

CITY COUNCIL MINUTES

September 27, 2021

Standard Purchasing Resolution 2: Award to Sole Bidder Meeting Specifications - Bay Floor Replacement at Fire Station 2 and 3

Resolution #2021-09-143-J-4b

RESOLVED, That Troy City Council hereby **AWARDS** a contract to the sole bidder meeting specifications *Great Lakes Concrete of Troy, MI* to remove the existing epoxy floor, repair any damaged concrete, and then prepare, refinish, and polish the concrete floors at Fire Station 2 and 3; for an estimated total cost of \$63,200.00 and a 20% contingency not to exceed amount of \$75,840.00.

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

PURCHASE ORDER

No. 2022-00000520
 DATE: 10/11/2021
 PAGE: 1 of 1
 FOB DESTINATION

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

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

COUNCIL RESOLUTION
 2021-09-143-J-4b

VENDOR NO. 168941

Vendor
 GREAT LAKES CONCRETE
 378 LEETONIA DRIVE
 TROY, MI 48085

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	Floor removal and replacement: Fire Station 3	34,900.0000	\$34,900.00
1	Each	Miscellaneous - Bid Surety Check Bid Surety Check # 674100 in the amount of \$4000.00 will be held until successful completion of the project.	0.0000	\$0.00

Entered By: Emily Frontera

\$34,900.00

Special Instructions:

CITY COUNCIL AWARD DATE: 9/27/2021 Floor removal and replacement for Fire Station 3 as per ITB-COT 21-50 specifications. CERTIFICATE OF INSURANCE and ENDORSEMENTS SHALL BE ON FILE FOR THE DURATION OF THE PROJECT.

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.

Emily Frontera

PURCHASE ORDER

No. 2022-00000519
 DATE: 10/11/2021
 PAGE: 1 of 1
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Ship To
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 Fire
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COUNCIL RESOLUTION
 2021-09-143-J-4b

VENDOR NO. 168941

Vendor
 GREAT LAKES CONCRETE
 378 LEETONIA DRIVE
 TROY, MI 48085

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	Floor removal and replacement: Fire Station 2	28,300.0000	\$28,300.00
1	Each	Miscellaneous - Bid Surety Check Bid Surety Check #674100 in the amount of \$4000.00 will be held until successful completion of the project.	0.0000	\$0.00

Entered By: Emily Frontera

\$28,300.00

Special Instructions:

CITY COUNCIL AWARD DATE: 9/27/2021 Floor removal and replacement for Fire Station 2 as per ITB-COT 21-50 specifications. CERTIFICATE OF INSURANCE and ENDORSEMENTS SHALL BE ON FILE FOR THE DURATION OF THE PROJECT.

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.

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

Emily Frontera

Opening Date: 09/16/2021
 Reviewed Date: 09/16/2021

BID TABULATION
 CITY OF TROY
 FLOOR REMOVAL AND REPLACEMENT

ITB-COT 21-50
 Page 1 of 1

Vendor Name:	Great Lakes Concrete Restoration
City:	Troy
Check Amt:	\$4,000.00
Check #:	674100

PROPOSAL: FLOOR REMOVAL AND REPLACEMENT – The City of Troy is seeking a qualified certified installer for L & M Chemical FGS Polished Floor Systems

FIRE STATION #2:
 5600 Livernois
 Total Square Footage: 4300
 Lineal Footage of Drive Lines: 240

Fire Station #2 Complete for the Sum of: \$28,300.00

FIRE STATION #3:
 2400 W. Big Beaver
 Total Square Footage: 5400
 Lineal Footage of Drive Lines: 320

Fire Station #3 Complete for the Sum of: \$34,900.00

FIRE STATION #2 AND #3 COMPLETE FOR THE SUM OF: \$63,200.00

HOURLY LABOR RATE: \$55.00

MATERIAL DISCOUNT: blank

Hours of Operation:		Dale Ballard
24 Hour Phone #:		248-755-8025
Site Visit:	Y or N	Yes
Can meet delivery/installation schedule:	Y or N	Yes
References:	Y or N	Yes
Can meet Insurance:	Y or N	Yes
Payment Terms:		COD
Warranty:	Y or N	10 years
Exceptions:	Y or N	See quote sheet for Sta #2 Concrete Quality
Acknowledgement:	Y or N	Yes
Provided Vendor Questionnaire	Y or N	Yes
Forms:	Y or N	Yes

