



School District of the City of Pontiac

Kelley Williams, Superintendent

PONTIAC BOARD OF EDUCATION Agenda Item Request Form

Purpose:	<input checked="" type="checkbox"/> Discussion	Presenter(s):	Mrs. Kelley Williams, Superintendent
	<input checked="" type="checkbox"/> Action		Robert Englund, Facilities Director
	<input type="checkbox"/> Report		
Contract:	<input type="checkbox"/> New	Attachment(s):	Bair from March 6, 2017
	<input type="checkbox"/> Renewal		
	<input checked="" type="checkbox"/> Extension/ Modification		
<input type="checkbox"/> N/A		Board Meeting Date:	Monday, June 19, 2017

Agenda Item: Abatement ABF Environmental

Background/Rationale:

On March 6, 2017 the board awarded the Abatement Services contract to ABF Environmental for a total of \$600,000 NTE.

During this renovation process contractors discovered several more areas throughout the PHS that need to be abated and have third party air monitoring. Those costs are estimated to be an additional \$350,000.

ABF Environmental did not include Bond Costs in their original bid. Those costs are \$25,000.

Total (new) not to exceed amount \$975,000.

Funding Source/Account Number/s: 410-071-1456-7009-0000-6220.

Recommendation: It is the recommendation of Administration that Board of Education approve the amendment of abatement services from ABF Environmental in an amount not to exceed \$975,000.

Approvals Required:

<i>Kelley Williams</i> Superintendent	6-15-17 Date	<i>Camryn White</i> Human Resources	6-15-17 Date
<i>[Signature]</i> Business and Finance	15 June 2017 Date	<i>[Signature]</i> Curriculum & Instruction	6-15-17 Date
<i>Darryl Segars</i> Legal Counsel	6/15/17 Date		



School District of the City of Pontiac

Kelley Williams, Superintendent

Moved By: _____

Board Vote:

Ayes:

Nays:

Request Approved: Yes No

Supported By: _____

Date Approved: _____



School District of the City of Pontiac

Kelley Williams, Superintendent

PONTIAC BOARD OF EDUCATION Agenda Item Request Form

Purpose:	<input checked="" type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Action
	<input type="checkbox"/>	Report
Contract:	<input checked="" type="checkbox"/>	New
	<input type="checkbox"/>	Renewal
<input type="checkbox"/> N/A	<input type="checkbox"/>	Extension/ Modification

Presenter(s): Kelley Williams, Superintendent
Robert Englund, Facilities Director

Attachment(s): 1. Requisition
2. IFB Summary

Board Meeting Date: Monday, March 6, 2017

Agenda Item: Carpet and Tile Removal at PHS, PMS, WHRC and Rogers

Background/Rationale: The District is requesting Carpet and Tile Removal Services from ABF Environmental for the Pontiac High school, Pontiac Middle School, WHRC, and Rogers Elementary. IFB 17.0015 issued February 14, 2017 Bid Due/ opening Date: March 1, 2017.

Pontiac High School \$365,000
 Pontiac Middle School \$25,000
 WHRC \$160,000
 Rogers \$55,000
 Total \$600,000

Funding Source/Account Number/s:

Pontiac High School 410-071-1456-7009-0000-6220
 Pontiac Middle School 410-054-1456-7009-0000-6220
 WHRC 410-030-1456-7009-0000-6220
 Rogers 410-020-1456-7009-0000-6220



School District of the City of Pontiac

Kelley Williams, Superintendent

Recommendation: It is the recommendation of the Administration that the Board of Education to discuss and take action for the approval of ABF Environmental Services in the amount not to exceed \$600,000

Approvals Required:

<u>Kelley Williams</u> Superintendent	<u>5-2-17</u> Date	<u>Carmen White</u> Human Resources	<u>3/2/17</u> Date
<u>[Signature]</u> Business and Finance	<u>2/28/2017</u> Date	<u>Dr. Kim Everett</u> Curriculum & Instruction	<u>3/2/17</u> Date
<u>Darryl Segars</u> Legal Counsel	<u>3/2/17</u> Date		

Moved By: Sherman Williams

Supported By: William Cunningham

Board Vote:

Ayes: 7 Newman, Turpin, McGuinness, Tolbooth, Carter, Cunningham & Williams

Nays: 0

Request Approved: Yes No

Date Approved: 3/6/17



Capital Asset Requisition/Change Authorization

Purchase:

