



BOARD OF ESTIMATE AND CONTRACT

ROME, NEW YORK 13440-5815

Joseph R. Fusco, Jr., Mayor

John Mazzaferro, President of Common Council

Frank Tallarino, Commissioner of Public Works

Timothy A. Benedict, Corporation Counsel

David C. Nolan, Treasurer

**BOARD OF ESTIMATE AND CONTRACT MEETING
SPECIAL SESSION**

**MARCH 13, 2015
3:00PM**

- 1. CALLING THE ROLL OF MEMBERS BY THE CLERK**
- 2. READING OF THE MINUTES OF THE PRECEDING SESSION**
(Motion in order that the reading of the minutes of the proceeding sessions be dispensed with and that they be approved.)

3. MATTERS FOR CONSIDERATION

RES. NO. 72

A

AUTHORIZING THE MAYOR OF THE CITY OF ROME TO ENTER INTO AN AGREEMENT WITH KOESTER ASSOCIATES. Pickarski

4. TABLED RESOLUTIONS

RES. NO. 46

D

**AUTHORIZING THE MAYOR OF THE CITY OF ROME TO ENTER INTO AMENDMENT NO. 1 WITH GHD CONSULTING ENGINEERS FOR ADDITIONAL PROFESSIONAL ENGINEERING SERVICES RELATED TO THE CITY OF ROME RAW WATER TUNNEL REHABILITATION PROJECT.
Tallarino**

5. ADJOURNMENT

RESOLUTION NO. 72

AUTHORIZING THE MAYOR OF THE CITY OF ROME TO
ENTER INTO AN AGREEMENT WITH KOESTER ASSOCIATES

By _____;

WHEREAS, Donna Piekarski, Purchasing Agent, for the City of Rome, has recommended that the City of Rome, New York, retain the services of Koester Associates, for the supply of two (2) Rotork Actuators per the specifications and standardization for the Water Filtration Plant Boyd Dam; now, therefore,

BE IT RESOLVED, by the Board of Estimate and Contract of the City of Rome, that the Mayor of the City of Rome is hereby authorized to enter into an agreement with Koester Associates, of Canastota, New York, and/or any subsidiaries, affiliates, and related entities controlled or owned by Koester Associates, at an amount not to exceed \$24,726.26, for the supply of two (2) Rotork Actuators for the Water Filtration Plant Boyd Dam, pursuant to the attached RFB documents, which are made part of this Resolution.

Seconded by _____.

AYES & NAYS: Mayor Fusco _____ Mazzaferro _____ Tallarino _____
Benedict _____ Nolan _____

ADOPTED:

DEFEATED:

JOSEPH F. FUSCO, JR.
MAYOR

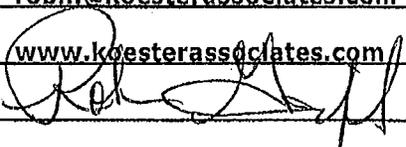


DONNA M. PIEKARSKI
PURCHASING AGENT

PURCHASING DEPARTMENT

ROME CITY HALL ♦ 198 N. WASHINGTON STREET
ROME, NEW YORK 13440-5815
(315) 339-7665 ♦ FAX (315) 838-1165
dpiekarSKI@romecitygov.com
www.romenewyork.com

BID NUMBER: RFB-2015-005
BID OPENING: 3/12/2015 at 3:00 PM (local time)
BID TITLE: SUPPLY (2) ROTORK ACTUATORS PER SPECS AND
STANDARDIZATION FOR WATER FILTRATION
PLANT BOYD DAM

COMPANY NAME: Koester Associates
MAILING ADDRESS: 3101 Seneca Turnpike
Canastota NY 13032
PHONE: 315-697-3800
FAX: 315-697-3888
EMAIL: robin@koesterassociates.com
WEBSITE: www.koesterassociates.com
SIGNATURE: 
PRINTED NAME/TITLE: Robin Griff - Parts Coordinator
TOTAL OF BID: \$24,726.26

PROPOSER'S WARRANTY: The above-signed person by his/her affixed signature certifies that he/she is an officer of the organization. He/she has been specifically authorized to offer a proposal in full compliance with all requirements and conditions, as set forth in this Proposal, other than those deviations noted above. He/she has fully read and understands the Proposal and has full knowledge of the scope, nature, quantity, and quality of work to be performed and that he/she has carefully examined and checked the materials, equipment, labor, service, and cost thereof, and hereby states that the amount or amounts set forth in the proposal is or are correct. The bidder further agrees not to make claim for reformation, modification, or correction of this proposal after the scheduled closing time for receipt of proposal bids.

