

**CITY COUNCIL MINUTES**

**April 17, 2023**

**Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications –  
Evidence Technician Lab Remodel, Troy Police Department**

Resolution #2023-04-069-J-4c

RESOLVED, That Troy City Council hereby **AWARDS** a contract for the Evidence Technician Lab Remodel at the Troy Police Department to the low bidder meeting specifications, *Farnell Equipment Co. of Troy, MI*, for an estimated cost of \$37,239.00 and a 10% contingency amount of \$3,724.00, for an estimated total project cost of \$40,963.00, at unit prices contained in the bid tabulation opened April 6, 2023; a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon submission of proper contract and bid documents, including insurance certificates and all other specified requirements.

# PURCHASE ORDER

No. 2023-00001146  
 DATE: 05/04/2023  
 PAGE: 1 of 1  
 FOB DESTINATION

**Ship To**  
 CITY OF TROY  
 Police  
 500 W BIG BEAVER RD  
 TROY, MI 48084

**Bill To**  
 CITY OF TROY  
 Police  
 500 W BIG BEAVER RD  
 TROY, MI 48084

**COUNCIL RESOLUTION**  
 2023-04-069-J-4c

**VENDOR NO. 177341**

**Vendor**  
 FARNELL EQUIPMENT COMPANY  
 2950 TODD DR  
 TROY, MI 48084

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	POLICE DEPT- EVIDENCE LAB CABINETS AND COUNTERTOPS Installation of new cabinets and countertops Removal of old cabinets and countertops.	33,739.0000	\$33,739.00

Entered By: Andrew Chambliss

\$33,739.00

**Special Instructions:**

CITY COUNCIL AWARD DATE: 4/17/2023. Contract for Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – Evidence Technician Lab Remodel, Troy Police Department in accordance with the specifications and completion date of ITB-COT 23-15. CERTIFICATE OF INSURANCE and ENDORSEMENTS shall be on file through contract completion. Quote: 04252023-TROYPD-02

**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.

*Andrew K. Chambliss*

VENDOR NAME: Farnell Equipment Co.  
 CITY: Troy, MI

TO FURNISH EVIDENCE LAB CABINETS AND COUNTERTOPS (not refurbished) FOR THE TROY POLICE DEPARTMENT	
<b>WALL #1(WEST):</b>	
Upper Cabinet Dimensions	<ul style="list-style-type: none"> <li>SIX (6) cabinets with double doors, 35.5" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) cabinet with single door, 18" wide x 20" high x 12" deep (depth w/o door).</li> <li>Corner spacer, 14.125" wide x 20" high x 14.125" deep.</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
Lower Cabinet Dimensions	<ul style="list-style-type: none"> <li>Overall box dimensions, 29" deep x 36.5" high (plus 4." toe kick).</li> <li>FOUR (4) cabinets with double doors, 30" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawers above, 30" wide X 6" high X 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 47" wide x 30.5" high x 22.5" deep (depth w/o door). No drawer above.</li> <li>One (1) shelf in each cabinet.</li> </ul>
<b>WALL #1 - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$20,930.00</b> Kewaunee Scientific
<b>WALL #2(SOUTH):</b>	
Upper Cabinet Dimensions	<ul style="list-style-type: none"> <li>FOUR (4) cabinets with double doors, 30" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 22.5" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
Lower Cabinet Dimensions	<ul style="list-style-type: none"> <li>Overall box dimensions, 29" deep x 36.5" high (plus 4" toe kick).</li> <li>ONE (1) cabinet with single door, 12" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawer above, 12" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 24" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawer above, 24" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 33.5" wide x 30.5" high x 20" deep (depth w/o door). Single drawer above, 33.5" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
<b>WALL #2 - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$12,804.00</b> Kewaunee Scientific
<b>ISLAND:</b>	
Island Dimensions	<ul style="list-style-type: none"> <li>SIX (6) sets of double door cabinets, each set with single drawer above. THREE (3) sets of cabinets on each long side of island. One (1) shelf in each cabinet.</li> <li>Overall island cabinet box dimension: 95.5" wide x 32" high (plus 4" toe kick) x 34" deep (depth with doors).</li> <li>SIX (6) cabinets with double doors, 31.5" wide x 26" high x 15.5" deep (depth w/o door). Single drawers above, 31.5" wide x 6" high x 14" deep (depth w/o door).</li> </ul>
<b>Island - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$11,905.00</b> Kewaunee Scientific
<b>COUNTERTOPS:</b>	
Countertop Dimensions	<ul style="list-style-type: none"> <li>Wall #1 (west) dimensions: 246" L x 31" W, with 4" backsplash</li> <li>Wall #2 (south) dimensions: 71" L x 31" W, with 4" backsplash</li> <li>Island dimensions: 96" L x 36" W</li> </ul>
<b>Countertops - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$7,100.00</b> Kewaunee Scientific
<b>Total Sum of Project:</b>	
<b>\$52,739.00</b>	
AUTHORIZED DISTRIBUTOR:	Y or N
WARRANTY:	Y
	10 Years
CONTACT INFORMATION:	Name:
	Kirk Rukenbrod
	24 Hr Phone:
	2488547413
	Hours of Operation:
	M-F 9-5
CAN PROVIDE FINISH SAMPLES:	Y or N
CAN MEET START DATE:	Y or N
NUMBER OF YEARS OF EXPERIENCE:	87 years
REFERENCES:	Y or N
INSURANCE MET:	Y or N
PAYMENT TERMS:	NET 30
DELIVERY DATE:	6/23/2023
EXCEPTIONS:	Optional Deduct#1 - \$15,500 deduction from Base Bid if ALL Elevations and Countertops are purchased together in bulk and installed at the same time as specified in Bid Documents
	Optional Deduct#2 - \$3,500 deduction from Base Bid can be offered on the total value of the bid if the design was changed to use standard sized 48W cabinets wherever possible throughout the project
ACKNOWLEDGEMENT SIGNED:	Y or N
ADDENDUM 1 SIGNED:	Y or N
QUESTIONNAIRE PROVIDED:	Y or N
FORMS:	Y or N

**ATTEST:**

(\*Bid Opening conducted via a Zoom Meeting)  
 Dennis Trantham  
 Andrew R. Chambliss  
 Laurence Schehr

Emily Frontera  
 Purchasing Manager



**CITY OF TROY  
 BID PROPOSAL**

**ITB-COT 23-15**  
 Page 1 of 9

The undersigned proposes to **FURNISH EVIDENCE LAB CABINETS AND COUNTERTOPS (not refurbished) FOR THE TROY POLICE DEPARTMENT**, in accordance with the attached specifications, which are to be considered an integral part of this bid proposal documents, at the following prices:

COMPANY NAME: FARNELL EQUIPMENT CO.

