

State of New Hampshire

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

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80785R – Contract A

August 21, 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 Careno Construction Co., LLC. (VC# 159063) Portsmouth, NH, for a total price not to exceed \$1,104,500, for the Somersworth FMS (Field Maintenance Shop), Somersworth, NH. This contract is effective upon Governor and Council approval through May 31, 2015, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$35,000 be approved for unanticipated structural expenses and owner initiated changes for the Somersworth FMS, bringing the total to \$1,139,500. **100% Federal Funds.**
- 3). Further authorize the amount of \$45,000 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 \$1,184,500. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<u>SFY15</u>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$1,104,500
103-500736 – Contingency	<u>\$ 35,000</u>
Sub-Total	\$1,139,500*

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

217-502682 – BPW Fees Interagency \$ 45,000

Grand Total \$1,184,500

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

EXPLANATION

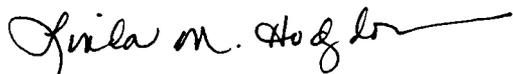
The project consists of two additions of 2,180 sq ft and 770 sq ft to the existing FMS Building in Somersworth. The existing roof will also be replaced as well as an upgrade to the mechanical system and vehicle exhaust system.

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. Approval of this item is contingent upon the State receiving reallocated federal funds which the National Guard hopes will be reallocated from other states to New Hampshire prior to the end of this federal year. Since this is the last meeting prior to federal fiscal year end, this is an extraordinary case where we cannot assure you of funding. No work will begin on these projects without federal award being received and noticed to the Department of Administrative Services from the National Guard bureau. We ask that you approve these items contingent upon receiving written notice on or before December 31, 2014. If funding is not confirmed by that date, the contract will not proceed without further approval of the Council.

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.

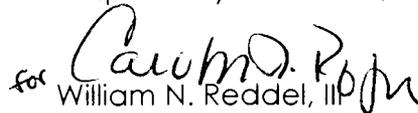
Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Linda M. Hodgdon
Commissioner

Respectfully submitted,



for William N. Reddel, III
Major General, NHNG
The Adjutant General

Department Estimate: \$ 780,972
Contract Amount: \$1,104,500
Over Estimate: \$ 323,528

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80785R, Contract A – Somersworth FMS (Field Maintenance Shop) Renovations and Addition – NHARNG (New Hampshire Army National Guard, Somersworth, NH.

DESCRIPTION: The project consists of two additions of 2,180 sq ft and 770 sq ft to the existing FMS building in Somersworth. The existing roof will also be replaced as well as an upgrade to the mechanical system and vehicle exhaust system.

EXPLANATION: The existing facility is not large enough to support maintenance on the large Guard vehicles. There is no exhaust system and the existing roofs leak. The new bays (2) will support the vehicles and will add additional space for vehicle maintenance.

OVER ESTIMATE

EXPLANATION: The original estimate did not consider smart metering for utilities. This is an added requirement from the Guard that was introduced as an addendum to the project. The masonry number was substantially higher do the requirements of the blast protection standards from the Guard, which are fairly new requirements and have no historical data to help estimate. Also, the mechanical number was substantially higher do to the lack of historical data to estimate the fluid delivery system, pneumatic service system and vehicle exhaust systems for the maintenance facility.

DEPARTMENT

ESTIMATE: \$ 780,972
LOW BID: \$ 1,104,500

PROJECT NAME: SOMERSWORTH FMS RENOVATIONS AND ADDITION NON-FEDERAL 80785R-A
PROJECT NUMBER: 80785R-A
COUNTY: STRAFFORD COUNTY 017
BID OPENING DATE: 07/24/2014
SCOPE OF WORK: RENOVATIONS AND A 2200 SQUARE FOOT ADDITION TO THE FIELD MAINTENANCE SHOP (FMS). WORK INCLUDES, BUT IS NOT LIMITED TO NEW STRUCTURAL FRAMING, EXTERIOR FINISHES, ROOFING, DOORS & WINDOWS, INTERIOR FINISHES, PLUMBING MECHANICAL AND ELECTRICAL SYSTEMS.
LOCATION: 15 BLACKWATER ROAD SOMERSWORTH, NH
COMPLETION DATE:

BID RESULTS

A CARENO CONSTRUCTION COMPANY, LLC - 270 WEST ROAD, PORTSMOUTH, NH 03801	\$ 1,104,500.00	ACCEPTED
B TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705	\$ 1,252,000.00	ACCEPTED
C MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 1,267,700.00	ACCEPTED

\$ 1,104,500 -

BUREAU OF PUBLIC WORKS
 Award to Careno Const. Co., LLC
 Hold for Negotiation
 Cancel Contract
 User Agency NHRA LLC
 Authorized by [Signature]
 Date 08/13/2014

