

20131154  
**Blanket Contract**

**City of Springfield Blanket Contract Tracer Document**

The purpose of this document is to provide continuous responsibility for the custody of **BLANKET CONTRACTS** during the processing period.

**INSTRUCTIONS:** Upon receipt, please initial and write in the date of receipt. 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			YMM	5/15/15
Capital Assets			PCG	5/21/15
Facilities/Parks	KMC	5/22/15	KMC/DPB	5/26/15
City Comptroller	LU	5/26/15	LU	5/26/15
Law	RF	5/28/15	RF	5/28/15
CAFO	H2P	5/29/15	H2P	5/29/15
Mayor	EG	5/29/15	EG	6/1/15
Office of Procurement				

Vendor No.: 981      Blanket Contract No.: 20131154      Blanket Contract Date: 6/26/2013

Blanket Contract Amt.: \$750,000.00    Issue Date: 6/26/13    Renewal Date:

Appropriation Code1:  
 Appropriation Code2:  
 Appropriation Code3:  
 Appropriation Code4:

Description of Funding Source:

Bid No.: 13-355      Requisition No.:      PO No.:

Vendor Name: DRUMMEY ROSANE ANDERSON, INC.

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL PROFESSIONAL ARCHITECTURAL SVCS

Originating Dept.: DCAC & DPB&RM

Expiration Date: 6/25/2016    Amendment Date:      Extension Date:

TYPE OF DOCUMENT (Please select at least one):  
 New       Renewal       Amendment       Extension



April 6, 2015

Drummeys Rosane Anderson, Inc.  
235 Bear Hill Road, 4<sup>th</sup> Floor  
Waltham, MA 02451

ATTENTION: Carl Franceschi:

SUBJECT: Renewal of BC # 20131154- On-Call Professional Architectural Services for the City of Springfield-DCAC & DPB&RM-Facilities - \$750,000.00.

The City of Springfield – Office of Procurement, on behalf of the DCAC & DPB&RM is hereby exercising its option to renew the third and final year of a three year agreement for the above referenced contract for the period of June 26, 2015- June 25, 2016.

Please sign all copies of this renewal letter and return to the Office of Procurement along with the enclosed Tax Affidavit Certificate and an **updated Certificate of Liability Insurance**.

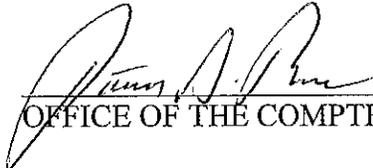
Copies of all documents will be forwarded to you after securing all the required signatures.

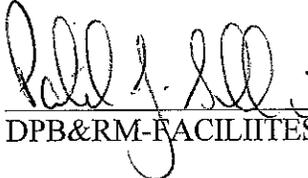
Sincerely,

Lauren Stabilo  
Chief Procurement Officer

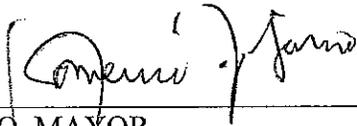
  
DRUMMEY ROSANE ANDERSON, INC.

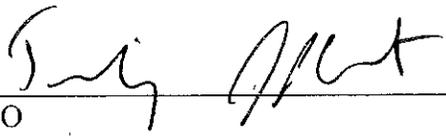
REVIEWED BY:  
  
LAW DEPARTMENT

<sup>WIA</sup>  
<sup>WIA</sup> APPROVED AS TO APPROPRIATION:  
 5/26/15  
OFFICE OF THE COMPTROLLER

APPROVED BY:  
  
DPB&RM-FACILITIES- DIRECTOR

APPROVED BY:  
  
DCAC-DIRECTOR

APPROVED BY:  
  
DOMENIC J. SARNO, MAYOR  
SIGNED THIS 26 DAY OF May 2015

REVIEWED BY:  
  
CAFO

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number \_\_\_\_\_ State Identification Number \_\_\_\_\_ Federal Identification Number 04-2385420

Company: Drummey Rosane Anderson, Inc.

P.O. Box (if any): \_\_\_\_\_ Street Address Only: 235 Bear Hill Rd, 4th Floor

City/State/Zip Code: Waltham, MA 02451

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

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

Drummey Rosane Anderson, Inc Date: 5.11.2015

CITY OF SPRINGFIELD TAX CERTIFICATION

I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_ to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law.

N/A Date: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Carl Franceschi certify under the pains and penalties of perjury that DRA 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.

Drummey Rosane Anderson, Inc Date: 5.11.2015

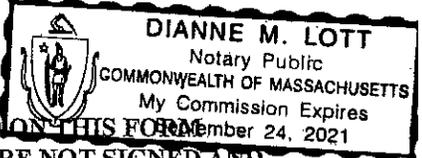
Notary Public

STATE OF Massachusetts County of Middlesex, ss.

May 11, 2015

Then personally appeared before me [name] Carl Franceschi [title] President of [company] DRA, 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] DRA.

Notary Public Signature: Dianne M. Lott My commission expires: September 24, 2021



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.

**TO BE INCLUDED IN ALL SPECIFICATIONS**

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

**1. 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.

**2. 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.

**3. 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.

**4. 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.

**FAILURE TO SUBMIT THE FOLLOWING FORM IS CAUSE FOR IMMEDIATE REJECTION.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/11/2015

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).

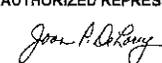
<b>PRODUCER</b> <b>Ames &amp; Gough</b> 859 Willard Street Suite 320 Quincy, MA 02169	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(617) 328-6555</b>		FAX (A/C, No): <b>(617) 328-6888</b>
	E-MAIL ADDRESS: <b>boston@amesgough.com</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Beazley Insurance Company, Inc.</b>			<b>37540</b>
<b>INSURED</b>  <b>Drummeey Rosane Anderson, Inc.</b> 235 Bear Hill Road, Fourth Floor Waltham, MA 02451	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		
	<b>INSURER G :</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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Prof Liability</b>			V15QLK150701	01/08/2015	01/08/2016	<b>Per Claim Limit 3,000,000</b>
A				V15QLK150701	01/08/2015	01/08/2016	<b>Aggregate Limit 3,000,000</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 the policy terms and conditions.

<b>CERTIFICATE HOLDER</b>  City of Springfield Attn: Lauren Stabilo, Chief Procurement Officer 36 Court Street, Room 307 Springfield, MA 01103	<b>CANCELLATION</b>  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 
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