



# State of New Hampshire

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

133 Jm

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80784R – Contract A

July 25, 2014

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 Turnstone Corp. (VC# 169530) Milford, NH, for a total price not to exceed \$784,000, for the Center Strafford Dining Facility (DFAC) Renovations, Center Strafford, NH. This contract is effective upon Governor and Council approval through April 17, 2015, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$30,000 be approved for unanticipated structural expenses and owner initiated changes for the Center Strafford (DFAC) Renovations, bringing the total to \$814,000. **100% Federal Funds.**
- 3). Further authorize the amount of \$32,000 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 \$846,000. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<b><u>SFY15</u></b>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$ 784,000
103-500736 – Contingency	<u>\$ 30,000</u>
Sub-Total	\$ 814,000*

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – BPW Fees Interagency \$ 32,000

**Grand Total \$ 846,000**

**\* Subject to the availability of Federal Funding.**

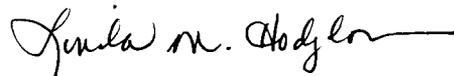
**EXPLANATION**

This project will consist of demolition and construction for partial renovations to the existing one-story, 5448 SF Dining Facility. Interior work to include: a new kitchen layout with new walk-in freezer/refrigerator, new serving line, dish wash area and new interior finishes. Exterior work to include: new entry ramp/ canopy, new windows/ doors, new roof eave and metal panel, along with revision to existing mechanical and electrical system.

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 Adjutant General 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,



Linda M. Hodgdon  
Commissioner

Department Estimate: \$581,660  
Contract Amount: \$784,000  
Over Estimate: \$202,340

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80784R, Contract B – Center Strafford Dining Facility (DFAC), Center Strafford, N. H.

DESCRIPTION: Project will consist of demolition and construction for partial renovations to the existing 1 story, 5448 SF Dining Facility. Interior work to include a new kitchen layout with new walk-in freezer/refrigerator, new serving line, dish wash area and new interior finishes. Exterior work to include: new entry ramp/ canopy, new windows/ doors, new roof eave and metal panel, along with revision to existing mechanical and electrical system.

EXPLANATION: This Renovation will bring the Dining Facility up to current standard for the NHARNG. New upgrades include: new ADA accessible ramp entrance and canopy over front entry, new vinyl plank flooring in the Dining room along with built in booths and new chairs and table. Renovation includes a new hot and cold food serving line, with a side breakfast station. Dining seating area to receive new ceiling tile with suspended up/down linear lighting fixtures. The kitchen operation upgrades include a new freezer and walk-in cooler to allow for more storage capacity, include new Fresh Air duct at the existing range hood and new exhaust hood at the relocated tilting skillet equipment. Existing kitchen flooring will be removed and replaced with new ceramic tile, along with a new floor drain cut and tied to existing drainage. Existing kitchen ceiling will be removed and replaced with new moisture resistance tiles and grid with new lighting. Exterior windows to be removed and replaced with new thermally broken frames, exterior doors and frames to be replaced with new frames and insulated door leafs.

OVER ESTIMATE EXPLANATION: Renovations include upgrade of kitchen equipment and general electrical and mechanical upgrades. These upgrades require a new main electrical service feed with new panel boards along with a new 125 KVA Emergency generator. This work was not anticipated or estimated into the project prior to the bid. Mechanical upgrades include new baseboard heating throughout and a new make-up air mechanical roof top unit for the kitchen area.

DEPARTMENT  
ESTIMATE: \$ 581,660  
LOW BID: \$ 784,000

# BIDDER SUMMARY

PROJECT NAME: CTR STRAFFORD DFAC RENOVATIONS NON-FEDERAL 80784R-A

PROJECT NUMBER: 80784R-A

COUNTY: STRAFFORD COUNTY 017

BID OPENING DATE: 06/18/2014

SCOPE OF WORK:

DEMO AND PARTIAL RENO TO EXSTG 1 STORY DINING FACILITY. NEW KITCHEN W/NEW WALK-IN FREEZER/FRIDGE, NEW SERVING LINE, DISH WASH AREA, NEW INTERIOR FINISHES AT THE DINING AREA. NEW ENTRY RAMP/CANOPY, NEW WINDOWS/ DOORS. ALSO ROOF, MECH, ELECTRICAL WORK.