**WALL #1-(WEST):**

<b>Upper Cabinet Dimensions</b>	<ul style="list-style-type: none"> <li>SIX (6) cabinets with double doors, 35.5" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) cabinet with single door, 18" wide x 20" high x 12" deep (depth w/o door).</li> <li>Corner spacer, 14.125" wide x 20" high x 14.125" deep.</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
<b>Lower Cabinet Dimensions</b>	<ul style="list-style-type: none"> <li>Overall box dimensions, 29" deep x 36.5" high (plus 4." toe kick).</li> <li>FOUR (4) cabinets with double doors, 30" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawers above, 30" wide X 6" high X 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 47" wide x 30.5" high x 22.5" deep (depth w/o door). No drawer above.</li> <li>One (1) shelf in each cabinet.</li> </ul>

**Wall #1 - Complete for the Sum of: \$ 20,930.00**

**Manufacturer: KEWAUNEE SCIENTIFIC**

**WALL #2- (SOUTH):**

<b>Upper Cabinet Dimensions</b>	<ul style="list-style-type: none"> <li>FOUR (4) cabinets with double doors, 30" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 22.5" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
<b>Lower Cabinet Dimensions</b>	<ul style="list-style-type: none"> <li>Overall box dimensions, 29" deep x 36.5" high (plus 4" toe kick).</li> <li>ONE (1) cabinet with single door, 12" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawer above, 12" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 24" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawer above, 24" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 33.5" wide x 30.5" high x 20" deep (depth w/o door). Single drawer above, 33.5" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) shelf in each cabinet.</li> </ul>

**Wall #2 - Complete for the Sum of: \$ 12,804.00**

**Manufacturer: KEWAUNEE SCIENTIFIC**

**ISLAND:**

<b>Island Dimensions</b>	<ul style="list-style-type: none"> <li>SIX (6) sets of double door cabinets, each set with single drawer above. THREE (3) sets of cabinets on each long side of island. One (1) shelf in each cabinet.</li> <li>Overall island cabinet box dimension: 95.5" wide x 32" high (plus 4" toe kick) x 34" deep (depth with doors).</li> <li>SIX (6) cabinets with double doors, 31.5" wide x 26" high x 15.5" deep (depth w/o door). Single drawers above, 31.5" wide x 6" high x 14" deep (depth w/o door).</li> </ul>
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**Island - Complete for the Sum of: \$ 11,905.00**

**Manufacturer: KEWAUNEE SCIENTIFIC**

COUNTERTOPS:	
Countertop Dimensions	<ul style="list-style-type: none"><li>• Wall #1 (west) dimensions: 246" L x 31" W, with 4" backsplash</li><li>• Wall #2 (south) dimensions: 71" L x 31" W, with 4" backsplash</li><li>• Island dimensions: 96" L x 36" W</li></ul>
Countertops - Complete for the Sum of: \$ <u>7,100.00</u>	
Manufacturer: <u>KENAVNEE SCIENTIFIC</u>	

Total Sum of Project: \$ <u>52,739<sup>00</sup></u> * SEE VALUE ENGINEERING ATTACHED
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**IMPORTANT: REMOVAL AND DISPOSAL OF CURRENT CABINETS AND COUNTERTOPS.**

Note: Include all delivery costs, handling, packaging, disposal and service charges, if any.

**UNIT PRICES:** Unit prices prevail. The City of Troy Purchasing Department will correct all extension errors.

**AUTHORIZED DEALER:**  Our Company is an authorized distributor of this equipment  
 Our Company is not an authorized distributor of this equipment

**WARRANTY:** 10 YEAR

**CONTACT INFORMATION:**

Name: KIRK RUKENBROD

Hours of operation: M-F 9-5 24 Hr. Contact Phone No. 248-854-7413

**DELIVERY:**

The cabinet and countertops will be F.O.B. delivered inside freight paid in accordance with specifications no more than 60 days after the bid award ATTN: Lieutenant, Laurence Schehr, Troy Police Department, 500 W. Big Beaver Rd., Troy, MI 48084. Please contact Lt. Laurence Schehr (248) 885-1906 prior to delivery of any materials to the installation site.

**IMPORTANT:** *Measurements are broad estimates. It will be the responsibility of the bidder to take and verify all field measurements as needed.*

**FINISH SAMPLES:**

The awarded bidder will provide cabinet finish samples.

Our Company can provide cabinet finish samples.  
 Our Company cannot provide cabinet finish samples.

**INFORMATION:**

For additional general information or questions about the specifications, please contact **Lieutenant, Laurence Schehr (248) 885-1906** between the hours of 8:00 am to 3:00 pm EST Monday through Friday.

**LOCAL PREFERENCE:**

The City of Troy reserves the right to award a contract to a local business, one who pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

**AWARD:**

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment as specified, warranties, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications on an item by item basis, if deemed in the City's best interest to do so; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations; to award any portion thereof.

**INVOICING:**

The successful bidder(s) is to use the City of Troy assigned purchase order number on all orders awarded by this bid proposal.

**DESIGNATED CITY REPRESENTATIVE:**

**Lt. Laurence Schehr, (248) 885-1906, [schehrlf@troymt.gov](mailto:schehrlf@troymt.gov)** is the designated City Representative for this project.

