

WORK ORDER

PURSUANT TO A MASTER AGREEMENT BETWEEN
THE CITY OF FORT COLLINS
AND
AYRES ASSOCIATES

WORK ORDER NUMBER: SC-Edora-AYRES-8-2018
PROJECT TITLE: Spring Creek Rehab at Edora Park
ORIGINAL BID/RFP NUMBER & NAME: 8073 Engineering Services For Future Water, Wastewater and Stormwater Facilities Capital Improvements

MASTER AGREEMENT EFFECTIVE DATE: 5/15/15

ARCHITECT/ENGINEER: Ayres Associates

OWNER'S REPRESENTATIVE: Jason Stutzman

WORK ORDER COMMENCEMENT DATE: August 2018

WORK ORDER COMPLETION DATE: December 2018

MAXIMUM FEE: (time and reimbursable direct costs): \$43,118

PROJECT DESCRIPTION/SCOPE OF SERVICES: See Attached

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 Three (3) 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: Ayres Associates

By:  Date: 9/10/2018
Name: John Hunt Title: Manager-River Engineering



**ATTACHMENT A
WORK ORDER SCOPE OF SERVICES**

August 27, 2018

SPRING CREEK AT EPIC REHABILITATION CONSTRUCTION SUPPORT

PROJECT OBJECTIVE: Ayres construction administration and resident engineering for the Spring Creek Rehabilitation Project Phase 1.

GENERAL

The following Scope of Services outlines the tasks required for Phase 1 of the construction the Spring Creek Rehabilitation project.

1 Task 1 – Construction Support

- 1.1 **Progress meetings** – Weekly progress meetings will be held on-site to discuss construction progress. A total of 8 weekly meetings and 2 pre-construction meetings are included in this scope.
- 1.2 **Resident work** - This task will include time to perform all resident duties during the construction phase. This task assumes 2 months of construction. Construction services provided by Ayres are expected to include more time in September and October.
- 1.3 **Management and coordination** – This task covers sub-consultant and internal management and coordination.

2 Alpine Eco – Alpine Nursery Sub

- 2.1 **Construction support** – Alpine Eco will provide construction support services as needed in relation to final grading and permit questions.

3 Task 3 – Aqua de Vita Sub

- 3.1 **Construction support for WQ vault** – Aqua de Vita (Chris Carlson) will provide construction support services related to the WQ vault install.

SUMMARY OF PROJECT DELIVERABLES

- Submittal review
- Weekly construction documentation
- Construction site photos

**ATTACHMENT B
WORK ORDER COST DETAIL**

Estimated Fee - Phase 1

Task #	Task Name	Total By Task	Direct Costs	Sub-Consultant	Total Labor Costs	Senior Engineer	Project Manager	Project Engineer III
1	<input type="checkbox"/> Fee Proposal	Fee				Hours		
2	Project Name	Spring Creek Construction Support - Phase 1						
3	Project Manager	Dusty Robinson						
4	Client Contact	Jason Stutzman						
5	Ayres Staff					John/Chris	Dusty	Matthew
6	Rates					\$170.00	\$150.00	\$145.00
7	<input type="checkbox"/> Project Totals	\$43,118	\$0	\$6,173	\$36,945	16	146	85
8	Task 1 <input type="checkbox"/> Construction Support	\$37,118	\$0	\$173	\$36,945	16	146	85
9	1.1 Progress meetings (8 + 2 pre-construction)	\$6,388		\$58	\$6,330	4	28	10
10	1.2 Resident work (2 months)	\$27,050		\$115	\$26,935	8	98	75
11	1.3 Management and coordination	\$3,680			\$3,680	4	20	
19	Task 2 <input type="checkbox"/> Alpine Eco Sub	\$2,000	\$0	\$2,000	\$0	0	0	0
20	2.1 Construction support	\$2,000		\$2,000	\$0			
30	Task 3 <input type="checkbox"/> Aqua de Vita Sub	\$4,000	\$0	\$4,000	\$0	0	0	0
31	3.1 Construction support for WQ Vault	\$4,000		\$4,000	\$0			

**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) 12/19/2017

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 Arthur J. Gallagher Risk Management Services, Inc. 245 South Executive Drive, Suite 200 Brookfield WI 53005	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Sharon Bannach</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 262-792-2214</td> <td>FAX (A/C, No): 262-792-1712</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Sharon_Bannach@ajg.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Property Casualty Co of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER B: The Travelers Indemnity Company of CT</td> <td style="text-align: center;">25682</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>	CONTACT NAME: Sharon Bannach		PHONE (A/C, No, Ext): 262-792-2214	FAX (A/C, No): 262-792-1712	E-MAIL ADDRESS: Sharon_Bannach@ajg.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Property Casualty Co of America	25674	INSURER B: The Travelers Indemnity Company of CT	25682	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED AYRES ASSOCIATES INC 3433 Oakwood Hills Parkway Eau Claire, WI 54702-1509	AYREASS-02																				

COVERAGES **CERTIFICATE NUMBER: 1632906879** **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P6302183P260TIA18	1/1/2018	1/1/2019	<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;">\$300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</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)	\$300,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
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A	<input checked="" type="checkbox"/> 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			P8103790P125TIL18	1/1/2018	1/1/2019	<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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	\$																				
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB9H943775018	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$1,000,000	E.L. DISEASE - EA EMPLOYEE		\$1,000,000	E.L. DISEASE - POLICY LIMIT		\$1,000,000		
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E.L. DISEASE - EA EMPLOYEE		\$1,000,000																			
E.L. DISEASE - POLICY LIMIT		\$1,000,000																			

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

CERTIFICATE HOLDER EVIDENCE OF COVERAGE	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
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**CITY OF FORT COLLINS
REQUISITION**

VENDOR: AYRES Associates DATE ENTERED: _____ REQ #: [REDACTED]

VENDOR #: _____ FOR: Spring Creek Stream Rehabilitation at Edora

ADDRESS: 3665 JFK Parkway, Bld #2,
Suite 200 BID #: 7084 - Consulting Engineering Services for Water
Utilities Capital Improvements

Fort Collins, CO 80525-3152 INSTRUCTIONS: _____

PHONE #: (970) 223-5556

FAX #: _____

VENDOR CONTACT Dustin Robinson

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

Ship To: _____ Date Denied: _____

Date Required: asap

QUANTITY	DESCRIPTION	TOTAL PRICE	CHARGE NUMBER
1	Resident Engineering Services - Phase 1	\$43,118.00	5040440034.521210.6
Total	WO SC-Edora-AYRES-8-2018	\$43,118.00	

9/10/2018

Requested By:

DocuSigned by:
Jason Stutzman
Jason Stutzman, Project Manager
28931AB2AAC440...

Reviewed By:

DocuSigned by:
Owen L. Randall
Owen L. Randall, Director
8838E6B1A68A99...

9/11/2018

Authorized By:

DocuSigned by:
Theresa Connor
Theresa Connor
E88E00291473...
Deputy Director, Utilities

9/11/2018