

**TO: Mayor and City Council**

**FROM: Jed Petersen, Public Works Director**

**SUBJECT: MNDOT Metro Snow Removal Services**

**MEETING DATE: Tuesday, November 12, 2024**

**BACKGROUND**

MNDOT Metro requires a new service agreement each year for snow removal on trunk highways within municipalities. Please find attached the equipment we use to perform the snow removal and the price charged out per hour. The Metro snow removal area is on 4<sup>th</sup> Street from Main Street to North of the Big Cannon River.

MNDOT pays for the accumulating and loading of the snow and the city pays for the hauling and dumping of the snow.

**REQUESTED COUNCIL ACTION**

Motion and approval of the Cooperative Snow Removal Agreement with the Minnesota Department of Transportation.



# Minnesota Department of Transportation INFORMAL BID FOR SERVICES AND RENTALS

INSTRUCTIONS: Prepare one copy for each unit bid. Send to the Area maintenance Office.\*

## THE UNDERSIGNED AGREES TO FURNISH THE FOLLOWING EQUIPMENT AT THE RATE BID AND ACCORDING TO THE FOLLOWING PROVISIONS:

For completion by Mn/DOT

- The earnings under this bid are limited to \$15,000 for competitive bids (3 bids where practical).
- The rental rate shall include all supplies necessary, except as noted, to operate the equipment and maintain it in proper order, and \_\_\_\_\_ Be vendor operated; or \_\_\_\_\_ Be Mn/DOT operated—with supplies noted in the description space below. (Check appropriate blank)
- When owner provides the operator, she/he shall furnish to the Area Maintenance Office a Certification of Insurance for:
  - Public Liability and Property Damage coverage to cover this equipment.
  - Worker's Compensation coverage as required by State law, covering workers furnished by the owner.
 Payment will not be made for equipment rental until the insurance certificate has been furnished.
- When Mn/DOT operated, physical damage insurance by : Self \_\_\_\_\_ Vendor \_\_\_\_\_  
D.O.A. \_\_\_\_\_ (When D.O.A. is used, call State Equipment Engineer.)

For completion by Owner

Description of Equipment 1999 John Deere 772 CH

Type Motor Grader

Description \_\_\_\_\_

Bid Rate Per Unit of Measure \$ 207 Unit of Measure (Completed by Mn/DOT) \_\_\_\_\_

MN Tax ID No. or Soc. Sec. No. (Name on Soc. Sec. Card-if used for I.D. Number) 8021053

**OWNER** (fill in information below)

Name/Company City of Cannon Falls Date 10/25/2024

Address (city, state, zip) 918 River Road, Cannon Falls, MN 55009 Phone No. ( 507 ) 263-9344

Authorized Signature Jed Petersen Title Public Works Director

For Department Use ONLY

Name of Person Soliciting Bid	Title	Date

Location of Work Where Equipment Will Be Used

Expiration Date	Accepted by	Date

\* A copy will be returned to the successful bidder after approval.



# Minnesota Department of Transportation INFORMAL BID FOR SERVICES AND RENTALS

INSTRUCTIONS: Prepare one copy for each unit bid. Send to the Area maintenance Office.\*

## THE UNDERSIGNED AGREES TO FURNISH THE FOLLOWING EQUIPMENT AT THE RATE BID AND ACCORDING TO THE FOLLOWING PROVISIONS:

For completion by Mn/DOT

1. The earnings under this bid are limited to \$15,000 for competitive bids (3 bids where practical).
2. The rental rate shall include all supplies necessary, except as noted, to operate the equipment and maintain it in proper order, and \_\_\_\_\_ Be vendor operated; or \_\_\_\_\_ Be Mn/DOT operated—with supplies noted in the description space below. (Check appropriate blank)
3. When owner provides the operator, she/he shall furnish to the Area Maintenance Office a Certification of Insurance for:
  - a. Public Liability and Property Damage coverage to cover this equipment.
  - b. Worker's Compensation coverage as required by State law, covering workers furnished by the owner.
 Payment will not be made for equipment rental until the insurance certificate has been furnished.
4. When Mn/DOT operated, physical damage insurance by : Self \_\_\_\_\_ Vendor \_\_\_\_\_  
D.O.A. \_\_\_\_\_ (When D.O.A. is used, call State Equipment Engineer.)

