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State of New Hampshire  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

JOSEPH B. BOUCHARD  
Assistant Commissioner  
(603)-271-3204

Bureau of Public Works  
Design and Construction  
Project No. 80742R – Contract C

October 23, 2015

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Gary Chicoine Construction, Corp. (VC# 269024) Weare, NH, for a total price not to exceed \$1,699,500, for the Strafford Patrol Shed, Strafford, NH. This contract is effective upon Governor and Council approval through October 28, 2016, unless extended in accordance with the contract terms. **100% Capital - Highway Funds.**

2). Further authorize the amount of \$80,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$1,779,500. **100% Capital - Highway Funds.**

Funding is available in account titled Department of Transportation as follows:

04-96-96-960030-79910000	New Patrol Shed	<u>SFY16</u>
034-500161	– New Construction	\$ 10,000

04-96-96-960030-82890000	Strafford Patrol Shed	SFY16
034-500161	– New Construction	\$1,689,500
034-500161	– Interagency Fees	\$ 80,000
		<u>\$1,769,500</u>
	<b>Grand Total</b>	\$1,779,500

**EXPLANATION**

Per Chapter 195:2, II, F, Laws of 2013, for a New Patrol Shed Strafford, as extended by Chapter 220:23,105 and Chapter 220:2, III, D laws of 2015 for 602 Strafford Patrol Shed. This project includes demolition and replacement of existing patrol shed with construction of new 5,000 square foot building and associated site improvements including underground utility connections.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Transportation has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80742R, Contract C – Construct Strafford Patrol Shed

DESCRIPTION: Work of the Project includes demolition and replacement of existing patrol shed with construction of new 5,000 square foot building and associated site improvements including underground utility connections.

EXPLANATION: The current facility is undersized to meet level of service requirements and is not capable of storing maintenance vehicles. The current building constructed in 1864 does not meet modern building codes, is considered obsolete, and not energy efficient.

OVER ESTIMATE

EXPLANATION: The amount as bid is within 5% of the estimate and is considered to be within acceptable standards. In order to remain within budget we reduced each allowance by \$5,000 resulting in a negotiated contract price of \$1,699,500.

DEPARTMENT

ESTIMATE: \$1,610,000

LOW BID: \$1,699,500 (negotiated)

**BIDDER SUMMARY**

PROJECT NAME: STRAFFORD PATROL SHED (PS602) NON-FEDERAL 80742R-C  
 PROJECT NUMBER: 80742R-C  
 COUNTY: STRAFFORD COUNTY 017  
 BID OPENING DATE: 09/16/2015  
 SCOPE OF WORK: CONSTRUCT 5,000 S.F. PATROL SHED INCLUDING DEMOLITION OF EXISTING BUILDINGS, NEW UTILITIES AND ASSOCIATED SITEWORK  
 LOCATION: 1101 PARKER MOUNTAIN ROAD, STRAFFORD, NH  
 COMPLETION DATE: 10/28/2016

**BID RESULTS**

A	GARY CHICOINE CONSTRUCTION CORP - 20 B&B LANE WEARE NH 03281	\$ 1,709,500.00	✓	ACCEPTED
B	CARENO CONSTRUCTION CO INC - 270 WEST ROAD STE 4 PORTSMOUTH, NH 03801	\$ 1,725,875.00		ACCEPTED
C	DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044	\$ 1,769,000.00		ACCEPTED
D	MARK CARRIER CONSTRUCTION INC (B001) - SUITE 101 175 LINCOLN STREET MANCHESTER, NH 00	\$ 1,784,004.00		ACCEPTED
E	FINE BROOK CORPORATION - 37 ROUTE 236 SUITE 105 KITTERY, ME 03904	\$ 1,839,736.00		ACCEPTED
F	J.C.N. CONSTRUCTION CO., INC. - 155 DOW STREET SUITE 301 MANCHESTER, NH 03101	\$ 2,217,000.00		ACCEPTED

Item 1 : \$1,164,000 -  
 Item 2 : \$430,000 -  
 Item 3 : \$900,000 -  
 Item 4 : \$251,000 - ✓  
 Total : \$1,709,500 - ✓

Awarded to Gary Chicoine Const. Corp -  
 The award

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	PATROL BUILDING	EA	1.00	\$ 1,175,000.00	\$ 1,175,000.00	\$ 1,164,000.00	\$ 1,164,000.00	\$ 1,285,875.00	\$ 1,285,875.00
902.00	ALL SITEWORK	EA	1.00	\$ 320,000.00	\$ 320,000.00	\$ 430,500.00	\$ 430,500.00	\$ 325,000.00	\$ 325,000.00
903.00	ALLOWANCE #1	\$	90,000.00	\$ 1.00	\$ 90,000.00	\$ 1.00	\$ 90,000.00	\$ 1.00	\$ 90,000.00
904.00	ALLOWANCE #2	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
					\$ 1,610,000.00		\$ 1,759,500.00		\$ 1,725,875.00

