BOARD OF SUPERVISORS

MADISON COUNTY, MISSISSIPPI

Department of Engineering Tim Bryan, P.E., County Engineer 3137 South Liberty Street, Canton, MS 39046 Office (601) 790-2525 FAX (601) 859-3430

MEMORANDUM

August 24, 2023

To: Sheila Jones, Supervisor, District I Trey Baxter, Supervisor, District II Gerald Steen, Supervisor, District III Karl Banks, Supervisor, District IV Paul Griffin, Supervisor, District V

From: Tim Bryan, P.E. County Engineer

Re: Permission to Subcontract STP-6988-00(003)/106992-701000 Subcontract Requests Reunion Parkway Phase 3

The Engineering Department requests that the Board allow Hemphill Construction Company Inc. to subcontract work to the following subcontractors:

• Tremac Resteel

and to authorize the Board President to sign RSP #5 form for Reunion Parkway Phase 3 for approval for the subcontract.

GERALD STEEN District Three KARL BANKS District Four PAUL GRIFFIN District Five

RPS-1 Rev. 6/19	Local Public Agency: Madison County									
	REQUEST	FOR	PERMISSION	ΤO	SU	UBCONTRACT				
				Request No.		005				
				Contrac	t No.					
						STP-6968-00(003)LPA/106992-701000				

Madison

Gentlemen:

County

I [We] [the prime contractor] [a subcontractor] propose to subcontract the following items to Tremac Resteel

, named in accordance with Special Provisions providing for subcontracting included in our contract. In the event of your disapproval of this subcontractor or your disapproval of performance of such subcontractor at any time, I [we] agree to perform such items of work with my (our) own organization in full compliance with all applicable terms of our contract. I (we) agree that this procedure will not relieve us of any of the responsibilities under our contract.

It is agreed and understood that the approval or disapproval of the subcontractor and approval or disapproval of the performance of subcontractor does not create or impute any liability or contractual obligation by and between the subcontractor and the Local Public Agency.

I [We] the prime contractor agree that this procedure will not relieve us of any of the responsibilities and obligations of our contract and I (we) shall indemnify and save harmless the Local Public Agency from all claims, demands, suits, damages, costs, and expenses and loss [including attorney's fees] arising or resulting from this subcontract.

I [We] certify that said party is particularly experienced and equipped for such work and that the subcontract is evidenced in writing and that it contains all pertinent provisions and requirements of the prime contract and that all pertinent conditions and requirements of our contract with the Local Public Agency covering this project have been explained to the proposed subcontractor and that when applicable federally required contract provisions are physically incorporated into the agreement furnished to the subcontractor.

I [We] have attached a copy of said subcontract to this request.

I [We] have attached the completed LPA forms NRAA-1, and SCC-1 for Federal Aid projects.

MS 39130

Madison.

The prices shown below are the prime contract unit prices:

ITEM 805-A001 Reinforcement (Portion)	QUANTITY	UNIT lb s	PRIME CONT, UNIT PRICE \$.580		AM(\$ 350,885,50		OUNT				
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I [We] hereby certify that the persons or firms nar as subcontractors was with the knowledge and consent of	ned above	Total This Requ	est \$ <u>3</u>	50,885.50		=_1.	54	_%			
or firms named.	the persons	Previous Reque						%			
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Conjurgition		Quantities Ch	ecked:	•••			······				
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Signature.	MMUTH	Approval Reco	mmended	: Ymri	5]	44	_, 20 <u>2</u>	<u> </u>			
Address: P.O. Frawer 875		1									
Florence MS 39073		CE&I Engineer / Architect									
I (We) hereby certify that the use of our names as sub	unalization										
on the above items, was and is with our knowledge and co	nsenl.	Approved:					. 20				
Date AUQUST 16	2023						_, _0				
Tremac Resteel, Inc.											
(Sub) Subcontractor		Chief LPA Official (Signature)									
Federal Tax ID: 104-0872189											
By: Cameron Muphail		NOTE: The su	bcontract	items of all s	subcont	racts shall	l not				
Address: P.O. Box 1422				ne total contr Please subm				is			

% of the total contract amount exclusive of specialty items. Please submit signed original documents on all requests.