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INVITATION AND INSTRUCTIONS TO BID

The City of Rome, New York invites your firm to participate in the enclosed Request For Proposal for:

BID NUMBER: RFB-2015-005
BID TITLE: SUPPLY (2) ROTORK ACTUATORS PER SPECS AND STANDARDIZATION FOR WATER FILTRATION PLANT BOYD DAM

This sealed bid will be publicly opened and read in the Common Council Chambers at:

BID OPENING: 3/12/2015 at 3:00 PM (local time)

Bid must be covered by Money Order, Certified Check, or Bid Bond in the amount of 5% of the amount of the total bid.

If additional information is required, please contact:

Donna M. Plekarski, Purchasing Agent
City of Rome
198 North Washington Street
Suite B-3
Rome, NY 13440

Phone: 315-339-7665
Fax: 315-838-1165

Email: dplekarski@romecitygov.com

Or, electronically at
www.romenewyork.com ; click on Purchasing Department; Bid Opportunities, or go to: www.centralnybidsystem.com

The City of Rome reserves the right to reject any and all bids.

GENERAL CONDITIONS

SCOPE OF WORK:

Work shall include supply of (2) Rotork Actuators per specs and standardization for Water Filtration Plant Boyd Dam.

CONTRACT PERIOD:

Contract term is for one year from date of execution. Any questions relative to interpretation of specifications may be directed to the Purchasing Agent, Donna M. Plekarski at dplekarski@romecitygov.com or 315-339-7665.

TAX: Purchases by the City of Rome, New York, are not subject to any sales tax, federal excise tax or transportation tax. City of Rome Federal ID No: 15-6000414

FINANCE CHARGES: The City of Rome will not be subjected to finance or late charges under this contract.

PRICE: Best and final price shall be offered. Prices shall include shipping and handling. All pricing shall remain firm for the term of the contract.

The Consumer Price Index will be the standard for any price adjustments requested for fuel and/or commodities. Such request must be submitted in writing to be considered for approval by the City.

DURATION OF PROPOSAL OFFER: Proposals are irrevocable for a period of sixty (60) calendar days following the closing date of this bid proposal.

METHOD OF AWARD: The contract shall be awarded to the lowest responsible and responsive bidder whose proposal meets the requirements set forth herein. Final determination will be made by the City as deemed to be in its best interests. Taken into consideration will be the reliability of the bidder, the quality of the materials services offered, their level of quality and conformity with the specifications, and the terms of delivery.

ACCEPTANCE OR REJECTION: The City of Rome Board of Estimate and Contract reserves the right to accept or reject any or all bids received.

COMPLETION DATE & DELIVERY SCHEDULE:

Each bidder must include in the proposal an approximate delivery date from contract award. Delivery time may or may not be considered at the time of bid consideration.

TIME IS OF THE ESSENCE: All times stated herein are of the essence.

NOTICE OF DELAY: If the successful bidder encounters difficulty in meeting performance requirements or has knowledge of a possible delay, the vendor shall immediately notify the Purchasing Agent, Donna M. Plekarski, preferably in writing. A slippage will require the vendor to demonstrate an alternate means of recovering the anticipated or actual delay in contract performance.

GUARANTEE/WARRANTY

The bidder must guarantee that the equipment offered is a model of regular stock product, with parts regularly used for this type of equipment offered; also, that no attachment or part has been substituted or applied contrary to manufacturer's recommendations or standard practices. The unit delivered must be warranted against faulty materials and workmanship for a period that should such faults develop, the bidder agrees to replace repair the unit or part affected without cost to the City of Rome, New York, with all replacement parts paid for by the contractor.

INSURANCE

The City of Rome New York requires general liability coverage in the amount of \$1,000,000 each occurrence and \$2,000,000 general aggregate, with The City of Rome, New York as certificate holder and additional insured. The accepted form of proof is ACORD 25 (2009/09) – Certificate of Liability Insurance.

For workers' Compensation and Disability Benefits insurance, please use forms C-105.2, U-26.3 or DB120.1, respectively. Information on these forms are located at website (<http://www.wcb.state.ny.us/content/main/Forms.jsp>).

