

33 Sam



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord N.H. 03301

Bureau of Mechanical Services
June 1, 2018

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Consolidated Utility Equipment Service Incorporated (Vendor 163127), Amherst NH, on the basis of a low bid offer of \$84,717.00 of providing Yard Crane Inspection, repair, scheduled service and unscheduled emergency parts and repair, effective upon Governor and Council approval through June 30, 2021. 83% Highway funds, 6% Federal Funds, 11% Other Funds.

Funding is available as follows for FY 2019 and is contingent upon the availability and continued appropriation of funds for FY 2020 and FY 2021, with the ability to adjust encumbrances through the Budget Office between State Fiscal Years if needed and justified:

	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
04-96-96-960515-3005 Mechanical Services			
024-500225 Contract Repairs; Machine-Equip	\$26,648.00	\$31,096.00	\$26,973.00

EXPLANATION

The service contract is necessary to perform inspections, repairs and service to the Department's Yard Cranes.

The Department of Transportation, Bureau of Mechanical Services currently owns five (5) Yard Crane vehicles that are used for Lifting and setting of truck bodies, sanders and plow components as well as various other functions. The yard cranes require yearly safety inspections, repair and maintenance. Once the inspection is completed, the Bureau is provided an explanation of repairs and maintenance needed, and the associated costs.

Invitation for bids was solicited on the Department of Administrative Services, Purchase and Property web site from 3/26/2018 through 4/12/2018, 18 calendar days. The bid opening date was 4/12/2018. There have been multiple offers in the past for this contract but only one bid was received in this solicitation, it is from Consolidated Utility Equipment Service Incorporated. The contract in amount of \$84,717.00, this includes the inspection fee labor estimated from the past contract period and a provision for emergency repair parts. Consolidated Utility Equipment Service Incorporated bid of \$84,717.00 is reasonable based on previous contracts for similar work and current requested scope of work. The Department believes it to be in the best interest of the State of New Hampshire to accept this bid to accomplish the needed work.

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.

The Department of Transportation respectfully requests Governor and Council approval of this contract.

Sincerely,

Victoria F. Sheehan
Commissioner

Attachments

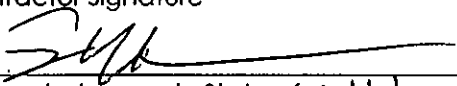

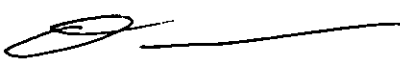
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH DOT - BUREAU OF MECHANICAL SERVICES		1.2 State Agency Address 33 SMOKEY BEAR BLVD CONCORD, NH 03301	
1.3 Contractor Name Consolidated Utility Equipment Service, Incorporated		1.4 Contractor Address 14 Caldwell Drive Amherst, NH 03031	
1.5 Contractor Phone Number 603-889-4071	1.6 Account Number 04-96-960515-3005 - 024 - 500225 Contract repairs, Machine Equipment	1.7 Completion Date 6/30/2021	1.8 Price Limitation \$84,717.00
1.9 Contracting Officer for State Agency Michael P. Walsh II		1.10 State Agency Telephone Number 603-271-1667	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Susan Sullivan Service Manager	
1.13 Acknowledgement: State of NH , County of Hillsborough On April 16, 2018 , 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 			
1.13.2 Name and Title of Notary, or Justice of the Peace JESSICA E. HEMPFLING Notary Public - New Hampshire My Commission Expires December 20, 2022			
1.14 State Agency Signature  Date: 6/10/18		1.15 Name and Title of State Agency Signatory David Rodrigue Director of Operations	
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: AMERB Greenster On: 9/4/18			
1.18 Approval by the Governor and Executive Council 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 identified 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 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.

Contractor Initials: DS

Date: 4/16/18

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of 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/RESERVATION.

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.

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.

Contractor Initials: SS

Date: April 16, 2018

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies 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.

