



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
Concord, New Hampshire 03301
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Division of Public Works
Design and Construction
Project No. 80968 - Contract C

May 14, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Meridian Construction Corporation, (VC# 157328) Gilford, NH, for a total price not to exceed \$530,767 (negotiated), for the Glenclyff Home - Rebid Lamott Wing Window Replacements and Service Building Re-Roof, Benton, NH. This contract is effective upon Governor and Council approval through May 29, 2020, unless extended in accordance with the contract terms. **80% Capital - General Fund, 20% Operating - General Funds.**

2). Further authorize pursuant to 228:13, Laws of 2017, the amount of \$17,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$547,767. **100% Capital - General Funds.**

Funding is available in account titled Department of Department of Health and Human Services as follows:

SFY 19

05-91-91-910030-17010000 Glenclyff Lamott Wing
Window Replacement

034-500162 - Repair/Renovations Bldgs.	\$424,479
034-500162 - Interagency DPW Fees	<u>17,000</u>
Sub-total	\$441,479

05-91-91-910010-78920000 Maintenance

048-500162 - Repair/Renovations Bldgs. \$106,288

Grand Total **\$547,767**

EXPLANATION

Per Chapter 228:1, X, I, Laws of 2017 for the Glenclyff Home - Lamott Wing Window Replacement. The scope of work is to replace all of the existing windows in the LaMott Wing at the Glenclyff Home. Contractor will remove existing windows sashes, jamb liners, and exterior caulking at the openings, and prepare window openings to accept new window units. The new units will require jamb foam-type insulation, caulked and seal units. Adjacent exterior and interior wall surfaces shall not be disturbed. Contractor to provide temporary work enclosure within residence rooms during demolition and installation. The scope of work for the Service Building is to re-roof approximately 3,000 square feet of sloped shingled with new dormer flashings and asphalt roofs.

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 Health and Human Services – Glenclyff Home 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, Division 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,



Charles M. Arlinghaus
Commissioner

Department Estimate: \$395,000
Contract Amount: \$530,767 negotiated
Over Estimate: \$135,767

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80968, Contract C – Rebid-Lamott Wing Window Replacements and Service Building Re-Roof at the Glenclyff Home, Benton, New Hampshire.

DESCRIPTION: The scope of work is to replace all of the existing windows in the LaMott Wing at the Glenclyff Home. Remove existing windows sashes, jamb liners, and exterior caulking at the openings. Prepare window openings to accept new window units. The new units will require jamb foam-type insulation, caulked and seal units. Adjacent exterior and interior wall surfaces shall not be disturbed. Contractor to provide temporary work enclosure within residence rooms during demolition and installation. The scope of work for the Service Building is to re-roof approximately 3,000 square feet of sloped shingled with new dormer flashings and asphalt roofs.

EXPLANATION: The LaMott Wing was constructed in 2000 to house 50 residents and facility operations. The original 143 windows specification was reduced to meet construction financial constraints. These windows have major air leaks, they're less energy efficient and are consider unsafe for residents. The maintenance staff has ongoing repairs to fix and secure unit in place for maintain daily operations.

The existing service Building roof has exceeded the life cycle for asphalt roofs. The existing shingles have cupped, split or been blown off the roof. The roof has gone through many patching and repairs.

OVER ESTIMATE
EXPLANATION:

DPW has experience high cost for roof replacement this construction year. Material cost have increased and due to the booming economy many roof companies prefer new construction. We are having a tough time receiving competitive bids for reroofing projects. Window replacement cost came within the estimated budget. DPW combine these two projects into one bid package. The original bid package for the windows replacement did not receive any bids and the reroofing bid package received one extremely high bid. Both original bids were cancelled.

DEPARTMENT
ESTIMATE:
LOW BID:

\$395,000
\$530,767 (negotiated)



ABC Bid Data

BENTON
80968C
NON-FEDERAL

PROJECT: BENTON
STATE PROJECT NUMBER: 80968C
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: April 24, 2019, 02:00 PM
SCOPE OF WORK: RE-BID LAMOTT WING WINDOW REPLACEMENTS AND SERVICE BUILDING RE-ROOF
COMPLETION DATE: May 29, 2020
LOCATION: Grafton

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$583,360.00	A
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7611	\$609,800.00	B

901: \$414,479.
 902: \$98,788.
 903: OMMITTED
 904: \$10,000.
 905: \$7500.

 Total: \$530,767.

BUREAU OF PUBLIC WORKS
 Award to Meridian Const. Corp.
 Hold for Negotiation
 Cancel Contract
 User Agency HHH - Glenciff
 Authorized by [Signature]
 Date 05/01/2019

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7611	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	ALL WORK FOR WINDOW REPLACEMENTS	U	1.00	\$306,000.00	\$306,000.00	\$414,479.00	\$414,479.00	\$417,300.00	\$417,300.00
902	NEW SHINGLED ROOF	U	1.00	\$52,000.00	\$52,000.00	\$98,788.00	\$98,788.00	\$96,250.00	\$96,250.00
903	NEW EPDM ROOF OVER PORCH	U	1.00	\$19,500.00	\$19,500.00	\$52,593.00	\$52,593.00	\$78,750.00	\$78,750.00
904	ALLOWANCE FOR OWNER INITIATED CHANGES OR UNFORESEEN EXISTING CONDITIONS FOR WINDOW REPLACEMENTS	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00
905	ALLOWANCE FOR OWNER INITIATED CHANGES OR UNFORESEEN EXISTING CONDITIONS FOR THE SERVICE BUILDING RE-ROOF	\$	7,500.00	\$1.00	\$7,500.00	\$1.00	\$7,500.00	\$1.00	\$7,500.00
Totals:					\$395,000.00		\$583,360.00		\$609,800.00
Alt. Totals:									
Totals:					\$395,000.00		\$583,360.00		\$609,800.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2019

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: scullen@crossagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins. Co. of Washington D.C.	NAIC # 21784
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT UNIT #4 GILFORD NH 03249			

COVERAGES **CERTIFICATE NUMBER:** CL18103187824 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPA5221144-13	10/31/2018	10/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Crisis Event \$ 100,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		CAA5221145-13	10/31/2018	10/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUA5221146-13	10/31/2018	10/31/2019	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 Products -Comp/Op Agg \$ 8,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WCA5368721-10	01/01/2019	10/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Project: LaMott Wing Window Replacements & Services Building Reroof(Contract C) 80968.

 State of New Hampshire Department of Administrative Services is listed as an additional insured for ongoing operations performed by Meridian Construction Corp when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord NH 03301	CANCELLATION 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2019

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PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C, No, Ext): (603) 524-2425 E-MAIL ADDRESS: scullen@crossagency.com FAX (A/C, No): (603) 524-3666	
INSURED State of New Hampshire Department of Administrative Services C/O Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 31325	

COVERAGES **CERTIFICATE NUMBER:** CL195386382 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective		OCP5395654-10	05/01/2019	11/01/2020	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMPIOP AGG \$
						\$
						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: LaMott Wing Window Replacements & Services Building Reroof(Contract C) 80968.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord NH 03301	CANCELLATION 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
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/1/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 824-3666	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00177919		LOAN NUMBER		POLICY NUMBER CIM5393324
INSURED State of New Hampshire Department of Admin Services c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		EFFECTIVE DATE 5/1/2019	EXPIRATION DATE 5/1/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION LaMott Wing Window Replacement 80968 Contract C 393 High Street, Benton, NH
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, Special Form, Replacement Cost	530,767	1,000

REMARKS (Including Special Conditions)
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		