

CITY HALL
215 S. MARTIN LUTHER KING JR., BLVD.,
SUITE 400
SOUTH BEND, INDIANA 46601-1830



PHONE 574/235-9251
FAX 574/235-9171

CITY OF SOUTH BEND JAMES MUELLER, MAYOR
BOARD OF PUBLIC WORKS

October 23, 2025

Mr. Garrett McBride
D.A. Dodd
14E. Michigan St.
Rolling Prairie, IN 46371
garrettmcbride@dadodd.com

RE: Quotation Award – Olive Street Garage #1 Heater Replacement

Dear Mr. McBride:

At its October 23, 2025 meeting, the Board of Public Works awarded the above referenced quotation to you in the amount of \$16,800.

Please forward the following documents **in one submittal by November 12, 2025** to my attention for Board of Public Works approval at hhorvath@southbendin.gov :

- 1) One (1) signed original of the Contract (enclosed); and
- 2) Certificate of Insurance naming the City of South Bend as an additional insured.

If you have any further questions, please call this office at (574) 235-9251.

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk

Enclosures
HH

BOARD OF PUBLIC WORKS
CITY OF SOUTH BEND, INDIANA
PUBLIC WORKS CONTRACT

This Agreement is made and entered into this 23th Day of October, 2025, by and between D.A. Dodd, (the "Contractor"), and the Board of Public Works (the "Board").

The Contractor covenants and agrees to make the following improvement, as fully set out in the Request for Quotations, Standard Specifications, Special Provisions, Plans, and Bid Proposals, all of which are set forth as a part of this Contract, for:

<u>DESCRIPTION:</u>	<u>OLIVE STREET GARAGE #1 HEATER REPLACEMENT</u>
<u>COMPLETION DATE:</u>	<u>SEE SPECIFICATIONS</u>
<u>AMOUNT:</u>	<u>\$16,800</u>
<u>FUNDING:</u>	<u>PR-000439001</u>

The unit prices for this improvement were those prices as received and accepted by the Board on the 28th Day of October, 2025.

The Contractor further agrees to notify the assigned Engineer when this improvement is completed. This notification shall be in the form of a Project Completion Affidavit, signed by the Contractor. Upon final acceptance of the improvement by the Engineer, the Contractor's final estimate will be presented to the Board for final Payment with one (1) copy of the Project Completion Affidavit and one (1) copy of a Waiver of Lien.

Each of the Parties, by signing below, represents and warrants to the other Party that he/she/it has the authority to bind the named person or entity to this Agreement.

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS



Elizabeth A. Maradik, President



Gary A. Gilot, Member



Murray L. Miller, Member



Joseph R. Molnar, Vice President



Breana Micou, Member



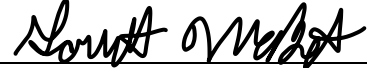
Attest: Hillary R. Horvath, Clerk

Date: October 23, 2025

D.A. Dodd

Garrett McBride

Printed Name



Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2025

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 Gibson Insurance Agency Inc 202 South Michigan St., Suite 1400 South Bend IN 46601	CONTACT NAME: Theresa Burns PHONE (A/C, No, Ext): 574-245-3576 E-MAIL ADDRESS: tburns@thegibsonedge.com FAX (A/C, No): 574-236-6399
INSURED D A Dodd, LLC OJS Building Services 14 E Michigan St PO Box 430 Rolling Prairie IN 46371	INSURER(S) AFFORDING COVERAGE INSURER A: National Fire Insurance Company of Hartford INSURER B: Valley Forge Insurance Company INSURER C: Continental Insurance Company INSURER D: Amerisure Insurance Company INSURER E: Berkley Assurance Company INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1062767108**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 <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			7037035825	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7037022234	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			7037043021	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	WC 21171860401	4/1/2025	4/1/2026	<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
E	Professional/Pollution			PCXB 5025603 0325	4/1/2025	4/1/2027	Limit \$1,000,000 \$1,000,00000

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

Additional insured: City of South Bend

CERTIFICATE HOLDER**CANCELLATION**City of South Bend
1316 County-City Building
227 W. Jefferson Boulevard
South Bend IN 46601-1830

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

Gibson Insurance Agency

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FAX 574/235-9171

CITY OF SOUTH BEND JAMES MUELLER, MAYOR
BOARD OF PUBLIC WORKS

October 23, 2025

Mr. Kevin Conery
Ideal Consolidated
1125 S. Walnut Street
South Bend, IN 46619
Contact@idealconsolidated.com

RE: Quotation Award – Olive Street Garage #1 Heater Replacement

Dear Mr. Conery:

At its October 23, 2025 meeting, the Board of Public Works awarded the above referenced quotation to D.A. Dodd in the amount of \$16,800.

We thank you for quoting and hope you will quote with us again in the future.

If you have any further questions, please call this office at (574) 235-9251.

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk

Enclosures
HH

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CITY OF SOUTH BEND JAMES MUELLER, MAYOR
BOARD OF PUBLIC WORKS

October 23, 2025

Mr. Eric Manson
Herman & Goetz, Inc.
3419 N. Home Street
Mishawaka, IN 46545
emanson@hgservices.com

RE: Quotation Award – Olive Street Garage #1 Heater Replacement

Dear Mr. Manson:

At its October 23, 2025 meeting, the Board of Public Works awarded the above referenced quotation to D.A. Dodd in the amount of \$16,800.

