



**New Hampshire  
Employment  
Security**

www.nhes.nh.gov

"We're working to keep New Hampshire working"

ADMINISTRATIVE OFFICE

45 SOUTH FRUIT STREET  
CONCORD, NH 03301-4857



GEORGE N. COPADIS, COMMISSIONER

RICHARD J. LAVERS, DEPUTY COMMISSIONER

June 9, 2016

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

REQUESTED ACTION

To authorize New Hampshire Employment Security (NHES) to enter into a contract with Salmon Falls Nursery & Landscaping, Inc. (VC# 153184), Berwick, ME in the amount not to exceed \$21,939 for lawn care and landscape services at NHES Local Offices located at 2000 Lafayette Road, Portsmouth and 6 Marsh Brook Drive, Somersworth, NH. This contract is from the date of Governor and Council approval through October 31, 2018. 100% Federal funds.

Federal funds to support this request are anticipated to be available in the following account in State FY 2016 and State FY 2017 forward upon the availability and continued appropriation of funds in future operating budgets, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified:

		<u>State Fiscal Year</u>			
		<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
02-27-27-270010-8040	DEPT OF EMPLOYMENT SECURITY				
10-02700-80400000-048-500226	Maintenance, Bldg & Grnds	\$2,437.66	\$7,313	\$7,313	\$4,875.34
Vendor Code: 153184 Salmon Falls Nursery & Landscaping, Inc.					
RQ#: TBD					

EXPLANATION

NHES is requesting approval of the attached contract for lawn care and landscape services. The contract total of \$21,939 (\$3,728 per year pro-rated by season for Portsmouth and \$3,575 per year pro-rated by season for Somersworth) is for the period beginning with the date of Governor and Council approval through October 31, 2018.

A competitive bid process was undertaken for lawn care and landscape services at the following NHES Local Offices: Berlin, Claremont, Conway, Nashua, Portsmouth, Salem and Somersworth. NHES simultaneously posted the "Request For Proposal" (RFP) to two (2) state websites and placed advertisements in five (5) separate newspapers. A total of eight (8) vendors submitted eleven (11) proposals for various locations. A review of the submitted proposals resulted in the selection of the lowest responding vendor for the Portsmouth and Somersworth locations. An RFP list with responses is attached.

Respectfully submitted,

George N. Copadis  
Commissioner  
GNC/jdr  
Attachments

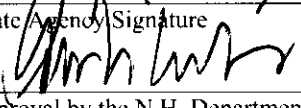
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name NH Employment Security		1.2 State Agency Address 45 South Fruit Street, Concord, NH 03301	
1.3 Contractor Name Salmon Falls Landscaping, Inc.		1.4 Contractor Address 511 Portland St Berwick ME 03901	
1.5 Contractor Phone Number 207-384-5540	1.6 Account Number 10-027-8040-048-500226	1.7 Completion Date October 31, 2018	1.8 Price Limitation \$21,939.00
1.9 Contracting Officer for State Agency George N. Copadis		1.10 State Agency Telephone Number 603-228-4000	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Mark Pendergast President	
1.13 Acknowledgement: State of <u>Maine</u> , County of <u>York</u> On <u>5/12/16</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                       [Seal]                 </div> <div style="text-align: right;"> <b>CYNTHIA DUMOND</b>                      Notary Public, Maine                      My Commission Expires October 22, 2016                 </div> </div>			
1.13.2 Name and Title of Notary or Justice of the Peace Cynthia Dumond Notary			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory George N. Copadis, Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>6/10/16</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

**2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials W.P.  
Date 5/19/18

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

#### **8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

#### **9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**10. TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

**13. INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### **14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

**23. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**24. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

**EXHIBIT A**  
**SCOPE OF SERVICES**

**1.01 SCOPE**

This section identifies specific services, products, materials, labor, tools, equipment and/or transportation necessary to provide all phases of landscaping/maintenance required at NH Employment Security facilities as listed: **2000 Lafayette Road, Portsmouth, NH 03801 and 6 Marsh Road, Somersworth, NH 03878.**

**1.02 DESCRIPTION OF WORK BY LOCATION**

In all locations, Contractor will provide landscaping services, including all phases of tree, shrub and lawn care to include weekly mowing, edging, weeding around bushes and other plantings, and raking grass.