NO.	DESCRIPTION	PS&E		A	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
01.00	PERFORM ALL WORK AS SHOWN ON THE PLANS & DESCRIBED IN THE SPECIFICATIONS	EA	1.00	\$ 749,620.00	\$ 749,620.00
02.00	ALLOWANCE #1 - MATERIAL TEST'G, NOT HVAC TEST'G, AS REQ'D BY CONTRACT	\$	5,000.00	\$ 1.00	\$ 5,000.00
03.00	ALLOWANCE #2 - AIR TEST'G AFTER ABATEMENT, AS REQ'D BY CONTRACT	\$	4,000.00	\$ 1.00	\$ 4,000.00
04.00	ALLOWANCE #3 - OWNER INITIATED CHANGES	\$	25,000.00	\$ 1.00	\$ 25,000.00
					\$ 1,104,500.00
					\$ 783,620.00

01.00 PERFORM ALL WORK AS SHOWN ON THE PLANS & DESCRIBED IN THE SPECIFICATIONS

02.00 ALLOWANCE #1 - MATERIAL TEST'G, NOT HVAC TEST'G, AS REQ'D BY CONTRACT

03.00 ALLOWANCE #2 - AIR TEST'G AFTER ABATEMENT, AS REQ'D BY CONTRACT

04.00 ALLOWANCE #3 - OWNER INITIATED CHANGES

NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	PERFORM ALL WORK AS SHOWN ON THE PLANS & DESCRIBED IN THE SPECIFICATIONS	EA	1.00	\$ 749,620.00	\$ 749,620.00	\$ 1,218,000.00	\$ 1,218,000.00
902.00	ALLOWANCE #1 - MATERIAL TEST'G, NOT HVAC TEST'G, AS REQ'D BY CONTRACT	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00
903.00	ALLOWANCE #2 - AIR TEST'G AFTER ABATEMENT, AS REQ'D BY CONTRACT	\$	4,000.00	\$ 1.00	\$ 4,000.00	\$ 1.00	\$ 4,000.00
904.00	ALLOWANCE #3 - OWNER INITIATED CHANGES	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
					\$ 783,620.00		\$ 1,252,000.00

NO.	DESCRIPTION	PS&E		C		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
01.00	PERFORM ALL WORK AS SHOWN ON THE PLANS & DESCRIBED IN THE SPECIFICATIONS	EA	\$ 1.00	\$ 749,620.00	\$ 1,233,700.00	\$ 1,233,700.00
02.00	ALLOWANCE #1 - MATERIAL TEST'G, NOT HVAC TEST'G, AS REQ'D BY CONTRACT	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 5,000.00
03.00	ALLOWANCE #2 - AIR TEST'G AFTER ABATEMENT, AS REQ'D BY CONTRACT	\$	4,000.00	\$ 1.00	\$ 4,000.00	\$ 4,000.00
04.00	ALLOWANCE #3 - OWNER INITIATED CHANGES	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 25,000.00
				\$ 783,620.00		\$ 1,267,700.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/18/2014

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: yvette Fanaras
	PHONE (A/C No. Excl): (603) 669-0704 FAX (A/C No.): 603-669-6831
	E-MAIL ADDRESS: yvette@infantine.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: American Fire & Casualty
	INSURER B: West American Insurance
	INSURER C: Ohio Casualty Insurance
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2014/2015 Master 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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BKA55970851	3/26/2014	3/26/2015	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
							MED EXP (Any one person) \$ 15,000
							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 checked="" type="checkbox"/> HIRED AUTOS			BAA55970851	3/26/2014	3/26/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X		USO55970851	3/26/2014	3/26/2015	EACH OCCURRENCE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 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	XFW55970851 State: NH	3/26/2014	3/26/2015	<input checked="" type="checkbox"/> WC STAT L TORY LIMITS <input checked="" type="checkbox"/> QTL ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Job: FMS Renovation & Addition, Contract A #80785R, Somersworth NH
It is agreed and understood State of NH Department of Administrative Services is named as additional insured with respects to General Liability and Umbrella when required by 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 Jim Harrison/BYM 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/18/2014

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Yvette Fanaras	PHONE (A/C, No, Ext): (603) 669-0704	FAX (A/C, No): (603) 669-6831
	E-MAIL ADDRESS: yvette@infantine.com		
INSURED State of NH, Dept. of Admin. Services c/o Careno Construction Co., LLC 270 West Road, Suite 4 Portsmouth NH 03801	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual Holding Co.		
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 2014 OCP Master** **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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GL8991513	8/19/2014	8/19/2015	EACH OCCURRENCE \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	POLICY						PRODUCTS - COMP/OP AGG \$
	PRO-JECT						\$
	LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATL TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Job: FMS Renovation & Addition - Contract A #80785R

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 Jim Harrison/BKP 



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/18/2014

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108		PHONE (A.C. No, Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526	
FAX (A.C. No):	E-MAIL ADDRESS: jim@infantine.com			
CODE: 3081	SUB CODE:			
AGENCY CUSTOMER ID # 00020554		LOAN NUMBER		POLICY NUMBER CIM5170123
INSURED Careno Construction Co., LLC, State Department Of Administrative Services 270 West Road Portsmouth NH 03801		EFFECTIVE DATE 8/19/2014	EXPIRATION DATE 8/19/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
15 Blackwater Road
Somersworth, NH 03878

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
Job Specific Builders Risk, Special Form Including Theft	1,104,500	1,000

REMARKS (Including Special Conditions)

Named Insured: Any and All Subcontractors

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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Jim Harrison/BYM 		