



## INFORMATIONAL MEMORANDUM

TO: **Transportation and Infrastructure Committee**  
 FROM: **Hari Ponnekanti, Interim Public Works Director**  
 BY: **Scott Bates, Traffic Engineering Project Manager**  
 CC: **Mayor Ekberg**  
 DATE: **December 4, 2020**  
 SUBJECT: **2020 Overlay and Repair Project**  
**Project No. 92010401, Contract No. 20-068**  
**Project Completion and Acceptance**

### ISSUE

Accept contract as complete and authorize release of performance bond.

### BACKGROUND

The Notice to Proceed for Contract No. 20-068 with Miles Resources, LLC of Puyallup, Washington was issued on August 24, 2020 for the 2020 Overlay and Repair Project. This overlay project provided hot mix asphalt (HMA) paving on S 158<sup>th</sup> St from 39<sup>th</sup> PI S to 42<sup>nd</sup> Ave S and 54<sup>th</sup> Ave S from S 166<sup>th</sup> St to Slade Way. The street improvements included: pavement grinding; asphalt paving; removing and replacing concrete curbs, gutters, driveways, and ADA ramps; adjusting surface utilities to grade; and installation of guardrail and roadway channelization.

### ANALYSIS

Construction was physically completed on September 25, 2020. The budget for the 2020 Overlay & Repair construction was \$299,449.05 and included a 5% contingency, which was not utilized. Under-runs were primarily due to fewer quantities needed during the roadway excavation, and the haul and repair phase of the project.

Construction Contract Amount	<b>\$ 299,449.05</b>
Additions/Change Orders	0.00
Under-runs	<u>(22,229.04)</u>
Total Amount Paid	<u><b>\$ 277,220.01</b></u>

### RECOMMENDATION

Council is being asked to formally accept and authorize the release of the performance bond, subject to standard claim and lien release procedures, for the 2020 Overlay and Repair Project construction contract with Miles Resources in the final amount of \$277,220.01 and consider this item on the Consent Agenda at the December 14, 2020 Special Meeting.

Attachment: Notice of Completion Contract No. 20-068



Original  
 Revised # \_\_\_\_\_

## NOTICE OF COMPLETION OF PUBLIC WORKS CONTRACT

Date: \_\_\_\_\_ Contractor's UBI Number: \_\_\_\_\_

Name & Mailing Address of Public Agency
<b>UBI Number:</b> _____

Department Use Only
Assigned to: _____
Date Assigned: _____

*Notice is hereby given relative to the completion of contract or project described below*

<b>Project Name</b>	<b>Contract Number</b>	<b>Job Order Contracting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Description of Work Done/Include Jobsite Address(es)</b>		
<b>Federally funded transportation project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    (if yes, provide <b>Contract Bond Statement</b> below)		
<b>Contractor's Name</b>	<b>E-mail Address</b>	<b>Affidavit ID*</b>
<b>Contractor Address</b>		<b>Telephone #</b>
<b>If Retainage is not withheld, please select one of the following and List Surety's Name &amp; Bond Number.</b> <input type="checkbox"/> Retainage Bond <input type="checkbox"/> Contract/Payment bond (valid for federally funded transportation projects)		
<b>Name:</b> _____		<b>Bond Number:</b> _____
<b>Date Contract Awarded</b>	<b>Date Work Commenced</b>	<b>Date Work Completed</b>
		<b>Date Work Accepted</b>
<b>Were Subcontractors used on this project? If so, please complete Addendum A.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Affidavit ID* - No L&I release will be granted until all affidavits are listed.		

Contract Amount	\$ _____		
Additions (+)	\$ _____	Liquidated Damages \$	_____
Reductions (-)	\$ _____	Amount Disbursed \$	_____
<b>Sub-Total</b>	\$ _____	Amount Retained \$	_____
Sales Tax Rate _____ %			
(If various rates apply, please send a breakdown)			
Sales Tax Amount	\$ _____		
<b>TOTAL</b>	\$ _____	<b>TOTAL \$</b>	_____

**NOTE: These two totals must be equal**

Comments:

**Note:** The Disbursing Officer must submit this completed notice immediately after acceptance of the work done under this contract.  
 NO PAYMENT SHALL BE MADE FROM RETAINED FUNDS until receipt of all release certificates.  
**Submitting Form:** Please submit the completed form by email to all three agencies below.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



