

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 4.14.14
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"> 1 <input checked="" type="checkbox"/> MANDATORY REQUISITION 2 <input type="checkbox"/> OLD BID FORM 3 <input checked="" type="checkbox"/> BID SPECS 4 <input checked="" type="checkbox"/> BID PREPARATION CHECKLIST 5 <input type="checkbox"/> INSURANCE REVIEW 6 <input type="checkbox"/> ORIGINAL BID FORM 7 <input type="checkbox"/> NOTES 8 <input type="checkbox"/> DEPARTMENT APPROVAL 9 <input type="checkbox"/> CONFIRMATION FROM BIDNET 10 <input checked="" type="checkbox"/> ADDENDUM (IF APPLICABLE) 11 <input type="checkbox"/> NEW VENDORS 12 <input type="checkbox"/> DOWNLOAD HISTORY 13 <input type="checkbox"/> POSTING NOTICE 14 <input type="checkbox"/> BLANK BIDS | <ul style="list-style-type: none"> 15 <input type="checkbox"/> LATE BIDS WITH LETTER 16 <input type="checkbox"/> "NO BID" LETTERS 17 <input type="checkbox"/> BID PROPOSALS 18 <input type="checkbox"/> BROCHURES 19 <input type="checkbox"/> WRITTEN BID TAB 20 <input type="checkbox"/> TYPED BID TAB (3 OR MORE) 21 <input type="checkbox"/> DOWNLOAD HISTORY FOR COUNCIL 22 <input type="checkbox"/> MEMO FROM DEPT 23 <input type="checkbox"/> LETTER WITH COPIES OF RETURNED CHECKS 24 <input type="checkbox"/> NOTICE OF AWARD 25 <input type="checkbox"/> COPY OF P.O. 26 <input type="checkbox"/> COVER SHEET WITH COUNCIL RESOLUTION # |
|--|--|

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*

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

COPY

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	FIRE STATION BRICKWORK 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

	Ck#	Ck. Amount
Arisco Contracting Group		
Clinton Township, MI		
	609491	
STATION #1		\$2,000.00
1019 Big Beaver Road		\$4,000.00
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		
COMPLETE FOR THE SUM OF:		\$14,000.00
HOURLY LABOR RATE:		\$48.50
MATERIAL DISCOUNT:		None

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

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.

INSURED

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

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		GENERAL LIABILITY <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"/> PROJECT <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		AUTOMOBILE LIABILITY <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 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
A		EXCESS/UMBRELLA LIABILITY <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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	04601735	11/09/13	11/09/14	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1000000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1000000	E.L. DISEASE - EA EMPLOYEE	\$ 1000000	E.L. DISEASE - POLICY LIMIT	\$ 1000000
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 1000000													
E.L. DISEASE - EA EMPLOYEE	\$ 1000000													
E.L. DISEASE - POLICY LIMIT	\$ 1000000													
A		OTHER Rental Equipment	04601735	11/09/13	11/09/14	Rental Eq 10000								

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