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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

Division of Public Works
Design and Construction
Project No. 80925R – Contract A

August 10, 2016

Her Excellency, Governor Margaret Wood Hassan
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 Denron Plumbing and HVAC, LLC (VC# 165850) located in Manchester, NH, for a total price not to exceed \$303,000, for the New Hampshire Army National Guard Building 'M' Boiler and Domestic Hot Water Tank Replacement located in Concord, NH. This contract is effective upon Governor and Council approval through August 5, 2017, unless extended in accordance with the contract terms. **75% Federal Funds, 25% Capital – General Funds.**

2). Further authorize the amount of \$10,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$313,000. **50% Federal Funds, 50% Capital – General Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-24160000	Statewide Readiness Center Renovations	<u>SFY17</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ 46,000
034-500162	- DPW Fess Interagency	<u>10,000</u>
	Sub-Total	\$ 56,000

02-12-12-120010-22400000 Army & State 50/50

103-500736 – Contract Repairs/Bldgs. & Grounds	\$ 107,000
02-12-12-120010-22450000 Army Guard Facilities	
103-500736 – Contract Repairs/Bldgs. & Grounds	\$ 75,000
01-14-14-140030-24180000 Energy Efficiency	
034-500162 – Contract Repairs/Bldgs. & Grounds	<u>\$ 75,000</u>
Grand Total	\$ 313,000

EXPLANATION

Per Chapter 220:1, I, F, Laws of 2015 for Statewide Readiness Renovations, and Chapter 220:1, II, A, 2 for Statewide Energy Efficiency. The project will replace an existing boiler and domestic hot water tanks with new boilers and domestic hot water tanks.

The Federal Funds available for this contract are reimbursed to the State of New Hampshire - Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire National Guard.

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


for Wick V. Quiram
Commissioner

Department Estimate: \$296,091
Contract Amount: \$303,000
Over Estimate: \$ 6,909

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80925R, Contract A – Building M Boiler and Domestic Hot Water Tank Replacement

DESCRIPTION: This project will replace an existing boiler and domestic hot water tanks with new boilers and domestic hot water tanks.

EXPLANATION: The boiler will be a natural gas fired condensing boiler to save energy. The new domestic hot water tanks will be indirect style heated by the boiler. The existing heaters are at the end of life.

OVER
ESTIMATE

EXPLANATION: The estimate was very close to the low bid and within the margin of error.

DEPARTMENT

ESTIMATE: \$296,091.00

LOW BID: \$303,000.00



Division of Public Works

ABC Bid Data

CONCORD
80925R Contract A
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT 80925R Contract A
FED. PROJECT NON-FEDERAL
DATE BIDS OPEN: July 27, 2016, 02:00 PM
SCOPE OF WORK: Building M Boiler and Domestic Hot Water Tank Replacement
COMPLETION DATE: August 05, 2017
LOCATION: Merrimack

Summary of Bidders

Contractor	Bid Amount	Rank
DENRON PLUMBING & HVAC LLC 605 FRONT STREET, MANCHESTER NH 03102	\$303,000.00 ✓	A
RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD, BRENTWOOD NH 03833-6510	\$337,429.00	B
NORTHERN PEABODY LLC 25 DEPOT STREET, PO BOX 569, MANCHESTER NH 03101	\$383,700.00	C

BUREAU OF PUBLIC WORKS

Award to Denron Plumbing & HVAC, LLC
 Hold for Negotiation
 Cancel Contract

User Agency Assistant General
 Authorized by _____
 Date 10/21/2016

IPd ✓

Item No.	Description	Unit	Quantity	PS&E		DENRON PLUMBING & HVAC LLC 605 FRONT STREET MANCHESTER, NH 03102		RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD BRENTWOOD, NH 03833-6510	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	REMOVAL AND REPLACEMENT OF BOILER AND DHW TANKS	U	1.000	\$271,091.00	\$271,091.00	\$278,000.00	\$278,000.00	\$312,429.00	\$312,429.00
902	ALLOWANCE (SEE SPEC SECTION 01200)	\$	25,000.000	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00

Totals: **\$296,091.00** **\$303,000.00** **\$337,429.00**

-				NORTHERN PEABODY LLC 25 DEPOT STREET MANCHESTER, NH 03101	
Item No.	Description	Unit	Quantity	Unit Price	Total

Items

901	REMOVAL AND REPLACEMENT OF BOILER AND DHW TANKS	U	1.000	\$ 358,700.00	\$ 358,700.00
902	ALLOWANCE (SEE SPEC SECTION 01200)	\$	25,000.000	\$1.00	\$25,000.00

Totals:

\$383,700.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/8/2016

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 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 Administrative Services P.O. Box 483 Concord NH 03302		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Co. NAIC # 16691 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: OCP-State Proj #80925R 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
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP090116	9/1/2016	9/1/2017	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 - 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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						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: 4 Pembroke Rd, Concord, NH 03301 (#80925R, Contract A), Building M Boiler and Domestic Hot Water Tank Replacement

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 <i>Renee R. Skillings</i>



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/8/2016

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		PHONE (A/C. No. Ext): (603) 224-2562	COMPANY Liberty Mutual Ins Co (Peerless) 62 Maple Ave Keene NH 03431	
FAX (A/C. No.): (603) 224-8012	E-MAIL ADDRESS: ehorner@rowleyagency.com			
CODE: 8110236	SUB CODE:			
AGENCY CUSTOMER ID #: 00004470		LOAN NUMBER		POLICY NUMBER BR09012016
INSURED Denron Plumbing and HVAC, LLC, State of NH, and all Subs on the Project 605 Front Street Manchester NH 03103		EFFECTIVE DATE 9/1/2016	EXPIRATION DATE 9/1/2017	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 4 Pembroke Rd Concord, NH 03301 Job #80925R, Contract A

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 Risks with Renovations - Special Form	303,000	1,000
Builders Risk - In Transit	151,500	1,000
Builders Risk - Temp Storage	151,500	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

State of New Hampshire DPW P.O. Box 483 Concord, NH 03302-0483	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Additional Named Insured
LOAN #		
AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee L. Skillings</i>		

ADDITIONAL COVERAGES

Ref #	Description Flood	Coverage Code FL	Form No.	Edition Date
Limit 1 303,000	Limit 2	Limit 3	Deductible Amount 25,000	Deductible Type
Premium				
Ref #	Description Earthquake (C)	Coverage Code EQ	Form No.	Edition Date
Limit 1 303,000	Limit 2	Limit 3	Deductible Amount 25,000	Deductible Type
Premium				
Ref #	Description Soft Costs	Coverage Code	Form No.	Edition Date
Limit 1 50,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Sewer Backup and Water Below	Coverage Code	Form No.	Edition Date
Limit 1 250,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				