



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION

MAY 10 11 3 AM 9:20 DAS



207  
Blawie

CHRISTOPHER D. CLEMENT, SR.  
COMMISSIONER

JEFF BRILLHART, P.E.  
ASSISTANT COMMISSIONER

Bureau of Construction  
April 22, 2013

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

**REQUESTED ACTION**

Authorize the Department of Transportation to enter into a contract with L.A. Brochu, Inc. (Vendor #154371) of Concord, NH on the basis of a low bid of \$184,800.00 for establishing native and naturalized wildflower fields along roadways throughout the State utilizing funds through the Moose Plate Program in accordance with RSA 261:97-b, from the date of Governor and Council approval through October 31, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Agency Income (Conservation Plate Fund).

Funding is available contingent upon the availability of funds as follows:

Funding is available as follows:	<u>FY 2013</u>
04-96-96-962015-3025	
Highway Design Bureau-Lilac Program	
405-500881 Lilac Program	\$184,800.00

**EXPLANATION**

This project is part of the State's Wildflower Program. The program utilizes funds through the Moose Plate Program in accordance with RSA 261:97-b. The intent of this project is to enhance roadway aesthetics and minimize maintenance through reduced mowing. The project involves installing wildflower native planting beds at seven locations (7) of approximately one acre in size and distributed throughout the entire state in each District of the Department Transportation.

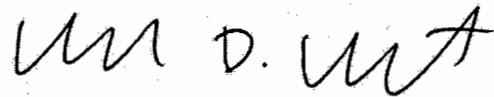
Page 2

Although the bid costs exceeded the Department's estimate, the low bid is felt to be reasonable for the work involved. Re-advertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department 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 Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,



Christopher D. Clement, Sr.  
Commissioner

CDC/md

Department Estimate:	\$179,440.00
Contract Amount:	<u>\$184,800.00</u>
Over Estimate:	\$ 5,360.00

STATEWIDE NATIVE WILDFLOWERS  
13763C

March 6, 2013

**SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** This project establishes Native and Naturalized Wildflower fields along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with R.S.A. 261:97-b. The project will enhance New Hampshire's roadsides with the establishment of these sites throughout the state. It will assist to inform and educate the public on planting, care and identification of wildflowers, and will help foster a positive attitude towards the State of New Hampshire and the Department of Transportation.

**FEDERAL FUNDING: 0%**

**CONTINGENCY: 0%**

**PROJECT INITIATED:** State's Wildflower Program.

**PROJECT EXPLANATION:** To enhance roadway aesthetics and minimize maintenance through reduced mowing. The planting beds will be approximately 1 acre in size and will be distributed throughout the entire state in each District of the Department of Transportation.

**TRAFFIC IMPLICATIONS:** Minimal traffic implications are anticipated. Work performed on this project will occur off the roadway and should not effect the flow of traffic.

