



Contract # 20170616

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	12/11/17
Community Development	KB	12/13/17	KB	12/13/17
City Comptroller	UPF	12/15/17	UPF	12/15/17
Law	PF	12/20/17	PF	12/20/17
CAFO	JMM	12.22.17		
Mayor	eg	12/22/17		
Office of Procurement			KB	12/26/17
				1/2/18

Vendor No.: 237 Contract No. 20170616 Blanket Contract Date: 03/01/17

Renewal Amount: \$500,000.00

Blanket Renewal Date: 12/01/2018

Blanket Contract Expiration Date: 02/29/2020

Req No.: Act No.:

Bid No.: 17-086

Vendor Name: ATC Group Services LLC

Blanket Contract Purpose: Renewal for On-Call Environmental Assessment Services

Requesting Dept.: Community Development

TYPE OF DOCUMENT (Please select at least one):

- New
 Amendment
 Extension
 Renewal

NOTICE OF EXERCISE OF RENEWAL OPTION NO. 1; CITY CONTRACT NO. 20170616

AGREEMENT FOR ON-CALL ENVIRONMENTAL ASSESSMENT SERVICES

WHEREAS, on or about March 1, 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 Office of Community Development/Disaster Recovery, with the approval of the Mayor (collectively referred to herein as the "City"), and **ATC GROUP SERVICES, LLC.**, a Massachusetts limited liability company, with a mailing address at 73 William Franks Drive, West Springfield, Massachusetts 01089 (hereinafter the "Contractor"), entered into a contract for on-call environmental assessment services, referred to as City Contract No. 20170616, (hereinafter the "Agreement"); and

WHEREAS, The City has ratified and executed Contract No. 20170616, a one year agreement which expires on February 28, 2018 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 Office of Community Development/Disaster Recovery 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 Contractor agree to renew the Agreement under the following terms and conditions:

1. **Article 2 (B) Exercising of Renewal Option No. 1 and Updated Term.** The Springfield Community Development/Disaster Recovery 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 **February 28, 2019**. Both parties accept that this is the 1st of 2 renewal options, available to the City under the Agreement.
2. **Article 3 (A) 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 **ATC Group Services, LLC.**, 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 CONTRACTOR,
ATC Group Services, LLC.**

By: 
Name: Brian Williams
Title: Branch Manager
Date: 12/5/17

FOR THE CITY OF SPRINGFIELD:

Approved: 
Kevin Kennedy
Chief Development Officer
Date signed: _____

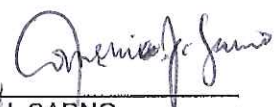
Approved: _____
Office of Procurement
Date Signed 12/11/17

^{LK} Approved as to Appropriation: ^{n/a}

City Comptroller
Date Signed 12/19/17

Approved as to Form: _____
City Solicitor
Date Signed 12-20-17

Approved: _____
^{Acting} _____
CAFO
Date Signed 12/22/17

Approved: 
DOMENIC J. SARNO
MAYOR
Date Signed 12/26/17

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

46-0399408

Individual Social Security Number

State Identification Number

Federal Identification Number

Company:

ATC Group Services LLC

P.O. Box (if any):

Street Address Only: 73 William Franks Dr.

City/State/Zip Code:

West Springfield, MA 01089

Telephone Number:

413-781-0070

Fax Number:

413-781-3734

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

NA

Please Identify if the bidder/proposer is a:

Corporation

Individual

Name of Individual:

Partnership

Names of all Partners:

Limited Liability Company

X

Names of all Managers: George Bevan, Jeff Jenkins, Mark Spender, Robert Toups

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, Brian Williams certify under the pains and penalties of perjury that ATC Group Services LLC (authorized agent) (Bidder/Proposer) belief, has/have complied with all United States Federal taxes required by law.

ATC Group Services LLC Bidder/Proposer/Contracting Entity [Signature] Authorized Person's Signature Date: December 5, 2017

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Brian Williams certify under the pains and penalties of perjury that ATC Group Services LLC (authorized agent) (Bidder/Proposer) belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

ATC Group Services LLC Bidder/Proposer/Contracting Entity [Signature] Authorized Person's Signature Date: December 5, 2017

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Brian Williams certify under the pains and penalties of perjury that ATC Group Services LLC (authorized agent) (Bidder/Proposer) 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.

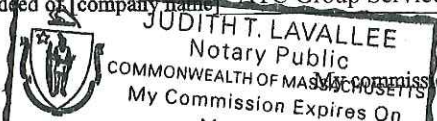
ATC Group Services LLC Bidder/Proposer/Contracting Entity [Signature] Authorized Person's Signature Date: December 5, 2017

Notary Public

STATE OF Massachusetts, December 5, 2017

County of Hampden, ss.

Then personally appeared before me [name] Brian Williams, [title] Branch Manager of [company] name] ATC Group Services LLC, 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] ATC Group Services LLC.



[Signature] Judith T. Lavallee Notary Public May 11, 2023

YOU MUST FILE 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/11/2017

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 Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED ATC Group Services LLC 221 Rue De Jean Suite 300 Lafayette LA 70508-3283 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Steadfast Insurance Company		26387
	INSURER B: Zurich American Ins Co		16535
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 570069441754** **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. **Limits shown are as requested**

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			GPL021708502	11/13/2017	11/13/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input 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			BAP 0217109-02	11/13/2017	11/13/2018	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			SXS021707702	11/13/2017	11/13/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC021711102	11/13/2017	11/13/2018	<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
A	Env Contr Poll			GPL021708502	11/13/2017	11/13/2018	Policy Aggregate \$6,000,000 Each Incident \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Contract No. 20170616. City of Springfield is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER City of Springfield Attn: Raemarie Walker 36 Court Street, Room 307 Springfield MA 01103 USA	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 <i>Aon Risk Services Southwest, Inc.</i>

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Holder Identifier :

Certificate No : 570069441754



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED ATC Group Services LLC	
POLICY NUMBER See Certificate Number: 570069441754			
CARRIER See Certificate Number: 570069441754	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	E&O-PL-Primary			GPL021708502 CLAIMS MADE	11/13/2017	11/13/2018	Policy Aggregate	\$6,000,000
							Each Incident	\$2,000,000