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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 & Construction

September 3, 2015

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

REQUESTED ACTION

Authorize the Department of Administrative Services (the Department), Bureau of Public Works Design and Construction to enter into an agreement with Oak Point Associates. (Vendor Code 174008) Portsmouth, NH 03801, for Architectural Services required for planning, design and construction of various Public Works' Projects as necessary and required by the Department. The contract is effective from the date of Governor and Council approval through June 30, 2018. The amount expended under this agreement shall not exceed \$500,000.00.

EXPLANATION

The Department proposes to retain the private consulting firm of Oak Point Associates to expedite the current project workload and provide appropriate technical expertise as required for specific projects. This is one (1) of five (5) open-ended agreements for Architectural Services that will be presented for approval. This agreement with Oak Point Associates will enable the Department to respond quickly to unscheduled project requests and possible emergencies regarding architectural issues. The decision as to which projects will be assigned will be made on a case-by-case basis depending on the particular expertise required and the firm's current workload.

This type of consulting agreement will be funded from the monies for each project. The majority of projects needing this type of Architectural Services consultant work are maintenance and capital funded projects.

This agreement is a proposed contract with the architectural services firm selected to provide on-call Architectural Services. It is anticipated that Architectural Services can be handled by five (5) architectural firms through the contract period.

The consultant selection process employed by the Department for this project is in accordance with RSAs 21-I:22, 21-I:22-c, and 21-I:22-d, all applicable Federal Laws and the Department's procedures for "Selection of Engineers, Architects and Surveyors dated July 28, 2005.

In April 2015, the Bureau of Public Works Design & Construction advertised in the Union Leader, the Bureau of Public Works Design & Construction website and email notification soliciting interest in providing on-call Architectural Services. Twenty-eight (28) consultant firms submitted letters of interest and were considered for this assignment. The firms were then rated on the basis of comprehension of the assignment, clarity of the proposal, capacity to perform in a timely manner, quality and experience of the project manager and team, and overall suitability for the assignment.

Alba Architects , LLP	Dennis Mires, PA
Frank Anzalone Associates	Moser Pilon Nelson Architects
Architechnology	Randall T. Mudge & Associates
Black River Design Architects	Oak Point Associates
Catlin & Petrovick Architects	Przekaza Design Associates
Colby Company, LLC	Samyn-D'Elia Architects, PA
Cowan/Goudreau Architects, PLLC	SISR Architecture, LLC
Corzilius Matuszewski Krause Architects	Smith Alvarez Stenkiewicz Architects
DHK Architects	SMRT
Dignard Architectural Services	STV
FSM Drawings	Tennant Wallace Architects
Harriman	H. L. Turner Group
Lavallee/Brensinger Architects	Warrenstreet Architects, Inc.
McHenry Architecture	Christopher P. Williams Arch, PPLC

It is now the Department's intent to enter into Statewide Consultant Service Agreements with the five (5) highest rated firms as their legal documentation and Certificate of Insurance become available.

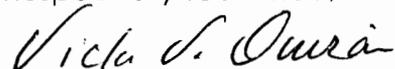
Architechnology	Oak Point Associates
Christopher P. Williams	Tennant/Wallace Architects
Dignard Architectural	

A copy of Oak Point Associates' Statement of Qualifications is provided, herewith, for your information and convenience.

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The subject agreement has been approved by the Attorney General as to form and execution. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design & Construction.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Vicki V. Quiram". The signature is written in a cursive, flowing style.

Vicki V. Quiram
Commissioner

Explanation of Statewide Consultant Committee Selection

Members are selected using the approved guidelines for the Bureau of Public Works Design and Construction "Selection of Engineering, Architects, and Surveyor Services". Per these guidelines, the Committee should consist of the Bureau Administrator plus two other Project Managers.

The **Administrator** is a member of all the Selection Committees, serving to provide the larger perspective of the consultant capabilities that are desired, also bringing knowledge of the quantity of work and various types of anticipated projects the consultant may be called on to perform. He brings the perspective of achieving agency goals, using a balance of those consultants who have performed excellent work in the past, along with bringing in new consultant firms.

The **Assistant Administrator** manages the day-to-day oversight of the Consultant assignments, and is the second member of all the selection committees. Her job description specifically outlines her involvement in the management of the consultants. She brings the expertise of the day-to-day working with consultants. Her past and present experience involves frequent interaction with consultants, including review of consultants' proposals and their engineering work.