Attest:
 (*Bid Opening conducted via a Zoom Meeting)
 Pete Hullinger
 Scott Carruthers
 Heather Chomiak
 Andrew Chambliss

Emily Frontera
 Purchasing Manager



CITY OF TROY
BID PROPOSAL

ITB-COT 21-50
Page 1 of 6

The undersigned proposes to **FURNISH ALL EQUIPMENT, MATERIAL AND LABOR FOR EPOXY FLOOR REMOVAL AND REPLACEMENT AT THE CITY OF TROY FIRE STATIONS #2 AND #3** in accordance with the attached specifications. The specifications are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: GREAT LAKES CONCRETE RESTORATION

The document contains the following sections:

Instructions to Bidders (3 pages)	Forms (5 forms)
Bid Proposal (6 pages)	Sample Insurance Certificate & Endorsements (4 pages)
Vendor Questionnaire (2 pages)	Public Act 57 (2 pages)
Specifications (3 pages)	Statement of No Bid (1 page)

PROPOSAL: FLOOR REMOVAL AND REPLACEMENT – The City of Troy is seeking a qualified certified installer for L & M Chemical FGS Polished Floor Systems (certified letter must accompany bid response). Manufacturer to provide floor replacement at the locations and dates listed below.

Furnish all equipment, material and labor to remove old epoxy and install new floor as per each site location. Epoxy removal, dye and polish concrete floor, saw cut joints filled, Liquid Oil inhibitor sealer and epoxy drive lines. **Site visits are mandatory.**

Station #2
5600 Livernois
Total Square Footage: 4300
Lineal Footage of Drive Lines: 240
Completion date: June 1, 2022

\$ 28,300.00

Station #3
2400 W Big Beaver
Total Square Footage: 5400
Lineal Footage of Drive Lines: 320
Completion date: June 1, 2022

\$ 34,900.00

COMPLETE FOR THE SUM OF:

\$ 63,200.00

HOURLY LABOR RATE:

\$ 55.00

MATERIAL DISCOUNT:

\$ _____

NOTE: All items of work noted in the specifications that are not specifically noted in the bid proposal shall be considered as included in the contract and shall be completed at no extra cost to the City of Troy.

Measurements given in the bid proposal are approximate and made in good faith. It shall be the bidder's responsibility to take exact measurements during the mandatory site inspection(s). Any discrepancies in the measurements must be brought to the City's attention.

INFORMATION:

For additional general information or questions concerning this project please contact **Emily Frontera, Purchasing Manager**, at (248) 680-7291 between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday.

DESIGNATED CITY REPRESENTATIVE:

Peter Hullinger, Assistant Fire Chief at (248) 524-3417 is the designated City Representative for this project.

CONTACT INFORMATION:

Hours of operation: DALE BAUARD 24 Hour Phone No. 248 755 8025

SITE INSPECTION:

All bidders are required to examine each site to determine the amount of work to be done in accordance with the specifications. If a bidder does not conduct site inspections at each site, that bidder is not eligible to submit a bid. Contact **Mr. Peter Hullinger** at (248) 524-3417 to schedule a site visit(s) between the hours of 8:00 am - 4:00 pm, Monday through Thursday.

- Our company visited the site on 9/10/21
 Our company did not visit the site.

DOWNPAYMENTS AND PREPAYMENTS:

Any bid submitted which requires a down payment or prepayment for services prior to performance and acceptance, as being in conformance with specifications will not be considered for award. No payments will be made until work/ service is performed to the satisfaction of the authorized City representative.

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 acceptability will be deemed in the City of Troy's best interest and will be final.

MATERIAL AVAILABILITY:

Bidders must accept responsibility for verification of material availability, production schedules, and other pertinent data prior to submission of their bid, and confirm delivery times. 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.

LABOR:

Prevailing wages are not required for this project.

