

# RESOLUTION OF THE TOWNSHIP OF IRVINGTON, NJ

No. **DPW16-00927-26**

Date of Adoption **SEPTEMBER 27, 2016**

APPROVED AS TO FORM AND LEGALITY ON THE BASIS OF FACTS SET FORTH BY

*Legislative Research Officer*

PRESENTED BY COUNCIL MEMBER

**JONES**

SECONDED BY

**COX**

## AWARD AN EMERGENCY SEWER REPAIR CONTRACT FOR A SEWER FAILURE ON BROOKSIDE AVE

WHEREAS, a portion of the sanitary sewer located on Brookside Ave collapsed on March 26, 2016, and:

WHEREAS, the work needed to repair this sewer is beyond the current capabilities of the Department of Public Works and it is not practical for the Department of Public Works, and

WHEREAS, this situation constitutes a threat to public health, safety and welfare and the Director of Public has declared an emergency, and;

WHEREAS, Your Way Construction was called and the required repairs were done for the total sum of \$42,420.00 and;

WHEREAS, the Director of Public Works has concurred with the amount and recommends that an emergency contract be awarded to Your Way Construction of 404 Coit Street, Irvington NJ 07111, and;

NOW, THEREFORE, BE IT RESOLVED BY THE MUNICIPAL COUNCIL OF THE TOWNSHIP OF IRVINGTON that it ratifies the decision of the Director of Public Works to authorize an emergency contract in the amount of \$42,420.00 to Your Way Construction of Irvington, NJ 07111 to repair the sanitary sewer located at Brookside Ave.

BE IT FUTHER RESLOVED, that the required certification of availability of funds C6-00215 in the amount of \$42,420.00 from account number 6-01-21-165-165-299 has been obtained from the Chief Financial Officer to repair the sewer emergency.

BE IT FUTHER RESLOVED, that a copy of this resolution and entire emergency package shall be forward to the Director of Division of Local Government Services.

### RECORD OF COUNCIL VOTE

X = Indicates Vote N.V. = No Vote A.B. = Absent

| COUNCIL MEMBER              | YES | NO | N.V. | A.B. | COUNCIL MEMBER           | YES | NO | N.V. | A.B. |
|-----------------------------|-----|----|------|------|--------------------------|-----|----|------|------|
| BURGESS, 1ST VICE PRESIDENT | X   |    |      |      | INMAN                    | X   |    |      |      |
| COX                         | X   |    |      |      | JONES, 2ND VICEPRESIDENT | X   |    |      |      |
| FREDERIC                    | X   |    |      |      | LYONS, PRESIDENT         | X   |    |      |      |
| DR. HUDLEY                  | X   |    |      |      |                          |     |    |      |      |

PRESIDENT OF COUNCIL *David Jones* MUNICIPAL CLERK *Sheldene* DATE SEPTEMBER 27, 2016

I hereby certify that the foregoing is a true copy of a Resolution duly adopted by the Municipal Council. In witness whereof I have hereunto set my hand and the Corporate Seal of the Township of Irvington.

MUNICIPAL CLERK

DATE **SEP 27 2016**

ADMINISTRATOR ☐ ASSESSOR ☐ BLDG ☐ CFO ☒ COLLECTOR ☐ COURT ☐ ENGINEER ☒ FIRE ☒ HEALTH ☐ HOUSING ☐ INIC ☐ JUDGE ☐  
LEGAL ☒ LIBR ☐ LICEN ☐ MAYOR ☐ OCDP ☐ PARKS ☐ PAYROLL ☐ PUBLIC SAFETY ☐ DIR ☐ PUBLIC WORKS ☒ PURCHASING ☒ SEC ☐ PB/ZBA ☐  
TRAFFIC ☐ ZONING ☐ OFF ☐ DLGS ☒ GNCD ☐ OTHER(S): Recycling Coord.



DPW 16-0927-26

**TOWNSHIP OF IRVINGTON**  
**OFFICE OF THE TOWNSHIP CLERK**  
MUNICIPAL BUILDING  
CIVIC SQUARE  
IRVINGTON, NEW JERSEY 07111  
Tel: (973) 399-6664  
Fax: (973) 416-6417  
[www.irvington.net](http://www.irvington.net)

Harold E. Wiener, R.M.C., C.M.C., M.M.C.  
Municipal Clerk

September 28, 2016

Timothy Cunningham, Director  
Division of Local Government Services  
101 South Broad Street  
Post Office Box 803  
Trenton, N.J. 08625-0803

Dear Director Cunningham:

Enclosed herewith please find one certified copy of two resolutions authorizing an emergency contract and accompanying backup documents. Said resolutions were duly adopted by the Municipal Council of the Township of Irvington on September 27, 2016.

