



## Blanket Contract # 20160751

### City of Springfield Blanket Contract Tracer Log

**INSTRUCTIONS:** Upon receipt, please initial and write in the date of receipt on this Tracer form. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			RW	11/15/16
Public Works, Dept.	CC	11/16/2016	CC	11/16/2016
City Comptroller	lll	11/18/16	lll	11/18/16
Law	VF	11-21-16	VF	11-21-16
CAFO	JMM	11-23-16	JMM	11-30-16
Mayor	MM	11-30-16	MM	11-30-16
Office of Procurement			RW	12-1-16

Vendor No.: 10318	Contract # 20160751	Blanket Contract Date: 01/09/2016
Renewal Amount: \$500,000.00		
Blanket Renewal Date: 11/01/2017		
Blanket Contract Expiration Date: 01/08/2019		
Req No.:	Act No.:	
Bid No.: 16-061		
Vendor Name: Alfred Benesch & Company		
Blanket Contract Purpose: Renewal for On-Call Engineering Services		
Requesting Dept.: DPW		
TYPE OF DOCUMENT (Please select at least one):		
<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input type="checkbox"/> Extension
		<input checked="" type="checkbox"/> Renewal

**NOTICE OF EXERCISE OF RENEWAL OPTION NO. 1; CITY CONTRACT NO. 20160751**

**ON-CALL ENGINEERING SERVICES**

WHEREAS, on or about January 9, 2016, the **CITY OF SPRINGFIELD**, a municipal corporation within the County of Hampden, Commonwealth of Massachusetts, with its principal offices at 36 Court Street, Springfield, Massachusetts 01103, acting by and through its Department of Public Works (DPW), with the approval of the Mayor (collectively referred to herein as the "City"), and **Alfred Benesch & Company**, a Business Entity, with a usual place of business at 90 National Drive, Glastonbury, CT 06033 (hereinafter the "Engineer"), entered into a contract for On-Call Engineering Services, referred to as City Contract No. 20160751, (hereinafter the "Agreement"); and

**WHEREAS**, The City has ratified and executed Contract No. 20160751, a one year agreement, referring to BID No. 16-061, which expires on January 8, 2017 and which contained Two (2) one-year in length renewal options, to be exercised at the sole discretion of the City of Springfield; and

**WHEREAS**, The Springfield DPW now seeks to exercise Renewal Option No. 1 to continue the services covered in the agreement, for the same amount specified in the original Agreement and unchanged by this renewal notice; and

**NOW THEREFORE**, the City and the Engineer agree to renew the Agreement under the following terms and conditions:

1. **Article 1 Exercising of Renewal Option No. 1 and Updated Term**. The Springfield DPW hereby exercises Renewal Option No.1, a one-year in length renewal period, available under the underlying agreement. In doing so, the agreement now has an updated expiration date of **January 8, 2018**. Both parties accept that this is the 1st of 2 renewal options, available to the City under the Agreement.
2. **Article 4 (D) Compensation**. The amount of the services for the first renewal period (One Year) is estimated not to exceed **Five Hundred Thousand Dollars and 00/100 (\$500,000.00)** including all reimbursable fees and expenses.
3. Except as specifically stated by the provisions of this Renewal, all other terms, provisions, scope, requirements and specifications contained in the Agreement shall remain the same and in full force and effect for the duration of the Renewal Period.

**SIGNATURE PAGE TO FOLLOW**

IN WITNESS WHEREOF, the CITY OF SPRINGFIELD, and **Alfred Benesch & Company**, has caused this Renewal Option No. 1 to be executed in duplicate under seal as of the date the document is executed by all parties listed on the signature page, or their lawful successors in office.

FOR THE ENGINEER,

**Alfred Benesch & Company**

By: James J. Fuda

Name: JAMES L. FUDA

Title: VICE PRESIDENT and DIVISION MANAGER

Date: 11/14/2016

FOR THE CITY OF SPRINGFIELD:

Approved:

CEJ

Department of Public Works

Date signed: 11-16-16

Approved:

Tho Theodore

Office of Procurement

Date Signed 11-15-16

W Approved as to Appropriation: <sup>n/a</sup>

Jim Walsh  
City Comptroller  
Date Signed 11/14/16

Approved as to Form:

Pat Kent

City Solicitor

Date Signed 11.29.16

Approved:

Jim Vent

CAFO

Date Signed 11/30/16

Approved:

Domenic J. Sarno

DOMENIC J. SARNO

MAYOR

Date Signed 11/30/16

## **TO BE INCLUDED IN ALL SPECIFICATIONS**

### **COMPLIANCE WITH FEDERAL, COMMONWEALTH OF MASSACHUSETTS, AND CITY OF SPRINGFIELD TAX LAWS.**

#### **A. COMPLIANCE WITH TAX LAWS**

The contractor must be in compliance at the time it submits its bid and afterwards if selected as the contractor, with all Federal, Commonwealth of Massachusetts and City of Springfield tax laws, the contractor will be disqualified from the bidding procedure.

