



State of New Hampshire

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

JB *JM*

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80752R – Contract B

August 20, 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 Gerard A. Laflamme, Inc. (VC# 174091) Londonderry, NH, for a total price not to exceed \$282,700, for the John O. Morton Building Data Center HVAC and UPS Upgrade, Concord, NH. This contract is effective upon Governor and Council approval through March 27, 2015, unless extended in accordance with the contract terms. **100% Capital - Highway Funds.**
- 2). Further authorize the amount of \$9,000 Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$291,700. **100% Capital - Highway Funds.**

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

04-96-96-960030-79880000	JOMB Data Center	<u>SFY15</u>
034-500162	– Repair/Renovations Bldgs.	\$ 282,700
034-500162	– BPW Fees/Interagency	<u>\$ 9,000</u>
Grand Total		\$ 291,700

EXPLANATION

Per Chapter 195:2, II, C, Laws of 2013, for the JOMB Data Center HVAC and UPS Replacement. This project will install a new computer room air conditioner, and two new UPS units to set up as redundant A and B server supplies.

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 Department of Transportation 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
for Commissioner

Department Estimate:	\$503,000
Contract Amount:	<u>\$282,700</u>
Under Estimate:	\$220,300

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80752R, Contract B – John O. Morton Building Data Center HVAC and & UPS Upgrades, Concord.

DESCRIPTION: The project includes installing a new computer room air conditioner, and two new UPS units to set up as A and B server supplies.

EXPLANATION: The project replaces an old Uninterruptable Power System (UPS) and adds redundancy and reliability to the electrical and HVAC systems in the main computer room for the Department of Transportation at the Morton building on Hazen Drive.

UNDER ESTIMATE

EXPLANATION: The project was estimated with in house staff utilizing RS Means and historical costs from other similar projects. We have successfully completed similar projects with this vendor in the past and we are confident that they will be able to complete the work for the contracted amount.

DEPARTMENT

ESTIMATE: \$503,000

LOW BID: \$282,700

BIDDER SUMMARY

PROJECT NAME: JOMB DATA CENTER HVAC & UPS UPGRADE NON-FEDERAL 80752R-B
PROJECT NUMBER: 80752R-B
COUNTY: MERRIMACK COUNTY 013
BID OPENING DATE: 07/24/2014
SCOPE OF WORK: TO INSTALL A NEW COMPUTER ROOM AIR CONDITIONER, AND TWO NEW UPS UNITS TO SET UP AS A AND B SERVER SUPPLIES.
LOCATION: 7 HAZEN DRIVE CONCORD, NH
COMPLETION DATE: 03/27/2015

BID RESULTS

A GERARD A LAFLAMME, INC - 100 HARVEY ROAD LONDONDERRY, NH 03053
B MARTINI NORTHERN, LLC (B001) - 299 HANOVER ST PORTSMOUTH, NH 03801

\$ 282,700.00 ✓ ACCEPTED
\$ 338,900.00 ACCEPTED

Item 1: \$ 171,700. -
Item 2: \$ 86,000. -
Item 3: \$ 25,000. -
\$ 282,700. ✓

BUREAU OF PUBLIC WORKS

Award to Gerard A. LaFlamme, Inc.
 Hold for Negotiation
 Cancel Contract
User Agency: NH DOT
Authorized by: [Signature]
Date: 07/31/2014

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	2 UPS UNIT INSTALLATION & ALL ASSTD EQUIP/WIR'G INCLUSIVE OF GEN CONDITIONS	EA	1.00	\$ 328,000.00	\$ 328,000.00	\$ 214,162.00	\$ 214,162.00
902.00	HVAC COMPUTER ROOM UNIT INSTALLATION INCLUSIVE OF GEN CONDITIONS	EA	1.00	\$ 150,000.00	\$ 150,000.00	\$ 99,738.00	\$ 99,738.00
903.00	ALLOWANCE FOR OWNER INITIATED CHANGES, HAZMAT OR UNFORSEEN CONDITIONS	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
					\$ 503,000.00		\$ 338,900.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/5/2014

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Kelley Massey	
	PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No): (603) 224-8012 E-MAIL ADDRESS: kmassey@rowleyagency.com	
INSURED Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Firemen's Ins Co of Wash. DC	21784
	INSURER B: Acadia Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 13-14 General 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPA023562416	12/19/2013	12/19/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/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		CAA023562515	12/19/2013	12/19/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUA023562816	12/19/2013	12/19/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	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 N	WPA027786615 3A States: NH ME	12/19/2013	12/19/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment		CPA023562416	12/19/2013	12/19/2014	Limit \$60,000
A	Installation Floater		CPA023562416	12/19/2013	12/19/2014	Limit \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project 80752R, Contract B - JOMB Data Center HVAC & UPS Upgrade, 7 Hazen Drive, Concord, NH. State of NH, Dept of Administrative Services is an additional insured as respects general liability when required by written contract with named insured.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Dept. of Administrative Services 25 Capitol Street Concord, NH 03301-6312	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 Susan Gilman/SJG <i>Susan Gilman</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Kelley Massey PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: kmassey@rowleyagency.com	FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Gerard A. Laflamme, Inc., GC; State of NH, Dept of Administrative Services; Any/All Subs PO Box 5706 Manchester NH 03108	INSURER A: Peerless Insurance Co. NAIC # 24198	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** BR-NH Project 80752R **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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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 Y / N N / A						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk			BR9172014	9/17/2014	9/17/2015	\$282,700 Limit \$1,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Builders risk covering project 80752R, contract B, JOMB data center HVAC & UPS upgrades, 7 Hazen Drive, Concord, NH.

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services 25 Capitol Street 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 Susan Gilman/SJG <i>Susan Gilman</i>



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	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH, Dept of Administrative Services c/o Gerard A Laflamme, Inc. PO Box 5706 Manchester NH 03108	INSURER A: Acadia Ins. Co. NAIC # 313251	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** OCP Proj 80752R **REVISION NUMBER:**

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A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input 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			OCP9172014	09/17/2014	09/17/2015	EACH OCCURRENCE \$ 2,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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			N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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	AUTHORIZED REPRESENTATIVE Susan Gilman/SJG <i>Susan Gilman</i>