We thank you for quoting and hope you will quote with us again in the future.

If you have any further questions, please call this office at (574) 235-9251.

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk

Enclosures
HH



Mechanical / Plumbing / Sheet Metal

14 E. Michigan Street, Rolling Prairie IN 46371
3416 Rascal Drive, Lafayette IN 47909 2516 N. Home Street, Mishawaka IN 46545
1825 E. 12th St, Mishawaka, IN 46544

Quote Number: **GM25-399**
Quote Date: **9/25/2025**

Quote By: **Garrett McBride**
Contact Email: garrettmcbride@dadodd.com

Customer Name: **City of South Bend**
Customer Contact: **Kevin Ott**
Customer Contact PH: **###**
Customer E-mail: **###**

Customer Site Address:
Water Building

Job Description:

Replace tube heaters in water department garage building.

Replace existing tube heaters with 1-100k btu unit heater for storage room and 2-155k btu tube heaters for main garage area. Demo removal of existing tube heater in main garage area.

Install necessary gas piping and modifications from existing piping to new equipment.

Cap off any un-used gas branches after demo. Install necessary venting for new heaters.

Install hanging supports for new heaters. Start-up and check operation of new heaters.

New tube heaters to run north to south and venting exiting north and south ends of building.

Price excludes any main electrical modifications needed.

DA Dodd proposes to provide labor and materials to perform the above described job.

DA Dodd proposes to perform the above described job at the quoted price of :

\$16,800.00

(Sixteen Thousand Eight Hundred dollars)

Labor: \$8,600.00

Materials: \$8,200.00

Sub-Contractors: \$0.00

Quote is valid for 10 (ten) days from date of this quote.

Special Exceptions/Lead Times:

If quote is acceptable please sign and return to garrettmcbride@dadodd.com

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik, President

Gary A. Gilot, Member

Murray L. Miller, Member

Joseph R. Molnar, Vice President

Breana Micou, Member

Attest: Hillary R. Horvath, Clerk

Date: **October 23, 2025**

Date of Acceptance:

Customer PO#:

once date unless otherwise agreed.
with finance charge, 18% APR.
D.A. Dodd, LLC agrees to provide
agreed time frame and available
D.A. Dodd, LLC. All work to be performed
agreed upon.

BOARD OF PUBLIC WORKS AGENDA ITEM REVIEW REQUEST FORM

Date	<u>10/15/2025</u>	
Name	<u>Kenneth Smith</u>	Department Water
BPW Date	<u>10/23/2025</u>	Phone Extension 6108

Review and Approval Required Prior to Submittal to Board

Diversity Compliance and Inclusion Officer	<input type="checkbox"/>	Officer Name	_____
BPW Attorney	<input checked="" type="checkbox"/>	Attorney Name	<u>Michael Schmidt</u>
Dept. Attorney	<input type="checkbox"/>	Attorney Name	_____
Purchasing	<input checked="" type="checkbox"/>	_____	

Check the Appropriate Item Type – *Required for All Submissions*

<input type="checkbox"/> Professional Services Agreement	<input type="checkbox"/> Contract	<input type="checkbox"/> Proposal
<input type="checkbox"/> Open Market Contract	<input type="checkbox"/> Amendment/Addendum	<input type="checkbox"/> Special Purchase, QPA
<input type="checkbox"/> Bid Opening	<input type="checkbox"/> Bid Award	<input type="checkbox"/> Req. to Advertise
<input type="checkbox"/> Quote Opening	<input checked="" type="checkbox"/> Quote Award	<input type="checkbox"/> Reject Bids/Quotes
<input type="checkbox"/> Proposal Opening	<input type="checkbox"/> C/O & PCA No. _____	<input type="checkbox"/> PCA
<input type="checkbox"/> Chg. Order, No. _____	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Resolution
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Ease./Encroach
		<input type="checkbox"/> Title Sheet

Required Information

Company or Vendor Name	D.A. Dodd		
New Vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> If Yes, Approved by Purchasing	
	<input checked="" type="checkbox"/> No		
MBE/WBE Contractor	<input type="checkbox"/> MBE	Completed E-Verify Form Attached	<input type="checkbox"/> Yes
	<input type="checkbox"/> WBE		<input type="checkbox"/> No
Project Name	Olive Street Garage #1 Heater Replacement		
Project Number			
Funding Source	620-06-604-606		
Account No.	439001		
Amount	\$16,800		
Terms of Contract			
Purpose/Description	Replacement of failing heating units and ventilation.		

For Change Orders Only

Amount of	<input type="checkbox"/>	Increase	\$
	<input type="checkbox"/>	Decrease	(\$)
Previous Amount		\$	
		Increase	%
Current Percent of Change:		Decrease	(%)
New Amount		\$	
		Increase	%
Total Percent of Change:		Decrease	(%)
Time Extension Amount:			
New Completion Date:			