DELIVERY:

Materials are not to be delivered to the site(s) until work is to commence. Secure storage space will not be available for long-term storage. All materials are to be F.O.B. delivered, freight paid to the work location(s) in the City of Troy in accordance with the attached specifications.

COMPANY NAME: GREAT LAKES CONCRETE RESTORATION

SAMPLES:

Actual samples of quoted material may be requested at the discretion of the City of Troy's designated representative. Samples will be provided at no cost to the City and will become the property of the City of Troy. Submitted samples may be used for testing purposes.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment, references, submission of the schedule of values, 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 total bidder meeting specifications; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations; whatever is deemed to be in the City's best interest.

LOCAL PREFERENCE:

The City of Troy reserves the right to award a contract to a local business, one which 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.

BID DEPOSIT AND FORFEITURE:

The bid deposit of the lowest bidder shall be forfeit if, after bid opening, a change in the bid price or other provision of the bid is required by the bidder that is prejudicial to the interest of the City of Troy or fair competition.

CONTRACT FORMS:

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

PUBLIC ACT 57:

Public Act 57 requires contractors to provide certain notices to governmental entities concerning improvements on real property; to allow for modifications of contracts for improvement of real property; to provide for remedies; and to repeal acts and parts of acts. This contract shall comply with all applicable provisions of Public Act 57 [a copy of the act is attached for reference (2 pages)].

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.

It will be the successful bidder's responsibility to ensure that any subcontractor performing work on this project is capable of doing the work as specified. The designated City representative retains the right to evaluate the work performed by or on behalf of the successful bidder and reserves the right to reject any work performed that is not in accordance with the specifications or is considered to be poor workmanship. Payment will not be made until the successful bidder has corrected any deficiencies found to the satisfaction of the designated City representative.

COMPANY NAME:

GREAT LAKES CONCRETE RESTORATION

PURCHASE ORDER:

After the Troy City Council has approved the award recommendation and acceptable insurance is received, 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 specifications. A contract document will not be issued.

COMPLETION DATE:

Once the Contractor moves supplies and materials to the work site, work shall commence upon notice to proceed and shall be completed by June 1, 2022. Schedule will be coordinated with Fire Department Representative. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

- Our Company can meet this delivery / installation schedule
- Our company cannot meet this delivery / installation schedule but offers:

Work shall commence ASAP calendar days after notice to proceed.

REFERENCES:

The City of Troy requires that your company list at least three (3) clients who have recently had similar work and material installed by your company; specifically, at Fire Stations, Government entities or similar applications. If your company has done work for the City of Troy in the past, it is required the City be listed as one of your references.

COMPANY: CITY OF TROY POLICE DEPT
ADDRESS: 500 W BIG BEAVER RD
PHONE: 248 878 5544 CONTACT: SGT JASON CLARK
EMAIL: _____

COMPANY: CITY OF TROY DPW
ADDRESS: 500 W BIG BEAVER RD
PHONE: 248 259 2887 CONTACT: JOE LAGANUS
EMAIL: _____

COMPANY: CITY OF TROY FIRE DEPT
ADDRESS: 500 W BIG BEAVER
PHONE: 248 885 1802 CONTACT: LT JETENWUNDER
EMAIL: _____

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.

COMPANY NAME: GREAT LAKES CONCRETE RESTORATION

INSURANCE: Insurance Requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE**. The required Insurance Certificate must be submitted to the Purchasing Department, to the attention of the Purchasing Manager within five (5) business days of a verbal/ electronic request. The bid cannot be completely awarded without this Insurance Certificate. The Insurance Certificate may be faxed (248) 619-7608 to the City Offices, and is the only bid document accepted in this format.

- 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 bid proposal is reduced by \$ _____ if we lower the requirements 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 or a letter from your insurance agent or carrier that the insurance to be supplied will meet specifications **SHOULD** be attached to the bid document at the time of submission of the bid 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 bid 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 and acceptable to the City of Troy.

