



State of New Hampshire

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

17 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. 80741R – Contract A

May 8, 2014

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

REQUESTED ACTION

1). Authorize the Department of Administrative Services to enter into an agreement with H. L. Turner Group, Inc. (Vendor No. 156919) Concord, NH., for a total price not to exceed \$284,639 for Professional Services for the Derry Highway Maintenance Facility (PS528). Derry, NH. The contract is effective upon Governor and Council approval through September 30, 2015. **100% Capital – Highway Funds.**

2). Further authorize the amount of \$24,500 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (**Vendor Code 177875**) for engineering services provided, bringing the total to \$309,139. **100% Capital – Highway Funds.**

Funding is available in account titled Administration as follows:

04-96-96-960030-79900000	New Patrol Shed	<u>SFY14</u>
034-500152	– Design/Study	\$284,639
034-500152	– BPW Fees - Interagency	<u>\$ 24,500</u>
Grand total		\$309,139

EXPLANATION

Per Chapter 195:2, II, E, Laws of 2013, this project includes Architectural and Engineering design and construction administration services for a DOT Highway Maintenance Facility.

In December 2013, the Bureau of Public Works Design & Construction solicited Registered Architects and Engineers, by public announcement in the State, for interest in providing consultant services for Renovation of the Derry Highway Maintenance Facility (PS528).

Thirteen (13) consultant firms submitted letters of interest and were considered for this assignment. These consultant firms were rated on the basis of comprehension of the assignment, clarity of the proposal, capacity to perform in a timely manner, quality and experience of the project manager and the team, and overall suitability for the assignment. Ultimately a short list of four (4) firms was developed.

Interviews were held with the following four (4) Consultant firms on February 13, 2014.

Cowan, Goudreau Architects
Concord, NH

Port One Architects
Portsmouth, NH

Weston & Sampson
Portsmouth, NH

H. L. Turner Group, Inc.
Concord, NH

Based on their technical proposal, presentation and experience on projects of a similar nature, the firm of H. T. Turner Group, Inc. was chosen as best qualified for the project. The Consultant Selection Committee included representatives from the Department of Transportation and the Bureau of Public Works Design and Construction. A copy of the firm's Statement of Qualifications is provided, herewith, for your information and convenience.

The consultant selection process employed by the Department for this project is in accordance with RSAs 21-I:22, 21-I:22-c and 21-I:22-d, all applicable Federal laws and the Department's procedures for "Selection of Engineers, Architects and Surveyors" dated July 28, 2005.

The agreement 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 agreement are on file at the Secretary of State's Office and the Department of Administrative Services – Bureau of Public Works Design and Construction.

Sincerely,



Linda M. Hodgdon
Commissioner

Explanation of Consultant Selection Committee
Derry Highway Maintenance Facility – 80741R

Members are selected using the approved guidelines for the Bureau of Public Works Design and Construction "Selection of Engineering, Architects, and Surveyor Services". Per these guidelines, the Committee should consist of the Bureau Administrator plus two other Project Managers.

The Assistant Administrator manages the day-to-day oversight of the Consultant assignments, and is the second member of all the selection committees. Her job description specifically outlines her involvement in the management of the consultants. She brings the expertise of the day-to-day working with consultants. Her past and present experience involves frequent interaction with consultants, including review of consultants' proposals and their engineering work.

The Project Manager, for the specific work the consultant is being hired for, brings additional expertise concerning the capabilities of various consultants. His years of project management experience and experience provide the more detailed perspective about the various consultants' strengths or weaknesses and how they would fit with the project needs.

The Department of Transportation Civil Engineer 3, acting as the owner's representative, for the specific work the consultant is being hired for, brings 28-years of engineering experience, 18 of which has been dedicated to State highway maintenance operations including the construction and repair of buildings and facilities related to those operations.

Assist. Administrator PM5
Project Manager PM4
Civil Engineer 3

Michelle Juliano- 25 years State service
Roger Dionne – 28 years State service
Gary Clifford – 28 years State/private sector

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80741, Contract A – Derry Highway Maintenance Facility.

DESCRIPTION: To provide Architectural and Engineering design and construction administration services for the Highway Maintenance Facility.

