



**Roll Call Number**

**Agenda Item Number**

10

DATE April 20, 2020

**COMMUNICATION FROM CONTRACTORS  
REQUESTING PERMISSION TO SUBLET  
CERTAIN ITEMS ON PUBLIC IMPROVEMENT PROJECTS**

BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF DES MOINES, IOWA: That the attached communication from each contractor requesting permission to sublet designated items and the attached Permission to Sublet form, for each project listed below, be and are hereby approved; and each subcontractor is hereby granted permission to work on said improvement.

<b>Activity ID</b>	<b>Project Title</b>	<b>Contractor</b>
04-2018-014	3226 University Avenue HVAC Replacement	Central Iowa Mechanical Company Larry D. Goode, Jr., President 204 S.W. 2nd Street Des Moines, IA 50309
06-2019-023	519 Foster Drive Landslide Roadway Repair	S. M. Hentges & Sons Inc. Steven M. Hentges, President 650 Quaker Avenue Suite 200 Jordan, MN 55352
07-2019-010	Market District Sanitary Sewer and Force Main	MPS Engineers, P.C. dba Kingston Services, P.C. Umesh G. Shetye, President 1444 Illinois Street Des Moines, IA 50314
08-2017-006	S.E. 9th Street Storm Water Pump Station and Improvements	Woodruff Construction, LLC Donald A. Woodruff, Organizer 1890 Kountry Lane Fort Dodge, IA 50501

★ **Roll Call Number**

\_\_\_\_\_

**Agenda Item Number**

10

DATE April 20, 2020

Moved by \_\_\_\_\_ to adopt.

FORM APPROVED:

/s/ \_\_\_\_\_

Kathleen Vanderpool  
Deputy City Attorney

SLN

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
BOESEN				
GATTO				
GRAY				
MANDELBAUM				
VOSS				
WESTERGAARD				
TOTAL				

MOTION CARRIED APPROVED

I, P. Kay Cmelik, City Clerk of said City Council, hereby certify that at a meeting of the City Council, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

10 Copy

ENGINEERING DEPARTMENT  
CITY OF DES MOINES, IOWA

Activity ID 04-2018-014  
Date 3/20/2020

**PERMISSION TO SUBLET**

Project 3226 University Avenue HVAC Replacement  
 Contractor Central Iowa Mechanical Company  
 Federal Tax ID 42-0934569 Contract No. 15329 Sublet Request No. 2

ITEM TO BE SUBLET	ORGANIZATION TO PERFORM WORK	DBE Y/N	COST OF SPECIALTY ITEMS	TOTAL COST OF WORK SUBLET
Asbestos Removal	REW Services Corporation 6864 NE 14th Street Ankeny, IA 50023 (515) 289-0705 Federal Tax ID 42-1499909	No		\$4,000.00

	Previous Request	This Request	Total To Date
Cost of Items Sublet	\$206,500.00	\$4,000.00	\$210,500.00 (a)
Cost of Specialty Items Sublet			(b)
Cost of Sublet Items Less Specialty Items	\$206,500.00	\$4,000.00	\$210,500.00 (c)
Contract Amount			\$441,000.00 (d)
Contract Amount Less Total Specialty Items (d-b)			\$441,000.00 (e)
Percentage of Contract Sublet to Date (c/e)			47.73%

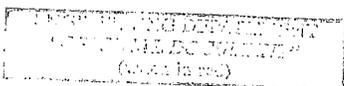
The prime contractor's request for Permission to Sublet the above items of work is approved with the understanding that the prime contractor shall be held responsible for the subcontractors' full compliance of all terms of the contract.

Attachment: Contractor's Letter  
Requesting Subletting

Form Routing: Project Engr. - City Engr. -  
Engr. Admin. - City Clerk/City Manager -  
Engr. Admin. - Distribution

Form Distribution Original - Project File  
Copy - Project Engineer  
Copy - Prime Contractor

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Owner's Responsibilities -The Owner shall remove all equipment and inventory from the areas in which the Contractor is to perform the Work. The Owner shall provide water and electricity to the areas of the work and pay for the water and power used in the course of the Contractor's work. The Owner shall provide uninterrupted access to the work areas throughout the duration of the project. The Owner shall designate toilet facilities on the site for the use of the Contractor's employees. Should toilet facilities not be present on the site, the Owner shall provide temporary, portable sanitary facilities.