- Lawn care will include lawn mowing of all grassed areas at least once a week, trim edging, weeding around bushes, walkways and other plantings. Lawn will be kept free of leaves, clippings and other debris. Raked material will be disposed of properly. No grass clippings, trimmings and debris will be swept, raked or dumped into storm drains or dumpster.
- For **Portsmouth** landscaper, the bank on south side of Portsmouth property between wooded area and Route 1, will be raked and cleaned spring and fall, and as needed. Contractor will review landscaping area and parking lot for debris, and properly dispose of debris and ensure that the drainage area in Portsmouth, across the parking lot from the main entrance, is free of debris at all times.
- **FERTILIZING:** Contractor will fertilize lawn, all shrubs and plantings with a four-step plan, to include labor and materials, for spring, summer and fall.

**Step One:** Apply in May; contractor will apply a combination of slow release lawn food with trace elements and pre-emergent crabgrass preventer. This should provide a minimum of eight (8) weeks of control. DO NOT seed for at least eight (8) weeks after this application.

**Step Two:** Apply late May through early June; contractor will apply a lawn fertilizer and product to prevent weeds from growing.

**Step Three:** Apply mid-August, contractor will apply lawn food that provides nutrients for six (6) to eight (8) weeks.

**Step Four:** Apply late September through October, contractor will apply winterizer.

Contractor will apply lime to lawn in spring and fall, as soil conditions require.

PLANTING: Plantings to replace shrubs, trees, and flowers will be completed as requested. NH Employment Security will be billed Contractor's cost for plantings. Cost of replacement or additional repairs will be invoiced in the month work was done. Estimates for repair/replacement work will be approved by NHES prior to work being done.

Contractor Initials *US*  
Date *5/19/10*

Contractor will perform diagnostic services to grass areas, to soil around base of birches, firs, maples, young trees and shrubs, to determine fertilizing needs. Contractor will apply fertilizer as necessary based upon diagnostic services.

- Contractor will prune all shrubs to maintain size, shape, and structure annually.
- Contractor will refresh the stone each spring as necessary to clean-up beds around office.
- Contractor will perform lawn care, including watering, to prevent browning or burning of landscape.
- Contractor will bark mulch flower and shrub beds in springtime only.
- Contractor will refresh mulched areas to proper levels utilizing an ant and bug resistant mulch.
- Contractor will weed mulched, fenced, bank and stone bed areas.
- Contractor will clean up storm damage or any debris created by minor construction.
- Contractor will clean dead limbs and sprouting bushes from wooded areas, preventing wooded area from encroaching landscaped areas monthly or as needed.

### 1.03 SAFETY

Safety and protection of NH Employment Security personnel and property is of utmost concern. All work will be conducted to interfere as little as possible with NH Employment Security business. Contractor will, at its expense wherever necessary or required, furnish safety devices and take necessary precautions to protect life and property.

Work performed will be compliant with existing State and Federal safety regulations and standards including, but not limited to, OSHA and U.S. Department of Labor regulations, to ensure safety of the Contractor's workers, NH Employment Security staff and the general public.

### 1.04 MSDS SHEETS

Upon contract award, and prior to performance of any service, Contractor must provide copies of Material Safety Data Sheets for all chemicals/materials that will be used at NH Employment Security to NHES Project Manager, Jesse Propri, [Jessi.B.Propri@nhes.nh.gov](mailto:Jessi.B.Propri@nhes.nh.gov), (603) 228-4027. Jessi Propri will be the day to day point of contact for work performed under the contracts.

### 1.05 INVOICES

Contractor will invoice NH Employment Security in duplicate on a monthly basis. Invoice must include a **brief description of work done and location of work**. NHES will make payment through normal state payment process that is up to 30 days following receipt of approved invoice. See Exhibit B, Pricing, for further details.

Contractor Initials U.P.