**DOWNPAYMENTS AND PREPAYMENTS:**

Any bid submitted which requires a down payment or prepayment of any kind prior to delivery of the items and acceptance, as being in conformance with specifications will not be considered for an award.

**CONTRACT FORMS:**

Bidders should complete and sign the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment, the Certification regarding "Iran Linked Business: and the Familial Disclosure Forms and submit with your bid proposal.

COMPANY NAME: FARNELL EQUIPMENT CO.

**MANDATORY SITE INSPECTION:**

All bidders are required to examine the Troy Police Department Evidence Room to determine the amount of work to be done in accordance with the bid specifications by attending the **MANDATORY PRE-BID MEETING** scheduled for **THURSDAY, MARCH 23, 2023 at 1:00 P.M. EST**, located at 500 W. Big Beaver Rd. Troy MI 48084. Meet at the Troy Police Department Lobby. An opportunity to view and inspect the area will be provided during the Pre-Bid Meeting.

- Our company attended the Mandatory Pre-Bid meeting  
 Our company did not attend the Mandatory Pre-Bid meeting

**LABOR:**

Prevailing wages are not required for this project.

**AWARD:**

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment, references, and the correlation of the bid proposal submitted to the needs of the City of Troy. The City of Troy reserves the right to award this bid to the lowest responsible total bidder meeting specifications; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations.

**COMPLETION DATE:**

The Contractor may move supplies and materials to the work site upon City Council approval and issuance of Purchase Order. The project shall begin prior to **Friday, June 30, 2023**. **Schedule will be coordinated with Police Staff.** The City of Troy is the only party to this contract that may authorize amendment to this schedule.

- Our Company can meet this project start date.  
 Our company cannot meet this project start date but offers:

**APPROVED ALTERNATES:**

The City of Troy's designated department representative or his/her designee will review all items submitted for consideration as approved alternates. Their decision as to acceptability will be deemed in the City of Troy's best interest and will be final.

**PURCHASE ORDER:**

After the Troy City Council has approved the award, the successful bidder will receive a purchase order issued from the City of Troy, which will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the bidder to perform the contract in accordance with the specifications. A contract document will not be issued.

**SUBCONTRACTORS:**

The undersigned agrees to submit a list of proposed subcontractors, if applicable, for approval by the designated City representative within 72 hours after notification of being the low qualified bidder. It will be understood that this may occur prior to bid award, but the bidder's status will not be final until approved by the Troy City Council. All subcontracts will need to be approved by the Purchasing Manager.

COMPANY NAME: FARNELL EQUIPMENT CO.

**CONDITION OF ITEMS:**

All items shall be new, in first class condition, including containers suitable for shipment and storage, unless otherwise indicated herein. Verbal agreements to the contrary will not be recognized.

**CURRENCY:** All figures quoted are to be in U.S. Funds.

**NOTE:** The City of Troy, at their discretion may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Services before award of contract.

**WORKMANSHIP AND INSPECTION:**

All work under the resulting purchase order shall be performed in a skillful and workmanlike manner. The City may, in writing, require the Contractor to remove any employee from work that the City deems incompetent or careless.

Further, the City may, from time to time, make inspections of the work performed under the purchase order. Any inspection by the City does not relieve the Contractor from any responsibility regarding defects or other failures to meet the contract requirements.

**MATERIAL AVAILABILITY:**

Bidders must accept responsibility for verification of material availability, production schedules, and other pertinent data prior to submission of bid and delivery time. It is the responsibility of the bidder to notify the City immediately if items specified are discontinued, replaced, or not available for an extended period of time.

**COMMERICAL WARRANTY/MANUFACTURER'S RECOMMENDATIONS:**

The bidder agrees that supplies or services furnished shall be covered by the most favorable commercial warranties the bidder gives to any customer for such supplies or services. All warranty information and certificates shall be furnished and become the property of the City upon delivery of said items and all rights and remedies stated in the warranties must be honored by the contractor or his manufacturer. All items are new manufacture unless otherwise specifically stated or called for in the bid. All products offered must have passed the first line quality standards as set by the manufacturer and no seconds, blemished articles, or items containing defective workmanship are included. Warranty shall also cover any problems due to manufacturing and/or installation of the floor covering. Entire installation shall meet or exceed manufacturer specifications.

**DELIVERY:**

Materials and equipment are to be FOB delivered to The City of Troy Police Department located at 500 W. Big Beaver Rd. Troy, MI 48084.

**MANDATORY:**

THE SUCCESSFUL BIDDER MUST HAVE EXPERIENCE WITH CABINET AND COUNTERTOP INSTALLATION PROJECTS.

FARNELL EQUIPMENT CO. has 87 (#) years of experience in the field.  
(Company Name)

**IMPORTANT:**

Under normal circumstances, it is assumed that the cabinet/countertop install will need to be scheduled around use of the facility and as per outlined dates.

COMPANY NAME: FARNELL EQUIPMENT CO.



**DESCRIPTIVE LITERATURE:**

Please attach to your bid proposal and any pertinent descriptive material relevant to the item bid.

**BID INFORMATION CONTROLLING:**

The City of Troy intends that all bidders have equal access to information relative to the bid, and that the bid contains adequate information. Part of the bid preparation has included discussions with selected prospective bidders; however, each bidder shall prepare its bid based only on the information contained in the bid, notwithstanding any information that may have been previously provided. A prospective bidder noting any inconsistency between the information contained in the bid and any information previously provided should request clarification. No information communicated, either verbally or in writing, to or from a bidder shall be effective unless confirmed by written communication contained in the bid, an addendum to the bid, a request for clarification or written response thereto, or in the bid.

**IMPORTANT:**

The City shall have the right to require by written order, changes in, additions to, or deductions from the work required by the bid documents provided that if changes, additions, or deductions are made, the general character of the work as a whole is not changed thereby. Adjustments in the Contract price, if any, because of any change, addition, or deduction in the work, shall be determined as hereinafter provided, and any claim for extension of time for completion shall be adjusted at the time of ordering the changes, additions, or deductions.

