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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. 80786R-A

November 3, 2015

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

**REQUESTED ACTION**

Authorize the Department of Administrative Services, Division of Public Works Design and Construction to increase the Public Works fees amount by \$4,667, from \$30,000 to \$34,667, for additional engineering services that were required for the renovation project at the CSMS (Combined Support Maintenance Shop) – Building H, Concord, NH. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22550000 Inter-Agency Payments	<u>SFY16</u>
217-502682 –Interagency Fees	\$ <u>4,667</u>

**EXPLANATION**

This request is to increase Public Works fees only and does not increase the contractor's contract amounts. The original Public Work's fee estimate was \$30,000 for which the Division previously sought and obtained approval from Governor and Council on September 17, 2014, item # 90. The project required additional review, coordination, verification and inspection by Public Works engineers, architects and clerks. The increase of \$4,667 in Public Works fees reflects the additional time necessary for Contract Administration and the extraordinary oversight required to ensure adherence to the contract requirements, and it has been reviewed and approved by the Adjutant General's Department.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
November 3, 2015  
Page 2 of 2

The \$4,667 Public Works fee increase is being funded by appropriated and accepted federal funds, which the NHARNG has approved for this purpose. RSA 21-l:85 requires that Public Works charge for their time on non-general funded projects.

Respectfully submitted,

A handwritten signature in black ink, reading "Vicki V. Quiram". The signature is written in a cursive style with a large, stylized initial "V".

Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80786R, Contract A – Combined Support Maintenance Shop Renovations Project – Building H, Concord, NH.

DESCRIPTION: This project includes renovations to the CSMS Building on the State Military Reservation in Concord. The renovations include new windows/doors, new finishes in selected areas, new interior LED light fixtures and some renovations to the mechanical and electrical systems including upgrading the building control system.

EXPLANATION: The repairs, renovations and upgrades are needed to bring the building up to National Guard standards.

BPW FEE \$4,667  
INCREASE

EXPLANATION: The original negotiated Public Works Fees of \$30,000 was agreed upon between the National Guard and Public Works. There was additional work added to the contract through Alteration Orders that required additional time. There was also an issue with one of the sub-contractors not performing their portion of the work in a timely manner that required some additional time.

BPW



# 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. 80786R – Contract A

August 19, 2014

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

**RECEIVED**  
SEP 02 2014

9/17/2014

Bureau of Public Works

**REQUESTED ACTION**

- 1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Schroeder Construction Management (VC# 172486) Nashua, NH, for a total price not to exceed \$726,350, for the CSMS (Combined Support Maintenance Shop) - Building H Renovations Project, Building H, Concord, NH. This contract is effective upon Governor and Council approval through April 30, 2015, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$45,000 be approved for unanticipated structural expenses and owner initiated changes for the CSMS Renovations Project, Building H, bringing the total to \$771,350. **100% Federal Funds.**
- 3). Further authorize the amount of \$30,000 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 \$801,350. **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	\$ 726,350
103-500736 – Contingency	<u>\$ 45,000</u>
Sub-Total	\$ 771,350*

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

217-502682 – BPW Fees Interagency \$ 30,000

**Grand Total \$801,350**

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

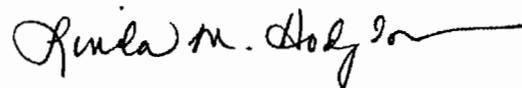
**EXPLANATION**

This project will consist of renovations to the CSMS - Building H on the State Military Reservation in Concord. Work will consist of new finishes in selected areas to include new windows/doors, new interior light fixtures and some renovations to the mechanical and electrical systems.

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: \$ 510,000  
Contract Amount: \$ 726,350  
Over Estimate: \$ 216,350

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80786R, Contract A – Combined Support Maintenance Shop Renovations Project – Building H, Concord, NH.

DESCRIPTION: Work on this project will consist of renovations to the CSMS Building on the State Military Reservation in Concord. Work will consist of new finishes in selected areas to include new windows/doors, new interior LED light fixtures and some renovations to the mechanical and electrical systems including upgrading the building control system.

EXPLANATION: The repairs, renovations and upgrades are needed to bring the building up to National Guard standards.

OVER ESTIMATE

EXPLANATION: The project was originally estimated to be \$596,000. There was a desire to reduce overall costs and suggestions were made to eliminate portions of the project that brought the estimate down to \$510,000. This now became the new estimate, but the cuts to the project were never realized and the project was brought to bid intact (estimate of \$596,000). Additionally, the lubrication equipment cost was \$17,000 more than estimated and the HVAC was \$100k over the estimate. We believe the economic downturn over the last 5-years has resulted in less mechanical firms (through attrition) and the remaining existing mechanical firms have drastically reduced staff to make it through the downturn. These smaller-staffed mechanical firms are lately beginning to get busier and they lack capacity, resulting in higher costs to perform the work. This is evident with this project only having two mechanical contractors bidding the job, which affects competitive pricing. Finally, we believe higher construction costs are inevitable when the using agency is awaiting funding and the contractors have been asked to hold prices until November 3, 2014.

