



The City of
OKLAHOMA CITY
FINANCE DEPARTMENT
PROCUREMENT SERVICES DIVISION

Renewal No. 2

APPROVED BY THE OKLAHOMA CITY
WATER UTILITIES TRUST
AT THEIR MEETING June 18 2024

May 31, 2024

OKC Metro Alliance, Inc.
Attn: Jennifer Francis, Executive Director
1940 Linwood Blvd.
Oklahoma City, OK 73106

APPROVED
7-2-2024
BY THE CITY COUNCIL
Angie M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity requests to renew Contract No. SS24-C233027 - To provide the operation of a non-medical detoxification center and additional program services, including but not limited to, clerical support services, grounds maintenance services, supervised painting, and janitorial services, for the period of July 1, 2024 to June 30, 2025.

Please indicate your concurrence or non-concurrence by completing the requested information, including signature and return to me. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document. This document will be attached to your contract as an amendment.

If you have any questions, please contact me at (405) 297-3995 or Monica.Hardesty@okc.gov.

Thank you,

Monica Hardesty
Monica Hardesty, Senior Buyer
Finance Department - Procurement Services

[☒] Yes, I agree to the contract renewal
[☐] No, I do not agree to amend the contract.

Sign Here

x

Signature of Individual

Jennifer Francis

Executive Director

Title



OKCMETR-01

DIVEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2024

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 BancFirst Insurance Services, Inc. 13230 Pawnee Drive, Suite 205 Oklahoma City, OK 73114	CONTACT NAME:	PHONE (A/C, No, Ext): (405) 948-7930	FAX (A/C, No): (405) 948-7346
	E-MAIL ADDRESS:		
INSURED OKC Metro Alliance, Inc. 1940 Linwood Blvd Oklahoma City, OK 73106	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Scottsdale Insurance Company		41297
	INSURER B : National Fire & Marine Ins Co		20079
	INSURER C : CompSource Mutual Insurance Company		36188
	INSURER D : Federal Insurance Company		20281
	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	X		OPS1586579	6/3/2024	6/3/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							EMPLOYEE BENEFIT \$ 3,000,000
B	AUTOMOBILE LIABILITY			73APB006892	7/25/2023	7/25/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per person) \$					
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			00383985241	3/1/2024	3/1/2025	PER STATUTE OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A	E.L. EACH ACCIDENT \$ 500,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors & Officers			82111620	6/3/2024	6/3/2025	Max annual limit 2,000,000
A	Professional Liabili			OPS1586579	6/3/2024	6/3/2025	Each Claim 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contract# SS24-C233027

The Oklahoma City Water Utilities and the City of Oklahoma City and its Trusts are additional insured on all policies if required by written contract subject to all provisions and limitations of the policies.

CERTIFICATE HOLDER

CANCELLATION

The Oklahoma City Water Utilities & City of Oklahoma City and its trust Fin. Dept, Procurement Serv Div 100 N Walker Ave., Ste 200 Oklahoma City, OK 73102	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