No claim for change, addition, or deduction, or adjusting of price, or extension of time for completion thereof, shall be made or allowed unless done in pursuance of written order from the City specifically authorizing such change, addition, or deduction. Drawings without a written order shall not be considered such authority. Written notice of such claims shall be made to the designated City representative before the commencement of the work. Where the written order diminishes the quality of work to be done, this shall not constitute a basis for a claim for damages or anticipated profits on the work that may be dispensed with.

**REFERENCES:**

Please list at least three references that have had similar work completed by your company.

COMPANY: LIVONIA POLICE DEPT  
ADDRESS: 15050 FARMINGTON RD. LIVONIA, MI 48154  
CONTACT: PATRICK MCGRATH PHONE: 734-466-2332  
EMAIL: patrick.mcgrath@livoniapd.com

COMPANY: US ARMY CORPS OF ENGINEERS / DETROIT DISTRICT  
ADDRESS: 477 MICHIGAN AVE DETROIT, MI 48226  
CONTACT: JIM SEBECEAN PHONE: 313-226-6791  
EMAIL: \_\_\_\_\_

COMPANY: U.S. FDA LAB OPERATIONS  
ADDRESS: 300 RIVER PLACE DR STE 6850 / DETROIT, MI 48207  
CONTACT: FRANK ZYDEL PHONE: 313-393-8203  
EMAIL: \_\_\_\_\_

COMPANY NAME: FARNELL EQUIPMENT CO.

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE and ENDORSEMENT**. The required Insurance Certificate and Endorsement must be submitted to the city within 5 days of the verbal/electronic request after the bid award. The Insurance Certificate and Endorsement may be faxed to the Purchasing Office at (248) 619-7608, and is the only bid document accepted in this format.

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- We can meet the specified insurance requirements.
- We cannot meet the specified insurance requirements.
- We do not carry the specified limits but can obtain the additional insurance coverage of \$ \_\_\_\_\_, at the cost of \$ \_\_\_\_\_.  
**NOTE:** Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- Our proposal is reduced by \$ \_\_\_\_\_ if we lower the requirement to \$ \_\_\_\_\_.  
**NOTE:** Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

**IMPORTANT:** A Certificate of Insurance on an ACORD Form showing present coverage as well as the required endorsements SHALL be attached to the proposal document at the time of submission of the proposal to the Office of the City Clerk.

**NOTE:** Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this proposal being completed incorrectly.

**OTHER:** Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

**INSURANCE VERIFICATION:**

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

**WORKERS' COMPENSATION INSURANCE,** including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

**COMMERCIAL GENERAL LIABILITY INSURANCE** on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

COMPANY NAME: FARNELL EQUIPMENT CO.

**AUTOMOBILE LIABILITY**, including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

**ADDITIONAL INSURED:**

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be Additional Insureds: The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

**CANCELLATION NOTICE:**

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy  
Purchasing Manager  
500 West Big Beaver  
Troy, MI 48084

**PROOF OF INSURANCE COVERAGE:**

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested.

If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

**LETTER VERIFICATION:**

The recommended bidder will be notified to submit a letter from the *insurance agent* or *carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. **The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.** This process will occur before presentation of the award recommendation to the Troy City Council.

**FINAL INSURANCE CERTIFICATE SUBMISSION:**

After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) additional business days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. The company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

COMPANY NAME: FARNELL EQUIPMENT CO.

**SIGNATURE PAGE**

**PRICES:**

Prices quoted shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder(s) whose prices shall remain firm through delivery and final acceptance as operational in accordance with specifications.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

**NOTE:**

The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this bid offer and is in receipt of all addenda as issued.

TAX ID: 38-2054485

COMPANY FARNELL EQUIPMENT CO.

ADDRESS 2950 TODD DR. CITY TROY STATE MI ZIP 48084

TELEPHONE NUMBER (248) 643-8890 FAX NUMBER (248) 643-9472

REPRESENTATIVE NAME KIRK RUKENBROD

(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE \_\_\_\_\_

PAYMENT TERMS NET 30

DELIVERY DATE: 6/23

WARRANTY 10 YRS

E-MAIL: kirk@farnell-equipment.com

**EXCEPTIONS:**

Any exceptions, substitutions, deviations, etc. from City specifications and this proposal must be stated below. The reason(s) for the exception, substitution, and/or deviation are an integral part of this bid offer:

\_\_\_\_\_  
NONE  
\_\_\_\_\_

**ACKNOWLEDGEMENT:**

I, KIRK RUKENBROD, certify that I have read the **Instructions to Bidders** (3 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, [www.mitn.info](http://www.mitn.info) and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_

IMPORTANT: All City of Troy purchases require a SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA "Right to Know" Law. Please include a copy of any relevant SDS at the time of bid submission.

U.S. FUNDS: All prices quoted are to be in U.S. Currency.



**VENDOR QUESTIONNAIRE**

Please provide the following information and submit with your bid proposal:

**FIRM NAME:** FARNELL EQUIPMENT CO.

**TYPE OF ORGANIZATION:** (Circle One)

- a. Individual
- b. Partnership
- c. Corporation
- d. Joint Venture
- e. Other \_\_\_\_\_

If applicable:

FORMER FIRM NAME(S)

\_\_\_\_\_  
\_\_\_\_\_

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

1. Your company is an authorized reseller of the brand quoted:

Yes ( ) No

2. Has your company been in Chapter 7 during the last ten (10) years?

( ) Yes When: \_\_\_\_\_  No

3. How many years of experience do you have in installing cabinets and countertops?

87 Years

4. Will a certified trained installer be performing the installation work on this project?

Yes ( ) No

5. Evidence that your company is licensed to do business in the State of Michigan.

ATTACHED

6. Current Contracts:

Please provide a list of all open contracts your company currently holds. Include contract name, organization, location, type, size, required date of completion, percentage of completion to date of each job and value of each contract.