Forms must be signed by an authorized representative of the insurer. All policies must provide for written notice to the City of Rome to be delivered in accordance with the policy provisions. All forms may be completed by your agent/broker, do not require notarization and will be accepted electronically when sent directly from your agent/broker.

<p>C-105.2 (9/07)</p>	<p>Certificate of NYS Workers' Compensation Insurance Coverage (All private NYS licensed workers' compensation carriers are required to issue the C-105.2. Please note that the State Insurance Fund issues a different form, the U-26.3 form, as its version of the C-105.2)</p>	<p>Employers insured for workers' compensation through a private insurance carrier</p>	<p>Filed with any entity requesting to be a certificate holder including a government agency issuing a permit, license or contract. The C-105.2 must be completed by the insurance carrier or its licensed insurance agent.</p>	<p><u>Employers must obtain this form from either their NYS workers' compensation insurance carrier or a licensed NYS insurance agent of that carrier.</u> Carriers, their licensed agents, and Self-Insured Employers may email the Board at Certificates@wcb.ny.gov to obtain controlled forms not available on this website.</p>
<p>DB-120.1 (5/06)</p>	<p>Certificate Of Insurance Coverage Under The NYS Disability Benefits Law</p>	<p>Employers insured for NYS statutory disability benefits insurance through an insurance carrier.</p>	<p>Filed with any entity requesting to be a certificate holder including a government agency issuing a permit, license or contract. The DB-120.1 must be completed by either the NYS statutory disability benefits insurance carrier, or a licensed NYS insurance agent of that carrier.</p>	<p><u>Employers must obtain this form from either their NYS statutory disability benefits insurance carrier or a licensed NYS insurance agent of that carrier.</u> Carriers, their licensed agents, and Self-Insured Employers may email the Board at Certificates@wcb.ny.gov to obtain controlled forms not available on this website.</p>
<p>CE-200 (12/08) (Replaces WC/DB-100 and Form C-105.21)</p>	<p>Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage</p>	<p>Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.</p>	<p>Please file with the government agency that is issuing the permit, license or contract. (Examples: The New York City Department of Buildings or the New York State Department of Health)</p>	<p>These exemption forms can <u>ONLY</u> be used to attest to a government entity that an applicant requesting a permit, license or contract from that <u>government</u> entity is not required to carry NYS workers' compensation and/or disability benefits insurance. <u>(Instructions)</u></p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2015

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 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	Firm Insurance Agency, LLC 5900 North Burdick Street East Syracuse, NY 13057	CONTACT NAME: Patricia C. Oof, ARM
		PHONE (A/C, No., Ext): (315)856-4114 FAX (A/C, No.): (315)856-7337 E-MAIL: poot2@twcny.rr.com ADDRESS:
INSURED	Koester Associates Inc and Shell Properties Inc 3101 Seneca Turnpike Canastota, NY 13032	INSURER(S) AFFORDING COVERAGE
		INSURER A: The Netherlands Insurance Company NAIC # 24171
		INSURER B: Excelsior Insurance Company 11045
		INSURER C: ShelterPoint Life 81434
		INSURER D: Liberty Mutual
		INSURER E:
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 61

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 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	ADOL. SUBR. INFO. (WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage Incl. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC OTHER:	Y	CBP9825023	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	BA8116899	02/01/2016	02/01/2016	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 EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000	Y	CU9823130	02/01/2016	02/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC8147270	02/01/2015	02/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$ 500,000 E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Disability		DBL432364	01/01/2016	01/01/2016	Statutory
D	Personal Property		CBP9825023	02/01/2016	02/01/2016	Replacement Cost \$ 160,000

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

CERTIFICATE HOLDER	CANCELLATION
City of Rome 198 N Washington Street Rome, NY 13440	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 (PCO)

STATE OF NEW YORK
WORKER'S COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only)
KOESTER ASSOCIATES, INC.