Very truly yours,

Harold E. Wiener, RMC, MMC  
Municipal Clerk

enclosure (1)

cc: Revenue & Finance Director Ra'Oof  
Qualified Purchasing Agent Headley

Certification Of Availability of Funds

This is to certify to the of the Township of Irvington that funds for the following resolutions are available.

Resolution Date: 06/30/16  
Resolution Number: C6-00215

Vendor: YOURWA01 YOUR WAY CONSTRUCTION, INC  
404 COIT STREET  
IRVINGTON, NJ 07111

Contract: C6-00215 ER SEWER REPAIR BROOKSIDE AVE

| Account Number      | Amount    | Department Description    |
|---------------------|-----------|---------------------------|
| 6-01-21-165-165-299 | 42,420.00 | DEPARTMENT OF ENGINEERING |
| Total               | 42,420.00 |                           |

Only amounts for the 2016 Budget Year have been certified. Amounts for future years are contingent upon sufficient funds being appropriated.

  
\_\_\_\_\_  
Chief Financial Officer



TOWNSHIP OF IRVINGTON  
Department of Public Works  
Irvington Municipal Building  
Civic Square, Irvington, NJ 07111  
Tel: 973-399-6690 Fax: 973-399-6798

Tony Vauss, Mayor  
Jamel Holley, Director  
Glen Vick, Asst. Director

To: Tony Vauss, Mayor

From: Jamel C. Holley, Public Works Director

Re: Emergency Sewer Service-Your Way Construction

Date: July 15, 2016

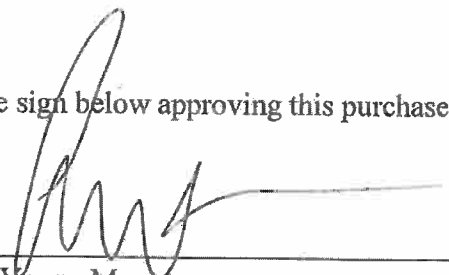
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On March 26, 2016, there was an emergency sewer repair needed at 169 Brookside Avenue.

The work needed to repair this sewer line was beyond the current capabilities of the Department of Public Works, and this situation constituted a threat to public health, safety and welfare.

An emergency request is being made to cover the cost of services totaling \$42,420.00 completed by Your Way Construction.

Please sign below approving this purchase.

  
\_\_\_\_\_  
Tony Vauss, Mayor

## N.J. Division of Local Government Services

### EMERGENCY PROCUREMENT REPORT

This report is to be filed by the contracting agent of the public agency with the Director of the Division of Local Government Services within 30 days of the date the emergency contract was issued. Please provide the necessary information to satisfactorily complete the report. Refer to the Instructions accompanying this form and the statutory and regulatory citations on the reverse of this form.

This form is designed to be completed using Microsoft Word; if not completed that way, please print it out.

r repair beyond the capabilities  
reat to the public health, safety,

|                                                                                                                     |                                                                                     |                                        |           |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|-----------|
| 1. Name of Public Agency:                                                                                           | Township of Irvington                                                               | County:                                | Essex     |
| 2. Date Emergency occurred:                                                                                         | 3/26/16                                                                             | Time emergency occurred:               | 5:30 p.m. |
| 3. Date emergency declared:                                                                                         | 3/26/16                                                                             | Time emergency declared:               | 5:45 p.m. |
| 4. Agency/department responsible for determining there was an emergency:                                            | Irvington Department of Public Works                                                |                                        |           |
| 5. Name and title of the official in charge of that agency:                                                         | Director Jamel C. Holley                                                            |                                        |           |
| 6. Describe the condition or circumstance pertaining to the emergency (attach additional sheets if necessary):      |                                                                                     |                                        |           |
|                                                                                                                     |                                                                                     |                                        |           |
| 7. Name and title of the individual who determined the matter was an emergency and authorized award of contract(s): | Director Jamel C. Holley                                                            |                                        |           |
| 8. The total (or estimated) cost of providing the goods or performing services was:                                 | \$ 42,420                                                                           |                                        |           |
| 9. List the names the contractors/suppliers receiving 25% or more of the contracts awarded under the emergency:     |                                                                                     |                                        |           |
| YourWay Construction                                                                                                |                                                                                     |                                        |           |
|                                                                                                                     |                                                                                     |                                        |           |
|                                                                                                                     |                                                                                     |                                        |           |
|                                                                                                                     |                                                                                     |                                        |           |
| 10. When was the notification reduced to writing and filed with the purchasing agent?                               |                                                                                     | 7/15/16                                |           |
| 11. Has the public agency adopted a "chain of command" procedure pursuant to N.J.A.C.5:34-6.1?                      |                                                                                     | <input checked="" type="checkbox"/> NO |           |
| This report was completed by (name and title):                                                                      |                                                                                     |                                        |           |
| Secretary to Dept. Head                                                                                             |                                                                                     | Asmita Mitchell                        |           |
| Name and Address of agency contact person:                                                                          |                                                                                     | Althea Headley Q PA C973-399-6717      |           |
| Signature:                                                                                                          |  |                                        | Date:     |