SEE ATTACHED

7. If applicable, list all proposed subcontractors to be used in the performance of this contract and the work to be performed by each. Include a complete list and references of all subcontractors and sub-subcontracts.

STATEWIDE INSTALLATIONS - INSTALL (CARPENTERS)

8. Provide a project schedule based on starting the work within ten (10) days after receiving "Notification to Proceed".

SEE ATTACHED

9. Please describe your recycling program, if any, and/or disposal method for the existing cabinets

STEEL PRODUCT RECYCLABLE ONLY (SOCCRA)

10. Please provide the name and title of the person(s) who will be supervising the work and will be responsible for "on the job" decisions.

TITLE	NAME	DEGREE / CERTIFICATION	EXPERIENCE / YEARS
-------	------	------------------------	--------------------

PROJECT MANAGER	ANTHONY SELPIA		6
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THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS!

Signature of Authorized Company Representative:

Company:

Address:

Phone Number:

Representative's Name:

Date:

FARNELL EQUIPMENT CO.

2950 TODD DR  
TROY, MI 48084  
248-643-8890

KIRK RUKENBROD

(Print)

4/5/23



**QUESTION:** How do we take out debris or pull up a vehicle?

**ANSWER:** Lt. Schehr escorted vendors down the hall to a garage that was adjacent to the Evidence Room. It was stated that any storage would only be temporary. Vendors were also informed that the Fuel Island project was starting in April as well.

Please be advised that the City of Troy Purchasing Department has authorized the following ANSWERS TO QUESTIONS regarding Bid Proposal **ITB-COT 23-15, Evidence Lab Cabinets & Countertops**. The CHANGES will be considered an integral part of the original proposal documents.

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Bid Proposal and Specifications* for **ITB-COT 23-15, Evidence Lab Cabinets & Countertops**. All other items in the original bid proposal remain the same. This Addendum 1 should be attached to the electronic bid submission, on or before Thursday, April 6, 2023 at 10:00 AM EDT.

COMPANY: FARNELL EQUIPMENT CO

NAME OF AUTHORIZED COMPANY REPRESENTATIVE: KIRK RUKENBROD

SIGNATURE: [Signature]

ADDRESS: 2950 TODD DR  
TROY, MI 48084

DATE: 4/5/23



## Legal Status of Bidder:

**The Bidder shall fill out the appropriate form and strike out the other two:**

---

A **corporation** duly organized and doing business under the laws of the State of MICHIGAN for whom KIRK RUKENBROD, bearing the office title of SR VICE PRESIDENT, whose signature is affixed to this proposal, is duly authorized to execute contracts.

---

A **partnership**, all members of which, with addresses, is:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

AN **INDIVIDUAL**, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

_____	_____
-------	-------





CITY OF TROY  
OAKLAND COUNTY, MICHIGAN  
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

KIRK RUKENBROD, being duly sworn deposed, says that he/she  
(Print Full Name)

is SR VICE PRESIDENT. The party making the foregoing proposal or bid,  
(State Official Capacity in Firm)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

SIGNATURE OF PERSON SUBMITTING BID

NOTARY'S SIGNATURE

Subscribed and sworn to before me this 5<sup>TH</sup> day of APRIL, 2023 in and  
for OAKLAND County.

My commission expires:

6-13-2029





**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three-year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three-year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
  - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
  - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
  - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

*I am able to certify to the above statements.*

FARNELL EQUIPMENT CO.  
Name of Agency/Company/Firm (Please Print)

KIRK RUKENBROD, SR VICE PRESIDENT  
Name and title of authorized representative (Please Print)

Signature of authorized representative

4/5/2023  
Date

*I am unable to certify to the above statements. Attached is my explanation.*



**VENDOR CERTIFICATION  
THAT IT IS NOT AN  
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	FARNELL EQUIPMENT CO
Street Address	2950 TODD DR
City	TROY
State, Zip	MI, 48084
Corporate I.D. Number/State	
Taxpayer I.D. #	38-2054485

The undersigned, with: 1.)full knowledge of all of Vendors business activities, 2.)full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent: \_\_\_\_\_

Printed Name of Vendor's Authorized Agent: \_\_\_\_\_

KIRK RUKENBROD

Witness Signature: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

DIANE HANNAH



**Proposer's Sworn and Notarized Familial Disclosure**  
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of FARNEU EQUIPMENT CO. (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of FARNEU EQUIPMENT CO. and any member of the City of Troy City Council or City of Troy management.

**List any Familial Relationships:**

NONE

**BIDDER:**

FARNEU EQUIPMENT CO.

By:   
KIRK RUKENBROD

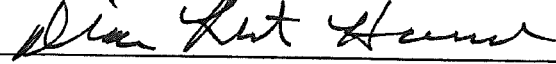
Its: SR VICE PRESIDENT

STATE OF MICHIGAN

)ss.

COUNTY OF DAKLAND)

This instrument was acknowledged before me on the 5<sup>TH</sup> day of APRIL, 2023, by



DIANE RUTH HANNAH  
Notary Public - State of Michigan  
County of Oakland  
My Commission Expires Jun 13, 2029  
Acting In the County of DAKLAND

**Value Engineering OPTIONAL DEDUCTIONS for City of Troy Evidence Lab**

Farnell Equipment Company has provided pricing for the Evidence Lab Project Bid per the plans and specifications but has the following OPTIONAL DEDUCTIONS to offer as Value Engineering.

