



CONTRACT NAME: Central Hill Campus Planning Services

CONTRACT NUMBER: 180337 dated 3/1/2018

WHEREAS, The City has entered into the contract numbered and dated above hereafter "the Contract," to obtain the following: Central Hill Campus Planning Services

WHEREAS, The Chief Procurement Officer has determined that an amendment is necessary to fulfill the actual needs of the City, and is more economical and practical than awarding another contract.

This Amendment is made the 27th day of May, 2022

by and between the City of Somerville ("City") and Symmes Maini & McKee Associates, Inc. (the "Vendor").

Vendor Name: Symmes Maini & McKee Associates, Inc.

Vendor Address: 1000 Massachusetts Avenue, Cambridge, MA 02138

Vendor Contact Name, Email, & Tel./Fax #: Alex Pitkin / Lorraine Finnegan apitkin@smma.com; lfinnegan@smma.com 617-520-9220

Contract Amount: \$920,649.00

Purchase Order #: 20227055

Contract Term: 3/1/2018 through 2/28/2024

Term: The term of this Contract shall commence on 3/1/2018 and shall end on 2/28/2024 ("Term"). The Vendor shall complete the provision of Goods and/or the performance of Services prior to the end of the Contract term (the "Completion Date"). The term of this Contract may be extended at the sole discretion of the City, through written notice to the Vendor.

Procurement Type: Request for Qualifications under MGL c. 30B, s. 6 (RFQ #18-16)

Contracting Department: OSPCD/IAM Project Manager: Cortney Kirk/Rich Raiche

NOW THEREFORE, the City and the Vendor in consideration of mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, agree as follows, to amend as follows:

1.1) The parties agree to amend the Contract Amount by \$8,500.00 to a new amount of \$920,649.00

1.) The parties agree to amend the scope as follows: As Detailed, per Appendix A.

2.) Insurance. Concurrent with the execution of this Amendment, the Vendor shall deposit with the City new policies or certificates of insurance, in form and substance satisfactory to the City, for any additional insurance coverage required by this Amendment or existing insurance coverage about to expire.

3.) Continuing Representations. Execution of this Amendment by the Vendor shall constitute an affirmation that the certifications, representations, and warranties contained in the Contract remain true and correct.

4.) No Default. Execution of this Amendment by the Vendor shall constitute and affirm that the Vendor is not in default of any certification, representation, warranty, covenant or other provision contained in the Contract and no event has occurred which, but for the lapse of time or service of notice, or both, would constitute a default thereunder.

Vendor Certifications:

Under the pains and penalties of perjury, the Vendor agrees to perform this Contract and provide the Goods and/or Services in accordance with the City of Somerville's Standard Contract General Conditions as set forth attached to original contract (first noted above) made part hereof. Vendor is in full compliance with all laws of the Commonwealth of Massachusetts relating to taxes and to contributions and payments in lieu of taxes. The Vendor certifies that it has provided the City with an accurate tax identification number (TIN). In the event that the City is notified by the IRS for an incorrect TIN provided by the Vendor, the Vendor is responsible for penalties.

The Vendor certifies that its Federal tax identification number as reported to the IRS is: 04-2745179

This Contract has been duly executed and delivered on behalf of the Vendor by its: Officer (President, Vice President, Treasurer, Secretary) General Partner, Trustee, other: ; in full compliance with the authority granted by its organizational documents and its votes or resolutions, which authority has not been amended, modified, or rescinded as of the date hereof.

In all other respects Contract 180337 is ratified and confirmed, including the changes.

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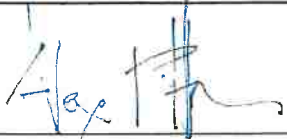
**Appendix B: Forms (Check if Applicable; If Unchecked, Not Applicable)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Certificate of Authority</b>     | <input type="checkbox"/> <b>Somerville Living Wage Ordinance Form</b> |
| <input checked="" type="checkbox"/> <b>Evidence of Insurance</b>        | <input type="checkbox"/> <b>Vulnerable Road Users Ordinance Form</b>  |
| <input checked="" type="checkbox"/> <b>Certificate of Good Standing</b> | <input type="checkbox"/> <b>Campaign Contribution Disclosure Form</b> |

IN WITNESS WHEREOF, the City and the Vendor have executed this amendment as a sealed instrument on

this, the        27th        day of        May,        2022

**VENDOR**

X  Vendor Signature (Duly Authorized):	Date Signed: 6/9/2022
	Print Title: SENIOR VICE PRESIDENT
	Print Name: ALEX PITKIN

**CITY**


City Auditor's Encumbrance Statement


I hereby certify that the total contract amount is \$ 920,649.00 and that an unencumbered balance of \$ 8,500.00 is available for the current fiscal year of this contract. I further certify that a sum of \$ 8,500.00 is hereby encumbered against the appropriate account for the purposes of this contract and as funds become available, I will encumber additional sums as are required under this contract.

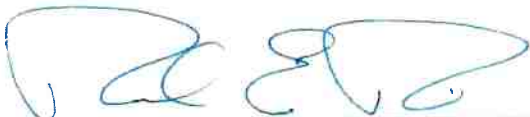
X   
 Edward Bean, City Auditor

X   
 Katjana Ballantyne, Mayor

X   
 Angela M. Allen, Chief Procurement Officer

X   
 Approved as to form:  
 David Shapiro, Acting City Solicitor

X   
 George Proaki, Executive Director OSPCD

  
 Richard E. Raiche, PE, Acting Director, CP&P

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**Appendix A**  
*Amendment Documentation*

May 18, 2022

Cortney Kirk  
Senior Planner  
Public Space and Urban Forestry Division  
City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

**Re: Central Hill Campus Planning**

*Additional Service No. 2*

*SMMA No. 18022.00*

Dear Cortney:

Thank you for inviting SMMA to submit this additional service proposal to provide additional design services as an extension of the Central Hill Playground project, located on Highland Avenue in Somerville, Massachusetts.