3101 SENECA TURNPIKE
CANASTOTA, NY 13032

1b. Business Telephone Number of Insured
315-697-3800

1c. NYS Unemployment Insurance Employer Registration
Number of Insured

1d. Federal Employer Identification Number of Insured
or Social Security Number
181383017

2. Name and Address of the Entity requesting Proof of Coverage
(Entity being listed as the Certificate Holder)

City of Rome
198 N. Washington Street
Rome, NY 13440-5815

3a. Name of Insurance Carrier
ShollarPoint Life Insurance Company

3b. Policy Number of Entity listed in box "1a":
DBL432364

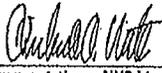
3c. Policy effective period:
01/01/2015 to 12/31/2015

4. Policy covers:

a. All of the employer's employees eligible under the New York Disability Benefits Law

b. Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits Insurance coverage as described above.

Date Signed 3/10/2015 By 
(Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)

Telephone Number 516-829-8100 Title Chief Executive Officer

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is NOT COMPLETE for the purposes of Section 220, Subd. 8 of the Disability Benefits Law.
It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

State of New York
Worker's Compensation Board

According to information maintained by the NYS Worker's Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of NYS Worker's Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS Disability Benefits Insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box "3" on this form is certifying that it is insuring the business referenced in Box "1a" for disability benefits under the New York State Disability Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box "2". This certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in Box "3c".

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of state or municipal department, board, commission, or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only) Koester Associates, Inc. 3101 Seneca Turnpike Canastota, NY 13032</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-697-3800</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 6421879</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 16-1383017</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) City of Rome 198 N. Washington Street Rome, NY 13440-5815</p>	<p>3a. Name of Insurance Carrier The Netherlands Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" WC8147270</p> <p>3c. Policy effective period 02/01/2015 to 02/01/2016</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named Insured has the coverage as depicted on this form.

Approved by: Patricia C. Oert
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Patricia C. Oert (Signature) March 10, 2015 (Date)

Title: Managing Partner

Telephone Number of authorized representative or licensed agent of insurance carrier: 315-656-4114

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

CONTRACT TERMINATION:

The City may terminate for cause if the vendor fails to perform any material condition of the contract and such failure continues unremedied for thirty (30) days after receipt of notice from the City.

LIMITATIONS:

Neither the vendor nor its affiliates shall be liable in any way for delay, failure in performance, loss damage due to any of the following conditions: fire, explosion, power blackout, earthquake, flood, the elements, civil or military authority, or acts of God. The vendor shall be liable for any delay, loss, and property damage attributable to any service or actions of any of its employees or agents.

GENERAL:

Any modification or waiver of any provision of the Contract must be in writing and signed by authorized representatives of both parties.

If any term or provision of the contract shall be held invalid or unenforceable, the remainder of the contract shall not be affected. The waiver by either party of any breach of the Contract by the other party will not operate as a waiver of subsequent breaches of the same or different kind.

LITERATURE:

Each bidder shall include product or equipment literature as available.

PROTEST AND APPEAL PROCEDURES:

Protests regarding the validity or appropriateness of the specifications or of the Request for proposal shall be filed in writing with the City Clerk no later than two (2) days prior to the closing of the bids. The address to submit the protest is:

City Clerk
City of Rome
198 N. Washington St.
Rome, New York 13440

Such protests will not be considered if received later than the date established in paragraph above. Protests shall be explicit and in sufficient detail to stand on their own record. Post-award protests shall be in writing in a diligent and timely fashion and to be received in the City Clerk's Office no later than five (5) days after receipt of the award notice.

PROPOSAL GUARANTEE (BID BOND):

Each proposal bid must be guaranteed by money order, certified check, or bid bond in the amount of 5% of the amount of the bid total.

The City may hold the proposal guarantee until the execution of the contract. All other proposal guarantees will be returned within thirty (30) days after proposal opening. The proposal guarantee of any proposer who withdraws a proposal after proposals are opened shall be forfeited to the City, irrespective of the reason for such withdrawal.

The City may hold the proposal guarantee until the execution of the contract. All other proposal guarantees will be returned within thirty (30) days after proposal opening. The proposal guarantee of any proposer who withdraws a proposal after proposals are opened shall be forfeited to the City, irrespective of the reason for such withdrawal.