**OPTIONAL DEDUCT#1 – \$15,500.00 deduction** from Base Bid if ALL Elevations and Countertops are purchased together in bulk and installed at the same time as specified in Bid Documents

**OPTIONAL DEDUCT#2 - \$3,500.00 deduction** from Base Bid can be offered on the total value of the bid if the design was changed to use standard sized 48W cabinets wherever possible throughout the project

# CURRENT CONTRACTS

Project Name	Owner	Location	Type	Required Completion	% Completion	Value
Walled Lake HS	G. Auch Construction	Walled Lake	Labs	2024	25%	660k
Garden City MS	Barton Malow	Garden City	Labs	2023	25%	380k
UMI Pharmacy	Turner Construction	Ann Arbor	Labs	2024	2%	4million
Sartorios	JS VIG	Ann Arbor	Labs	2024	2%	2million
Lab 408	Cargill Moonshot	St Clair	Labs	2023	2%	50k
Warehouse Research	Tiejen Automotive	Auburn Hills	Labs	2023	50%	30k
Student Tables	Ann Arbor Schools	Ann Arbor	Labs	2023	75%	20k
Labs 6,7,8	ZOETIS	Kalamazoo	Labs	2023	75%	250k
Clinton HS	Wolgast Construction	Clinton	Labs	2024	25%	300k
ART ROOM	Birmingham Schools	Birmingham	art	2023	50%	15k
UM Labs	KASCO	Ann Arbor	Labs	2023	10%	40k
Battery Labs	General Motors	Warren	Labs	2023	90%	900k
Battery Labs	Ford Motor Company	Dearborn	Labs	2023	90%	350k
UMI Lenweber	UofM	Ann Arbor	Labs	2023	10%	50k

**PROPOSED SCHEDULE – CITY OF TROY EVIDENCE LAB PROJECT**

- April 17<sup>th</sup> – Notice of Award to Farnell Equipment (or sooner)
  - April 18<sup>th</sup> – Farnell reserves product capacity at Factory to ship on 6/16
  - April 18<sup>th</sup> – Farnell Project Manager to visit site for final field measurements
  - April 18<sup>th</sup> – Farnell submits CAD plan for final approval to City of Troy
  - April 21<sup>st</sup> – City of Troy sends final approval to Farnell for manufacturing
  - April 24<sup>th</sup> – Farnell sends approved order for manufacturing
  - June 16<sup>th</sup> – Product shipment from factory to City of Troy loading dock/garage
  - June 19<sup>th</sup> – Farnell installation team meets truck at City of Troy to unload/store products
  - June 19<sup>th</sup> – Farnell installation team removes existing lab cabinets/tops for offsite disposal
  - June 20<sup>th</sup> – Farnell installation team installs new products in Evidence Lab
  - June 21<sup>st</sup> – Final punchlist items determined/completed by Farnell installation team
  - June 26<sup>th</sup> – Farnell photographer documents new Evidence Lab for calendar (if approved)
-



500 West Big Beaver  
Troy, MI 48084  
troyml.gov

# CITY COUNCIL AGENDA ITEM

**Date:** April 12, 2023

**To:** Mark F. Miller, City Manager

**From:** Robert J. Bruner, Assistant City Manager  
 Rob Maleszyk, Chief Financial Officer  
 Dee Ann Irby, Controller  
 Frank Nastasi, Police Chief  
 Kurt Bovensiep, Public Works Director  
 Dennis Trantham, Facilities and Grounds Operations Manager  
 Joshua Jones, Police Captain  
 Laurence Schehr, Police Lieutenant  
 Emily Frontera, Purchasing Manager

**Subject:** Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – Evidence Technician Lab Remodel, Troy Police Department

## History

The cabinets in the Evidence Technician Lab are original from when the station was built in August 2003 and are in dire need of replacing. The current cabinets have a laminate surface (over wood), which is peeling off the doors, drawers, and the underside of the cabinet boxes. Several cabinet doors are also warped. The chemicals used in the Lab and other factors contribute to the deterioration of the laminate and warping of the doors. The counter-tops in the Lab are also original and need replacing.

The best, most durable, and most sanitary material option to use for lab cabinets is metal. Often times, Evidence Technicians work with hazardous substances and metal cabinets would be the best surface to safely clean and decontaminate. In addition, metal cabinets are the most sustainable, resistant to chemicals/hazardous materials, and there would be no issues with peeling, warping, degrading, chipping, or fading.

## Purchasing

On April 6, 2023, a bid opening was conducted as required by the City Charter/Code for the Evidence Lab Cabinet Replacement in the Police Department. The bid was posted on the MITN Purchasing Group website; [www.bidnetdirect.com//city-of-troy-mi](http://www.bidnetdirect.com//city-of-troy-mi). Two hundred sixty-three (263) vendors were notified via the MITN website. Two (2) companies attended the Pre-Bid meeting which was held on March 23, 2023. One (1) bid response was received. Below is a summary of potential vendors for the bid opportunity:

<b>Companies notified via MITN</b>	263
Troy Companies notified via MITN	12
Troy Companies - Active email Notification	12
Troy Companies - Active Free	0
<b>Companies that viewed the bid</b>	30
Troy Companies that viewed the bid	3

*MITN provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more transparent for vendors to do business with the City of Troy.*

**Active MITN** members with a current membership and paying annual dues receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City.

**Active MITN non-paying members** are responsible to monitor and check the MITN website for opportunities to do business with the City.

**Inactive MITN member** status can occur when a company does not renew their account upon expiration. Inactive members cannot be notified of solicitations or access any bid information.





500 West Big Beaver  
Troy, MI 48084  
troymi.gov

## CITY COUNCIL AGENDA ITEM

### **Purchasing (continued)**

- *Farnell Equipment Co. of Troy, MI* is the sole bidder meeting specifications and is being recommended for award.
- Farnell's proposal included a value engineering deduction of \$15,500 from the total bid amount if all elevations and countertops were purchased together in bulk and installed at the same time as specified in the bid documents.
- Farnell Equipment is one of the largest casework contractors in Michigan providing planning, design and installation services for lab renovations to both public and private markets since 1937.

### **Financial**

Funds are budgeted and available in the Police Department Buildings and Improvements Capital Fund under Project Number 2023C0119 for the 2023 fiscal year with a total available budget of \$30,000.00. Estimated total cost for this project will be \$40,963. Additional funds are available in the Police Department Capital Fund to cover the shortfall of \$10,963 from the unused portion of Project Number 2023C0016. Expenditures will be charged to account number 401.301.12.315.7978.010.