LOCATION:

NH ROUTE 128 CENTER STRAFFORD, NH

COMPLETION DATE:

04/17/2015

## BID RESULTS

A	TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705	\$784,000.00	ACCEPTED
B	MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$868,000.00	ACCEPTED
C	MARK CARRIER CONSTRUCTION INC (B001) - SUITE 101 175 LINCOLN STREET MANCHESTER, NH 03103	\$868,300.00	ACCEPTED
D	FEDERAL CONSTRUCTION CORP (B001) - FEDERAL CONSTRUCTION OF MASS 50 SALEM ST BLDG A LYNN	\$1,148,800.00	ACCEPTED

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	DEMO & PARTIAL RENOVATION TO EXISTING 1 STORY 5448 SF DINING FACILITY	EA	1.00	\$556,660.00	\$556,660.00	\$759,000.00	\$759,000.00	\$843,000.00	\$843,000.00
902.00	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
					\$581,660.00		\$784,000.00		\$868,000.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		C		D	
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901.00	DEMO & PARTIAL RENOVATION TO EXISTING 1 STORY 5448 SF DINING FACILITY	EA	1.00	\$556,660.00	\$556,660.00	\$843,300.00	\$843,300.00	\$1,123,800.00	\$1,123,800.00
902.00	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
					\$581,660.00		\$868,300.00		\$1,148,800.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/23/2014

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 CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246		CONTACT NAME: Janice Bagley, CIC PHONE (A/C No. Ext): (603) 524-2425 FAX (A/C No.): (603) 524-3666 E-MAIL ADDRESS: jbagley@crossagency.com	
INSURED Turnstone Corporation 51 Franklin Street  Milford NH 03055		INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Ins. Co. of INSURER B: Acadia Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL14179927 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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		CPA0065107-23	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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		CAA0065120-24	12/31/2013	12/31/2014	COMBINED SINGLE LIMY (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUA0065121-23	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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	N/A WPA0095615-21	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Project #80784R Contract A, NH Army National Guard, NH Rte 126, Ctr Strafford, NH  
State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.1

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire Department of Administrative Services PO Box 483 Concord, NH 03302	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  J Bagley, CIC/JB8 <i>Janice Bagley</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/23/2014

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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 CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	CONTACT NAME: Janice Bagley, CIC PHONE (A/C, No. Ext): (603) 524-2425 E-MAIL ADDRESS: jbagley@crossagency.com INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Group, LLC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (603) 524-3666 NAIC # 31325
INSURED State of New Hampshire - Department of c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539		

COVERAGES CERTIFICATE NUMBER: CL1472114755 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors <input type="checkbox"/> Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC			OCP5166262-10	7/23/2014	7/23/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
	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) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Project #80784R Contract A, NH Army National Guard, NH Rte 126, Ctr Strafford, NH

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire Department of Administrative Services c/o Turnstone Corporation PO Box 483 Concord, NH 03302	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 J Bagley, CIC/JB8 <i>Janice Bagley</i>



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/23/2014

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 Insurance Group, LLC One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#: 00178165		LOAN NUMBER		POLICY NUMBER CIM5166238
INSURED State of NH - Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539		EFFECTIVE DATE 7/23/2014	EXPIRATION DATE 7/23/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION NH Route 126 Center Strafford, 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, RC, Special Form	784,000	1,000

### REMARKS (Including Special Conditions)

Re: Center Strafford DFAC Renovations, Center Strafford, NH  
Project #80784R

### 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	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Janice Bagley, CIC/JB8 <i>Janice Bagley</i>		