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

Letter Verification: If not submitted with the bid documents as requested, 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 of Troy will review the insurance certificates to ensure all acceptable documents have been received and allow five (5) additional days after verbal / electronic notification to submit final insurance certificates 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:

SWIFT LAKES CONCRETE RESTORATION

SIGNATURE PAGE

PRICES:

Prices shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm through project completion.

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: 27-393 9698

COMPANY: GREAT LAKES CONCRETE RESTORATION

ADDRESS: 378 LEETONIA DR. CITY: TROY STATE: MI ZIP: 48065

PHONE: 284 755 8025 FAX NUMBER: 248 689 4645

REPRESENTATIVE NAME: DALE BALLARD
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

PAYMENT TERMS: COD WARRANTY: 10 YEAR

CHECK INCLUDED: YES E-MAIL: DBALLARD@GREATLAKES@GMAIL.COM

COMPLETION: IN ACCORDANCE WITH SPECIFICATIONS.


EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from the City of Troy specifications and this proposal must be stated below and reason for, and are an integral part of this bid proposal offer.

SEE QUOTE SHEET FOR STAFF CONCRETE QUALITY

ACKNOWLEDGEMENT:

I, DALE BALLARD, 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 and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

IMPORTANT:

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

NOTE:

The City of Troy, at their discretion, may require the bidder to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS:

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



VENDOR QUESTIONNAIRE

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

FIRM NAME: GREAT LAKES CONCRETE RESTORATION

TYPE OF ORGANIZATION: (Circle One)

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

If applicable:

FORMER FIRM NAME(S)

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

1. Have you owned or operated a company that declared Chapter 7 during the last ten (10) years?

() Yes When: _____ No

2. How many years of experience do you have as an installer certified for L & M Chemical FGS Polished Floor Systems Manufacturer?

21 Years

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

YES

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

Organization/Contact Name	Type/Size	Date	Percentage	Value
<u>ROGERS CITY FIRE DEPT</u>	<u>25,000</u>	<u>TBD</u>		<u>28,000</u>
<u>CITY OF IRON'S FIRE DEPT</u>	<u>38,000</u>	<u>TBD</u>		<u>38,000</u>
<u>GREG CRANT Sportplex</u>	<u>60,000</u>	<u>TBD</u>		<u>60,000</u>

5. List the number and types of equipment to be used for this project; if awarded this bid. Attach itemized list that is marked _____ for identification if more space is required.

UP TO 5 GRINDER/POLISHERS AND HEPA VAC SYSTEMS

6. 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.

NONE

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

STATION # 2 APPROX 5 DAYS
STATION # 3 APPROX 7 DAYS

8. List Tradesmen who would specifically be assigned to this project. Provide years of experience, areas of expertise, and/or list any additional training classes taken to increase expertise in this field for the people listed in this section who will be assigned to project.

TITLE	NAME	TRADE	EXPERIENCE / YEARS
<u>SUPERVISOR</u>	<u>RUDY MEYER</u>	<u>CONCRETE TECH</u>	<u>21 YEARS</u>
<u>SUPERVISOR</u>	<u>RANDY BAUMAN</u>	<u>CONCRETE TECH</u>	<u>20 YEARS</u>

9. Has your company completed floor replacements and/or installations of this nature for other City or Government entities such as Fire Stations? If yes, indicate Government entities.

YES CITY OF TROY FD, PD, DPW
CITY OF MONROE FD

10. Indicate if your company has performed work for the City of Troy previously.

SEVERAL PROJECTS

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS.

Signature of Authorized Company Representative:

Company:

Address:

Phone Number:

Representative's Name:

Date:

[Signature]
GREAT LAKES CONCRETE
378 LECTONIA DR TROY MI
248 755 8025
DAVE W BAUMAN
(Print)
9-14-21



Legal Status of Bidder:

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

~~SOLE~~ SOLE LAKE CONCRETE RESTORATION LLC

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

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

DAVE BALL OWNER 387 LEETONIA DR TROY MI 48064

AN INDIVIDUAL, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

[Signature] [Signature]



**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.

GREAT LAKES CONCRETE RESTORATION LLC
Name of Agency/Company/Firm (Please Print)

DAVE W BALCAND OWNER
Name and title of authorized representative (Please Print)