### **Recommendation**

City Management recommends awarding a contract for the Evidence Technician Lab remodel at the Police Department, to low bidder meeting specifications; *Farnell Equipment of Troy, MI* at prices contained in the bid tabulation, opened April 6, 2023 for an estimated cost of \$52,739.00 less the value engineering deduction of \$15,500.00 for a total estimated cost of \$37,239.00 plus a 10% contingency amount of \$3,724, for an estimated total project cost of \$40,963.

VENDOR NAME: Farnell Equipment Co.  
CITY: Troy, MI

TO FURNISH EVIDENCE LAB CABINETS AND COUNTERTOPS (not refurbished) FOR THE TROY POLICE DEPARTMENT	
<b>WALL #1(WEST):</b>	
Upper Cabinet Dimensions	<ul style="list-style-type: none"> <li>SIX (6) cabinets with double doors, 35.5" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) cabinet with single door, 18" wide x 20" high x 12" deep (depth w/o door).</li> <li>Corner spacer, 14.125" wide x 20" high x 14.125" deep.</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
Lower Cabinet Dimensions	<ul style="list-style-type: none"> <li>Overall box dimensions, 29" deep x 36.5" high (plus 4." toe kick).</li> <li>FOUR (4) cabinets with double doors, 30" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawers above, 30" wide X 6" high X 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 47" wide x 30.5" high x 22.5" deep (depth w/o door). No drawer above.</li> <li>One (1) shelf in each cabinet.</li> </ul>
<b>WALL #1 - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$20,930.00</b> Kewaunee Scientific
<b>WALL #2(SOUTH):</b>	
Upper Cabinet Dimensions	<ul style="list-style-type: none"> <li>FOUR (4) cabinets with double doors, 30" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 22.5" wide x 20" high x 12" deep (depth w/o door).</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
Lower Cabinet Dimensions	<ul style="list-style-type: none"> <li>Overall box dimensions, 29" deep x 36.5" high (plus 4" toe kick).</li> <li>ONE (1) cabinet with single door, 12" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawer above, 12" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 24" wide x 30.5" high x 22.5" deep (depth w/o door). Single drawer above, 24" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) cabinet with double doors, 33.5" wide x 30.5" high x 20" deep (depth w/o door). Single drawer above, 33.5" wide x 6" high x 20" deep (depth w/o door).</li> <li>ONE (1) shelf in each cabinet.</li> </ul>
<b>WALL #2 - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$12,804.00</b> Kewaunee Scientific
<b>ISLAND:</b>	
Island Dimensions	<ul style="list-style-type: none"> <li>SIX (6) sets of double door cabinets, each set with single drawer above. THREE (3) sets of cabinets on each long side of island. One (1) shelf in each cabinet.</li> <li>Overall island cabinet box dimension: 95.5" wide x 32" high (plus 4" toe kick) x 34" deep (depth with doors).</li> <li>SIX (6) cabinets with double doors, 31.5" wide x 26" high x 15.5" deep (depth w/o door). Single drawers above, 31.5" wide x 6" high x 14" deep (depth w/o door).</li> </ul>
<b>Island - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$11,905.00</b> Kewaunee Scientific
<b>COUNTERTOPS:</b>	
Countertop Dimensions	<ul style="list-style-type: none"> <li>Wall #1 (west) dimensions: 246" L x 31" W, with 4" backsplash</li> <li>Wall #2 (south) dimensions: 71" L x 31" W, with 4" backsplash</li> <li>Island dimensions: 96" L x 36" W</li> </ul>
<b>Countertops - Complete for the Sum of:</b>	
<b>Manufacturer:</b>	<b>\$7,100.00</b> Kewaunee Scientific
<b>Total Sum of Project:</b>	
<b>\$52,739.00</b>	
Option 1: Value Engineer Deduction - Single Bulk Purchase/Installation	<b>-\$15,500.00</b>
Option 2: Value Engineer Deduction - All Standard Size 48W Cabinet	<b>-\$3,500.00</b>
<b>AUTHORIZED DISTRIBUTOR:</b>	Y or N <u>Y</u>
<b>WARRANTY:</b>	<u>10 Years</u>
<b>CONTACT INFORMATION:</b>	Name: <u>Kirk Rukenbrod</u>
	24 Hr Phone: <u>2488547413</u>
	Hours of Operation: <u>M-F 9-5</u>
<b>CAN PROVIDE FINISH SAMPLES:</b>	Y or N <u>Y</u>
<b>CAN MEET START DATE:</b>	Y or N <u>Y</u>
<b>NUMBER OF YEARS OF EXPERIENCE:</b>	<u>87 years</u>
<b>REFERENCES:</b>	Y or N <u>Y</u>
<b>INSURANCE MET:</b>	Y or N <u>Y</u>
<b>PAYMENT TERMS:</b>	<u>NET 30</u>
<b>DELIVERY DATE:</b>	<u>6/23/2023</u>
<b>EXCEPTIONS:</b>	Optional Deduct#1 - \$15,500 deduction from Base Bid if ALL Elevations and Countertops are purchased together in bulk and installed at the same time as specified in Bid Documents
	Optional Deduct#2 - \$3,500 deduction from Base Bid can be offered on the total value of the bid if the design was changed to use standard sized 48W cabinets wherever possible throughout the project
<b>ACKNOWLEDGEMENT SIGNED:</b>	Y or N <u>Y</u>
<b>ADDENDUM 1 SIGNED:</b>	Y or N <u>Y</u>
<b>QUESTIONNAIRE PROVIDED:</b>	Y or N <u>Y</u>
<b>FORMS:</b>	Y or N <u>Y</u>
<b>ATTEST:</b>	

(\*Bid Opening conducted via a Zoom Meeting)  
Dennis Trantham  
Andrew R. Chambliss  
Laurence Schehr  
Jodi Kolakowski

Emily Frontera  
Purchasing Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/17/2023

