

ERIE COUNTY WATER AUTHORITY  
 AUTHORIZATION FORM  
 For Approval/Execution of Documents  
 (check which apply)

**Contract:** \_\_\_\_\_ **Project No.:** 201900040  
**Project Description:** Furnish and Deliver Automatic Transfer Switch  
 for Harris Hill Pump Station

**Item Description:**

Agreement     Professional Service Contract     Amendment     Change Order  
 BCD     NYSDOT Agreement     Contract Documents     Addendum  
 Recommendation for Award of Contract     Recommendation to Reject Bids  
 Request for Proposals  
 Other \_\_\_\_\_

**Action Requested:**

Board Authorization to Execute     Legal Approval  
 Board Authorization to Award     Execution by the Chairman  
 Board Authorization to Advertise for Bids     Execution by the Secretary to the Authority  
 Board Authorization to Solicit Request for Proposals  
 Other \_\_\_\_\_

**Approvals Needed:**

**APPROVED AS TO CONTENT:**

Department Head *[Signature]* Date: 7/22/19  
 Risk Manager *[Signature]* Date: 07/26/2019  
 Director of Administration *[Signature]* Date: 7/24/2019  
 Executive Engineer *[Signature]* Date: 7/22/19

**APPROVED AS TO FORM:**

Legal *Margaret A. Murphy* Date: 7/29/19

**APPROVED FOR BOARD RESOLUTION:**

Secretary to the Authority *[Signature]* Date: 7/30/19

**Remarks:** \_\_\_\_\_

**Resolution Date:** \_\_\_\_\_ **Item No:** \_\_\_\_\_

*[Handwritten initials]*



**ERIE COUNTY WATER AUTHORITY**  
**INTEROFFICE MEMORANDUM**

July 22, 2019

To: Terrence D. McCracken, Secretary to the Authority

From: Michael T. Haendiges, SCADA Engineer *MTH*

Subject: Furnish and Deliver Automatic Transfer Switch  
for Harris Hill Pump Station  
ECWA Project No. 201900040

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On Tuesday, June 11, 2019, the Authority received two (2) bids for the above referenced contract. The bids were reviewed and a mathematical check has been performed.

The bidder, Penn Power Group, is an established vendor with the Authority and has provided the Authority with standby power generators and automatic transfer switches in the past.

Penn Power Group provided adequate insurance coverage, approved by the Claims Representative/Risk Manager. We therefore, recommend award of the above-referenced contract to Penn Power Group in the amount of \$18,303.00, subject to legal review.

Since this is an Invitation to Bid ("Short Form"), the contract is already executed by the Contractor. The MWBE requirements and wage rates requirements are not applicable. Since the insurance requirements are met, the contract can be awarded and executed by the ECWA Chairman, pending Legal review.

Attached please find the following documents:

1. ECWA Authorization Form.
2. ECWA Recommendation for Award of Contract form.
3. Bid Tabulation.
4. Three copies of Invitation to Bid (with approved insurance) for execution by ECWA Chairman.

MTH:med

Attachment

cc: R.Stoll

S.Aiple

L.Lester

PUWA-040-1901-I-186

**ERIE COUNTY WATER AUTHORITY  
RECOMMENDATION FOR AWARD OF CONTRACT**

Contract: _____	Project No.: <u>201900040</u>
Project Description: <u>Furnish and Deliver Automatic Transfer Switch for Harris Hill Pump Station.</u>	
_____	
_____	

<b>CONTRACT AWARD</b>	
Contractor/Supplier: <u>PENN POWER GROUP</u>	_____
Award Amount: <u>\$18,303.00</u>	_____

<b>BID SUMMARY</b>	
Date Advertised for Bids: <u>05/15/2019</u>	Date of Bid Opening: <u>06/11/2019</u>
Bidder	Total Bid Amount
<u>Penn Power Group, LLC</u>	<u>\$18,303.00</u>
<u>Kaman Automation, Inc.</u>	<u>\$22,044.00</u>
_____	_____
_____	_____
_____	_____
_____	_____
Attachments: <input checked="" type="checkbox"/> Bid Tabulation	<input type="checkbox"/> Consultant's Recommendation

<b>BUDGET</b>			
<input type="checkbox"/> Capital	<input checked="" type="checkbox"/> O & M	Unit No.: <u>1025</u>	Budget Item No.: <u>107300-101366</u>
<input type="checkbox"/> Capital	<input type="checkbox"/> O & M	Unit No.: _____	Budget Item No.: _____
<input type="checkbox"/> Capital	<input type="checkbox"/> O & M	Unit No.: _____	Budget Item No.: _____
<input type="checkbox"/> Capital	<input type="checkbox"/> O & M	Unit No.: _____	Budget Item No.: _____

<b>APPROVALS (Select applicable)</b>		
<input type="checkbox"/> WMBE APPROVAL	_____	
Affirmative Action Officer	N/A	Date: _____
<input type="checkbox"/> NYS CERTIFIED APPRENTICESHIP PROGRAM APPROVAL	_____	
Coordinator of Employee Relations	N/A	Date: _____

Remarks: _____
_____
_____