Town Of Brookline

Contract Coding Approval Form

| Department: Building |
|---|
| Vendor Name: Jonathan Levi Architects |
| Vendor Number : Amount of Contract \$ 3/8, 858 |
| Contract # : |
| Purpose of Contact: |
| Description: |
| Driscoll School Feasibility |
| |
| |
| Coding: Org # Org Name * Acct # Acct Name Amount |
| Org # Org Name * Acct # Acct Name Amount 25 18 µsy 650130 #36,850 158,887 |
| 2518KBY 6B0129 159,971 |
| |
| * For "K" or "C" accounts, please call it "CIP", preceded by your Dept (e.g., 4909K001 would be "DPW CIP"). |
| Department Head: Date 5.4.18 |
| Comptroller and Purchasing Approvals |
| Funds Available / Codes Correct |
| Complies with Appropriate Procurement Law 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 2 1 2 |

8/31/18

To:
Ray Masak
Brookline Building Department
333 Washington Street
Brookline, MA 02445

From:
Philip Gray
Jonathan Levi Architects

RE: Driscoll School Feasibility Study

Dear Ray,

Attached is a design fee proposal for the Driscoll School Feasibility Study. This reflects hours and consultant fees consistent with the scope of work provided for the previous Baldwin study. I have not included dates associated with each task, as we expect to coordinate with the Brookline School Department to target these deadlines to conform with the overall community outreach and project funding effort. Our understanding of the overall schedule is to receive a notice to proceed in early September 2018, with a hard deadline of having the project ready for May Town Meeting, and project scope and cost estimates prepared February 2019.

Please let me know if you'd like to discuss, or if I can provide any additional information.

Thanks,

Philip

BROOKLINE 9TH ELEMENTARY SCHOOL

Design Fee Proposal Feasibility Study

Fee Summary

| Total Architectural Fee w/o consultants | \$217,358 |
|---|-----------|
| Consultants | \$101,500 |
| Reimbursables, included below | \$0 |

Total Fee \$318,858

| Personnel | J Levi | P Gray | Des 1 | Des 2 |
|------------|--------|--------|-------|-------|
| Rate/ Hour | \$345 | \$196 | \$92 | \$65 |

| Task 1) Preliminary Design Program | | | | |
|--|--------|--------|-------|-------|
| | J Levi | P Gray | Des 1 | Des 2 |
| Task 1.1) Produce Formal, bound Preliminary | | | | |
| Design Program | | | | |
| | 4 | 8 | | 24 |
| Task 1.2) Introduction | | | | |
| Work with town to confirm design enrollment, | | | | |
| capital budget, project directory, and project | | | | |
| schedule | 1 | 2 | | |
| Task 1.3) Educational Program | | | | |
| Task 1.3) Educational Frogram | | | | |
| Review relevant K-8 Space Program and | | | | |
| Educational Program info provided by Town (Devo | | | | |
| and other background info) | | - | | |
| Engage in visioning process with Brookline | | | | |
| curriculum leaders, department heads, and teachers | | | | |
| and produce visioning report | 24 | 40 | 40 | |
| Analyze parity with other Brookline K-8 Schools. | | | | |
| Develop and present Program alternatives as | | | | |
| Bubble Diagrams. | 1 | 4 | 3 | 3 |
| Review of program alternatives with Brookline | 6 | 6 | | |
| Revise alternatives and diagrams | 2 | 2 | 5 | |
| Task 1.4) Initial Space Study | | | | |
| Davides full and so summers are are including | | | | |
| Develop full space summary program including | | | | |
| enrollment, size, functional and spatial | 2 | 10 | | |
| relationships, adjacencies, etc. | 3 | 12 | | |