Contractor Initials: SS

Date: April 16, 2018

CONTRACT FOR: YARD CRANE INSPECTION, REPAIRS & SCHEDULED SERVICE - BID TERMS AND CONDITIONS

CONTRACTOR RESPONSIBILITY:

The successful Contractor shall be solely responsible for meeting all terms and conditions specified in the bid, and any resulting contract(s).

TERMS OF SUBMISSION:

All material received in response to this bid shall become the property of State and will not be returned to the Contractor. Regardless of the Contractors selected, State reserves the right to use any information presented in a bid response. The content of each Contractor's bid shall become public information once a contract(s) has been awarded. Complete bids shall be filled out on original bid format. Contractors may submit additional paperwork with pricing, but all pricing shall be on bid and in the State's format.

PUBLIC DISCLOSURE OF BID SUBMISSIONS:

Generally, all bids and proposals (including all materials submitted in connection with them, such as attachments, exhibits and addenda) become public information upon the effective date of a resulting contract or purchase order. However, to the extent consistent with applicable state and federal laws and regulations, as determined by the State, including, but not limited to, RSA Chapter 91-A (the "Right-to-Know" Law), the State will attempt to maintain the confidentiality of portions of a bid that are clearly and properly marked by a Contractor as confidential. Any and all information contained in or connected to a bid or proposal that a Contractor considers confidential must be clearly designated in a manner that draws attention to the designation. The State shall have no obligation to maintain the confidentiality of any portion of a bid, proposal or related material, which is not so marked.

Marking an entire bid, proposal, attachment or sections thereof confidential without taking into consideration the public's right to know will neither be accepted nor honored by the State. Notwithstanding any provision of this RFP/RFB to the contrary, pricing will be subject to public disclosure upon the effective date of all resulting contracts or purchase orders, regardless of whether or not marked as confidential. If a bid or proposal results in a purchase order or contract, whether or not subject to approval by the Governor and Executive Council, all material contained in, made part of, or submitted with the contract or purchase order shall be subject to public disclosure.

If a request is made to the State by any person or entity to view or receive copies of any portion of a bid or proposal, and if disclosure is not prohibited under RSA 21-I: 13-a, Contractors acknowledge and agree that the State may disclose any and all portions of the bid, proposal or related materials which is not marked as confidential. In the case of bids, proposals or related materials that contain portions marked confidential, the State will assess what information it believes is subject to release; notify the Contractor that the request has been made; indicate what, if any, portions of the bid, proposal or related material will not be released; and notify the Contractor of the date it plans to release the materials. The State is not obligated to comply with a Contractor's designation regarding confidentiality.

By submitting a bid or proposal, the Contractor agrees that unless it obtains and provides to the State, prior to the date specified in the notice described in the paragraph above, a court order valid and enforceable in the State of New Hampshire, at its sole expense, enjoining the release of the requested information, the State may release the information on the date specified in the notice without any liability to the Contractor.

LIABILITY:

The State shall not be held liable for any costs incurred by the Contractor in the preparation of their bid or for work performed prior to contract(s) issuance.

BID DUE DATE:

Sealed bids shall be received and deposited in the bid box at the 33 Smokey Bear Boulevard, Concord office of The Bureau of Mechanical Services prior to **1:30 pm, prevailing time on 4/12/2018**, at which time they will be opened. It shall be the Contractors' responsibility to ensure the bid is deposited as specified. Bids delivered to the bureau by alternative means are submitted at the sole risk of the Contractor. The Department will not accept responsibility for any reason if the bids are not deposited in the bid box by the specified time and date. Bids received after the time stated for opening bids will not be opened or considered.

The State is under no obligation to make an award based upon this solicitation; the State, in its discretion, may reject any or all of the submitted bids. All offers shall remain valid for a period of sixty (60) days from the bid due date. A Contractor's disclosure or distribution of Bids other than to NH DOT - Bureau of mechanical Services may be grounds for disqualification.