Date 5/19/10

**EXHIBIT B – PRICING**

**SEE ATTACHMENT A, COST PROPOSAL PAGE**

**Three (3) Seasons**

**PORTSMOUTH OFFICE**

**15-16**

**16-17**

**17-18**

<b>May</b>	<b>623.00</b>	<b>May</b>	<b>623.00</b>	<b>May</b>	<b>623.00</b>
<b>June</b>	<b>623.00</b>	<b>June</b>	<b>623.00</b>	<b>June</b>	<b>623.00</b>
<b>July</b>	<b>623.00</b>	<b>July</b>	<b>623.00</b>	<b>July</b>	<b>623.00</b>
<b>August</b>	<b>623.00</b>	<b>August</b>	<b>623.00</b>	<b>August</b>	<b>623.00</b>
<b>September</b>	<b>623.00</b>	<b>September</b>	<b>623.00</b>	<b>September</b>	<b>623.00</b>
<b>October</b>	<b>623.00</b>	<b>October</b>	<b>623.00</b>	<b>October</b>	<b>623.00</b>
<b>TOTALS</b>	<b>\$3,738.00</b>		<b>\$3,738.00</b>		<b>\$3,738.00</b>

**SOMERSWORTH OFFICE**

**15-16**

**16-17**

**17-18**

<b>May</b>	<b>595.83</b>	<b>May</b>	<b>595.83</b>	<b>May</b>	<b>595.83</b>
<b>June</b>	<b>595.83</b>	<b>June</b>	<b>595.83</b>	<b>June</b>	<b>595.83</b>
<b>July</b>	<b>595.83</b>	<b>July</b>	<b>595.83</b>	<b>July</b>	<b>595.83</b>
<b>August</b>	<b>595.83</b>	<b>August</b>	<b>595.83</b>	<b>August</b>	<b>595.83</b>
<b>September</b>	<b>595.84</b>	<b>September</b>	<b>595.84</b>	<b>September</b>	<b>595.84</b>
<b>October</b>	<b>595.84</b>	<b>October</b>	<b>595.84</b>	<b>October</b>	<b>595.84</b>
<b>TOTALS</b>	<b>\$3,575.00</b>		<b>\$3,575.00</b>		<b>\$3,575.00</b>

**TOTAL CONTRACT NOT TO EXCEED:                     \$21,939.00**

**BILLING:**

Contractor will invoice NH Employment Security in duplicate on a monthly basis. Invoice must include a **brief description of work done and location of work**. NHES will make payment through normal state payment process that is up to 30 days following receipt of approved invoice. **Invoices will be sent to:**

**Jill D. Revels, Business Administrator  
Fiscal Management Section  
45 South Fruit Street  
Concord, NH 03301**

Contractor Initials   JDR    
Date   5/19/10



**EXHIBIT C**  
**ADDITIONAL PROVISIONS**

**2.01 TERMS & EXTENSION**

The agreement will begin upon Governor and Council approval and conclude three years from that date unless terminated sooner as provided for in applicable contract documents. This agreement may be extended for up to two (2) additional one-year (1) periods providing there are no changes in rates, terms or conditions, and upon mutual agreement of the parties.

**2.02 CONTRACT DOCUMENTS**

Standard terms and conditions are set forth in the Standard State Contract form, P-37. In the case of any conflict in terms between Exhibit C and the P-37, the provisions of the P-37 form will control.

**2.03 TERMINATION FOR CONVENIENCE**

If Contractor fails to perform services as required, this agreement may be terminated as provided in the P-37 contract form. Either party may terminate this agreement for convenience at any time prior to effective date of termination by giving thirty (30) days advance written notice of intent to terminate to the other party.

**2.04 CONFIDENTIALITY, CRIMINAL RECORD & NH CERTIFICATE OF GOOD STANDING**

Contractor and each of its employees working on NHES property will be required to sign and submit a **STATEMENT OF CONFIDENTIALITY OF RECORDS FORM** (DES 1726) and a **CRIMINAL RECORD AUTHORIZATION FORM** (Form No. DES 2135) prior to the start of any work under this Agreement. There is a fee for each background check required, which must be paid by the contractor.

**2.05 DAMAGE**

Contractor agrees that any damage to building(s), materials, equipment or other property during performance of its services will be repaired at its expense. Contractor agrees to return all buildings, materials, equipment or property affected by the contractor's work to their original condition or better. Contractor agrees to obtain approval of NH Employment Security representative assigned to project for any sub-contractor performing such repair work.

**2.06 INSURANCE**

Contractor will furnish a Certificate of Insurance as evidence of the existence of Comprehensive General Liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per claim and \$2,000,000 per incident. Contractor agrees to maintain workers' compensation and employer's liability insurance for all Contractor employees engaged in the performance of the agreement and provided updated certificates for such coverage.