Insurance - The Contractor shall carry General Liability Insurance, Vehicle Liability Insurance, and Workman's Compensation Insurance throughout the duration of the Work. The Owner shall carry Property, all risk, insurance on the premises in which the work is to be performed. The Owner shall be responsible for paying all deductibles on the policy. Contractor shall provide the Owner with a Certificate of Insurance stating the limits of insurance coverage prior to commencing the Work.

Taxes and Building Permits - The Contractor shall pay all sales, consumer, local option, and use taxes required by law. Any building permits and related fees necessary for the execution of the Work contained in this proposal shall be secured and paid for by the Owner.

Asbestos Permit - The Contractor is licensed by the State of Iowa to remove asbestos containing materials. Our permit number is 2921 with an expiration date of February 17 2021.

Air Monitoring - If needed a third party environmental testing company shall monitor Air quality throughout the duration of the project. The owner shall be responsible for securing and paying for a third party air monitoring firm to collect work area and final clearance samples.

Disposal - All asbestos containing waste shall be taken to an EPA approved landfill for proper burial. The cost for this disposal is included in this proposal.

Concealed Conditions - Should asbestos containing materials be encountered that were concealed from view during the "walk through" and thereby not included in the Scope of the Work description from which the above proposed sum was calculated, the Contract sum shall be adjusted by Change Order to reflect the scope of these concealed asbestos containing materials. Testing, to determine asbestos content of these concealed materials, and testing costs shall be included in the Change Order. Concealed conditions might include pipe covering discovered above plaster ceilings, old ceilings above new ceilings, and materials that would not otherwise be discovered without destructive inspections.

Clean-up - Promptly upon completion of the Work, all Contractors owned facilities, materials and equipment shall be removed from the work site. The Contractor shall leave all work areas broom clean.

Payment - The Owner shall be invoiced for the Work, including all approved Change Orders, upon Substantial Completion. The Owner shall make payment within fifteen (15) days of such billing. After fifteen (15) days following the invoice date for the payment, interest will be charged at the rate of 1.5% per month, not to exceed 18% per annum, on the entire invoice sum starting on the date of the original invoice for the work.

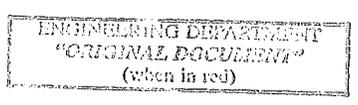
**Notice to Proceed**

Please proceed with the above Scope of Work including Alternates # \_\_, \_\_, \_\_.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Title:



*Copy 10*

**PERMISSION TO SUBLET**

Project 519 Foster Drive Landslide Roadway Repair  
Contractor S. M. Hentges & Sons Inc.  
Federal Tax ID 41-1517673 Contract No. 15314 Sublet Request No. 2

ITEM TO BE SUBLET	ORGANIZATION TO PERFORM WORK	DBE Y/N	COST OF SPECIALTY ITEMS	TOTAL COST OF WORK SUBLET
High Tension Cable Guardrail Fence and End Anchors	Midwest Fence - Guardrail Systems, Inc. 8000 Serum Avenue Ralston, NE 68127 (402) 331-3385 Federal Tax ID 47-0553853	No		\$17,695.00

	Previous Request	This Request	Total To Date
Cost of Items Sublet	\$253,685.75	\$17,695.00	\$271,380.75 (a)
Cost of Specialty Items Sublet			(b)
Cost of Sublet Items Less Specialty Items	\$253,685.75	\$17,695.00	\$271,380.75 (c)
Contract Amount			\$924,500.25 (d)
Contract Amount Less Total Specialty Items (d-b)			\$924,500.25 (e)
Percentage of Contract Sublet to Date (c/e)			29.35%

The prime contractor's request for Permission to Sublet the above items of work is approved with the understanding that the prime contractor shall be held responsible for the subcontractors' full compliance of all terms of the contract.