For completion by Owner	
Description of Equipment <u>2010 New Holland articulated 4WD Tractor</u>	
Type <u>TV6070</u>	
Description <u>8' Fair 2 Stage Snow Blower</u>	
Bid Rate Per Unit of Measure \$ <u>250</u> Unit of Measure (Completed by Mn/DOT) _____	
MN Tax ID No. or Soc. Sec. No. (Name on Soc. Sec. Card-if used for I.D. Number) <u>8021053</u>	
<b>OWNER</b> (fill in information below)	
Name/Company <u>City of Cannon Falls</u>	Date <u>10/25/2024</u>
Address (city, state, zip) <u>918 River Road, Cannon Falls, MN 55009</u> Phone No. ( <u>507</u> ) <u>263-9344</u>	
Authorized Signature <u>Jed Petersen</u>	Title <u>Public Works Director</u>

For Department Use ONLY

Name of Person Soliciting Bid	Title	Date
-------------------------------	-------	------

Location of Work Where Equipment Will Be Used \_\_\_\_\_

Expiration Date	Accepted by	Date
-----------------	-------------	------

\* A copy will be returned to the successful bidder after approval.



**Minnesota Department of Transportation**  
**INFORMAL BID FOR SERVICES AND RENTALS**

INSTRUCTIONS: Prepare one copy for each unit bid. Send to the Area maintenance Office.\*

**THE UNDERSIGNED AGREES TO FURNISH THE FOLLOWING EQUIPMENT AT THE RATE BID AND ACCORDING TO THE FOLLOWING PROVISIONS:**

For completion by Mn/DOT

1. The earnings under this bid are limited to \$15,000 for competitive bids (3 bids where practical).
2. The rental rate shall include all supplies necessary, except as noted, to operate the equipment and maintain it in proper order, and \_\_\_\_\_ Be vendor operated, or \_\_\_\_\_ Be Mn/DOT operated—with supplies noted in the description space below. (Check appropriate blank)
3. When owner provides the operator, she/he shall furnish to the Area Maintenance Office a Certification of Insurance for:
  - a. Public Liability and Property Damage coverage to cover this equipment.
  - b. Worker's Compensation coverage as required by State law, covering workers furnished by the owner.
 Payment will not be made for equipment rental until the insurance certificate has been furnished.
4. When Mn/DOT operated, physical damage insurance by : Self \_\_\_\_\_ Vendor \_\_\_\_\_  
 D.O.A. \_\_\_\_\_ (When D.O.A. is used, call State Equipment Engineer.)

For completion by Owner

Description of Equipment 2014 John Deere 624 K 4WD Loader

Type Pay Loader

Description Craig 301-11 FMDPF Reversible Plow and Wing

Bid Rate Per Unit of Measure \$ 234 Unit of Measure (Completed by Mn/DOT) \_\_\_\_\_

MN Tax ID No. or Soc. Sec. No. (Name on Soc. Sec. Card-if used for I.D. Number) 8021053

**OWNER** (fill in information below)

Name/Company City of Cannon Falls Date 10/25/2024

Address (city, state, zip) 918 River Rd Cannon Falls, MN 55009 Phone No. ( 507 ) 263-9344

Authorized Signature Jed Petersen Title Public Works Director

For Department Use ONLY

Name of Person Soliciting Bid	Title	Date
Location of Work Where Equipment Will Be Used		
Expiration Date	Accepted by	Date

\* A copy will be returned to the successful bidder after approval.



# Minnesota Department of Transportation INFORMAL BID FOR SERVICES AND RENTALS

INSTRUCTIONS: Prepare one copy for each unit bid. Send to the Area maintenance Office.\*

### THE UNDERSIGNED AGREES TO FURNISH THE FOLLOWING EQUIPMENT AT THE RATE BID AND ACCORDING TO THE FOLLOWING PROVISIONS:

For completion by Mn/DOT

1. The earnings under this bid are limited to \$15,000 for competitive bids (3 bids where practical).
2. The rental rate shall include all supplies necessary, except as noted, to operate the equipment and maintain it in proper order, and \_\_\_\_\_ Be vendor operated; or \_\_\_\_\_ Be Mn/DOT operated—with supplies noted in the description space below. (Check appropriate blank)
3. When owner provides the operator, she/he shall furnish to the Area Maintenance Office a Certification of Insurance for:
  - a. Public Liability and Property Damage coverage to cover this equipment.
  - b. Worker's Compensation coverage as required by State law, covering workers furnished by the owner.
 Payment will not be made for equipment rental until the insurance certificate has been furnished.
4. When Mn/DOT operated, physical damage insurance by : Self \_\_\_\_\_ Vendor \_\_\_\_\_  
D.O.A. \_\_\_\_\_ (When D.O.A. is used, call State Equipment Engineer.)