EXPLANATION: The DOT currently operates at a facility, which is undersized to meet the current required level of service especially given the I93 expansion projects. The existing patrol shed does not meet current building codes and is energy efficient. The new facility will be located on the same site as the existing.

Interview/Selection date: 2/13/2014

COMMITTEE PROPOSAL RATING FOR
Derry Highway Maintenance Facility

Consultant Name	Comprehension of Assignment	Clarity of Proposal	Capacity to Perform in a Timely Manner	Quality and Experience of PM/Team	Overall Suitability for the Assignment	Total Score	Cumulative Score
<i>Cowan Goudreau</i>							58.0
Michelle Juliano	3	4	3	5	4	19	
Roger Dionne	4	3	3	4	4	18	
Gary Clifford	5	5	3	5	3	21	
						0	
<i>Port One Architects</i>							59.0
Michelle Juliano	4	4	4	4	4	20	
Roger Dionne	5	5	4	3	4	21	
Gary Clifford	5	5	2	4	2	18	
						0	
<i>HL Turner Group</i>							65.5
Michelle Juliano	4	4	4.5	4	4	20.5	
Roger Dionne	5	5	4	4	5	23	
Gary Clifford	5	5	3	5	4	22	
						0	
<i>Weston & Sampson</i>							58.0
Michelle Juliano	4	4	4	4	4	20	
Roger Dionne	5	5	3	5	4	22	
Gary Clifford	2	2	3	5	4	16	

<===== Highest Rating



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/31/2014

HIS 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 COVERED HEREIN.

W. 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).

DUCKER Foy Insurance Group - Manchester 39 Elm St Manchester NH 03104	CONTACT NAME: Heidi SanSouci	
	PHONE (A/C No, Ext): (603) 641-8111 FAX (A/C No): (603) 641-9849 E-MAIL ADDRESS: Heidi.SanSouci@FoyInsurance.com	
RED H.L. TURNER GROUP, INC. LOCKE ROAD CONCORD NH 03301	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Casualty Insurance Co	29424
	INSURER B: Twin City Fire Ins Co	29459
	INSURER C: Hartford	00914
	INSURER D:	
	INSURER E:	
INSURER F:		

TERMS: CERTIFICATE NUMBER: Master 13/14 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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			04SBALH1798	12/10/2013	12/10/2014	EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
<input checked="" type="checkbox"/> SS 00 08 04 05						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
OMOBILE LIABILITY						
<input checked="" type="checkbox"/> ANY AUTO			04UECLW8271	12/10/2013	12/10/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						Uninsured motorist combined \$ 1,000,000
<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			04SBALH1798	12/10/2013	12/10/2014	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	04WECRI9127	12/10/2013	12/10/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
			EA. CT, ME, MA, NH, PA, VT			E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Location: Derry Highway Maintenance Facility, 80741R, Contract A
 State of New Hampshire is additional insured if written signed contract, agreement, or permit to such tasks prior to loss subject to form indicated above in General Liability section.

CERTIFICATE HOLDER	CANCELLATION
State of NH Dept of Admin Svcs Bureau of Public Works Design & Construct John O Morton Building 7 Hazen Drive, Room 205 PO Box 483 Concord, NH 03302-0483	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 Melissa Fini/MELIS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2014

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 Ames & Gough 859 Willard Street Suite 320 Quincy, MA 02169	CONTACT NAME: PHONE (A/C, No, Ext): (617) 328-6555		FAX (A/C, No): (617) 328-6888
	E-MAIL ADDRESS: 		
		INSURER(S) AFFORDING COVERAGE INSURER A : RLI Insurance Company	NAIC # 13056
INSURED The H. L. Turner Group, Inc. 27 Locke Road Concord, NH 03301	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof. Liability		RDP0013268	01/01/2014	01/01/2015	Per Claim Limit	1,000,000
A			RDP0013268	01/01/2014	01/01/2015	Aggregate Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Derry Highway Maintenance Facility, 80741R, Contract A.

Policy Includes a \$ 25,000 Per Claim Deductible

CERTIFICATE HOLDER State of New Hampshire, Department of Administrative Services Bureau of Public Works Design & Construction John O Morton Building 7 Hazen Dr, Room 250, POB 483 Concord, NH 03302-0483	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 
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