**PROJECT DESCRIPTION**

Specifically, the scope of services outlined herein provides for the production of contract documents for pricing by JJ Phelan (CH Playground contractor) to add walkways and stairs from Walnut Street and the walkway from the corner of Walnut and Highland; 5 new pedestrian light fixtures; regarding and hydroseeding.

The scope does not include any new plantings, or irrigation.

**SCOPE OF SERVICES**

This work will include:

- Landscape Architecture
- Civil Engineering
- Electrical Engineering

**PROJECT SCHEDULE**

We anticipate this work will be completed within two weeks of the notice to proceed.

**COMPENSATION**

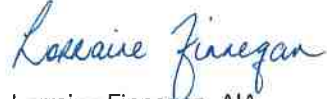
The work outlined above will be done for a Lump Sum fee of Eight Thousand Five Hundred (\$8,500) inclusive of reimbursable expenses.

Central Hill Campus Planning  
Fee Proposal  
May 18, 2022  
2 of 2

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Thank you again for inviting SMMA to submit this proposal. We hope it responds to your goals and look forward to discussing it with you.

Very truly yours,  
**SMMA**



Lorraine Finnegan, AIA  
Project Manager

Accepted by,  
**City of Somerville**

Cortney Kirk

**Appendix B**  
*Forms*



Form: \_\_\_\_\_  
Contract Number: \_\_\_\_\_

CITY OF SOMERVILLE

Rev. 08/01/12



**Certificate of Authority  
(Corporations Only)**

**Instructions: Complete this form and sign and date where indicated below.**

1. I hereby certify that I, the undersigned, am the duly elected Clerk/Secretary of

Symmes Maini & McKee Associates, Inc. (SMMA)

**(Insert Full Name of Corporation)**

2. I hereby certify that the following individual Alex C. Pitkin

**(Insert the Name of Officer who Signed the Contract and Bonds)**

is the duly elected Senior Vice President of said Corporation.

**(Insert the Title of the Officer in Line 2)**

3. I hereby certify that on May 20, 2022

**(Insert Date: Must be on or before Date Officer Signed Contract/Bonds)**

at a duly authorized meeting of the Board of Directors of said corporation, at which a quorum was present, it was voted that

Alex C. Pitkin

Senior Vice President

**(Insert Name of Officer from Line 2) (Insert Title of Officer from Line 2)**

of this corporation be and hereby is authorized to make, enter into, execute, and deliver contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

4. **ATTEST:**

**Signature:**   
**(Clerk or Secretary)**

**AFFIX CORPORATE SEAL**

**Printed Name:** Joel G. Seeley

**Printed Title:** Executive Vice President

**Date:** June 9, 2022

**(Date Must Be on or after Date Officer Signed Contract/Bonds)**



**Print**



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: March 11, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

**SYMMES, MAINI & MCKEE ASSOCIATES, INC.**

is a domestic corporation organized on **January 01, 1982** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 21030310810

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: smc

**INSURANCE SPECIFICATIONS  
INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:**

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....\$One Million  
Property Damage Liability.....\$One Million

B. PROFESSIONAL LIABILITY.....\$Equal to or Exceeding Contract Amount

C. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN THE AMOUNT AS LISTED BELOW:

WORKER'S COMPENSATION.....\$Statutory  
EMPLOYERS' LIABILITY.....\$ Statutory

D. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....\$ STATUTORY

1. A contract will not be executed unless a certificate (s) of insurance evidencing above-described coverage is attached.
2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.
3. All applicable insurance policies shall read:  
"CITY OF SOMERVILLE" as a certificate holder and as an additional insured for general liability only along with a description of operation in the space provided on the certificate.

**Certificate Should Be Made Out To:**  
City Of Somerville  
Purchasing Department  
93 Highland Avenue  
Somerville, Ma. 02143

**Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/22/2022

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).

<b>PRODUCER</b> Poole Professional B&B of MA 107 Audubon Rd, #2, Ste 305 Wakefield, MA 01880 Thomas M. Mullard	781-245-5400		<b>CONTACT NAME:</b> Thomas M. Mullard <b>PHONE (A/C, No, Ext):</b> 781-245-5400 <b>FAX (A/C, No):</b> 781-245-5463 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> Symmes Maini & Mckee Associates Inc. 1000 Massachusetts Avenue Cambridge, MA 02138			<b>INSURER(S) AFFORDING COVERAGE</b>
			<b>NAIC #</b>
	INSURER A :		Transportation Insurance Co. 20494
	INSURER B :		Continental Insurance Company 35289
	INSURER C :		Continental Casualty Company 20443
	INSURER D :		Berkley Design Professional 32603
INSURER E :			
INSURER F :			

### COVERAGES CERTIFICATE NUMBER: 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		X	6023632823	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6023632840	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6023632806	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6023632837	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<input checked="" type="checkbox"/> Arch/Eng <input checked="" type="checkbox"/> Prof Liability			AEC-9055392-07	06/10/2022	06/10/2023	Per Claim \$ 5,000,000 Aggregate \$ 10,000,000

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

Contract #180337 Project: Somerville Central Hill Campus Plan  
City of Somerville is included as additional insureds on the general liability policy as required by written contract.  
Valuable Papers Limit:\$1,000,000

### CERTIFICATE HOLDER

CITYS-7

City of Somerville  
c/o Purchasing Department  
93 Highland Avenue  
Somerville, MA 02143

### 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