Contractor Initials: 

Date: April 16, 2018

CONTRACT(S) TERMS AND CONDITIONS:

The Contractor's signature on a bid submitted in response to this bid guarantees that all of the State of New Hampshire's Terms and Conditions are accepted by the Contractor

The form contract(s) P-37 attached hereto shall be part of this bid and the basis for the contract(s).

The successful Contractor and the State, following notification, shall promptly execute this form of contract(s), which to be completed by incorporating the service requirements and price conditions established by the Contractor's offer, a sample of the P-37 document is attached for Contractors review. Sample P-37 document attached for review.

IF AWARDED A CONTRACT, The Contractor must complete the following sections of the attached Agreement State of New Hampshire Form #P-37:

- Section 1.3 Contractor(s) Name
- Section 1.4 Contractor(s) Address
- Section 1.11 Contractor(s) Signature
- Section 1.12 Name & Title of Contractor(s) Signor
- Section 1.13 Acknowledgements
- Section 1.13.1 Signature of Notary Public or Justice of the Peace
- Section 1.13.2 Name & Title of Notary or Justice of the Peace

- Provide certificate of insurance with the minimum limits required as described above.
- Provide a certificate of good standing from the NH Secretary of State or proof of your completion of and payment for the start of the registration process.

CERTIFICATE OF INSURANCE:

Contractors awarded a contract(s) shall be required to submit proof of Comprehensive General Liability prior to performing any services for the State. The coverage shall have appropriate riders against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000.00 per claim and \$2,000,000.00 per incident or \$1,000,000.00 per occurrence and \$1,000,000.00 umbrella. Coverage shall also include automobile liability and workers' compensation.

Prior to performing any services for the State, Contractors awarded a contract shall be required to:

- Certify compliance with, or exemption from, the requirements of NH RSA 281-A, Workers' Compensation, in accordance with Section 15 of the P-37 contract.
- Provide certificate of insurance with the minimum limits required as described above

CONTRACTOR(S) OPPORTUNITY:

Contractor(s) may also make site visits to any location they chose to bid on if applicable. Contractor(s) are responsible for having ascertained pertinent local conditions, such as equipment conditions, locations, accessibility and general character of the sites knowledge of conditions affecting delivery performance. The act of submitting a bid is to be considered in full acknowledgment that the Contractor(s) is familiar with the conditions and requirements of these specifications.

CONTRACTOR CERTIFICATIONS:

ALL Contractors **SHALL** be duly registered as a Contractor authorized to conduct business in the State of New Hampshire. Contractors shall comply with the certifications below at the time of submission and through the term of any contract which results from said bid. Failure to comply shall be grounds for disqualification of bid and/or the termination of any resultant contract:

- **STATE OF NEW HAMPSHIRE CONTRACTOR APPLICATION:** Contractor **SHALL** has a completed Contractor Application and Alternate W-9 Form which **SHALL** be on file with the NH Bureau of Purchase and Property. See the following website for information on obtaining and filing the required forms (no fee):
<http://admin.state.nh.us/purchasing/Contractor.asp>
- **NEW HAMPSHIRE SECRETARY OF STATE REGISTRATION:** A bid award, in the form of a contract(s), will **ONLY** be awarded to a Contractor who is registered to do business **AND** in good standing with the State of New Hampshire. Please visit the following website to find out more about the requirements for registration with the NH Secretary of State:
<http://www.sos.nh.gov/corporate>.
- **CONFIDENTIALITY & CRIMINAL RECORD:** If Applicable, by the using agency, the Contractor will have signed by each of employees or its approved sub-Contractor(s), if any, working in the office or externally with the State of New Hampshire records a Confidentiality form and Criminal Record Authorization Form. These forms shall be returned to the individual using agency prior to the start of any work.

