

**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 # 2014-	BID NAME ITB-COT 14-02	ORIGINATING DEPT. FD		BID OPENING DATE 3.20.14	TAB REVIEWED 3.27	COUNCIL AGENDA DATE 5.12.14
1...272	Brick Repair					
NOTICE OF AWARD MAILED		BID DEPOSIT CHECKS RETURNED 4.28.14	MITN POSTING OF AWARD	INSURANCE OK PER RISK MANAGER 5.30.14	BONDS CLEARED N/A	DATE P.O. ENTERED 5.19
DATE P.O. MAILED 5.19.14	DOCS SCANNED	PERFORMANCE MEASURES	P.O. # 2014-1970			

- 1 ☒ MANDATORY REQUISITION
- 2 ☐ OLD BID FORM
- 3 ☒ BID SPECS
- 4 ☒ BID PREPARATION CHECKLIST
- 5 ☐ INSURANCE REVIEW
- 6 ☐ ORIGINAL BID FORM
- 7 ☐ NOTES
- 8 ☐ DEPARTMENT APPROVAL
- 9 ☐ CONFIRMATION FROM BIDNET
- 10 ☒ ADDENDUM (IF APPLICABLE)
- 11 ☐ NEW VENDORS
- 12 ☐ DOWNLOAD HISTORY
- 13 ☐ POSTING NOTICE
- 14 ☐ BLANK BIDS

- 15 ☐ LATE BIDS WITH LETTER
- 16 ☐ "NO BID" LETTERS
- 17 ☐ BID PROPOSALS
- 18 ☐ BROCHURES
- 19 ☐ WRITTEN BID TAB
- 20 ☐ TYPED BID TAB (3 OR MORE)
- 21 ☐ DOWNLOAD HISTORY FOR COUNCIL
- 22 ☐ MEMO FROM DEPT
- 23 ☐ LETTER WITH COPIES OF RETURNED CHECKS
- 24 ☐ NOTICE OF AWARD
- 25 ☐ COPY OF P.O.
- 26 ☐ 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

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

No. 2014-00001970

DATE: 05/19/2014

PAGE: 1 of 1

FOB DESTINATION

VENDOR NO. 169068

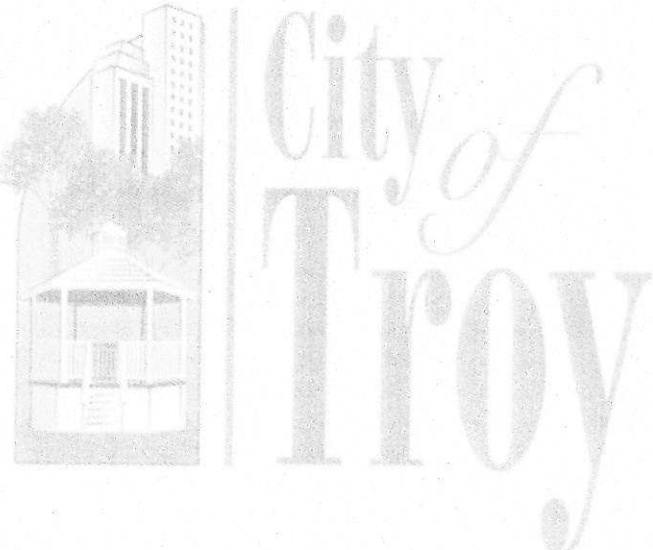
COUNCIL RESOLUTION

2014-05-076

Vendor

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

 COPY

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	<p>FIRE STATION BRICKWORK</p> <p>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.</p> 	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

		Arisco Contracting Group
		Clinton Township, MI
Ck#	Ck. Amount	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		Eliminated
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  
ARISC50DATE (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	<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
					BODILY INJURY (Per person) \$
A					BODILY INJURY (Per accident) \$
A					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: 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 <b>OTHER</b>	04601735	11/09/13	11/09/14	WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000
A	<b>Rental Equipment</b>	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