

WORK ORDER

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

WORK ORDER NUMBER: SC@Edora Post Construction Closeout and Monitoring

PROJECT TITLE: Spring Creek Rehab at Edora Park

ORIGINAL BID/RFPNUMBER & NAME: 8073 Engineering Services For Future Water, Wastewater and Stormwater Facilities Capital Improvements

MASTER AGREEMENT EFFECTIVE DATE: 5/15/2015

ARCHITECT/ENGINEER: Ayres Associates

OWNER'S REPRESENTATIVE: Jason Stutzman

WORK ORDER COMMENCEMENT DATE: July 15,2019

WORK ORDER COMPLETION DATE: September 30, 2019

MAXIMUM FEE: (time and reimbursable direct costs): 41,102

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: _____
Name: _____
DocuSigned by:
John Hunt
6CE7708D566543A...

Date: 7/22/2019
Title: Manager-River Engineering

OWNER'S ACCEPTANCE & EXECUTION:

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

ACCEPTANCE: DocuSigned by:
Jason Stutzman Date: 7/23/2019
Jason Stutzman, Project Manager

REVIEWED: DocuSigned by:
Pat Johnson Date: 7/22/2019
Pat Johnson, Senior Buyer

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

ACCEPTANCE: DocuSigned by:
Matt Fater Date: 7/23/2019
Matt Fater, Director of Engineering

ACCEPTANCE: DocuSigned by:
Theresa Connor Date: 7/23/2019
Theresa Connor, Deputy Director

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**

SPRING CREEK AT EPIC REHABILITATION REVEGETATION AND MONITORING

PROJECT OBJECTIVE: Ayres support with construction close-out, and monitoring.

GENERAL

The following Scope of Services outlines the tasks required for the assistance with the completion of construction, and monitoring of the Spring Creek Rehabilitation project.

1 Task 1 – Construction and Revegetation Support

- 1.1 **Progress meetings** – The construction time frame was extended due to delays in the Riverside bridge project and several weather delays. Additional meetings are required to finish construction and revegetation of the site. Includes 10 total meetings, including 5 already completed.
- 1.2 **Management and coordination** – This task covers internal management and coordination.
- 1.3 **Monitoring** – This task covers occasional site visits during the first summer to check on revegetation progress, how the site handles summer flows, and any potential maintenance issues requiring attention. Time is included to document weed conditions and map areas requiring spraying.
- 1.4 **Construction documentation** – This task covers organizing and delivering construction related documents to the City, including photos, videos, site diary pdfs, submittals, meeting minutes, schedule pdfs, and a lesson learned memo. This task also includes consolidating all plan and exhibits developed during construction. Ayres will also create an as-built marked up plan set noting deviations from the original drawings.

SUMMARY OF PROJECT DELIVERABLES

- Observation photos/videos
- Construction support documents
- Consolidated plan set
- As-built plan set
- Weed treatment maps

**ATTACHMENT B
WORK ORDER COST DETAIL**

Spring Creek Post-Construction Monitoring - Plan



Task #	Task Name	Total	Direct Costs	Sub-Consultant	Total Labor Costs	Project Manager	Engineer III	Project Engineer	Admin
1	<input type="checkbox"/> Project Plan	Fee				Hours			
2	Project Name	Spring Creek Post-Construction Monitoring							
3	Project Manager	Dusty Robinson							
4	Client Contact	Jason Stutzman							
5	Rates					\$175.00	\$150.00	\$97.00	\$75.00
6	<input type="checkbox"/> Project Totals	\$41,102	\$184	\$2,000	\$38,918	148	24	94	4
7	Task 1 <input type="checkbox"/> Construction and Revegetation Support	\$41,102	\$184	\$2,000	\$38,918	148	24	94	4
8	1.1 Progress Meetings (10)	\$9,800	\$80		\$9,720	50		10	
9	1.2 Management and coordination	\$2,750			\$2,750	14			4
10	1.3 Monitoring	\$13,996	\$104	\$2,000	\$11,892	48		36	
11	1.4 Construction documentation	\$14,556			\$14,556	36	24	48	

Spring Creek Post-Construction Monitoring - Plan



Task #	Task Name	Total	Start Date Plan	End Date Plan	Q2			Q3			Q4			Q1		
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	<input type="checkbox"/> Project Plan	Fee														
6	<input type="checkbox"/> Project Totals	\$41,102	06/03/19	09/20/19	Project Totals											
7	<input type="checkbox"/> Task 1 Construction and Revegetation Support	\$41,102	06/03/19	09/20/19	Construction and Revegetation Support											
8	1.1 Progress Meetings (10)	\$9,800	06/03/19	07/26/19												
9	1.2 Management and coordination	\$2,750	06/03/19	09/20/19												
10	1.3 Monitoring	\$13,996	07/01/19	09/20/19												
11	1.4 Construction documentation	\$14,556	07/01/19	08/09/19												

**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)
12/18/2018

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 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	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													
INSURED AYREASS-02 AYRES ASSOCIATES INC 3433 Oakwood Hills Parkway Eau Claire, WI 54702-1509	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Travelers Property Casualty Co of America</td> <td style="width: 20%; text-align: center;">NAIC # 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>	INSURER A: Travelers Property Casualty Co of America	NAIC # 25674	INSURER B: The Travelers Indemnity Company of CT	25682	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: The Travelers Indemnity Company of CT	25682												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES CERTIFICATE NUMBER: 107561531 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:	Y		P6302183P260TIA19	1/1/2019	1/1/2020	<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	Y		8102L352245	1/1/2019	1/1/2020	<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	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	UB9H9437751843E	1/1/2019	1/1/2020	<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)
 City of Fort Collins is included as Additional Insured for General Liability policy providing ongoing and completed operations coverage as per blanket endorsement CGD4 14 04-08 and Auto Liability as per form CAT3 53 0310.

CERTIFICATE HOLDER City of Fort Collins Public Works - Utilities, Stormwater 700 Wood Street Fort Collins CO 80521	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

PHONE #: (970) 223-5556 INSTRUCTIONS: _____

FAX #: _____

VENDOR CONTACT Dustin Robinson

Today's Date: July 2, 2019 Date Approved: _____

Ship To: _____ Date Denied: _____

Date Required: asap

QUANTITY	DESCRIPTION	TOTAL PRICE	CHARGE NUMBER
1	Post Construction Closeout & Monitoring	\$41,102.00	5040440034.521210.6
Total		\$41,102.00	

Requested By: Jason Stutzman, Project Manager

Reviewed By: Matt Fater, Director, Engineering

Authorized By: Theresa Connor
Deputy Director, Utilities