Requisition or Related Project #: 2018-047 Bid Number (Purchasing Only): _____

Anticipated Purchase Date: 2017 Expected Purchase Price: 200,000 PO #: _____

Item Description and purpose: PHS Carpet and Tile

Project Location (building and room/department): PHS Hallways, Athletic End, C and D Section Carpet and Tile

Funding Source Anticipated: Grants General Fund Specify Account Line: 521100

Approvals: (Sign and date)
Facilities: [Signature] 12-2-16

Finance: _____

Grants (If Grant Funded): _____

Budget: _____

Capital Asset Accountant: _____
Superintendent: [Signature]
Technology Director (If Related): [Signature]

Facilities FINAL Place in Service Review/Approval:
Assigned Asset ID# (Please ensure tagged): _____
Placed in Service Date: _____
FACILITIES (TAGGED and In Service Sign-off): _____

Return original to Capital Asset Accountant for record-keeping

IF the requested items are over the Michigan Bid Threshold (\$23,230 FY 16) you MUST also complete the BELOW:

Please select type of request: Service Material Delivery Date: _____
Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount
1	1	Carpet and Tile P IS Various Areas	180,000
1	1	Moving and Abatement	20,000

Please check appropriate boxes for any of the following requirements:

- Extend to districts
- Installation
- Electrical needs
- Training
- Special Terms & Conditions
- Trade-in
- Extended warranty
- Multi-year agreement
- Bidder's list attached
- Drop Ship
- Maintenance agreement
- Subject to School Safety Initiative

OPG Use only

- Advertisement
- Bidders walk through/Bidder's conference
- Bidder's demonstration/Interview
- Bid Bond
- Performance and Payment Bond
- Relevant department notified to review specs
- Contract
- Solicitation / Response
- New Vendor (If needed)
- Vendor (Submit contract with vendor response)

Vendor Information

Company Name Contact Name Email Phone Number

Asset tracking form ID # (Assigned by Capital Asset Accountant when form assigned): 2018-047



Capital Asset Requisition/Change Authorization

**There is NO disposal/sale/scrap of District property allowed without this form.
No exceptions!**

Disposal:

Asset Tag #: _____ Anticipated Disposal Date: _____

Item Description and purpose: _____

Location (building and room/department): _____

Reason for Disposal Request: _____

Disposal Method: Proceeds to Business Office 24 hours after sale

Mischance - No Proceeds

Spent - No Proceeds

Scrap/Salvage - Proceeds \$ _____

Donata - To: _____

Sale - Indemnifier and anticipated proceeds: _____ \$ _____

Approvals: (Sign and date)

Facilities: _____ Tag Numbers (if tagged) VIN # (if Vehicle): _____

Financer: _____

Budget: _____

Capital Asset Accountant: _____

Superintendent: _____

Final Disposal Update: Indicate actual Disposal Method and Proceeds. Actual Disposal Date: _____

METHOD: _____ PROCEEDS: \$ _____ FACILITIES (Sign and Date): _____

CASH RECEIPTS ACCOUNTANT (Indicate CR#, Sign, and Date): _____

Return original to Capital Asset Accountant for record-keeping

Change/Move:

Asset Tag #: _____ Move Date: _____

Item Description and purpose: _____

Move FROM: Location (building and room/department) _____

Move TO: Location (building and room/department) _____

Approvals: (Sign and date)

Facilities: _____

Financer: _____

Capital Asset Accountant: _____

Return original to Capital Asset Accountant for record-keeping

Additional Notes: _____



Capital Asset Requisition/Change Authorization

Purchase:
 Requisition or Related Project #: 2018-049 Bid Number (Purchasing Only): _____
 Anticipated Purchase Date: 2017 Expected Purchase Price: 50,000 PO #: _____
 Item Description and purpose: WHRC Carpet and Tile
 Proposed Location (building and room/department): WHRC North Section and East
 Funding Source: Grants General Fund Specify Account Line: _____
 Anticipated: _____
 Approvals: (Sign and date) _____
 Facilities: _____
 Finance: _____
 Grants (If Grant Funded): _____
 Budget: _____
 Return original to Capital Asset Accountant for record-keeping