| Task 1.5) Evaluation of Existing Condtions: | | | | |
|---|-----|------|------|-----|
| Luisinta aura un traffia annata abraigal | | | - | |
| Initiate survey, traffic, geotechnical, | | | | |
| geoenvironmental, hazmat and utility assessments. | | 3000 | | |
| Time included in Task 4 below. | 0 | 0 | 0 | 0 |
| Task 1.6) Site Development Requirements | | | | |
| Prioritize and document goals for the project site | 1 | 2 | 2 | |
| Conduct a visioning session to identify energy | | | | |
| conservation measures to achieve the lowest | | | | |
| possible EUI and the potential of a net zero | | | | |
| building. | 1 | 2 | ii. | |
| Assess the use of on-site renewable energy | | | | |
| including limitations/ constraints | | 2 | | |
| | | | | |
| Identify limitations to achieving a net zero building | | 2 | | |
| Vehicular access and parking study | 4 | 2 | | 4 |
| Circulation of the general public | 2 | 2 | | |
| Develop at least 3 conceptual site design | | | | |
| alternatives | 10 | 12 | 12 | 16 |
| Task 1.7) Preliminary Evaluation of Alternatives | | | 14 C | |
| Develop at least 3 alternatives | 46 | 50 | 64 | 80 |
| Review of conceptual alternatives with Brookline | 8 | 8 | 16 | |
| Revise alternatives | 20 | 24 | 40 | 72 |
| Constituent Meetings (Prep and Presentation of | | | | |
| Preliminary Findings, with Cost Estimates) | 12 | 16 | 60 | 80 |
| Subtotal Hours | 145 | 196 | 242 | 279 |

 Subtotal Hours
 145
 196
 242
 279

 Subtotal Cost
 \$50,025
 \$38,416
 \$22,264
 \$18,135

TOTAL \$128,840

| Task 2.0) Preferred Schematic Report | | | | |
|--|--------|--------|-------|-------|
| | J Levi | P Gray | Des 1 | Des 2 |
| Task 2.1) Introduction | | | | |
| | | | | |
| Summary including capital budget, project | | | | |
| schedule, existing condtions, evaluation of | | | | |
| alternatives and preferred solution. | 2 . | 4 | | |
| | | | | |
| Task 2.2) Evaluation of Existing Condtions: | | | | |
| See task 1.5 above. Time included in Task 4 below. | 0 | 0 | 0 | 0 |
| Task 2.3) Final Evaluation of Alternatives | | | | |
| | | | | |
| Refine alternatives | 16 | 24 | 24 | 24 |

| D C | 6 | 6 | 16 | |
|--|-----|-----|-----|-----|
| Review of conceptual alternatives with Brookline | | | | |
| Revise alternatives | 10 | 12 | 20 | 30 |
| Constituent Meetings (Prep and Presentation of | | | | |
| Preferred Solution) | 12 | 20 | 60 | 60 |
| Task 2.4) Preferred Solution | | | | |
| Develop Preferred Solution | 32 | 12 | 80 | 60 |
| | | | | |
| Produce Formal, bound Preferred Schematic Report | 2 | 6 | 20 | 30 |
| | 0.0 | 0.4 | 000 | 201 |

 Subtotal Hours
 80
 84
 220
 204

 Subtotal Cost
 \$27,600
 \$16,464
 \$20,240
 \$13,260

TOTAL \$77,564

| Task 3) Town Meeting Presentation | | | | |
|-----------------------------------|---------|---------|---------|---------|
| May 2019 | J Levi | P Gray | Des 1 | Des 2 |
| Meeting Prep and Presentation | 10 | 10 | 32 | 40 |
| Subtotal Hours | 10 | 10 | 32 | 40 |
| Subtotal Cost | \$3,450 | \$1,960 | \$2,944 | \$2,600 |
| | | | | |

TOTAL \$10,954

| Task 4) Sub Consultants | 1 |
|---|----------|
| 9/17/18 - May 2017 | |
| Civil- CDW | \$3,000 |
| Code / Zoning - Howe | \$3,000 |
| Cost Estimator, Constructability, Phasing, Risk | |
| Analysis - Daedalus | \$18,000 |
| Hazmat - EndPoint | \$8,000 |
| Geotech - McPhail | \$12,500 |
| Historic - BCA | \$3,000 |
| Landscape - CBA | \$5,000 |
| MEP - GGD | \$6,500 |
| Structured Parking - Simon | \$6,000 |
| Structural - LeMessurier | \$4,500 |
| Surveyor - TBD | \$11,000 |
| Traffic Consultant - Vanasse | \$21,000 |