**COMPLETION DATE:** October 31, 2014

# NATIONAL HIGHWAY SYSTEM

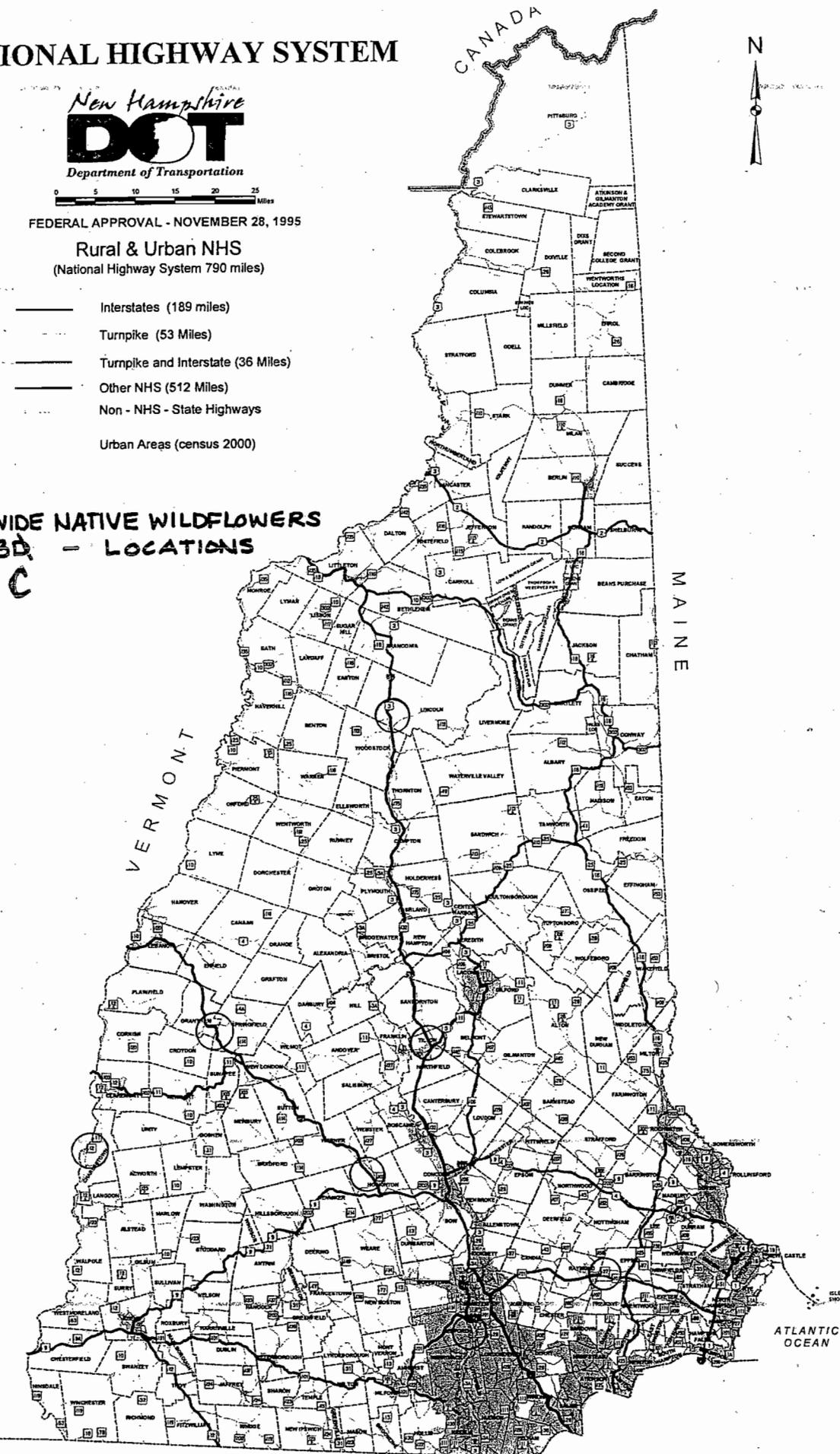


FEDERAL APPROVAL - NOVEMBER 28, 1995

Rural & Urban NHS  
(National Highway System 790 miles)

- Interstates (189 miles)
- Turnpike (53 Miles)
- Turnpike and Interstate (36 Miles)
- Other NHS (512 Miles)
- Non - NHS - State Highways
- Urban Areas (census 2000)

STATEWIDE NATIVE WILDFLOWERS  
13763D - LOCATIONS



MASSACHUSETTS

STATEWIDE NATIVE WILDFLOWERS  
13763C

February 20, 2013

WILDFLOWER ESTABLISHMENT LOCATIONS

WILDFLOWER ESTABLISHMENT (Item No: 644.91, 644.92 & 644.93)

District	Description	Acres*
1	<b>Interstate 93 in Lincoln:</b> 1 site in the median, approximately 1/4 mile south of Exit 33, in the vicinity of Mile Marker 102. (Item No. 644.91)	1.00
2	<b>Interstate 89 in Springfield:</b> 1 site in the median, in the vicinity of Mile Marker 40.2. (Item No. 644.92)	1.00
3	<b>Interstate 93 in Tilton:</b> 2 sites at Exit 20 - NB and SB ramp areas. (Item No. 644.91)	1.00
4	<b>NH 12 in North Charlestown:</b> 1 site on the west side of NH 12, just north of Chestnut Flatt Road. (Item No. 644.91)	1.00
5	<b>Interstate 89 in Hopkinton:</b> 1 site in the median, in the vicinity of Mile Marker 12.2. (Item No. 644.931)	1.00
6	<b>NH 101 in Epping:</b> 1 site in the median, 1 mile West of Exit 6. (Item No. 644.92)	1.00
Turnpike	<b>F.E. Everett Turnpike (US 3) in Bedford:</b> In the vicinity of the Bedford Toll Booths. NB and SB Ramp areas. (Item No. 644.91)	1.00