**2.07 SUB-CONTRACTING**

Contractor will not assign, subcontract or otherwise transfer any duty obligation, or written performance required by this agreement without the prior written consent of NH Employment Security. All subcontractors must be listed on the bid page of this document for pre-approval.

Contractor Initials ML

Date 5/19/10

**2.08 CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS**

Contractor certifies that the primary participant, and its principals, to the best of its knowledge and belief, are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or State agency. Contractor will inform NH Employment Security of any changes in the status regarding this statement.

**2.09 DAVIS-BACON ACT**

Davis-Bacon Act and Related Acts, apply to contractors and subcontractors performing on federally funded/assisted contracts in excess of \$2,000 for construction, alteration, or repair (including painting and decorating) of public buildings or public works. Under these Acts, contractors and subcontractors must pay laborers and mechanics prevailing wages and fringe benefits for corresponding work on similar projects in the area as determined by the Department of Labor. When there is no Davis-Bacon assignment, applicable Wage Determination is realized by using the lowest skilled craft above laborer, excluding power equipment rate.

**2.10 AMERICANS WITH DISABILITIES ACT**

The undersigned agrees to comply with all Federal, State and Local ADA rules and regulations.

**2.11 NON-DISCRIMINATION**

In connection with the furnishing of services under any contract resulting from the RFP, contractor agrees to comply with all laws, regulations, and orders of federal, state, county or municipal authority which impose any obligations or duties upon the contractor, including but not limited to civil rights laws, non-discrimination laws and equal opportunity laws.

During the term of any contract resulting from the RFP, contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, creed, age, sex, sexual orientation, disability, national origin, marital status or veteran status, and will take appropriate steps to prevent such discrimination.

Contractor Initials ML  
Date 8/19/16

State of New Hampshire  
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SALMON FALLS NURSERY, INCORPORATED a(n) Maine corporation, is authorized to transact business in New Hampshire and qualified on April 7, 1989. I further certify that all fees and annual reports required by the Secretary of State's office have been received.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 9<sup>th</sup> day of June, A.D. 2016

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

CERTIFICATE OF VOTE

I, Mark Pendergast, President, the only Corporate Officer and Director and Sole Owner of Salmon Falls Nursery Inc. hereby authorize myself, to execute, submit, deliver and amend, on behalf of Salmon Falls Landscaping, Inc. any and all documents or contracts in connection with the landscape maintenance contract for the New Hampshire Employment Security Buildings located at Portsmouth, NH and Somersworth, NH



Mark Pendergast, President and Sole Owner

Acknowledgement: State of ME County of York on May 19, 2016, before the undersigned officer of Salmon Falls Nursery, Notary Public/Justice of Peace, personally appeared Mark Pendergast identified as President or satisfactorily proven to be the person named above and acknowledged that he executed this document in the capacity indicated.

Signature of Notary Public/Justice of Peace



(Seal)

CYNTHIA DUMOND  
Notary Public, Maine  
Commission Expires October 22, 2016

My commission expires on October 22, 2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/01/2016

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 Florists' Mutual Insurance Company/Hortica, Florists' Insurance Services Inc P O Box 428 1 Horticultural Lane Edwardsville, IL 62025 Stanley Pettiford	1-800-851-7740	CONTACT NAME: Karen Morgan Account #17918 PHONE (A/C No, Ext): 800-851-7740 ext. 1967 FAX (A/C, No): 866-819-9256 E-MAIL ADDRESS: KMorgan@hortica.com
INSURED Salmon Falls Nursery Inc Salmon Falls Landscaping Inc 511 Portland Street Berwick, ME 03901		INSURER(S) AFFORDING COVERAGE INSURER A: FLORISTS MUT INS CO NAIC # 13978 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 46503760 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		BP 13975	11/19/15	11/19/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		FMA 009945	11/19/15	11/19/16	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"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		EX 10714	11/19/15	11/19/16	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pesticide/Herbicide Applicators Coverage		BP 13975	11/19/15	11/19/16	Per Occurrence 1,000,000 Aggregate 2,000,000

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

Evidence of Insurance

RE: Jobs: NH Employment Security - Portsmouth, NH &amp; NH Employment Security - Somersworth, NH

## CERTIFICATE HOLDER

NH Employment Security  
Fiscal Management Section  
45 South Fruit St  
Concord, NH 03301

USA

## 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

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)  
Rogersm  
46503760

The ACORD name and logo are registered marks of ACORD

5029 | 5030



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/1/2016

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).