The **discipline head**, for the specific type of work the consultant is being hired for (i.e. Mechanical, Civil, etc.), brings additional expertise concerning the capabilities of various consultants they have worked with. Their years of project management experience provide the more detailed perspective about the various consultants' strengths or weaknesses and how they would fit with the project needs.

Administrator PM6	Theodore Kupper – 1 1/2 years State service 35 years private sector
Assist. Administrator PM5	Michelle Juliano- 27 years State service
Architectural PM4	Thomas Carleton - 23 years private sector and 4 years State service

Interview/Selection date: 7/17/2015

COMMITTEE PROPOSAL RATING FOR
ARCHITECTURAL STATEWIDE

Consultant Name	Comprehension of Assignment	Clarity of Proposal	Capacity to Perform in a Timely Manner	Quality and Experience of PM/Team	Overall Suitability for the Assignment	Total Score	Cumulative Score
ARCHITECTNOLOGY							70.5
Ted Kupper	4	4.5	3	4.5	4.5	20.5	<===== Highest Rating
Michelle Juliano	5	5	5	5	5	25	
Tom Carleton	5	5	5	5	5	25	
						0	
BLACK RIVER DESIGN							50.0
Ted Kupper	4	3	1	3	1	12	<===== Highest Rating
Michelle Juliano	3	4	3	4	3	17	
Tom Carleton	4	4	4	5	4	21	
						0	
CHRISTOPHER WILLIAMS							68.0
Ted Kupper	4	3.5	4	4	4.5	20	<===== Highest Rating
Michelle Juliano	5	4	5	5	5	24	
Tom Carleton	5	5	4	5	5	24	
						0	
DENNIS MIRES							64.0
Ted Kupper	4	4	4	4.5	4.5	21	<===== Highest Rating
Michelle Juliano	4	4	3	4	4	19	
Tom Carleton	5	4	5	5	5	24	
						0	
DIGNARD							68.0
Ted Kupper	4	4	3.5	4	4.5	20	<===== Highest Rating
Michelle Juliano	5	5	5	5	5	25	
Tom Carleton	5	5	4	5	4	23	
						0	
HARRIMAN							62.5
Ted Kupper	4	3	4.5	3.5	3.5	18.5	<===== Highest Rating
Michelle Juliano	4	4	3	5	4	20	
Tom Carleton	5	5	4	5	5	24	
						0	
OAK POINT ASSOC							68.5
Ted Kupper	4	3	4.5	3.5	3.5	18.5	<===== Highest Rating
Michelle Juliano	5	5	5	5	5	25	
Tom Carleton	5	5	5	5	5	25	
						0	
TENNANT/WALLACE							65.0
Ted Kupper	4	3.5	3	4.5	4	19	<===== Highest Rating
Michelle Juliano	4	5	4	5	5	23	
Tom Carleton	5	5	4	5	4	23	
						0	





OAKPOIN-01

SNASON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/18/2015

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 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 Clark Insurance 2385 Congress Street Portland, ME 04104	CONTACT NAME: Susan Nason PHONE (A/C, No, Ext): (207) 523-2236 FAX (A/C, No): (207) 774-2994 E-MAIL ADDRESS: snason@clarkinsurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Acadia</td> <td></td> <td>31325</td> </tr> <tr> <td>INSURER B : XL Specialty Insurance Co</td> <td></td> <td>37885</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Acadia		31325	INSURER B : XL Specialty Insurance Co		37885	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER E :																					
INSURER F :																					
INSURED Oak Point Associates PO Box 1259 Biddeford, ME 04005																					

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5100503-12	05/23/2015	05/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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/A	WCA5100506-12	05/23/2015	05/23/2016	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Prof Liability			DPR9724508	06/15/2015	06/15/2016	Each Claim 3,000,000
B	Deductible - \$25,000			DPR9724508	06/15/2015	06/15/2016	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For Professional Liability coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limit will be reduced by payments of indemnity and expense.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord, NH 03302	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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8/18/2015

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PRODUCER P&C Insurance 260 Main St. P.O. Box 356 Biddeford ME 04005		CONTACT NAME: Teresa Kowalski PHONE (A/C. No. Ext): (207) 283-1486 FAX (A/C. No.): (207) 283-4258 E-MAIL ADDRESS: tkowalski@insurancepc.com	
INSURED Oak Point Associates PO Box 1259 Biddeford ME 04005		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Citizens Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2015-2016 **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.

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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OBP8024142-12	5/23/2015	5/23/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			OBP8024142-12	5/23/2015	5/23/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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