[Signature]
Signature of authorized representative
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	GREAT LAKES CONCRETE RESTORATION
Street Address	378 LEE TOWNE DR
City	Troy
State, Zip	MICH 48065
Corporate I.D. Number/State	
Taxpayer I.D. #	27-3933698

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: _____

Witness Signature: _____

Printed Name of Witness: _____



**CITY OF TROY
INDEMNIFICATION (Hold Harmless) CLAUSE**

To the fullest extent permitted by law

GREAT LAKES CONCRETE RESTORATION
(Name of the Contractor/Vendor)

agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the execution of activities by the Contractor/Vendor as outlined in this Agreement or as relating to or resulting from those activities.

TOD
Contract / Agreement

CONTRACTOR

John W. Paul
Contractor/Vendor representative signature/date

DAVE LaFAVE
Witness

CITY OF TROY

City of Troy representative signature/date

Witness

(Please complete and return at time of proposal submittal)



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

DAVE W BUCKLAND, being duly sworn deposed, says that he/she
(Print Full Name)

is GLC OWNER. 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]
SIGNATURE OF PERSON SUBMITTING BID

[Signature]
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 14th day of September, 2021
in and for Oakland County.

My commission expires:
10-1-23

LYNN ZOLLER
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Oct 1, 2023
ACTING IN COUNTY OF Oakland



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

The undersigned, the owner or authorized officer of Green Lakes Concrete Restoration (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 GCOR and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

BIDDER:

Green Lakes Concrete
By: William Bull
Its: DWH

STATE OF MICHIGAN)
)ss.
COUNTY OF Oakland)

This instrument was acknowledged before me on the 14th day of Sept, 2021, by
Lynn Zoller

LYNN ZOLLER
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Oct 1, 2023
ACTING IN COUNTY OF Oakland

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Great Lakes Concrete Restoration LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

C Corporation S Corporation Partnership Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
378 Leetonia Dr

6 City, state, and ZIP code
Troy Michigan 48085

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-				
--	--	--	---	--	--	--	--

or

Employer identification number

				2	7			3	9	3			3	6	9	8	

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Dale W. Ballard Date ▶ 5/13/20 - 12-31-2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

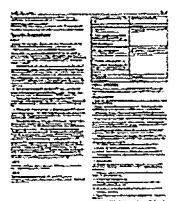
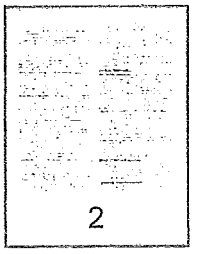
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Print or type. See specific instructions on page 3.



Globally Proven
Construction Solutions

February 5, 2019

*Dale Ballard/Randy Ballard
Great Lakes Concrete Restoration
378 Leetonia Dr.
Troy, MI 48085*

RE: L&M Construction Chemicals approval for FGS Permashine process

RE: FGS 5 year approval certification

To Whom It May Concern:

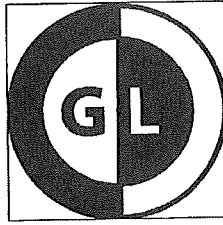
This is to verify that the aforementioned Great Lakes Concrete Restoration is approved to install our FGS Permashine polishing process, and has been in good standing since 2010. They are qualified to install any and all products that are used in the FGS Permashine process.

Should anyone have any questions, please contact me with information provided below.

Respectfully submitted,

*Craig A. Jared
Technical Sales Representative
Email - cajared@laticrete.com
Cell - 231.360.9990
L&M Construction Chemicals Co.-Concrete Chemicals-Better Concrete, Better World!
MVIS System - Masonry veneer installation systems
Divisions of LATICRETE International, Inc. | Globally Proven Concrete Construction Solutions
One LATICRETE Park North | Bethany, CT 06524-3423 USA*

*"Give the world the best you have, and it may never be enough.
Give your best anyway."
Mother Teresa*



Great Lakes Concrete Restoration

"Specialists in Concrete Floor Polishing and Epoxies"

Quote # 2157

Date 9/15/21

Client: City of Troy

Re: ITB- COT- 21-50 Fire Stations #2 and #3 epoxy removal / floor polishing

Square Footage: Sta #2 - 4,300 Sta #3 - 5,400

Great Lakes Concrete Restoration to provide labor and material per spec and plan for the above-named project with the manufacturer L&M Chemical / Laticrete polished floor system per rates and procedures a natural mixed salt and pepper look finish. We are a certified installer for L&M / Laticrete systems, see certification letter.