Contractors Initials: SS

Date: April 16, 2018

CONTRACTOR'S RESPONSIBILITY:

Read the entire bid invitation prior to filling it out. Complete the pricing information in the "Offer" section (the unit price is the price for the unit of purchase required by this bid invitation (i.e. each, case, box, etc.) and all other required information on your offer. The extension is the unit price multiplied by the quantity required by this bid invitation. Also complete the "Contractor Contact Information" section. Finally, complete the company information on the "General Conditions and Instructions" page of this bid invitation, then sign the bid in the space provided on that page. This request for Bid and any addenda to this bid invitations are advertised / posted at the following web site: <http://das.nh.gov/purchasing>

- It is a prospective Contractor's responsibility to access our website to determine any bid invitation under which they wish to participate. It is also the Contractor(s)'s responsibility to access our website for any posted addendum.
- The website is update several times per day; it is the responsibility of the prospective Contractor(s) to access the website frequently to ensure no bidding opportunity or addenda are overlooked.
- It is the prospective Contractor's responsibility to forward a signed copy of any associated addenda to the Bureau of Mechanical Services along with their bid response.

OBLIGATIONS & LIABILITY OF THE CONTRACTOR:

The Contractor shall do all the work and furnish all the materials, tools, equipment and safety devices necessary to perform in the manner and within the time hereinafter specified. Contractor shall complete the entire work to the satisfaction of the State and in accordance with the specifications herein mentioned, at the price herein agreed upon and fixed therefore. All the work, labor and equipment to be done and furnished under this contract(s), shall be done and furnished strictly pursuant to, and in conformity with the specifications described herein, and the directions of the State representatives as given from time to time during the progress of the work, under the terms of this contract(s) and also in accordance with contract(s) drawings.

The Contractor shall take all responsibility for the work under this contract(s); for the protection of the work; and for preventing injuries to persons and damage to property and utilities on or about the work. They shall in no way be relieved of their responsibility by any right of the State to give permission or issue orders relating to any part of the work; or by any such permission given on orders issued or by failure of the State to give such permission or issue such orders. The Contractor shall bear all losses resulting to him or to the Owner on account of the amount or character of the work, or because of the nature of the area in or on which the work is done is differed from what was estimated or expected, or account of the weather, elements or other causes. The Contractor agrees that any damage or injury to buildings, materials, and equipment or to other property during the performance of this service will be repaired at their own expense.

INSTRUCTIONS TO CONTRACTOR:

Read the entire bid invitation prior to filling it out. Complete the pricing information in the "Offer" section (the unit price is the price for the unit of purchase required by this bid invitation (i.e. each, case, box, etc.) and all other required information on your offer. The extension is the unit price multiplied by the quantity required by this bid invitation. Also complete the "Contractor Contact Information" section.

BID SUBMITTAL

All bids must be submitted on this form or an exact copy, must be typed or clearly printed in ink and must be received on or before the date and time specified.

Specifications and bid forms may be obtained from Mechanical Services at the address below or at the following website link. <http://das.nh.gov/purchasing>

Bids shall be placed in two envelopes, with the inner envelope sealed and plainly marked

"Bid for YARD CRANE INSPECTION & REPAIR" RFB DOT 2018 06 NH DOT -Mechanical Services"

Addressed to:

Bureau of Mechanical Services PO Box 483, 33 Smokey Bear Boulevard Concord, New Hampshire 03302- 0456

RFB_DOT_2018_06, Yard Crane inspections

Sealed bids shall be received and deposited in the bid box at the **33 Smokey Bear Boulevard, Concord office of The Bureau of Mechanical Services** prior to **1:30 pm, prevailing time on 4/12/2018 PM EST**, at which time they will be opened. It shall be the Contractor's responsibility to ensure the bid is deposited as specified. Bids delivered to the Bureau of Mechanical Services by alternative means, FAX, MAIL ETC... are submitted at the sole risk of the Contractor. The Department will not accept responsibility for any reason if the bid is not deposited in the bid box by the specific time and date. Bids received after the time for opening bids will not be considered.