Attachment: Contractor's Letter  
Requesting Subletting

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Form Distribution Original - Project File  
Copy - Project Engineer  
Copy - Prime Contractor

20- 4/20/20  
Roll Call No. Date



**Eddy, Joseph A.**

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**From:** JC Soller <jcs@smhentges.com>  
**Sent:** Wednesday, March 25, 2020 8:50 AM  
**To:** Eddy, Joseph A.  
**Subject:** Foster Drive Landslide Roadways Repair

Good Morning

We have a new sub going to work with us on the job noted above. Can you email me a tax exempt certificate for them. Thanks

MIDWEST FENCE – GUARDRAIL SYSTEMS INC, 8000 SERUM AVE, RALSTON, NE 68127, 402-593-9006 , HIGH TENSION CABLE GR & END ANCHOR, \$ 17,695.00 , ID# 47-0553853

Thanks

JC

Contract Administrator  
952-492-5704  
jcs@smhentges.com



*Copy*

**PERMISSION TO SUBLET**

**Project** Market District Sanitary Sewer and Force Main  
**Contractor** MPS Engineers, P.C. dba Kingston Services, P.C.  
**Federal Tax ID** 42-1483396      **Contract No.** 15326      **Sublet Request No.** 3

<b>ITEM TO BE SUBLET</b>	<b>ORGANIZATION TO PERFORM WORK</b>	<b>DBE Y/N</b>	<b>COST OF SPECIALTY ITEMS</b>	<b>TOTAL COST OF WORK SUBLET</b>
Dewatering	Northern Dewatering, Inc. 14405 Northdale Blvd. Rogers, MN 55374 (763) 428-2616 Federal Tax ID 41-1433544	No		\$129,809.00
Fencing	Minturn, Inc. 144 W. Front Street Brooklyn, IA 52211 (641) 455-0331 Federal Tax ID 81-1655209	No		\$2,850.00
Construction Staking	ABACI Consulting Inc. 3000 SE Grimes Blvd, Ste 800 Grimes, IA 50111 (515) 986-5048 Federal Tax ID 42-1525463	No		\$25,510.00

	<b>Previous Request</b>	<b>This Request</b>	<b>Total To Date</b>
Cost of Items Sublet	\$620,803.00	\$158,169.00	\$778,972.00 (a)
Cost of Specialty Items Sublet			(b)
Cost of Sublet Items Less Speciality Items	\$620,803.00	\$158,169.00	\$778,972.00 (c)
Contract Amount			\$3,396,233.50 (d)
Contract Amount Less Total Specialty Items (d-b)			\$3,396,233.50 (e)
Percentage of Contract Sublet to Date (c/e)			22.94%

The prime contractor's request for Permission to Sublet the above items of work is approved with the understanding that the prime contractor shall be held responsible for the subcontractors' full compliance of all terms of the contract.

Attachment: Contractor's Letter  
Requesting Subletting

Form Routing: Project Engr. - City Engr. -  
Engr. Admin. - City Clerk/City Manager -  
Engr. Admin. - Distribution

Form Distribution      Original - Project File  
                                 Copy - Project Engineer  
                                 Copy - Prime Contractor

20-      4/20/20  
Roll Call No.      Date



**Radermacher, Matt K.**

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**From:** Amit Pradhan, MPS Engineers <amit.pradhan@mpsengineers.com>  
**Sent:** Friday, March 6, 2020 9:34 PM  
**To:** Radermacher, Matt K.  
**Cc:** Umesh Shetye, MPS Engineers  
**Subject:** Market District Project subcontractors

Matt:

We have three more subs we wish to list on the Market Street project.