The following will be the removal and polishing process:

Preparation / Application

Remove existing epoxy to a clean concrete floor surface, fill saw cut joints with polyurea diamond grind the concrete floor surface with metal, ceramic bond diamonds, and polish with resin bond diamonds to a 400 gloss finish. Apply the concrete densifier / hardener. Polish to 800 gloss and apply the liquid oil inhibitor Petrotex and burnish in to a 1500 gloss finish. Apply 4" safety yellow drive lines 1 per bay.

Total Price Station #2 - \$28,300.00

**note exceptions station #2. Once epoxy removed it will be determined the quality of the damaged concrete around trench drains and other areas to determine if other work and cost will be needed before proceeding with the new floor system

Total Price Station #3 - \$34,900.00

Notes

- 10 year dustless warranty on the polished floors
- Price includes a single mobilization until complete for above pricing.
- We require electric power of 2- 208 3 phase 100 amps hooked in by your certified electrician, several 100 20 amp plugs, over head lighting.
A 65 KW 3 phase generator can be provided if needed at 350.00 per day.
- We will require a trash container on site to put non-hazardous concrete dust.
- We will require a fresh water source for our floor scrubber .
- Payment at completion balance due over 30 days at 5% interest per month.

Thank you for the opportunity to quote this project, please feel free to contact me with any questions or concerns at 248-755-8025.

Sincerely,
Dale Ballard Owner/Project Manager GLCR

Dale Ballard
Cell 248-755-8025 Fax 248-689-4645
dballardgreatlakes@gmail.com



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: September 27, 2021

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager
Rob Maleszyk, Chief Financial Officer
Lisa Burnham, Controller
Richard Riesterer, Fire Chief
Peter Hullinger, Assistant Fire Chief
Emily Frontera, Purchasing Manager

Subject: Standard Purchasing Resolution 2: Award to Sole Bidder Meeting Specifications - Bay Floor Replacement at Fire Station 2 and 3

History

Over the past 20 years the Fire Department has endeavored to find a process to seal and treat the concrete floors in the Fire Stations, and at the Training Center. Currently, 4 Fire Stations and the Training Center have an epoxy floor coating. This coating was designed and installed to facilitate cleaning, resist staining by vehicle fluids, and provide a safe working surface for personnel and our visitors. Over time, the epoxy material has degraded and delaminated from the floor of Fire Stations 2 and 3. This has resulted in uneven floor surfaces. The material continues to degrade daily, with pieces of epoxy coming loose. This is creating slip and trip hazards. Additional maintenance is required in an effort to keep the floors safe.

The Fire Department has researched current methods of treating concrete floors in industrial and other high traffic occupancies and has determined that polished concrete is the best replacement alternative for the apparatus bay floor surfaces at the fire stations. This method was accomplished at Fire Stations 1 and 6, and the Training Center, yielding very positive results.

Purchasing

- On September 16, 2021, a bid opening was conducted, as required by City Charter and Code, for the floor replacement at Fire Station 2 and 3.
- The bid was posted on the Michigan Inter-governmental Trade Network (MITN) website; www.mitn.info.
- Two hundred seventy-two (272) vendors were notified via the MITN website. One (1) bid response was received. Below is a detail summary of the vendor responses.

Companies notified via MITN	272
Troy Companies notified via MITN	14
Troy Companies - Active email Notification	14
Troy Companies - Active Free	0
Companies that viewed the bid	13
Troy Companies that viewed the bid	1

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)

- The scope of the work is to remove the old epoxy floor, repair any damaged concrete, and then prepare, refinish, and polish the concrete floor.
- Great Lakes Concrete Restoration has successfully performed floor replacement for the City of Troy at two fire stations, the Police Sally Port, and the Police and Fire Training Center and meets all specifications.