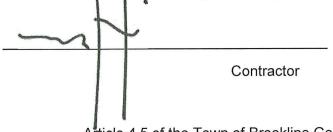
Note: Subconsultant costs include 10% JLA
management and coordination fee

TOTAL \$101,500

TOTAL \$318,858

Article 4.4 of the Town of Brookline General By-Laws

By signing below, CONTRACTOR hereby agrees to comply with the provisions of Article 4.4 of the Town's General By-laws, *Fair Employment Practices with Regard to Contracts*, a copy of which is incorporated herein by reference, with respect to the foregoing Contract.



Article 4.5 of the Town of Brookline General By-Laws

In compliance with Article 4.5 of the Town's General By-laws, CONTRACTOR hereby certifies as follows: I shall not discriminate against any individual because of the race, color, religious creed, national origin, sex, gender identity or gender expression, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age or ancestry of any Individual in fulfilling the terms of the foregoing attached contract.

Signed under the pains of penalties of perjury, on this _4 ____ day of _September _, 20_18_:

Contractor

CERTIFICATION OF PAYMENT OF STATE TAXES

Legislation enacted by the Commonwealth of Massachusetts effective July 1, 1983 requires that the attestation below be signed:

Pursuant to MIG.L. c. 62C, Section 94A, I certify under the penalties of perjury that I, to the best of knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

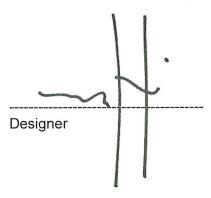
Designer

Jonathan Levi, FAIA, Principal
Jonathan Levi Architects LLC

NON-COLLUSION AFFIDAVIT

Massachusetts General Laws, Chapter 701 of the Acts of 1983, requires that each bidder must certify as follows:

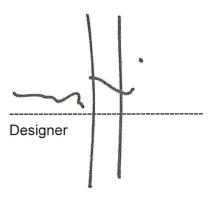
The undersigned certifies under penalties of perjury that its bid is in all respects bona fide, fair and made without collusion or fraud with any other person. As used in this section, the word "person" shall mean any natural person, joint venture, partnership, corporation or other business or legal entity.



TRUTH-IN-NEGOTIATION AFFIDAVIT

Massachusetts General Laws, Chapter 7, sec. 30H requires that the Designer certify as follows:

- a. that the wage rates and other costs used to support the Designer's compensation are accurate, complete and current at the time of contracting, and
- b. that the original contract price and any additions to the contract may be adjusted within one year of completion of the contract to exclude any significant amounts if the Owner determines that the fee was increased by such amounts due to inaccurate, incomplete or noncurrent wage rates or other costs.





JONALEV-02

DGHIGLIAZZA

DATE (MM/DD/YYYY)

04/10/2018

CERTIFICATE OF LIABILITY INSURANCE

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).

| PRODUCER Ames & Gough 859 Willard Street | CONTACT NAME: PHONE (A/C, No, Ext): (617) 328-6555 FAX (A/C, No): (617) 328-6888 | | | | |
|--|---|-------|--|--|--|
| Suite 320 | E-MAIL ADDRESS: boston@amesgough.com | | | | |
| Quincy, MA 02169 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| | INSURER A: Travelers Property Casualty Compar | 25674 | | | |
| INSURED | INSURER B: Charter Oak Fire Insurance Company A++ (XV) 25615 | | | | |
| Jonathan Levi Architects, LLC | INSURER C: Travelers Indemnity Co. of America A++, XV 25666 | | | | |
| 266 Beacon Street | INSURER D : Travelers Casualty & Surety Co. of Amo | 31194 | | | |
| Boston, MA 02116 | INSURER E : | | | | |
| | INSURER F: | | | | |

| OVERAGES | 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.