Contractor Initials: SS

Date: April 16, 2018

PURPOSE:

The purpose of this bid invitation is to establish a contract for supplying the State of New Hampshire Department of Transportation, Bureau of Mechanical Services with the service(s) indicated in the "Offer" section of this bid invitation to be requested as needed during the term of the contract, in accordance with the requirements of this bid invitation and any resulting contract.

CONTRACT TERM:

Any resulting contract (s) for service shall commence upon approval by Governor and Council for a term of approximately 3 years beginning approximately July 1, 2018 through June 30, 2021, whichever is later

TERMINATION:

The State of New Hampshire shall have the right to terminate the purchase contract at any time by giving the successful Contractor a thirty (30) day written notice.

REQUEST FOR INQUIRY, CHANGES AND/OR CLARIFICATION:

Any Questions must be submitted by an individual authorized to commit their organization to the Terms and Conditions of this bid. Submissions must clearly identify the bid Number, the Contractor's name and address and the name of the person submitting the question. Any requested changes to this bid invitation by the Contractor must be received in writing at the Bureau of Mechanical Services no later than 3:30 PM on the (5th) fifth business day prior to the date of the bid opening. Questions must be submitted by E-mail to Michael Walsh at the following address: michael.walsh@dot.nh.gov

ADDENDUM:

In the event it becomes necessary to add to or revise any part of this bid prior to the scheduled submittal date, the Bureau of Mechanical Services will post on the states web site any Addenda. Before your submission, always check the site for any addenda or other materials that may have been issued affecting the bid. The web site address is: <http://das.nh.gov/purchasing>

BID PRICES:

Bid prices must be in US dollars and must include all costs required by this bid invitation. Bid prices should result in prices that are no higher than those charged to the Contractor's best/preferred customer. Special charges, surcharges, or fuel charges of any kind (by whatever name) may not be added on at any time.

BID AWARD:

The award of the bid will be based upon THE TOTAL LOW BID MEETING ALL SPECIFICATIONS from the listing of the items indicated in the "Exhibit B" of this bid invitation. Successful Contractor will not be allowed to require any other type of order, nor will the successful Contractor be allowed to require the filling out or signing of any other document by State of New Hampshire personnel. The State reserves the right to reject any or all bids or any part thereof and add/delete locations to the contract price. If an award is made it shall be, in the form of an NH DOT Contract.

NOTIFICATION AND AWARD OF CONTRACT(S):

Bid results will not be given by telephone. For Contractors wishing to attend the bid opening: Bid results will be made public after final approval of the contract(s).

BID OPENING:

Contractors wishing to attend the bid Opening; Names of the Contractors submitting responses and total offered price shall be made public.

BID RESULTS:

Bid results may also be viewed on our website at. <http://das.nh.gov/purchasing>

ABILITY TO PROVIDE:

Successful Contractor must be capable of providing the State of New Hampshire, Department of Transportation with their entire requirements of the repair services as required in this bid invitation and any resulting contract without any delay or substitution. Contractor's location shall be within a 30-mile radius of NH DOT - Bureau of Mechanical Services, 33 Smokey Bear Boulevard Concord, New Hampshire 03302-0456

Contractor Initials: SS

Date: April 16, 2018

ESTIMATED CONTRACT VALUE:

The annual value of the contract is estimated to be \$21,000.00 per year. This figure is given for informational purposes only and shall not be considered a guaranteed or minimum figure, nor shall it be considered a maximum figure. The state reserves the right to add or remove Yard Cranes to be inspected or repaired from the list indicated in Exhibit B, due to the possibility of units being added or removed from service during the contract period. Actual contract value will be dependent upon work required.

SPECIFICATION COMPLIANCE:

Contractor's offer must meet or exceed the required specifications as written. The State of New Hampshire shall be the sole determining factor of what meets or exceeds the required specifications unless otherwise specified and authorized at time of repair estimate approval, all parts & components offered by the Contractor must be new; shall not be used, rebuilt, refurbished; shall not have been used as demonstration equipment; and shall not have been placed anywhere for evaluation purposes.

