



State of New Hampshire

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

11 *DM*

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80649 – Contract B

May 15, 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 Project Resource Group LLC, (VC# 153524) Frankestown, NH, for a total price not to exceed \$202,778, for the Boiler House Roof Replacement, Sununu Youth Center, Manchester, NH. This contract is effective upon Governor and Council approval through October 3, 2014, unless extended in accordance with the contract terms. **38% Capital - General Funds, 35% General – Operating Funds, 27% Federal Funds.**

2). Authorize pursuant to 195:12, Laws of 2013, the amount of \$7,200 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$209,978. **100% Capital – General Funds.**

3). Further authorize the amount of \$2,240 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 \$212,218. **62.61% General – Operating Funds, 37.39% Federal Funds.**

Funding is available in account titled Department of Health & Human Services as follows:

05-41-41-410030-09650000	Boiler House Building Roof	<u>SFY14</u>
034-500162	- Repair/Renovations Bldgs	\$77,630
034-500162	- BPW Fees Interagency	<u>7,200</u>
	SubTotal	\$ 84,830

Funding is available in account titled Department of Health & Human Services as follows:

05-41-41-421510-79140000	Maintenance	
024-500225	Maint. Other Than Buildings	\$ 71,065

Funding is available in account titled Department of Health & Human Services as follows:

05-95-95-953010-56850000	Management Support	
103-502664	Contracts For Operational Services	\$ 54,083
103-502664	BPW Fees Interagency	<u>2,240</u>
	SubTotal	\$ 56,323
	Grand Total	\$212,218

EXPLANATION

Per Chapter 253:1, VII, E, Laws of 2011, as extended by 195:47, 61 Laws of 2013, for the Boiler House Building Roof Replacement at the Sununu Youth Center, Manchester. This project will replace three (3) roofs on the Boiler House. Two of the roofs require structural improvements to meet current code before the new roofing systems can be installed. The third roof also fails to meet current code requirements and has deteriorated to the point where replacement of framing members, deck, etc., has become necessary. These roofs need to be replaced to preserve the Boiler House Building, which provides steam heat to many of the buildings on the SYC campus.

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 Health and Services 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:	\$163,065
Contract Amount:	<u>\$202,778</u>
Over Estimate:	\$ 39,713

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80649, Contract B – Boiler House Roof Replacement, Sununu Youth Center (SYC), Manchester, NH.

DESCRIPTION: Remove and replace all three roofs on the Boiler House Building and perform structural reinforcements per plans and specifications.

EXPLANATION: Two of the three roofs on the Boiler House require structural improvements to meet current code before the new roofing systems can be installed. The third roof also fails to meet current code requirements and has deteriorated to the point where replacement of framing members, deck, etc., has become necessary. These roofs need to be replaced to preserve the Boiler House Building, which provides steam heat to many of the buildings on the SYC campus.

OVERESTIMATE

EXPLANATION: The original estimate included a 2 ply roofing membrane. During the design process the specification was modified to include a 3 ply membrane in order to qualify for a 30 year warranty. The original estimate was not increased to reflect the additional ply of roofing membrane.

DEPARTMENT

ESTIMATE: \$163,065

LOW BID: \$202,778

BIDDER SUMMARY

PROJECT NAME: Boiler House Roof Replacement NON-FEDERAL 80649-B
PROJECT NUMBER: 80649-B
COUNTY: MERRIMACK COUNTY 013
BID OPENING DATE: 03/13/2014
SCOPE OF WORK: REMOVE AND REPLACE ALL THREE ROOFS ON THE BOILER HOUSE BUILDING AND PERFORM STRUCTURAL REINFORCEMENTS PER PLANS AND
LOCATION: 1056 NORTH RIVER RD. MANCHESTER, NH
COMPLETION DATE: 10/03/2014

BID RESULTS

A PROJECT RESOURCE GROUP LLC (B001) - PO BOX 43 FRANCESTOWN, NH 03043	\$ 202,778.00	ACCEPTED
B PELLOWE CONSTRUCTION (B001) - PO BOX 1003 ALTON, NH 03809	\$ 224,650.00	ACCEPTED
C MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 286,650.00	ACCEPTED

BUREAU OF PUBLIC WORKS \$ 202,778 -
Award to A Bidder
Hold for Negotiation
Cancel Contract
User Agency HHS
Authorized by MLJ
Date 4/18/14

ITEM NO.	DESCRIPTION	UNIT	PS&E			A		
			QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	REMOVE/REPLACE ALL 3 ROOFS AT BOILER HOUSE PER PLANS AND SPECS	EA	1.00	\$ 86,765.00	\$ 86,765.00	\$ 105,573.00	\$ 105,573.00	
902.00	PERFORM STRCTRL IMPRVMENTS ON ALL 3 ROOFS PER PLANS AND SPECIFICATIONS	EA	1.00	\$ 61,800.00	\$ 61,800.00	\$ 82,705.00	\$ 82,705.00	
903.00	ALLOWANCE FOR UNFORESEEN CONDITIONS DURING ROOF REPLCMNT & STRCTRL IMPRV	\$	14,500.00	\$ 1.00	\$ 14,500.00	\$ 1.00	\$ 14,500.00	
					\$ 163,065.00		\$ 202,778.00	