GENERAL MUNICIPAL LAW COMPLIANCE:

STATE OF NEW YORK, Section 103-a

Effective: July 1, 1959

"Upon the refusal of a person, when called before a Grand Jury to testify concerning any transaction or contract had with the State, any political subdivision thereof, a public authority or with any public department, agency or an official of the state or any political subdivision thereof or of a public authority, to sign a waiver of immunity against subsequent criminal prosecution or to answer any relevant questions concerning such transaction or contract, (a) such person, and any firm, partnership or corporation of which he is a member, partner, or director or officer shall be disqualified from thereafter selling to or submitting bids to or receiving awards from or entering into any contracts with any municipal corporation or any public department, agency or official thereof for goods, work or services, for a period of five years after such refusal, and (b) any and all contract made with any municipal corporation or any public department, agency or official thereof, since the effective date of this law, by such person, and by any firm, partnership or corporation of which he is a member, partner, director or officer may be cancelled or terminated by the municipal corporation without incurring any penalty or damages on account of such cancellations or termination, by any monies owing by the municipal corporation for goods delivered or work done prior to the cancellation or termination shall be paid all pursuant to Section 103-a of the General Municipal Law of the State of New York."

MINORITY BUSINESS ENTERPRISE PARTICIPATION:

Minority and women-owned business enterprises are encouraged in the performance of all City material, supply, professional and construction contracts and sub-contracts;

A "minority business enterprise" is defined as a business firm which is at least fifty-one percent (51%) owned by minority group members. The minority ownership must exercise actual day-to-day management and control of the business.

"Minority" means Blacks, Hispanics, American Indians, Alaskan Natives, Asians and Pacific Islanders.

A "women-owned business enterprise" is defined as a business firm which is at least fifty-one percent (51%) owned by women. The women ownership must exercise actual day-to-day management and control of business.

Bidders are requested to provide the following:

- a. Is your company 51% or more women owned? ___yes no
- b. Is your company 51% or more minority owned? ___yes no
- c. If you answer YES to Number 2, check one of the following:
 ___ Black ___ Hispanic ___ Alaskan Native
 ___ Asian Pacific Islands ___ American Indian

RESPONSIBLE BIDDER

Each bidder will complete the following to enable the City to determine a Responsible Bidder.

- A. Is your firm presently engaged in actions which will lead to a merger, consolidation, or other form of reorganization? ___ yes no
- B. Has your firm filed for bankruptcy? ___ yes no

In determining the "lowest responsible bidder," in addition to price, the purchasing authority shall consider the ability, capacity and skill of the bidder to perform the contract or provide the service required; whether the bidder can perform the contract or provide the service promptly or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the bidder; the quality of performance or previous contracts or services; the and existing compliance by the bidder with laws and ordinances relating to the contract or service; the sufficiency of the financial resources and ability of the bidder to perform the contract or provide the service; the quality, availability and adaptability of the supplies or contractual services to the particular use required; the ability of the bidder to provide future maintenance and service for the use of the subject of the contract; and the number and scope of conditions attached to the bid.

DEVIATIONS SHEET

DEVIATIONS FROM SPECIFICATIONS:

Not applicable.



NON-COLLUSIVE BIDDING CERTIFICATE

Pursuant to Chapter 675, Laws of 1966

- (a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
- (1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other bidder or with any competitor;
 - (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
 - (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not submit a bid for the purposes of restricting competition.

Koester Associates, Inc.
(Name of Bidder)

Mary Lou Pace Corp. Treasurer
(Official capacity)

BIDDERS CHECKLIST

This bid may not be acceptable without completing the following information. For your protection, please review your bid and indicate by a check mark that all requested information has been included and/or read:

- | | |
|---|--------------------|
| <input type="checkbox"/> PROPOSER'S WARRANTY | Ref Page 1 |
| <input type="checkbox"/> INSTRUCTIONS TO BIDDERS | Ref Page 3 |
| <input type="checkbox"/> MINORITY BUSINESS ENTERPRISE PARTICIPATION | Ref Page 8 |
| <input type="checkbox"/> RESPONSIBLE BIDDER | Ref Page 8 |
| <input type="checkbox"/> DEVIATIONS SHEET | Ref Page 9 |
| <input type="checkbox"/> NON-COLLUSIVE BIDDING CERTIFICATE | Ref Page 10 |
| <input type="checkbox"/> BIDDERS LIST OF REFERENCES | Supplied By Bidder |

Do not separate or remove any pages from this bid package. Doing so may render your bid invalid. Please return the checklist with your bid



TECHNICAL SPECIFICATIONS AND STANDARDIZATION LEGISLATION

- (2) Rotork IQS20 FA16B4 Actuator with an IWD6R gearbox 210:1 ratio for the Boyd Dam Cone Valves.
- The unit must include a remote hand station. Also include adaptations, 5 year warranty and start-up assistance.

