

**CITY OF FORT COLLINS
REQUISITION**

VENDOR: Capstone DATE ENTERED: 2/25/19 REQ #: 62402 mw

VENDOR #: 309311 FOR: Spring Creek Stream Rehab @ Edora Park

ADDRESS: 11001 West 120th Avenue,
Suite 220 BID #: 7581 - INDEPENDENT COST ESTIMATING

Broomfield, Colorado 80021 INSTRUCTIONS: _____

PHONE #: (970) 223-3151

FAX #: _____

VENDOR CONTACT: Frank Humbert

Today's Date: November 6, 2018 Date Approved: _____

Ship To: _____ Date Denied: _____

Date Required: asap

QUANTITY	DESCRIPTION	TOTAL PRICE	CHARGE NUMBER
1	ICE Services	\$8,642.00	5040440034.521210.3
Total		\$8,642.00	

Requested By: Jason S DocuSigned by:
Jason S
20631A52AAC4443...

Reviewed By: Owen L DocuSigned by:
Mall Fata
JAF37EC88C747E...eer

Authorized By: Sheresa Connor DocuSigned by:
Sheresa Connor
C:EE8910C28-473...
Deputy Director, Utilities

WORK ORDER

PURSUANT TO A MASTER AGREEMENT BETWEEN
THE CITY OF FORT COLLINS
AND
CAPSTONE INC.

WORK ORDER NUMBER: SC SREP-ICE-11 2018
PROJECT TITLE: Spring Creek Stream Rehab @ Edora Park
ORIGINAL BID/RFP NUMBER & NAME: 7581 - INDEPENDENT COST ESTIMATING
MASTER AGREEMENT EFFECTIVE DATE: FEBRUARY 1, 2014
ARCHITECT/ENGINEER: Ayres Associates
OWNER'S REPRESENTATIVE: Jason Stutzman
WORK ORDER COMMENCEMENT DATE: 11/6/18
WORK ORDER COMPLETION DATE: December 2018
MAXIMUM FEE: (time and reimbursable direct costs): \$8,642

PROJECT DESCRIPTION/SCOPE OF SERVICES: Cost Estimating Services

Service Provider agrees to perform the services identified above and on the attached forms in accordance with the terms and conditions contained herein and in the Master Agreement between the parties. In the event of a conflict between or ambiguity in the terms of the Master Agreement and this Work Order (including the attached forms) the Master Agreement shall control.

The attached forms consisting of Two (2) pages are hereby accepted and incorporated herein, by this reference, and Notice to Proceed is hereby given after all parties have signed this document.

SERVICE PROVIDER: **Capstone Inc.**

By: _____
Date: 11/13/2018
Name: Frank Humbert
Title: Vice President

DocuSigned by:
Frank Humbert
88E1803A90CB464...

OWNER'S ACCEPTANCE & EXECUTION:

This Work Order and the attached Contract Documents are hereby accepted and incorporated herein by this reference.

ACCEPTANCE: _____
Jason Stutzr *DocuSigned by: Jason Stutzman* _____ Date: 11/13/2018
26931AB2AAC4440...

REVIEWED: _____
Pat Johnson *DocuSigned by: Pat Johnson* _____ Date: 11/7/2018
55D7D98B99DE9493...

APPROVED AS TO FORM: N/A _____ Date: _____
Cyril Vidergar, Asst. City Attorney
(if greater than \$1,000,000)

ACCEPTANCE: _____
Owen Randal *DocuSigned by: Owen Randall* _____ Date: 11/13/2018
8838ECBDA06A429...

ACCEPTANCE: _____
Theresa Conr *DocuSigned by: Theresa Connor* _____ Date: 11/14/2018
C1EBE910C281473... Utilities

ACCEPTANCE: N/A _____ Date: _____
Kevin Gertig, Utilities Executive Director
(if greater than \$1,000,000)

ACCEPTANCE: N/A _____ Date: _____
Gerry Paul, Purchasing Director
(if greater than \$60,000)

ACCEPTANCE: N/A _____ Date: _____
Darin Atteberry, City Manager
(if greater than \$1,000,000)

ATTEST: N/A _____ Date: _____
City Clerk
(if greater than \$1,000,000)

**ATTACHMENT A
WORK ORDER SCOPE OF SERVICES**



October 26, 2018

Mr. Jason Stutzman
 Project Manager
 Fort Collins Utilities
 700 Wood Street
 P.O. Box 580
 Fort Collins, CO 80522-0580
jstutzman@fcgov.com

Re: Proposal for Cost Estimating Services – Spring Creek Stream Rehab @ Edora Park.