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		TOTAL
				UNIT PRICE	TOTAL	
901.00	REMOVE/REPLACE ALL 3 ROOFS AT BOILER HOUSE PER PLANS AND SPECS	EA	1.00	\$ 86,765.00	\$ 86,765.00	\$ 130,000.00
902.00	PERFORM STRCTRL IMPRVMENTS ON ALL 3 ROOFS PER PLANS AND SPECIFICATIONS	EA	1.00	\$ 61,800.00	\$ 61,800.00	\$ 80,150.00
903.00	ALLOWANCE FOR UNFORESEEN CONDITIONS DURING ROOF REPLCMNT & STRCTRL IMPRV	\$	14,500.00	\$ 1.00	\$ 14,500.00	\$ 14,500.00
					\$ 163,065.00	\$ 224,650.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		TOTAL	UNIT PRICE	TOTAL	C
				UNIT PRICE	TOTAL				
901.00	REMOVE/REPLACE ALL 3 ROOFS AT BOILER HOUSE PER PLANS AND SPECS	EA	1.00	\$ 86,765.00	\$ 86,765.00	\$ 86,765.00	\$ 192,150.00	\$ 192,150.00	
902.00	PERFORM STRCTRL IMPRVMENTS ON ALL 3 ROOFS PER PLANS AND SPECIFICATIONS	EA	1.00	\$ 61,800.00	\$ 61,800.00	\$ 61,800.00	\$ 80,000.00	\$ 80,000.00	
903.00	ALLOWANCE FOR UNFORESEEN CONDITIONS DURING ROOF REPLCMNT & STRCTRL IMPRV	\$	14,500.00	\$ 1.00	\$ 14,500.00	\$ 14,500.00	\$ 1.00	\$ 14,500.00	
					\$ 163,065.00			\$ 286,650.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/13/2014

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: Kathy Pettit PHONE (A/C No. Ext): (603) 669-0704 E-MAIL ADDRESS: kathy@infantine.com FAX (A/C No.): (603) 669-6831	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Firemen's Ins Co of Washington	21784
INSURED Project Resource Group LLC PO Box 43 Frankestown NH 03043		INSURER B: Acadia Insurance Co.	31325
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 2013-2014	REVISION NUMBER:
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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	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPA026891715	9/8/2013	9/8/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		<input checked="" type="checkbox"/>				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			CPA026891715	9/8/2013	9/8/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUA029692415	9/8/2013	9/8/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$		<input checked="" type="checkbox"/>				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPA515391110	5/6/2014	5/6/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: NH Youth Development Center Boiler Room Roof Replacements, 1056 North River Road, Manchester, NH.
It is hereby understood and agreed that the State of New Hampshire, Department of Administrative Services is included as additional insured on General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services 7 Hazen Drive 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 Paul Sullivan/BKP <i>Paul Sullivan</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2014

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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: Kathy Pettit	
	PHONE (A/C No. Ext): (603) 669-0704	FAX (A/C No.): (603) 669-6831
	E-MAIL ADDRESS: kathy@infantine.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Acadia Insurance Co.	31325
INSURED State of NH, Dept. of Admin. Services c/o Project Resource Group LLC PO Box 43 Franconia NH 03043	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES **CERTIFICATE NUMBER:** 2013 OCP 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			OCP515614810	5/1/2014	5/1/2015	EACH OCCURRENCE \$ 2,000,000			
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$			
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$
										\$
										\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
							\$			
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$			
	DED	RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER			
	If yes, describe under DESCRIPTION OF OPERATIONS below						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: NH Youth Development Center Boiler Room Roof Replacements, 1056 North River Road, Manchester, NH.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive 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 Paul Sullivan/BKP <i>Paul Sullivan</i>



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/13/2014

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, Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526	
FAX (A/C, No):	E-MAIL ADDRESS: kathy@infantine.com			
CODE: 3081	SUB CODE:			
AGENCY CUSTOMER ID #: 00016994		LOAN NUMBER		POLICY NUMBER CIM515618210
INSURED Project Resource Group LLC; State of NH, Dept. of Admin. Services PO Box 43 Francestown NH 03043		EFFECTIVE DATE 5/1/2014	EXPIRATION DATE 5/1/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
1056 North River Road
Manchester, NH 03104

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
Builders Risk	202,778	1,000

REMARKS (Including Special Conditions)

Job: NH Youth Development Center Boiler Room Roof Replacements.

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 Administrative Services
7 Hazen Drive
Concord, NH 03302

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