\* Approximate

PROJECT: STATEWIDE NATIVE WILDFLOWERS  
13763C

COUNTIES AND CODES: VARIES  
DATE BIDS OPEN: APRIL 11, 2013  
SCOPE OF WORK: ESTABLISH NATIVE AND NATURALIZED  
WILDFLOWER FIELDS

LOCATION: SEE THE PROSECUTION OF WORK

COMPLETION DATE: OCTOBER 31, 2014

A L.A. BROCHU, INC.  
121 COMMERCIAL ST., CONCORD, NH 03301 \$ 184,800.00  
B A.J. CAMERON'S SOD FARMS, INC.  
16 FLAGSTONE AVE, FARMINGTON, NH 03835 \$ 192,725.00  
C SALMON FALLS NURSERY, INC.  
511 PORTLAND ST., BERWICK, ME 03901 \$ 354,724.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		C	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$ U	1.	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
619.1	MAINTENANCE OF TRAFFIC WILDFLOWER ESTABLISHMENT	U	1.	7,000.00	7,000.00	3,600.00	3,600.00	8,300.00	8,300.00
644.91	(WITH HERBICIDE, COMPOST AMEND., AND STRAW MULCH) A	A	4.	23,000.00	92,000.00	24,070.00	96,280.00	42,825.00	171,300.00
644.92	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, COMPOST AMEND., AND MATTING) A	A	2.	25,000.00	50,000.00	29,325.00	58,650.00	52,500.00	105,000.00
644.931	WILDFLOWER ESTABLISHMENT WITH HERBICIDE, 4" CMPST AMEND. AND STRAW MULCH A	A	1.	28,000.00	28,000.00	26,485.00	26,485.00	62,000.00	62,000.00
644.95	WILDFLOWER AREA SIGNS	EA	18.	100.00	1,800.00	95.00	1,710.00	118.00	2,124.00
1007.1	MISCELLANEOUS LANDSCAPE TREATMENT	\$	1.	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
					\$184,800.00		\$192,725.00		\$354,724.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/19/2013

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> <b>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Annette Kowalczyk <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> akowalczyk@rowleyagency.com	<b>FAX (A/C No):</b> (603) 224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Patriot Insurance	<b>NAIC #</b> 32069
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owners &amp; Contractors</b>		CPP6222023	4/18/2013	4/18/2014	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED:    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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			WC STATU-TORY 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)  
Project # Statewide Native Wildflowers 13763C

**CERTIFICATE HOLDER**                      **CANCELLATION**

The State of New Hampshire, Department of Transportation 7 Hazen Drive 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  Annette Kowalczyk/AMK
--	--



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
4/19/2013

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 <b>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603) 224-2562	COMPANY <b>Peerless Insurance Companies</b> 62 Maple Ave Keene NH 03431
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: <b>ehorner@rowleyagency.com</b>	
CODE: <b>8110236</b>	SUB CODE:	
AGENCY CUSTOMER ID #: <b>00004323</b>		
INSURED <b>L.A. Brochu Inc, The State of New Hampshire</b> Dept of Transportation & Any & 121 Commercial St. Concord NH 03301	LOAN NUMBER	POLICY NUMBER <b>IM974236</b>
	EFFECTIVE DATE <b>4/18/2013</b>	EXPIRATION DATE <b>4/18/2014</b>
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>7 Locations by Interstate 93, NH 03301 - Statewide Native Wildflowers 13763C</b>
---

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
Scheduled Jobsite Form - IM7050	184,800	1,000
Transit Coverage	92,400	Same
Temp Storage	92,400	Same
Soft Costs	50,000	

## REMARKS (Including Special Conditions)

Named insured includes; Any and all Subcontractors

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

State of New Hampshire Department of Transportation 7 Hazen Drive Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Annette Kowalczyk</i> Annette Kowalczyk/AMK	