Financial

Funds are budgeted and available in the Buildings and Improvements Capital Fund for Stations Two and Three under project numbers 2022C0023 and 2022C0024 for the 2022 fiscal year. Expenditures will be charged to account numbers 401.336.344.7975.060 and 401.336.344.7975.065.

Recommendation

City management recommends awarding a contract to furnish all equipment, material, and labor for the epoxy floor removal, repair of damaged concrete, and then prepare, refinish, and polish the concrete floors at Fire Station 2 and 3, to sole bidder *Great Lakes Concrete Restoration, LLC of Troy, MI* for an estimated cost of \$63,200.00 and a 20% contingency for a not to exceed total cost of \$75,840.00 at prices contained in the bid tabulation opened September 16, 2021.

Opening Date: 09/16/2021
 Reviewed Date: 09/16/2021

BID TABULATION
 CITY OF TROY
 FLOOR REMOVAL AND REPLACEMENT

ITB-COT 21-50
 Page 1 of 1

Vendor Name:	Great Lakes Concrete Restoration
City:	Troy
Check Amt:	\$4,000.00
Check #:	674100

PROPOSAL: FLOOR REMOVAL AND REPLACEMENT – The City of Troy is seeking a qualified certified installer for L & M Chemical FGS Polished Floor Systems

FIRE STATION #2:
5600 Livernois
Total Square Footage: 4300
Lineal Footage of Drive Lines: 240

Fire Station #2 Complete for the Sum of:	\$28,300.00
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FIRE STATION #3:
2400 W. Big Beaver
Total Square Footage: 5400
Lineal Footage of Drive Lines: 320

Fire Station #3 Complete for the Sum of:	\$34,900.00
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FIRE STATION #2 AND #3 COMPLETE FOR THE SUM OF:	\$63,200.00
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HOURLY LABOR RATE:	\$55.00
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MATERIAL DISCOUNT:	Not Specified
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Hours of Operation:		Dale Ballard
24 Hour Phone #:		248-755-8025
Site Visit:	Y or N	Yes
Can meet delivery/installation schedule:	Y or N	Yes
References:	Y or N	Yes
Can meet Insurance:	Y or N	Yes
Payment Terms:		COD
Warranty:	Y or N	10 years
Exceptions:	Y or N	See quote sheet for Sta #2 Concrete Quality
Acknowledgement:	Y or N	Yes
Provided Vendor Questionnaire	Y or N	Yes
Forms:	Y or N	Yes

Attest:
 (*Bid Opening conducted via a Zoom Meeting)
 Pete Hullinger
 Scott Carruthers
 Heather Chomiak
 Andrew Chambliss
 Jackie Ahlstrom

 Emily Frontera
 Purchasing Manager



REAT-2

OP ID: DW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2021

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).

PRODUCER Williams, Douglas & Associates 1900 W. Houghton Lake Dr Houghton Lake, MI 48629 Douglas J. Williams	989-366-8500		CONTACT NAME: Douglas J. Williams PHONE (A/C, No, Ext): 989-366-8500		FAX (A/C, No): 989-202-2585
	E-MAIL ADDRESS: doug@wda-insurance.com				
INSURER(S) AFFORDING COVERAGE				NAIC #	
INSURER A : Pioneer State Mutual				18309	
INSURED Great Lakes Concrete Restorati Dale Ballard 378 Leetonia Dr Troy, MI 48085					
INSURER B :					
INSURER C :					
INSURER D :					
INSURER E :					
INSURER F :					

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER: 1

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CB00000960	03/15/2021	03/15/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		CA00302695	03/15/2021	03/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU00000660	03/15/2021	03/15/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WC00200814	03/15/2021	03/15/2022	<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 PROPERTY 3,000

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

Floor Waxing or polishing
 Additional insured - contractors blanket form PCBP AICB 06 18 Applied where required by written contract between the parties. Coverage: Primary and non-contributory

CERTIFICATE HOLDER

CANCELLATION

CITYOFT City of Troy Sara Teets 500 W Big Beaver 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 Douglas J. Williams
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