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Sweet Insurance Agency 30100 Telegraph Rd., Suite 150 Bingham Farms, MI 48025	<b>CONTACT NAME:</b> Chris J. Henry, Jr., CPCU	
	<b>PHONE (A/C, No, Ext):</b> 248-723-6000	<b>FAX (A/C, No):</b> 248-723-8234
<b>E-MAIL ADDRESS:</b> chenny@sweetinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Hastings Mutual Insurance Company		
<b>INSURER B:</b> CAM Workers' Compensation Plan		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** Farnell Equipment Company  
2950 Todd  
Troy, MI 48084

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

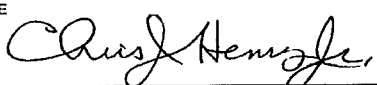
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP9900336	06/10/2022	06/10/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 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 checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			ACV9902503	06/10/2022	06/10/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			ULC9902519	06/10/2022	06/10/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input type="checkbox"/> 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	EWC005394	01/01/2022	12/31/2023	<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

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

Additional Insured Endorsement stating the following shall be Additional Insureds: The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

**CERTIFICATE HOLDER****CANCELLATION**

City of Troy 500 W. Big Beaver Road Troy, MI 48084	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2023

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Sweet Insurance Agency 30100 Telegraph Rd., Suite 150 Bingham Farms, MI 48025	<b>CONTACT NAME:</b> Chris J. Henry, Jr., CPCU	
	<b>PHONE (A/C No, Ext):</b> 248-723-6000	<b>FAX (A/C No):</b> 248-723-8234
<b>E-MAIL ADDRESS:</b> chenny@sweetinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Hastings Mutual Insurance Company		
<b>INSURER B:</b> CAM Workers' Compensation Plan		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>INSURED</b> Farnell Equipment Company 2950 Todd Troy, MI 48084	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP9900336	06/10/2022	06/10/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACV9902503	06/10/2022	06/10/2023	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 <input checked="" type="checkbox"/> RETENTION \$ 0			ULC9902519	06/10/2022	06/10/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<input type="checkbox"/> 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	EWC005394	01/01/2022	12/31/2023	<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

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

30 day notice of cancellation applies.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Troy 500 W. Big Beaver Road Troy, MI 48084	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 

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **BLANKET ADDITIONAL INSURED ENDORSEMENT WITH LIMITED PRODUCTS-COMPLETED OPERATIONS COVERAGE**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - Who Is An Insured is amended to include as an insured any person or organization (called additional insured) whom you are required to add as an additional insured on this policy under a written contract or written agreement; but the written contract or written agreement must be:

1. Currently in effect or become effective during the term of this policy; and
2. Executed prior to the "bodily injury", "property damage" or "personal and advertising injury".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations, whichever is less

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by the following and only if the written contract or written agreement requires you to provide the additional insured such coverage:
  - a. Your acts or omissions in the performance of your ongoing operations for the additional insured; or
  - b. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured; or
  - c. "Your work" that is included in the "products-completed operations hazard" and performed for the additional insured, but only if this Coverage Part provides such coverage.
2. When coverage does apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard", such coverage will not apply beyond:
  - a. The date specified in the written contract or written agreement through which the insured must provide coverage; or
  - b. Five years from the completion of "your work" on the project which is the subject of the written contract or written agreement, whichever occurs first.
3. The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services including:
  - a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
  - b. Supervisory or inspection activities performed as part of any related architectural or engineering activities.

- C.** As a condition of coverage provided to the additional insured by this endorsement:
- 1.** An additional insured under this endorsement will as soon as practicable:
    - a.** Give written notice of an occurrence or an offense to us which may result in a claim or "suit" under this insurance;
    - b.** Tender the defense and indemnity of any claim or "suit" to any other insurer which also has insurance for a loss we cover under this Coverage Part; and
    - c.** Agree to make available any other insurance which the additional insured has for a loss we cover under this Coverage Part.
  - 2.** We have no duty to defend or indemnify an additional insured under this endorsement until we receive written notice of a claim or "suit" from the additional insured.
- D.** The insurance provided to the additional insured by this endorsement is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance be either primary or primary and noncontributing.

HASTINGS MUTUAL INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **BLANKET ADDITIONAL INSURED ENDORSEMENT WITH LIMITED PRODUCTS-COMPLETED OPERATIONS COVERAGE**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - Who Is An Insured is amended to include as an insured any person or organization (called additional insured) whom you are required to add as an additional insured on this policy under a written contract or written agreement; but the written contract or written agreement must be:

1. Currently in effect or become effective during the term of this policy; and
2. Executed prior to the "bodily injury", "property damage" or "personal and advertising injury".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations,

whichever is less

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by the following and only if the written contract or written agreement requires you to provide the additional insured such coverage:
  - a. Your acts or omissions in the performance of your ongoing operations for the additional insured; or
  - b. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured; or
  - c. "Your work" that is included in the "products-completed operations hazard" and performed for the additional insured, but only if this Coverage Part provides such coverage.
2. When coverage does apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard", such coverage will not apply beyond:
  - a. The date specified in the written contract or written agreement through which the insured must provide coverage; or
  - b. Five years from the completion of "your work" on the project which is the subject of the written contract or written agreement,whichever occurs first.
3. The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services including:
  - a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
  - b. Supervisory or inspection activities performed as part of any related architectural or engineering activities.

- C. As a condition of coverage provided to the additional insured by this endorsement:
1. An additional insured under this endorsement will as soon as practicable:
    - a. Give written notice of an occurrence or an offense to us which may result in a claim or "suit" under this insurance;
    - b. Tender the defense and indemnity of any claim or "suit" to any other insurer which also has insurance for a loss we cover under this Coverage Part; and
    - c. Agree to make available any other insurance which the additional insured has for a loss we cover under this Coverage Part.
  2. We have no duty to defend or indemnify an additional insured under this endorsement until we receive written notice of a claim or "suit" from the additional insured.
- D. The insurance provided to the additional insured by this endorsement is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance be either primary or primary and noncontributing.