

109 MLC



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

Charles M. Arlinghaus
Commissioner
(603)-271-3201

Joseph B. Bouchard
Assistant Commissioner
(603)-271-3204

Catherine A. Keane
Deputy Commissioner
(603)-271-2059

Division of Public Works
Design and Construction
Project No. 80979 – Contract B

February 5, 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 D. L. King & Associates Inc., (VC# 168979) Nashua, NH, for a total price not to exceed \$358,980, for the SHU (Special Housing Unit) Door Control Software at the State of New Hampshire State Prison for Men, Concord, NH. This contract is effective upon Governor and Council approval through August 30, 2019, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$39,170 be approved for unanticipated mechanical expenses for SHU Door Control Software, bringing the total to \$398,150. **100% Capital - General Funds.**

3). Further authorize pursuant to Chapter 228:13, Laws of 2017, the amount of \$20,000 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 \$418,150. **100% Capital - General Funds.**

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

02-46-46-460030-15590000 SHU Door Control	<u>SFY19</u>
034-500162 – Repair/Renovations Bldgs.	\$358,980

034-500162 - Contingency	39,170
034-500162 - Interagency Fees - DPW	<u>20,000</u>
Grand Total	\$418,150

EXPLANATION

Per Chapter 228:1, IV, D, Laws of 2017, for the SHU Door Control at the New Hampshire Men's State Prison, Concord, NH. This project will remove and replace the existing software system for controls at the Special Housing Unit at the Men's Prison.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution, and the Department of Corrections 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,



Charles M. Arlinghaus
Commissioner

Department Estimate: \$280,000
Contract Amount: \$358,980
Under Estimate: \$ 78,980

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: SHU (Special Housing Unit) Door Control Software NHSP-Men DPW Project No. 80979, Contract B

DESCRIPTION: Remove and replace the existing software system for controls at Special Housing Unit at Men's Prison.

EXPLANATION: The current electronic door control system, which is used to open and close the doors in the SHU, has been in place for over 30 years and is obsolete and no longer supported by the vendor.

OVER ESTIMATE

EXPLANATION: There were two mandatory walk through on this project. At the first walk through we had no bidders. I emailed 11 contractors and asked them to bid the project. I only had two respond by coming to the second walk through. One contractor took it out as a sub-contractor and was not comfortable submitting a bid so we only had one bidder. This project is challenging in nature because it is difficult to work a full day due to the constraints of working in the prison.

DEPARTMENT

ESTIMATE: \$280,000

LOW BID: \$359,980



ABC Bid Data

CONCORD
809798
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 809798
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: January 16, 2019, 02:00 PM
SCOPE OF WORK: SHU DOOR CONTROL SOFTWARE NHSP MEN
COMPLETION DATE: August 30, 2019
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$358,980.00	A

901 = \$328,980.-
 902 = \$30,000.-

 Total = \$358,980.-

BUREAU OF PUBLIC WORKS

Award to D.L. King & Assoc, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency DOC
 Authorized by [Signature]
 Date 1/18/2019

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	
				Unit Price	Total	Unit Price	Total

Items							
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
901	REMOVE AND REPLACE CONTROLS AT SHU	U	1.00	\$250,000.00	\$250,000.00	\$328,980.00	\$328,980.00
902	ALLOWANCE 1 FOR OWNER'S CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00
Totals:					\$280,000.00		\$358,980.00
Alt. Totals:							
Totals:					\$280,000.00		\$358,980.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2019

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 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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings, CRIS PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Insurance Group INSURER B: Arbella Protection Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	41360

COVERAGES

CERTIFICATE NUMBER: 18-19 all lines

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	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			8500062916	9/3/2018	9/3/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
B	<input checked="" type="checkbox"/> AUTOMOBILE 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			1020032951	9/3/2018	9/3/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			4600062918	9/3/2018	9/3/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PRODUCTS-COMP/OP AGG \$ 5,000,000
B	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 Y N/A	4220057417 3A States: NH/MA Excluded Officers: Donna & Arthur King, Jr.	9/3/2018	9/3/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			8500062916	9/3/2018	9/3/2019	LIMIT 30,000 DED 500

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

Re: Project #80979-B Replacement of SHU door control and software; SS counter at NH State Prison
 Certificate holder and owner are additional insureds with respects to general liability, automobile and umbrella for both ongoing and completed operations on a primary and non-contributory basis when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services Contract officer 7 Hazen Drive Room 130 Concord, NH 03302-0483	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 Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2019

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED State of NH Dept of Admin Svcs c/o D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		INSURER(S) AFFORDING COVERAGE INSURER A: Great American INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19-20 #80979B **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 <input type="checkbox"/> Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		020CP001002349	01/29/2019	01/29/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPOP 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) \$
	<input type="checkbox"/> 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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				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 #80979-B Replacement of SHU door control and software; SS counter at NHSP

CERTIFICATE HOLDER

Insured

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

Renee Skillings/RLS

Renee L. Skillings, CRIS



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/25/2019

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If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A.C. No. Ext): (603) 224-2562 FAX (A.C. No.): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00007629
INSURED D.L. King & Associates, Inc., State of NH Dept of Admin Svcs and all subs on the project 27 Tanglewood Drive Nashua NH 03062	INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Ins Co (Peerless) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 19-20 BR 80979B **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc#: 00001/Bldg#: 00001, 281 N State St, Concord, NH, 03301

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY				BUILDING	\$
	<input type="checkbox"/> CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Jobsite Limit	\$ 358,980
	<input type="checkbox"/> CAUSES OF LOSS	BUILDERS RISK			<input checked="" type="checkbox"/> Temp Storage	\$ 179,490
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Transit	\$ 179,490
	<input checked="" type="checkbox"/> Special form	BR01292019	01/29/2019	01/29/2020	<input checked="" type="checkbox"/> Soil Costs	\$ 50,000
	<input type="checkbox"/> CRIME					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
A	BUILDERS RISK continued				<input checked="" type="checkbox"/> Flood	\$ 358,980
					<input checked="" type="checkbox"/> Earthquake	\$ 358,980

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80979-B Replacement of SHU door control and software; SS counter at NH State Prison

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive 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 Renee Skillings/RLS <i>Renee Skillings, CRIS</i>
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