CONTRACTOR CONTACT INFORMATION:

The following information is for this office to be able to contact a person knowledgeable of your bid response, and who can answer questions regarding it:

Susan Sullivan
Contact Person

603-889-4071
Local Telephone Number

800-258-1010
Toll Free Telephone Number

603-886-5909
Fax Number

susans@cuesequip.com
E-mail Address

www.cuesequip.com
Company Website

Contractor Initials: SS

Date: April 16, 2018

EXHIBIT A

YARD CRANE INSPECTION - REPAIRS - SCHEDULED SERVICE - SCOPE OF SERVICES

PERFORMING SERVICES:

The Contractor will perform all services according to the requirements and specifications of this bid.

CONTRACTOR QUALIFICATIONS:

Note: Contractor must have qualified people to verify compliance with the provisions of the Yard Crane inspection, per ASME B 30.5-2004 or latest revision

ANNUAL INSPECTION - COMPLIANCE STANDARDS

Annual inspections of the Yard Cranes shall be in accordance with "OSHA" 1926 subpart CC & "ANSI" B30.22 & ANSI B30.5 or most recent revisions. All inspections shall take place at crane location, reference **Exhibit B**

TIME FRAME DEFINITIONS:

- Year 1 = (7/1/ 2018 - 6/30/2019)
- Year 2 = (7/1/ 2019 - 6/30/2020)
- Year 3 = (7/1/ 2020 - 6/30/2021)

ANNUAL INSPECTION PROCESS & REQUIREMENTS

Contractor shall provide the following under the annual ANSI / OSHA inspection segment:

In each year of the 3 year contract, cost to be included in flat rate offer

- Perform Annual ANSI / OSHA safety inspection for issuance of certificate (sample attached)
- Perform Manufacturers recommended inspection for optimum utilization and safety
- Replacement of all hydraulic filter(s), quantity /type to be determined by make/model specified in **Exhibit B**
- Grease / lubricate all fittings.

In year 2 of the 3 year contract In *addition to annual requirements*

In year 2 of contract (7/1/ 2019 - 6/30/2020), Replacement of hydraulic fluid product per manufacturers recommendation for region. This service shall be included in the flat rate offer for year 2 of the contract. Reservoir volumes for each crane stated in **Exhibit B**.

ANNUAL INSPECTION LOCATION

The annual inspection flat rate offered should be calculated based on the crane inspection being done on the bidder's premises. NH DOT shall be responsible for the delivery and pick up the cranes to and from the contractors premises for the purpose of the annual inspections.

ANNUAL SAFETY INSPECTION BY APPOINTMENT

The annual safety inspection shall take place according to Exhibit A, scope of services. Inspection times and dates shall be coordinated on a mutually agreed appointment schedule with the successful Contractor and Crane contact person. It is anticipated that the (5) five inspections shall occur over a (5) five week period. The Contractor and crane contact person shall schedule the inspection at a time acceptable to both parties

ANNUAL SAFETY INSPECTION - EVALUATION OF UNIT

If the Yard Crane should not pass the annual safety inspection, the Contractor shall document such to the crane contact person. The yard crane shall not be utilized until the necessary repairs are made and passing a second inspection is achieved

ANNUAL SAFETY INSPECTION - STATUS / COMMUNICATION / TIME

Once the annual ANSI / OSHA safety inspection is complete, the Bureau of Mechanical Services will be provided a "repair estimate" to include the associated cost for parts and labor to perform the aforementioned work. A copy of the ANSI / OSHA inspection report along with a copy of the repair estimate shall be emailed to mechanical services for review / records. The Contractor shall have up to **(7) seven business days** to submit the specified information from the date of inspection completion. The information shall be emailed to: Bureau38@dot.state.nh.us , attention Jared Cloutler & James Lamora