1. Northern Dewatering, Inc., Rogers, MN - for dewatering system - Amount \$129,809
2. Minturn, Inc., Brooklyn, IA - Fencing around lift station (to be used for staging) - \$2,850
3. Abaci, Grimes, IA - Construction Staking - \$25,510

Thanks,

Amit Pradhan  
MPS Engineers  
Ph. 515-681-7215

*Copy*

### PERMISSION TO SUBLET

**Project** S.E. 9th Street Storm Water Pump Station and Improvements

**Contractor** Woodruff Construction, LLC

**Federal Tax ID** 76-0721180      **Contract No.** 15322      **Sublet Request No.** 4

<b>ITEM TO BE SUBLET</b>	<b>ORGANIZATION TO PERFORM WORK</b>	<b>DBE Y/N</b>	<b>COST OF SPECIALTY ITEMS</b>	<b>TOTAL COST OF WORK SUBLET</b>
Concrete Reinforcement Installation	Northwest Rebar Inc. 4100 SE Beisser Drive Grimes, IA 50111 (515) 986-0380 Federal Tax ID 84-1898839	No		\$30,030.00



**Bouska, Craig M.**

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**From:** Grant Reimers <grantr@woodruff.build>  
**Sent:** Wednesday, March 25, 2020 12:36 PM  
**To:** Bouska, Craig M.  
**Subject:** RE: Additional Subcontractor

Here ya go...

- President/CEO name and title-**Shaun OTool, President**
- Company email address - [sotool@northwesterection.com](mailto:sotool@northwesterection.com)
- Company phone number-**515-986-0380**

Thanks,

**Grant Reimers | Senior Project Manager**  
Woodruff Construction, LLC  
Office (515) 232-4535 X25  
Cell (515) 450-2949



[www.woodruffcompanies.com](http://www.woodruffcompanies.com)

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**From:** Bouska, Craig M. <CMBouska@dmgov.org>  
**Sent:** Wednesday, March 25, 2020 8:50 AM  
**To:** Grant Reimers <grantr@woodruff.build>  
**Subject:** RE: Additional Subcontractor

Because I am adding them as a new contractor in our database, I also need the following:

- President/CEO name and title
- Company email address
- Company phone number

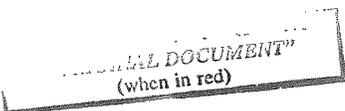
Thank you,  
Craig

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**From:** Grant Reimers <grantr@woodruff.build>  
**Sent:** Wednesday, March 25, 2020 8:08 AM  
**To:** Bouska, Craig M. <CMBouska@dmgov.org>  
**Subject:** RE: Additional Subcontractor

Craig,

It should be Northwest Rebar Inc. Attached is their W-9 for reference.



Thanks,

**Grant Reimers | Senior Project Manager**

Woodruff Construction, LLC

Office (515) 232-4535 X25

Cell (515) 450-2949



[www.woodruffcompanies.com](http://www.woodruffcompanies.com)

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**From:** Bouska, Craig M. <[CMBouska@dmgov.org](mailto:CMBouska@dmgov.org)>

**Sent:** Tuesday, March 24, 2020 5:21 PM

**To:** Grant Reimers <[grantr@woodruff.build](mailto:grantr@woodruff.build)>

**Subject:** RE: Additional Subcontractor

Is this Northwest Steel Erection or Northwest Rebar?

---

**From:** Grant Reimers <[grantr@woodruff.build](mailto:grantr@woodruff.build)>

**Sent:** Tuesday, March 24, 2020 11:33 AM

**To:** Bouska, Craig M. <[CMBouska@dmgov.org](mailto:CMBouska@dmgov.org)>

**Subject:** RE: Additional Subcontractor

Craig,

We will be subcontracting some of the rebar installation and I need another sub added, please...

Scope of work: Concrete Reinforcing Installation

Northwest Rebar

4100 Beisser Road

Grimes, IA 50111

Contract amount: \$30,030.00

FIN#: 84-1898839

Thanks,

**Grant Reimers | Senior Project Manager**

Woodruff Construction, LLC

Office (515) 232-4535 X25

Cell (515) 450-2949



ENGINEERING DEPARTMENT  
"ORIGINAL DOCUMENT"  
(when in red)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.  
**NORTHWEST REBAR INC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_  
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**4100 SE BEISSER DRIVE**

6 City, state, and ZIP code  
**GRIMES, IA 50111**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				
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OR

Employer identification number

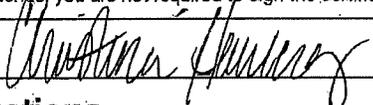
8	4	-	1	8	9	8	8	3	9
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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ 6/7/19

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

