Arisco Contracting Group Inc  
 P.O. Box 381129  
 Clinton Twp MI 48038

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Auto Owners	18988
INSURER B:		
INSURER C:		
INSURER D:		
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	04601735	11/09/13	11/09/14	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
						MED EXP (Any one person)	\$ 2000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4960173500	11/09/13	11/09/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
A						BODILY INJURY (Per person)	\$
A						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<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> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	04601735	11/09/13	11/09/14	EACH OCCURRENCE	\$ 2000000
						AGGREGATE	\$ 2000000
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	04601735	11/09/13	11/09/14	WC STATU-TORY LIMITS	
						OTH-ER	
						E.L. EACH ACCIDENT	\$ 1000000
						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
						E.L. DISEASE - POLICY LIMIT	\$ 1000000
A		<b>OTHER</b> Rental Equipment	04601735	11/09/13	11/09/14	Rental Eq	100000

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

## CERTIFICATE HOLDER

TROY002

CITY OF TROY  
 JOANN  
 500 W BIG BEAVER  
 TROY MI 48084

## 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  
 MPL Insurance Agency