<b>PRODUCER</b> Kasprzak Insurance Associates, Inc. 787 Sokokis Trail PO Box 23 No. Waterboro ME 04061-0023		<b>CONTACT NAME:</b> Wendy Leach <b>PHONE (A/C, No, Ext):</b> (207) 247-4959 <b>FAX (A/C, No):</b> (207) 247-3007 <b>E-MAIL ADDRESS:</b> Wendy@Kasprzakinsurance.com															
<b>INSURED</b> Salmon Falls Nursery, Inc. Salmon Falls Landscaping, Inc. 511 Portland St. Berwick ME 03901		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Liberty Mutual Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual Insurance Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Liberty Mutual Insurance Co.																	
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES**      **CERTIFICATE NUMBER:** GEN 16-17 (NH)      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	Y/N	N/A	WC5315389418015	2/5/2016	2/5/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 NH Employment Security - Portsmouth NH  
 NH Employment Security - Somersworth NH

<b>CERTIFICATE HOLDER</b>  NH Employment Security Fiscal Management Section 45 South Fruit St. Concord, NH 03301	<b>CANCELLATION</b>  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  Stephen Kasprzak/WLL
---	--

**NEW HAMPSHIRE DEPARTMENT OF EMPLOYMENT SECURITY**

Request For Proposal (RFP) NHES2016-05 LANDSCAPE AND MAINTENANCE SERVICES

Proposal Opening 04/15/2016 @ 9:30am

	Berlin		Claremont		Conway		Nashua		Portsmouth		Salem		Somersworth			
	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total
Elf's Landscaping Inc. PO Box 7266 Rochester, NH 03839 (603) 332-8324										\$ 8,900	\$ 8,900	\$ 8,900	\$ 8,900	\$ 8,000	\$ 8,240	\$ 24,130
<b>RWN Property Services Inc.</b> 24 Emery Lane Conway, NH 03818 (603) 447-1159 Robert Nelson/Bethann	\$ 2,976	\$ 2,976	\$ 2,976	\$ 8,928	\$ 3,549	\$ 3,549	\$ 3,549	\$ 10,647								
<b>Salmon Falls Nursery &amp; Landscape, Inc.</b> 511 Portland Street Berwick, ME 03901 (207) 384-5540 Stuart Stevens Jr										\$ 3,738	\$ 3,738	\$ 3,738	\$ 11,214	\$ 3,575	\$ 3,575	\$ 10,725
<b>Granite State Lawncare LLC</b> 6 Sunset Street Claremont, NH 03743 (603) 477-3955 Andrew Campbell					\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000								
<b>Great Horizons Property/Landscpg LLC</b> 324 Route 125 Brentwood, NH 03833 (603) 772-0200 Teri Baker										\$ 5,244	\$ 5,244	\$ 5,244	\$ 15,732			
<b>P&amp;L Landscaping LLC</b> 79 Daniel Webster Hwy Merrimack, NH 03054 (603) 595-2802 Dana Burke									\$ 6,600	\$ 6,798	\$ 7,002	\$ 20,400				
<b>Croteau's Lawn Service</b> 1279 Stark Highway Stark, NH 03582 (603) 636-2437 Dereck Croteau	\$ 2,750	\$ 2,750	\$ 2,750	\$ 8,250												
<b>Piscataqua Landscaping &amp; Tree Service</b> 26 MacLellan Lane Elliott, ME 03903 (207) 439-2241 Justin Gamester										\$ 3,980	\$ 3,980	\$ 3,980	\$ 11,940			
<b>APPARENT LOW BIDDERS/PROPOSALS:</b>																
11 Proposals Submitted					Granite State		RWN	P&L		Portsmouth		Salem	Somersworth	Salmon Falls	No Bid	Salmon Falls
8 Responding Vendors	\$ 8,250	\$ 9,000	\$ 10,647	\$ 20,400	\$ 9,000	\$ 10,647	\$ 11,214	\$ 11,940	\$ 11,214	\$ 11,214	\$ 11,214	\$ 11,214	\$ 11,214	\$ 11,214	\$ 11,214	\$ 10,725

NHES simultaneously posted the RFP to two (2) state websites and placed advertisements in 5 different newspapers.