Capital Asset Accountant: _____
 Superintendent: Deborah Williams
 Technology Director (If Related): J. A. [Signature]

Facilities FINAL Place in Service Review/Approval:
 Assigned Asset ID#: _____
 (Please ensure tagging): _____
 Placed In Service Date: _____
 FACILITIES (TAGGED and In Service Sign-off): _____

IF the requested items are over the Michigan Bid Threshold (\$23,230 FY 16) you MUST also complete the BELOW:

Please select type of request: Service Material Delivery Date: _____
 Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount
1	1	Carpet and Tile Various Areas	40,000
1	1	Moving and Abatement	10,000

Please check appropriate boxes for any of the following requirements:

Extend to districts Installation Electrical needs Training Special Terms & Conditions
 Trade-in Extended warranty Multi-year agreement Bidder's list attached
 Drop Ship Maintenance agreement Subject to School Safety Initiative

OPC Use only:
 Advertisement Bidder's walk through/Bidder's conference Bidder's demonstration/Interview
 Bid Bond Performance and Payment Bond Relevant department notified to review specs
 Contract: Solicitation/Response New Vendor (W-9 needed)
 Vendor (Submit contract with vendor response)

Vendor Information

Company Name: _____ Contact Name: _____ Email: _____ Phone Number: _____

Asset tracking form ID # (Assigned by Capital Asset Accountant when form assigned): 2018-049 Page 1 of 2



Capital Asset Requisition/Change Authorization

There is NO disposal/sale/scrap of District property allowed without this form.
No exceptions!

Disposal:

Asset Tag #: _____ Anticipated Disposal Date: _____

Item Description and purpose: _____

Location (building and room/department): _____

Reason for Disposal Request: _____

Disposal Method: Proceeds to Business Office 24 hours after sale

May/aced - No Proceeds
 Scrap - No Proceeds
 Scrap/Scrapage - Proceeds \$ _____
 Donate - To: _____
 Sale - Indicate seller and anticipated proceeds: _____ \$ _____

Approvals: (Sign and date)

Facilities: _____ Tag Numbers (if tagged): _____
 Finance: _____ VIN # (if Vehicle): _____

Budget: _____

Capital Asset Accountant: _____

Supervisor: _____

Final Disposal Update, Indicate actual Disposal Method and Proceeds: _____ Actual Disposal Date: _____

METHOD: _____ PROCEEDS: \$ _____ FACILITIES (Sign & Date): _____

CASH RECEIPTS ACCOUNTANT (Indicate CR #, Sign, and Date): _____

Return original to Capital Asset Accountant for record-keeping

Change/Move:

Asset Tag #: _____ Move Date: _____

Item Description and purpose: _____

Move FROM: Location (building and room/department): _____

Move TO: Location (building and room/department): _____

Approvals: (Sign and date)

Facilities: _____

Finance: _____

Capital Asset Accountant: _____

Return original to Capital Asset Accountant for record-keeping

Additional Notes: _____



Capital Asset Requisition/Change Authorization

Purchase:
 Requisition or Related Project #: 2018-048 Bid Number (Purchasing Only): _____
 Anticipated Purchase Date: 2017 Expected Purchase Price: 30,000 PO #: _____
 Item Description and purpose: PMS Carpet and Tile
 Proposed Location (building and room/department): PMS Carpet and Tile, Main Office, Computer Labs
 Funding Source: Grants General Fund Specify Account Line: _____
 Approvals: (Sign and date)
 Facilities: [Signature] 12-9-16 Capital Asset Accountant: _____
 Superintendent: [Signature]
 Technology Director (IF Related): [Signature]
 Finance: _____
 Grants (IF Grant Funded): _____
 Budget: _____
 Return original to Capital Asset Accountant for record-keeping

Facilities FINAL Place in Service Review/Approval:
 Assigned Asset ID# _____
 (Please ensure tagged)
 Placed in Service Date: _____
 FACILITIES (TAGGED and In Service Sign-off): _____

IF the requested items are over the Michigan Bid Threshold (\$23,230 FY 16) you MUST also complete the BELOW:

Please select type of request: Service Material Delivery Date: _____
 Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount
1	1	Carpet and Tile PMS Various Areas	20,000
1	1	Moving and Abatement	10,000

Please check appropriate boxes for any of the following requirements:

Extend to districts Installation Electrical needs Training Special Terms & Conditions
 Trade-in Extended warranty Multi-year agreement Bidder's list attached
 Drop Ship Maintenance agreement Subject to School Safety Initiative

QPC Use only

Advertisement Bidders walk through/Bidder's conference Bidder's demonstration/interview
 Bid Bond Performance and Payment Bond Relevant department notified to review specs.
 Contract: Solicitation (if response) New Vendor (if needed)
 Vendor (submit contract with vendor response)

Vendor Information

Company Name Contact Name Email Phone Number



Capital Asset Requisition/Change Authorization

**There is NO disposal/sale/scrap of District property allowed without this form.
No exceptions!**

Disposal:

Asset Tag #: _____ Anticipated Disposal Date: _____

Item Description and purpose: _____

Location (building and room/department): _____

Reason for Disposal Request: _____

Disposal Method: Proceeds to Business Office 24 hours after sale

Mislabeled - No Proceeds

Steal - No Proceeds

Scrap/Scavage - Proceeds \$ _____

Donate - To: _____

Sale - Inform seller and anticipated proceeds: _____ \$ _____

Approvals: (Sign and date)

Facilities: _____

Finance: _____

Budget: _____

Capital Asset Accountant: _____

Superintendent: _____

Final Disposal Update: Indicate actual Disposal Method and Proceeds

Actual Disposal Date: _____

METHOD: _____ PROCEEDS: \$ _____ FACILITIES (Sign & Date): _____

CASH RECEIPTS ACCOUNTANT (Indicate CR#, Sign, and Date): _____

Return original to Capital Asset Accountant for record-keeping

Change/Move:

Asset Tag #: _____ Move Date: _____

Item Description and purpose: _____

Move FROM: Location (building and room/department) _____

Move TO: Location (building and room/department) _____

Approvals: (Sign and date)

Facilities: _____

Finance: _____

Capital Asset Accountant: _____

Return original to Capital Asset Accountant for record-keeping

Additional Notes: _____

Please try to prove that the most effective/beneficial method of disposal was used. If the District can receive funds, we should try to receive funds. If a vehicle is being disposed of, please attach a Kelly Blue Book Appraisal report to show adequate effort was taken to ensure a good deal for the District. Attach a list of tag numbers if multiple.



Capital Asset Requisition/Change Authorization

Purchase:
 Requisition or Related Project #: 2018-038 Bid Number (Purchasing Only): _____

Anticipated Purchase Date: 2017 Expected Purchase Price: \$290,000 PO #: _____

Item Description and purpose: Carpet Tile , Abatement , Moving , Painting

Proposed Location (Building and room/ department): Rogers School Capet tile all areas Painting all areas,

Funding Source
 Anticipated: Grants General Fund Specify Account Line: _____

Approvals: (Sign and date)
 Facilities: [Signature] 10/31/16 Capital Asset Accountant: _____
 Superintendent: [Signature]
 Technology Director (If Related): [Signature]

Finance: _____

Grants (If Grant Funded): _____

Budget: _____

Return original to Capital Asset Accountant for record-keeping

Facilities FINAL Place in Service Review/Approval:

Assigned Asset ID# (Please ensure tagged): _____

Placed In Service Date: _____

FACILITIES (TAGGED and In Service Sign-off): _____

If the requested items are over the Michigan Bid Threshold (\$23,230 FY 16) you MUST also complete the BELOW:

Delivery Date: _____
 Please select type of request: Service Material Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount
1	1	Carpet Tile	\$100,000
1	1	Abatement	\$45,000
1	1	Moving	\$45,000
1	1	Painting	\$100,000

Please check appropriate boxes for any of the following requirements:

- Extend to districts Installation Electrical needs Training Special Terms & Conditions
 Trade-in Extended warranty Multi-year agreement Bidder's list attached
 Drop Ship Maintenance agreement Subject to School Safety Initiative

ORC Use only

Advertisement Bidder's walk through/bidder's conference Bidder's demonstration/interview
 Bid Bond Performance and Payment Bond Relevant department notified to review specs
 Contract Solicitation Responses New Vendor (Not Needed)
 Vendor Submit contract with vendor response

Vendor Information

Company Name, Contact Name Email Phone Number



Capital Asset Requisition/Change Authorization

Purchase:

Requisition or Related Project #: 2019-062 Bid Number (Purchasing Only): _____

Anticipated Purchase Date: 2019 Expected Purchase Price: \$300,000 PO #: _____

Item Description and purpose: WHRC Phase 2 Carpet Tile, moving and painting

Proposed Location (building and room/department): WHRC

Funding Source Anticipated: Grants General Fund Specify Account Line: _____

Approvals: (Sign and date)

Facilities: Pat Zet 1-4-17

Capital Asset Accountant: _____

Superintendent: Debra Williams

Technology Director (If Related): _____

Treasurer: Ed A. White

Finance: _____

Grants (If Grant Funded): _____

Budget: _____

Facilities <u>RUNAL</u> Place in Service Review/Approval:
Assigned Asset ID# (Please ensure tagged): _____
Placed In Service Date: _____
FACILITIES (TAGGED and In Service Sign-off): _____

Return original to Capital Asset Accountant for record-keeping

IF the requested items are over the Michigan Bid Threshold (\$23,230 FY 16) you MUST also complete the BELOW:

Please select type of request: Service Material

Delivery Date: _____
Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount
1	1	WHRC Phase 2 Carpet Tile , Abatement, Painting and Moving	\$300,000

Please check appropriate boxes for any of the following requirements:

- Extend to districts
- Installation
- Electrical needs
- Training
- Special Terms & Conditions
- Trade-in
- Extended warranty
- Multi-year agreement
- Bidder's list attached
- Drop Ship
- Maintenance agreement
- Subject to School Safety Initiative

OPC Use only		
<input checked="" type="checkbox"/> Advertisement	<input checked="" type="checkbox"/> Bidder's walk through/Bidder's conference	<input checked="" type="checkbox"/> Bidder's demonstration/Interview
<input checked="" type="checkbox"/> Bid Bond	<input checked="" type="checkbox"/> Performance and Payment Bond	<input checked="" type="checkbox"/> Relevant department notified to review specs
<input checked="" type="checkbox"/> Solicitation / Response		<input checked="" type="checkbox"/> New Vendor (W-9 needed)
<input checked="" type="checkbox"/> Vendor (Submit contract with vendor response)		

Vendor Information

Company Name Contact Name Email Phone Number

Asset tracking form ID # (Assigned by Capital Asset Accountant when form assigned):

2019-062



Capital Asset Requisition/Change Authorization

Purchase:Requisition or Related Project #: 2019-063 Bid Number (Purchasing Only): _____Anticipated Purchase Date: 2019 Expected Purchase Price: \$300,000 PO #: _____Item Description and purpose: PHS Phase 2 Carpet Tile, moving and PaintingProposed Location (building and room/department): PHSFunding Source Anticipated: Grants General Fund Specify Account Line: _____

Approvals: (Sign and date)

Facilities: [Signature] 1-4-17

Finance: _____

Grants (IF Grant Funded): _____

Budget: _____

Capital Asset Accountant: _____

Superintendent: [Signature]

Technology Director (IF Related): _____

TREASURER [Signature]

Facilities FINAL Place in Service Review/Approval:	
Assigned Asset ID# (Please ensure tagged):	_____
Placed In Service Date:	_____
FACILITIES (TAGGED and In Service Sign-off): _____	

Return original to Capital Asset Accountant for record-keeping

IF the requested items are over the Michigan Bid Threshold (\$23,230 FY 16) you MUST also complete the BELOW:

Please select type of request: Service Material

Delivery Date: _____

Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount
1	1	PHS Phase 2 Carpet Tile , Abatement, Painting and Moving	\$300,000

Please check appropriate boxes for any of the following requirements:

- Extend to districts Installation Electrical needs Training Special Terms & Conditions
 Trade-in Extended warranty Multi-year agreement Bidder's list attached
 Drop Ship Maintenance agreement Subject to School Safety Initiative

OPC Use only

- Advertisement Bidder's walk through/Bidder's conference Bidder's demonstration/interview
 Bid Bond Performance and Payment Bond Relevant department notified to review space
 Contract: Solicitation / Response New Vendor (W-9 needed)
 Vendor (Submit contract with vendor response)

Vendor Information

Company Name Contact Name Email Phone Number Asset tracking form ID # (Assigned by Capital Asset Accountant when form assigned): 2019-063

