



Renewal No. 2 for Contract # 20180195

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			KV	08/06/19
Capital Assets			PJA	8/12/19
City Comptroller	LKJ	8.13.19	LKJ	8.13.19
Law	FF	8-13-19	FF	8-13-19
CAFO	tmm	8.14.19	tmm	8.15.19
Mayor	AG	8/15/19	AG	8/15/19
Office of Procurement	KV	8/15/19		

Vendor No.: 6824 Contract No. 20180195 Blanket Contract Date: 09/30/17

Renewal Amount: \$750,000.00

Blanket Renewal Date: 07/01/19

Blanket Contract Expiration Date: 09/29/20

Req No.: Act No.:

Bid No.: 18-010

Vendor Name: GZA GeoEnvironmental Inc

Blanket Contract Purpose: Renewal for Professional On-Call Engineering Services – Horizontal Construction

Requesting Dept.: DCAC

TYPE OF DOCUMENT (Please select at least one):

- New
 Amendment
 Extension
 Renewal

NOTICE OF EXERCISE OF RENEWAL OPTION NO. 2; CITY CONTRACT NO. 20180195

PROFESSIONAL ON-CALL ENGINEERING SERVICES – HORIZONTAL CONSTRUCTION

WHEREAS, on or about September 30, 2017, 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 Capital Asset Construction (hereafter referred to as "DCAC"), with the approval of the Mayor (collectively referred to herein as the "City"), and **GZA GeoEnvironmental, Inc.**, an Engineering Firm, with a mailing address at 1350 Main Street, Suite 1400, Springfield, MA 01103 (hereinafter the "Engineer"), entered into a contract to provide Professional On-Call Engineering Services, referred to as City Contract No. 20180195, (hereinafter the "Agreement"); and

WHEREAS, The City has ratified and executed Contract No. 20180195, a one year agreement which expired on September 29, 2018 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 DCAC had elected to exercise Renewal Term No. 1 to continue the services covered in the agreement, and that Renewal Term No. 1 will expire on September 29, 2019; and

WHEREAS, The Springfield DCAC now seeks to exercise Renewal Option No. 2 to continue the services covered in the agreement, for the 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 Term (B) Exercising of 2nd Renewal Option and Updated Term**. The Springfield DCAC hereby exercises Renewal Option No. 2, a one-year in length renewal period available under the underlying agreement. In doing so, the agreement now has an updated expiration date of **September 29, 2020**. Both parties accept that this is the final Renewal Option under the Agreement.
2. **Article 4 Compensation (D)(1) Contract Value**. The amount of the services for the second and final Renewal Period (One Year) is estimated not to exceed **Seven Hundred Fifty Thousand Dollars and 00/100 (\$750,000.00)** including all reimbursable fees and expenses.
3. Except as specifically stated by the provisions of this Renewal, all other terms, provisions, requirements and specifications contained in the Agreement shall remain the same and in full force and effect.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the CITY OF SPRINGFIELD, and **GZA GeoEnvironmental, Inc.**, has caused this Renewal Option No. 2 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,
GZA GeoEnvironmental, Inc.**


By: 

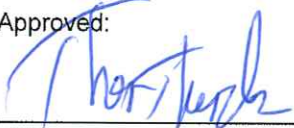
Name: Thomas E. Jenkins, PE

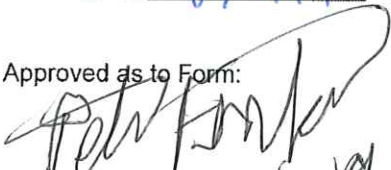
Title: Associate Principal

Date: July 30, 2019

FOR THE CITY OF SPRINGFIELD:


Approved: 
Department of Capital Asset Construction
Date signed: 8-12-19

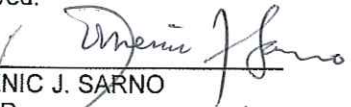
Approved: 
Office of Procurement
Date Signed 8/12/19

Approved as to Form: 
City Solicitor
Date Signed 8-13-19

uu Approved as to Appropriation: n/a

City Comptroller
Date Signed 8/13/19

Approved: 
CAFO
Date Signed 8/15/19

Approved: 
DOMENIC J. SARNO
MAYOR
Date Signed 8/15/19

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

04-2393851

Individual Social Security Number State Identification Number Federal Identification Number

Company: GZA GeoEnvironmental, Inc.

P.O. Box (if any): Street Address Only: 1350 Main Street, Suite 1400

City/State/Zip Code: Springfield, MA 01033

Telephone Number: 413-726-2100 Fax Number: 413-732-1249

List address(es) of all other property owned by company in Springfield: Please Identify if the bidder/proposer is a: Corporation X

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.

FEDERAL TAX CERTIFICATION

I, Enda Fahey certify under the pains and penalties of perjury that GZA, to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

GZA GeoEnvironmental, Inc. E P G Date: 07/31/19 Bidder/Proposer/Contracting Entity Authorized Person's Signature

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Enda Fahey certify under the pains and penalties of perjury that GZA, 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).

GZA GeoEnvironmental, Inc. E P G Date: 07/31/19 Bidder/Proposer/Contracting Entity Authorized Person's Signature

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Enda Fahey certify under the pains and penalties of perjury that GZA, 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.

GZA GeoEnvironmental, Inc. E P G Date: 07/31/19 Bidder/Proposer/Contracting Entity Authorized Person's Signature

Notary Public

STATE OF Massachusetts July 31, 2019 County of Norfolk, ss.

Then personally appeared before me [name] Enda Fahey, [title] CFO/Treasurer of [company] GZA GeoEnvironmental, 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] GZA GeoEnvironmental

Kristinn M. Gerra Notary Public

My commission expires: April 18, 2025



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 NOTARIZED WILL BE REJECTED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2019

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 Risk Strategies Company 160 Federal St. 4th Floor Boston, MA 02110	CONTACT NAME: PHONE (A/C, No, Ext): 617-330-5700 FAX (A/C, No): 617-439-3752 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED GZA GeoEnvironmental, Inc. 1350 Main Street, Suite 1400 Springfield MA 01103	INSURER A: Great Divide Insurance Company/ Nautilus Ins Group	NAIC # 25224
	INSURER B: The First Liberty Insurance Corp	33588
	INSURER C:	
	INSURER D: Liberty Insurance Corporation	42404
	INSURER E: Lexington Insurance Company	19437
	INSURER F:	

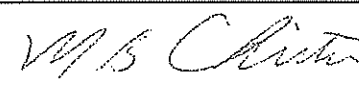
COVERAGES **CERTIFICATE NUMBER:** 47329332 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible - \$25,000 per occurrence BI/PD GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GLP2007957-16	2/28/2019	2/28/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AS6-Z11-261208-019	2/28/2019	2/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC7-Z11-261208-049	2/28/2019	2/28/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	Professional Liability			31711017	2/28/2019	2/28/2020	Each Claim/ \$2,000,000 Aggregate \$2,000,000

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

Re: Job #15.0166621.00, City of Springfield On Call Eng/DPW#20180195, DPBRM-Parks and DCAC Engineering Services, Springfield, MA. City of Springfield is included as an additional insured with respects to General Liability and Auto Liability per policy provisions and where required by signed contract. Waiver of Subrogation applies in favour of City of Springfield with respect to General Liability and Auto Liability per policy provisions and where required by signed contract.

CERTIFICATE HOLDER 15.0166621.00 City of Springfield Office of Procurement 36 Court Street, Room 307 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 Christian
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