#### **B. TAX CERTIFICATION AFFIDAVIT.**

The contractor **must** complete and return the Tax Certification Affidavit with the contractor's bid/proposal. Failure to complete and return the Tax Certification Affidavit will disqualify the contractor from the bidding procedure.

#### **C. VERIFICATION OF COMPLIANCE WITH FEDERAL AND MASSACHUSETTS TAX LAWS.**

If the City of Springfield discovers that the contractor is not in compliance with Federal or Massachusetts tax laws, the contractor shall be excluded from the bidding procedure.

#### **D. COMPLIANCE WITH THE CITY OF SPRINGFIELD TAXES.**

If the City of Springfield discovers that the contractor owes the City of Springfield any assessments, excise, property or other taxes, including any penalties and interest thereon, the contractor shall be excluded from the bidding procedure.

The contractor at all times during the term of an awarded contract shall observe and abide by all Federal, Commonwealth of Massachusetts and City of Springfield tax laws and remain in compliance with such laws, all as amended.

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

36-2407363

Individual Social Security Number State Identification Number Federal Identification Number

Company: Alfred Benesch & Company

P.O. Box (if any): Street Address Only: 90 National Drive

City/State/Zip Code: Glastonbury, CT 06033

Telephone Number: 860-633-8341 Fax Number: 860-633-1068

List address(es) of all other property owned by company in Springfield:

Please identify if the bidder/proposer is a:

Corporation [checked]

Individual Name of Individual:

Partnership Names of all Partners:

Limited Liability Company Names of all Managers:

Limited Liability Partnership Names of Partners:

Limited Partnership Names of all General Partners:

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, James L. Fuda certify under the pains and penalties of perjury that Alfred Benesch & Co., to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

Alfred Benesch & Company Bidder/Proposer/Contracting Entity James L. Fuda Authorized Person's Signature Date: November 2, 2016

CITY OF SPRINGFIELD TAX CERTIFICATION

I, James L. Fuda certify under the pains and penalties of perjury that Alfred Benesch & Co., to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law/has/have entered into a Payment Agreement with the City).

Alfred Benesch & Company Bidder/Proposer/Contracting Entity James L. Fuda Authorized Person's Signature Date: November 2, 2016

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C S49A, I, James L. Fuda certify under the pains and penalties of perjury that Alfred Benesch & Co., to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Alfred Benesch & Company Bidder/Proposer/Contracting Entity James L. Fuda Authorized Person's Signature Date: November 2, 2016

Notary Public

STATE OF Connecticut November 2, 2016

County of Hartford, ss.

Then personally appeared before me [name] James L. Fuda, [title] Vice President of [company name] Alfred Benesch & Company, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Alfred Benesch & Company.

My commission expires: Maria C. Foye Notary Public May 31, 2019

YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.



ALFRBEN-01

CMURPHY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Ames &amp; Gough</b> 859 Willard Street Suite 320 Quincy, MA 02169	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (617) 328-6555 <b>FAX (A/C, No):</b> (617) 328-6888 <b>E-MAIL ADDRESS:</b> boston@amesgough.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Travelers Indemnity Co. of America A++, XV	<b>25666</b>
<b>INSURER B:</b> Charter Oak Fire Insurance Company A+ (XV)	<b>25615</b>
<b>INSURER C:</b> Travelers Property Casualty Company of America	<b>25674</b>
<b>INSURER D:</b> Zurich American Insurance Company (A+) XV	<b>16535</b>
<b>INSURER E:</b>	
<b>INSURER F:</b>	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>X</b>		<b>630-0D870755</b>	<b>05/31/2016</b>	<b>05/31/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			<b>810-2D558685</b>	<b>05/31/2016</b>	<b>05/31/2017</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			\$				
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR		<b>ZUP-15P01416</b>	<b>05/31/2016</b>	<b>05/31/2017</b>	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ <b>5,000,000</b>
	DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>						\$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>UB-0D896722</b>	<b>05/31/2016</b>	<b>05/31/2017</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<b>N</b>	<b>N/A</b>				E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Prof. Liability</b>			<b>EOC557426703</b>	<b>05/31/2016</b>	<b>05/31/2017</b>	Per Claim \$ <b>2,000,000</b>
							<b>EOC557426703</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 All Coverages are in accordance with policy terms and conditions.

Renewal of Option No. 1; City Contract #20160751 -Benesch Project No. 70090(PM: R. Newton)

City of Springfield shall be listed as additional insured with respect to general liability where required by written contract. General Liability is primary and non-contributory.

**CERTIFICATE HOLDER**

**City of Springfield**  
 Attn: Lauren Stabilo  
 36 Court Street, Room 307  
 Office of Procurement  
 Springfield, MA 01103

**CANCELLATION**

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  
*Michael Verlicy*