Dear Mr. Stutzman,

Per your request, our maximum fee for development of the independent cost estimate for the above referenced project based on the information provided by you and the contract documents prepared by Ayres Associates. dated September 7, 2018 is as follows:

Pre-Estimate Orientation Meeting:

<i>Staff Description</i>	<i>Estimated Hours</i>	<i>Rate</i>	<i>Estimated Fee</i>
Project Manager	3.0	\$122.37	\$367
Project Manager Travel Time (Rate x 80%)	2.0	\$97.90	\$196
Sr. Estimator	3.0	\$111.25	\$334
Sr. Estimator Travel Time (Rate x 80%)	2.0	\$89.00	\$178
Travel Mileage	160	\$0.545	\$87
<i>Subtotal - Pre-Estimate Orientation Meeting =</i>			<u><u>\$1,162</u></u>

Cost Estimate Preparation:

<i>Staff Description</i>	<i>Estimated Hours</i>	<i>Rate</i>	<i>Estimated Fee</i>
Project Manager	8.0	\$122.37	\$979
Sr. Estimator	48.0	\$111.25	\$5,340
<i>Subtotal - Cost Estimate Preparation =</i>			<u><u>\$6,319</u></u>

Estimate Review & Reconciliation Meeting:

<i>Staff Description</i>	<i>Estimated Hours</i>	<i>Rate</i>	<i>Estimated Fee</i>
Project Manager	3.0	\$122.37	\$367
Project Manager Travel Time (Rate x 80%)	2.0	\$97.90	\$196
Sr. Estimator	3.0	\$111.25	\$334
Sr. Estimator Travel Time (Rate x 80%)	2.0	\$89.00	\$178
Travel Mileage	160	\$0.545	\$87
<i>Subtotal - Estimate Review & Reconciliation Meeting =</i>			<u>\$1,162</u>
Total Not-to-Exceed Fee =			\$8,642

Capstone anticipates completing and submitting the estimate for review by November 8, 2018 with a review and reconciliation meeting scheduled the week of November 12th.

Please contact me if you have any questions or require any additional information. Thank you for providing us with the opportunity to support your project.

Sincerely,



Frank Humbert
VP / Sr. Project Manager

**ATTACHMENT B
WORK ORDER COST DETAIL**

See previous pages

**ATTACHMENT C
CERTIFICATE OF INSURANCE**

CONTRACTOR shall submit Certificate of Insurance in compliance with the Contract Documents.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/9/2018

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 Taggart and Associates, Inc 1680 38th Street, Suite 110 P. O. Box 147 Boulder CO 80306	CONTACT NAME: Ellie Jeffers PHONE (A/C, No, Ext): (303) 442-1484 FAX (A/C, No): (303) 442-8822 E-MAIL ADDRESS: elliej@taggartinsurance.com														
INSURED Capstone, Inc. 11001 W. 120th Ave, Suite 220 Broomfield CO 80021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Liberty Mutual Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Allied World Surplus Lines Insurance Co</td> <td style="text-align: center;">24319</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual Insurance Company		INSURER B: Allied World Surplus Lines Insurance Co	24319	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 18-19 New Master
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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BZS57655994	1/6/2018	1/6/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 15,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PERSONAL & ADV INJURY	\$																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BZS57655994	1/6/2018	1/6/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO57655994	1/6/2018	1/6/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 8,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 8,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 8,000,000	AGGREGATE	\$ 8,000,000		\$								
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AGGREGATE	\$ 8,000,000																				
	\$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			XWS57655994	1/6/2018	1/6/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> </table>	<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		
<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																			
B	Errors & Omissions			03067192	6/2/2018	6/2/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Aggregate</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>Each Claim</td><td style="text-align: right;">\$5,000,000</td></tr> </table>	Aggregate	\$5,000,000	Each Claim	\$5,000,000										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Fort Collins Utilities
 700 Wood Street
 P.O. BOX 580
 Fort Collins, CO 80522-0580

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

Ellie Jeffers/AHS

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