Submit by mail or fax to:

Director, Division of Local Government Services

P.O. Box 803

Trenton, New Jersey 08625-0803

Fax: 609-633-6243



**YOUR WAY CONSTRUCTION INC.**  
**404 COIT STREET, IRVINGTON NJ 07111**  
**O: (973) 849-6614**  
**F: (973) 900-9184**  
**general@yway.comcastbiz.net**

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 3/28/2016 | DPW-16 6  |

| Bill To                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------|
| Township of Irvington<br>Department of Public Works<br>Municipal Building - Rm. 209<br>1 Civic Square<br>Irvington, NJ 07111 |

| P.O. No. |
|----------|
|          |

| Item                                                        | Description                                                                                                                                              | Rate                    | Qty | Amount    |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----|-----------|
| Other                                                       | EMERGENCY SEWER REPLACEMENT - ADDITIONAL WORK<br><br>Extra 60 LF of 16" Sewer Main Replacement<br><br>Location address: 169 Brookside Ave., Irvington NJ | 300.00                  | 60  | 18,000.00 |
| All work is complete!<br>We appreciate your prompt payment. |                                                                                                                                                          | Sales Tax (0.0%) \$0.00 |     |           |
|                                                             |                                                                                                                                                          | Total \$18,000.00       |     |           |
|                                                             |                                                                                                                                                          | Payments/Credits \$0.00 |     |           |
|                                                             |                                                                                                                                                          | Balance Due \$18,000.00 |     |           |



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| 3/28/2016 | DPW-16 5  |

| Bill To                                                                                                                      |
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| P.O. No. |
|----------|
|          |

| Item  | Description                                                                                                               | Rate      | Qty | Amount    |
|-------|---------------------------------------------------------------------------------------------------------------------------|-----------|-----|-----------|
| Other | Emergency Sewer Replacement<br>- Replace 48 I.P of sewer main<br><br>Location address: 169 Brookside Avenue, Irvington NJ | 24,420.00 | 1   | 24,420.00 |

|                                                             |                    |  |             |
|-------------------------------------------------------------|--------------------|--|-------------|
| All work is complete!<br>We appreciate your prompt payment. | Sales Tax (0.0%)   |  | \$0.00      |
|                                                             | <b>Total</b>       |  | \$24,420.00 |
|                                                             | Payments/Credits   |  | \$0.00      |
|                                                             | <b>Balance Due</b> |  | \$24,420.00 |

**LWD**

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (800) 292-2283.

**SUBMIT TO PUBLIC BODY OR LESSOR**

Date: 04/04/16

1. PEDRO COSTA

(Name of signatory party)

PRESIDENT

(Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by YOUR WAY CONSTRUCTION on the 169 Brookside Avenue, Irvington NJ (Contractor or Subcontractor) (Project Name and Location) that during the payroll period beginning on 03/21/16 (Date) and ending on 03/26/16 (Date), all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said YOUR WAY CONSTRUCTION (Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work to be performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That

(a) ☐ WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) ☒ WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

| EXCEPTIONS (CRAFT) |
|--------------------|
|                    |
|                    |
|                    |
|                    |
|                    |

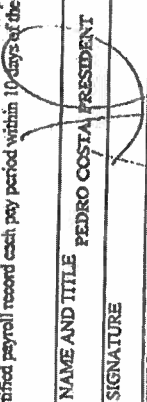
REMARKS

PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE\*

- 1) Medical or hospital coverage ☐  
2) Dental coverage ☐  
3) Pension or Retirement ☐  
4) Vacation, Holidays ☐  
5) Sick days ☐  
6) Life Insurance ☐  
7) Other (Explain) ☐

\* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or labor a certified payroll record each pay period within 10 days of the payment of wages.

|                                                                                                                                                                                                                       |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| NAME AND TITLE                                                                                                                                                                                                        | PEDRO COSTA, PRESIDENT                                                              |
| SIGNATURE                                                                                                                                                                                                             |  |
| THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ. |                                                                                     |