ITEM NO.	DESCRIPTION	PS&E			C			D		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	PATROL BUILDING	EA	1.00	\$ 1,175,000.00	\$ 1,175,000.00	\$ 1,154,000.00	\$ 1,154,000.00	\$ 1,206,217.00	\$ 1,206,217.00	
902.00	ALL SREWORX	EA	1.00	\$ 320,000.00	\$ 320,000.00	\$ 500,000.00	\$ 500,000.00	\$ 462,787.00	\$ 462,787.00	
903.00	ALLOWANCE #1	\$	90,000.00	\$ 1.00	\$ 90,000.00	\$ 1.00	\$ 90,000.00	\$ 1.00	\$ 90,000.00	
904.00	ALLOWANCE #2	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00	
					\$ 1,610,000.00		\$ 1,769,000.00		\$ 1,784,004.00	

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	FS&E		E		F	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	PATROL BUILDING	EA	1.00	\$ 1,175,000.00	\$ 1,175,000.00	\$ 1,316,590.00	\$ 1,316,590.00	\$ 1,658,000.00	\$ 1,658,000.00
902.00	ALL SITEWORK	EA	1.00	\$ 320,000.00	\$ 320,000.00	\$ 408,146.00	\$ 408,146.00	\$ 444,000.00	\$ 444,000.00
903.00	ALLOWANCE #1	\$	90,000.00	\$ 1.00	\$ 90,000.00	\$ 1.00	\$ 90,000.00	\$ 1.00	\$ 90,000.00
904.00	ALLOWANCE #2	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
					\$ 1,610,000.00		\$ 1,839,736.00		\$ 2,217,000.00

**GARY**

**CHICOINE CONSTRUCTION CORPORATION**

20 B & B LANE  
WEARE, NEW HAMPSHIRE 03281

(603) 529-1366  
(603) 529-1377 FAX

September 23, 2015

Mr. Roger E Dionne  
State of New Hampshire  
Department of Administrative Services  
P.O. Box 483, 7 Hazen Drive-Room 250  
Concord, NH 03302

RE: Contract Negotiation  
Strafford 80742R, Contract C-- Construct Patrol Building

Dear Mr. Dionne

This letter is in response to your letter dated September 22, 2015.  
We are in agreement with this offer as outlined and wish to proceed with a  
negotiated contract in the amount of \$1,699,500.

We thank you for the opportunity and look forward to working with you on this  
project.

Sincerely,



Gary Chicoine  
President





# INSURANCE BINDER

DATE (MM/DD/YYYY)

10/15/2015

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM**

AGENCY FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		COMPANY Acadia Ins Co.		BINDER # B15101590289	
PHONE (A/C, No, Ext): (603) 669-3218		FAX (A/C, No): (603) 645-4331		DATE EFFECTIVE TIME	
CODE: 00097491		SUB CODE:		DATE EXPIRATION TIME	
AGENCY CUSTOMER ID: 00097491		INSURED		12/1/2015 12:01	
Department of Administrative Services c/o Gary Chicoine Construction 20 B&B Lane Weare NH 03281		Construct Patrol Shed 1101 Parker Mountain Road Strafford, NH 03884 Department of Transportation Bureau of Public Works - Project Number 80742R		X AM PM 12:01 AM NOON	
		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY		PER EXPIRING POLICY #: OCP5229775	

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP	Owners & Contractors Protective Liability  RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 2,000,000
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$ 3,000,000
		PRODUCTS - COMPROP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Additional Named Insured
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
	Mark Ferdinando/vv1	



# INSURANCE BINDER

DATE (MM/DD/YYYY)

10/14/2015

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM**

AGENCY <b>FIAT/Cross Insurance</b> 1100 Elm Street  Manchester NH 03101		COMPANY <b>Acadia Insurance Group, LLC</b>		BINDER# <b>B15101490220</b>
PHONE (A/C, No, Ext): (603) 669-3218	FAX (A/C, No): (603) 645-4331	DATE EFFECTIVE	TIME	EXPIRATION DATE
CODE: AGENCY CUSTOMER ID: 00097491	SUB CODE:	12/1/2015	12:01	12/31/2015
INSURED Department of Administrative Services c/o Gary Chicoine Construction 20 B&B Lane Weare NH 03281		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY <input type="checkbox"/> PER EXPIRING POLICY # <b>CIM5229409</b>		
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Department of Administrative Services Location: 1101 Parker Mountain Road Strafford, NH 03884		

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Builders Risk Replacement Cost Earthquake & Flood Equipment Breakdown - PD	1,000 1,000 1,000	80	1,699,500 1,000,000 1,799,500
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	Department of Administrative Services  RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL: <input type="checkbox"/>	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE \$ STATED AMOUNT \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

**NAME & ADDRESS**

Department of Administrative Services 7 Hazen Drive, Room 250 P.O. Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Additional Named Insured
	LOAN #	
AUTHORIZED REPRESENTATIVE		
Mark Ferdinando/VV1		