For completion by Owner

Description of Equipment 2024 John Deere Blower/Blade

Type John Deere 1585

Description Blower/blade for sidewalks

Bid Rate Per Unit of Measure \$ 56 Unit of Measure \_\_\_\_\_ (Completed by Mn/DOT)

MN Tax ID No. or Soc. Sec. No. (Name on Soc. Sec. Card-if used for I.D. Number) 8021053

**OWNER** (fill in information below)

Name/Company City of Cannon Falls Date 10/25/024

Address (city, state, zip) 918 River Road, Cannon Falls, MN 55009 Phone No. ( 507 ) 263-9344

Authorized Signature Jed Petersen Title Public Works Director

For Department Use ONLY

Name of Person Soliciting Bid	Title	Date
-------------------------------	-------	------

Location of Work Where Equipment Will Be Used

Expiration Date	Accepted by	Date
-----------------	-------------	------

\* A copy will be returned to the successful bidder after approval.





# Minnesota Department of Transportation INFORMAL BID FOR SERVICES AND RENTALS

INSTRUCTIONS: Prepare one copy for each unit bid. Send to the Area maintenance Office.\*

### THE UNDERSIGNED AGREES TO FURNISH THE FOLLOWING EQUIPMENT AT THE RATE BID AND ACCORDING TO THE FOLLOWING PROVISIONS:

For completion by Mn/DOT

- The earnings under this bid are limited to \$15,000 for competitive bids (3 bids where practical)
- The rental rate shall include all supplies necessary, except as noted, to operate the equipment and maintain it in proper order, and \_\_\_\_\_ Be vendor operated; or \_\_\_\_\_ Be Mn/DOT operated—with supplies noted in the description space below. (Check appropriate blank)
- When owner provides the operator, she/he shall furnish to the Area Maintenance Office a Certification of Insurance for:
  - Public Liability and Property Damage coverage to cover this equipment.
  - Worker's Compensation coverage as required by State law, covering workers furnished by the owner.
 Payment will not be made for equipment rental until the insurance certificate has been furnished.
- When Mn/DOT operated, physical damage insurance by : Self \_\_\_\_\_ Vendor \_\_\_\_\_  
D.O.A. \_\_\_\_\_ (When D.O.A. is used, call State Equipment Engineer.)

For completion by Owner

Description of Equipment 2024 John Deere Track 325 G

Type Track Skid Loader

Description Virnig Model HS BP 132 Plow

Bid Rate Per Unit of Measure \$ 147 Unit of Measure (Completed by Mn/DOT) \_\_\_\_\_

MN Tax ID No. or Soc. Sec. No. (Name on Soc. Sec. Card-if used for I.D. Number) 8021053

**OWNER** (fill in information below)

Name/Company City of Cannon Falls Date 10/25/2024

Address (city, state, zip) 918 River Road, Cannon Falls, MN 55009 Phone No. ( 507 ) 263 - 9344

Authorized Signature Jed Petersen Title Public Works Director

For Department Use ONLY

---

Name of Person Soliciting Bid \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

Location of Work Where Equipment Will Be Used \_\_\_\_\_

---

Expiration Date \_\_\_\_\_ Accepted by \_\_\_\_\_ Date \_\_\_\_\_

\* A copy will be returned to the successful bidder after approval.

**CITY OF CANNON FALLS  
GOODHUE COUNTY, MINNESOTA**

**RESOLUTION NUMBER 2791**

**A RESOLUTION APPROVING A COOPERATIVE SNOW REMOVAL  
AGREEMENT WITH THE MINNESOTA DEPARTMENT OF  
TRANSPORTATION**

**WHEREAS**, joint snow removal by municipalities and the Minnesota Department of Transportation (MnDOT) on state roads is standard policy; and

**WHEREAS**, it is in the best interest of the City of Cannon Falls to enter into a Snow Removal Agreement with MnDOT.

**NOW, THEREFORE, BE IT RESOLVED**, by the City Council of the City of Cannon Falls, Goodhue County, Minnesota, that the City of Cannon Falls shall remove all snow from the following roadways: 4<sup>th</sup> St. from Main Street to north of bridge over Big Cannon River.

**BE IT FURTHER RESOLVED**, that MnDOT shall pay all expenses incurred for accumulating and loading said snow and the City of Cannon Falls shall pay for the hauling and dumping of same.

**ADOPTED** by the City Council of Cannon Falls this 12th day of November, 2024.

**CITY OF CANNON FALLS**

\_\_\_\_\_  
Matt Montgomery, Mayor

ATTEST: \_\_\_\_\_  
Neil L. Jensen, City Administrator