Note:

1. Measurements will be needed for adaptations.
2. Installation by others.
3. Optional side hand wheel, if needed, will be available.

COMMON COUNCIL

MAY 29, 2013

RESOLUTION NO. 99

AUTHORIZING THE STANDARDIZATION OF EQUIPMENT TO BE
UTILIZED BY THE CITY OF ROME WATER FILTRATION PLANT AND WATER
POLLUTION PLANT.

By Councilor Smith

WHEREAS, General Municipal Law ("GML"), §103, requires that certain purchases of equipment, of more than \$20,000.00, shall be subject to the bidding procedure set forth under GML, §103, which requires that the City of Rome contract with the lowest responsible bidder for the purchase of said equipment; and

WHEREAS, generally speaking, GML, §103 requires the City to contract with the "lowest responsible bidder", the determination of which involves consideration of many factors, but generally does not permit the City to distinguish between brands or types of products without the express authorization of the Common Council; and

WHEREAS, pursuant to GML, §103(5), the Common Council may, by a vote of at least three-fifths of all the members of the Common Council, identify the need for standardization of certain equipment, on the basis of efficiency or economy, and, upon adoption of said resolution, the City may solicit bids for the standardized equipment and award same to the lowest responsible bidder; and

WHEREAS, the City of Rome is in need of replacing electric valve actuators at the Water Filtration Plant and Water Pollution Plant, and based on the City currently owning, operating and maintaining, Rotork Electric Valve Actuators at the City of Rome Water Filtration and Water Pollution facilities, it is in the City's best interests to standardize said equipment based on the fact that the City currently has said actuators, parts and equipment that can be utilized for said brands and City personnel are familiar with said equipment for maintenance purposes; and

WHEREAS, it is the opinion of Frank D. Tallarino, Jr., Commissioner of Public Works, that the City identify the Electric Valve Actuators and manufactured by Rotork as the standard equipment to be used by the City of Rome Water Filtration and Water Pollution Plants and that is manufactured by said company be purchased from the lowest responsible bidder(s) in accordance with GML, §103; now, therefore,

BE IT RESOLVED, by the Common Council of the City of Rome, New York, that, pursuant to General Municipal Law, §103(5), it is in the best interests of the City of Rome, New York, to standardize Electric Valve Actuators used at the Water Filtration and Water Pollution Plants made by Rotork for purposes of future bids associated with said equipment, on the basis of *inter alia*: cost savings for maintenance and parts associated with said equipment on the basis that the City currently maintains and uses a electric valve actuators made by said company at the

City of Rome Water Filtration and Water Pollution Plant; and the fact that City personnel have a familiarity with said manufactures for purposes of maintaining said equipment, which said reasons provide the City with efficiency and reduces costs and, therefore, is in the City's best interests; and

BE IT FURTHER RESOLVED, that any bid advertised by the City of Rome for Electric Valve Actuators may identify and require the responding party to provide Rotork brand equipment, and that the applicable purchase(s) shall be made from the lowest responsible bidder providing said brand and meeting all other bidding requirements or specifications, as determined by the Board of Estimate & Contract.

Seconded by Councilor Sparaco

AYES: Sparaco, Rogers, Smith, Anderson, Nash, DiMarco

NAYS: None

EXCUSED: Mortise

ADOPTED: MAY 29, 2013



BID TOTAL ITEMIZATION SHEET (IF NEEDED)

Two (2) Rotork IQS20 FA16B4 Actuators with an IWD6R gearboxes 210:1 ratio for the Boyd Dam Cone Valves. The unit includes remote hand stations. Also includes adaptions, 5 year warranty, and start-up assistance.

Total: \$12,363.13 ea.

Note:

1. Measurements will be needed for adaptions.
2. Installation by others.
3. Optional side hand wheel, if needed, is available for an additional \$662.40 per actuator.

GRAND TOTAL \$24,726.26



KOESTER

Rotork

List of References

Buffalo WFP/Colonel Ward	Shaun McCleary	716-851-6575
Amherst WWTP	Tom Dean	716-691-9771
Monroe Cty FEV WWTP	Dave Tuccio	585-370-6055
Waterloo Water Dept	Jim Bromka	315-539-9131

Note: this is only a few if more are needed please request. Thank you.

Supplying Equipment, Solutions and Service for Water and Wastewater

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