| INST TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY FEF (MM/DD)YYYYY) (MM/DD)YYYYY) (MM/DD)YYYYY) (MM/DD)YYYYY) (MM/DD)YYYYY) EACH OCCURRENCE \$ | EX | EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | |
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| AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY WIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Professional Liab. BA7793X213 04/09/2018 04/09/2019 04/09/2019 04/09/2018 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 04/09/2019 | | OTHER: | | | | | | | | |
| OWNED AUTOS ONLY X NON-OWNED S S S S S S S S S S S S S S S S S S S | В | AUTOMOBILE LIABILITY | | | | | | \$ 1,000,000 | | |
| AUTOS ONLY X NON-OWNED S | | / | | BA7793X213 | 04/09/2018 | 04/09/2019 | BODILY INJURY (Per person) | \$ | | |
| AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY S | | OWNED SCHEDULED AUTOS ONLY | | | | | | \$ | | |
| UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Professional Liab. S AGGREGATE \$ AGGREGATE \$ X PER STATUTE OTH- ELL. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ D 4/09/2018 04/09/2019 Per Claim | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| EXCESS LIAB CLAIMS-MADE DED RETENTION \$ C WORKERS COMPENSATION MADE EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Professional Liab. D WORKERS COMPENSATION S S X PER STATUTE OTH- ELL. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ POPOLICY LIMIT \$ AMOUNT A MADE MADE A MADE MADE A M | | | | | | | | \$ | | |
| DED RETENTION \$ C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Professional Liab. UB3661T109 04/09/2018 04/09/2018 04/09/2018 04/09/2018 04/09/2019 Per Claim 04/09/2019 A TRANSPORTED TO STATUTE OTH- ELL. EACH ACCIDENT SELL. DISEASE - EA EMPLOYEE SELL. DISEASE - POLICY LIMIT SELL. DISEASE - POLICY LIMI | | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | | |
| C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Professional Liab. UB3661T109 04/09/2018 04/09/2018 04/09/2018 04/09/2018 04/09/2019 E.L. DISEASE - POLICY LIMIT \$ 106901871 04/09/2018 04/09/2019 Per Claim | | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Professional Liab. UB3661T109 04/09/2018 04/09/2018 04/09/2018 04/09/2018 04/09/2019 A STATUTE ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Per Claim | | DED RETENTION\$ | | | | | | \$ | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Described in the described of the described | С | WORKERS COMPENSATION | | | | | X PER OTH- | | | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Described in the | | ANY PROPRIETOR/PARTNER/EXECUTIVE | N. / A | UB3661T109 | 04/09/2018 | 04/09/2019 | E.L. EACH ACCIDENT | | | |
| D Professional Liab. 106901871 04/09/2018 04/09/2019 Per Claim | | (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYEE | | | |
| 04/00/0040 04/00/0040 04/00/0040 | | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | |
| D 04/09/2018 04/09/2019 Aggregate | D | Professional Liab. | | 106901871 | 04/09/2018 | | | 2,000,000 | | |
| | D | | | 106901871 | 04/09/2018 | 04/09/2019 | Aggregate | 2,000,000 | | |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All coverages are in accordance with policy terms and conditions.

| CERT | IFICATE | HOL | DER |
|------|---------|-----|-----|
| | | | |

Town of Brookline **Brookline Building Commission** 333 Washington Street Brookline, MA 02445

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

gared maxwell

| APPROVAL OF OWNER | |
|---|---|
| Selectboard | Building Commission |
| | Janus Brud. |
| Approved as to Form | School Committee |
| Town Counsel | |
| | |
| | 4 |
| | |
| CERTIFICATION- | |
| I hereby certify in accordance with Mass. Gen. Law the amount of the Contract Sum has been made a Contractor for the work described in this agreeme | nd is available for compensation to the |
| Town Comptroller | |

This Agreement entered into as of the day and year first written above