DEPARTMENT

ESTIMATE: \$510,000

LOW BID: \$726,350

**BIDDER SUMMARY**

PROJECT NAME: CSMS RENOVATIONS PROJECT - BUILDING H NON-FEDERAL 80786R  
PROJECT NUMBER: 80786R  
COUNTY: MERRIMACK COUNTY 013  
BID OPENING DATE: 08/07/2014  
SCOPE OF WORK: CSMS RENOVATION. NEW FINISHES, DOORS, WINDOWS, LIGHT FIXTURES,  
RENO TO EXISTING MECHANICAL AND ELECTRICAL SYSTEMS  
  
LOCATION: 1 MINUTE MAN WAY, CONCORD NH  
COMPLETION DATE: 01/01/2015

**BID RESULTS**

A SCHROEDER CONSTRUCTION MGMT (B001) - PO BOX 601 10 DEERHAVEN DR NASHUA, NH 03061 \$ 726,350.00 ACCEPTED  
B MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249 \$ 769,700.00 ACCEPTED

\$726,350.

**BUREAU OF PUBLIC WORKS**

Award to Schroeder Const. Mgmt.  
 Hold for Negotiation  
 Cancel Contract  
User Agency: NHTRANS  
Authorized by: [Signature]  
Date: 08/07/2014

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	CSMS RENOVATIONS BUILDING H	EA	1.00	\$ 510,000.00	\$ 510,000.00	\$ 726,350.00	\$ 726,350.00	\$ 769,700.00	\$ 769,700.00
					\$ 510,000.00		\$ 726,350.00		\$ 769,700.00

ALTERNATES

991.00	ALTERNATE #1	EA	1.00	\$ 30,000.00	\$ 30,000.00	\$ 29,667.00	\$ 29,667.00	\$ 31,320.00	\$ 31,320.00
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/13/2014

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).

<b>PRODUCER</b> Infantine Insurance Inc. P. O. Box 5125 Manchester NH 03108		<b>CONTACT NAME:</b> Janet Tuttle <b>PHONE (A/C No. Ext):</b> 603-669-0704 (ext246) <b>FAX (A/C No.):</b> 603-669-6031 <b>E-MAIL ADDRESS:</b> jtuttle@infantine.com	
<b>INSURED</b> Schroeder Construction Management Inc. PO Box 601 Nashua NH 03061		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Peerless Insurance <b>NAIC #</b> 24198 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>	

**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	ADDC INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			CBP8350683	8/1/2014	8/1/2015	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 - COMPROP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BA8351303	8/1/2014	8/1/2015	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8352603	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC8389128 States: ME, MA, NH, VT, RI	8/1/2014	8/1/2015	<input checked="" type="checkbox"/> WORKERS COMPENSATION LIMITS <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Addition of Remarks Schedule, if more space is required)  
RE: CSMS Renovation Project - Building H, Concord, NH. Project No. 80786-R, Contract A. It is hereby understood and agreed that the State of New Hampshire, Department of Administrative Services is included as additional insured to General Liability and Umbrella policies when required by written contract.

### CERTIFICATE HOLDER

### CANCELLATION

State of New Hampshire  
Department of Administrative Services  
PO Box 483  
Concord, NH 03301

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

Paul Sullivan/JT1

*Paul Sullivan*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/13/2014

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: Janet Tuttle PHONE (A/C, Ho, Ext): (603) 669-0704 FAX (A/C, No): (603) 669-6831 E-MAIL ADDRESS: jtuttle@infantine.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of New Hampshire Dept. of Administrative Services PO Box 601 Nashua NH 03061	NAIC #

COVERAGES CERTIFICATE NUMBER: 2014 OCP 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 LTR	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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors		GL8995610	8/13/2014	8/13/2015	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 - COM/PROP AGG \$ \$
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	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					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 RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					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)  
 RE: CSMS Renovation Project - Building R, Concord, NH. Project No. 80786-R, Contract A.

CERTIFICATE HOLDER  State of New Hampshire Dept. of Administrative Services 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  Paul Sullivan/DKP <i>Paul Sullivan</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
8/13/2014

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. Ex): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526
FAX (A.C. No.): (603) 669-6831	E-MAIL ADDRESS: jtuttle@infantine.com	
CODE: 3081	SUB CODE:	
AGENCY CUSTOMER # 00016373		
INSURED Schroeder Construction Management Inc.; State of NH Dept. of Admin. Services PO Box 601 Nashua NH 03061	LOAN NUMBER	POLICY NUMBER CIM516958310
	EFFECTIVE DATE 8/13/2014	EXPIRATION DATE 8/13/2015
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 1 Minute Man Way Concord, 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
Job Specific Builders Risk New	726,350	1,000

### REMARKS (Including Special Conditions)

RE: CSMS Renovation Project - Building H, Concord, NH. Project Number 80786-R, Contract A.
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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.
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### ADDITIONAL INTEREST

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Paul Sullivan/BKP <i>Paul Sullivan</i>	