Contractor Initials: SS

Date: 4/16/18

REPAIR ESTIMATE COMPONENTS:

Supplied estimates shall have the following documentation, at a minimum:

- Customer name & address.
- Mechanical Services Contact person, telephone, fax and email
- Date of inspection, make, model and serial of unit inspected and State vehicle number ("H" number)
- Each job repair on the estimate is broken out to include parts and labor for each job and a priority code as stated below. Service Code:
 - Damaged - Required to pass ANSI inspection - Imminent Safety - "X"
 - Normal wear - Factory Recommended service "W"
 - Good condition - "G"
 - Requires repair - "O"
 - Not Applicable - "N/A"
 - Lack of maintenance - "L"
- Service Code symbols may vary with successful Contractors standard inspection form.

Under this solicitation and resulting contract, all repair authorizations (Parts, labor or both) shall come from the Bureau of Mechanical Services. Any work done or parts purchased without the written consent of the Bureau of Mechanical Services is prohibited and shall not be paid for.

REPAIR ESTIMATE APPROVAL PROCESS, LOCATION

- Upon review and approval of the submitted repair estimate by NH DOT Mechanical Services, the Contractor shall order the necessary parts and materials. Once the parts arrive, the Contractor shall contact the crane contact person to schedule the repair work.
- In the event that unforeseen additional work is found during repairs and service work, the Contractor shall contact the Bureau of Mechanical Services prior to any additional spending and supply an estimate for the cost for the additional work. Upon review and approval of the submitted repair estimate, by NH DOT Mechanical Services, the Contractor shall order the necessary parts and materials to do the approved repairs.

REPAIR TIME:

- General - The successful Contractor shall be required to accomplish the intended service within the quoted time communicated on the submitted repair report. The number of hours or days the unit would be out of service at the crane location for safety inspection compliance repairs or Factory recommended service would be communicated on the "repair estimate and communicated verbally to the crane contact person when scheduling the repair.
- All repair work shall be performed at Contractors repair location unless alternative arrangements are made at the time of the requested repair

REPAIR PROCESS

- Upon completion of the inspection, required repairs and scheduled maintenance, the Contractor shall notify the crane contact person and the Bureau of Mechanical Services.
- The Contractor shall provide an itemized invoice comprised of all parts / supplies stated in the "repair estimate" plus actual cost, (cost billed to the state) to complete authorized repairs. There may be times when the actual labor cost is less than the estimated labor cost.
- In the remote event that a yard crane requires transportation to the Contractor's place of business for repair, NH - DOT shall provide Transportation of the unit. DOT may elect to have the Contractor transport the yard crane if they agree to the transportation price quoted by the Contractor prior to movement of the crane.

REPAIR - POST INSPECTION

After completion of all authorized work, a complete invoice shall be finalized and prepared for billing.

WARRANTY REQUIREMENTS:

Successful Contractor shall be required to warranty all of the parts or components repaired or installed for a period of less than the manufacturer's standard period of time, from the date the items are received, inspected and accepted by the State of New Hampshire. The warranty shall cover 100% of all parts, shipping, labor, travel, lodging and expenses.

Contractor Initials: 

Date: April 16, 2018

WORK HOURS

Contractor will observe official State holidays. All hours the Contractor is required to work on a State holiday will be considered as Sunday or holiday work hours. The following State holidays, will be observed:

NEW YEARS DAY	PRESIDENTS DAY
MARTIN LUTHER KING'S DAY	VETERAN'S DAY
MEMORIAL DAY	THANKSGIVING DAY
INDEPENDENCE DAY	DAY AFTER THANKSGIVING
LABOR DAY	CHRISTMAS DAY

Contractor Initials: SS

Date: April 16, 2018

- 22 Lower cylinder pins - bushings, lock pins, rod ends _____
- 23 Lower cylinder hoses _____
- 24 Mast bearings & snap ring, _____
- 25 Mast wires - hoses - tubes _____
- 26 Basket override system _____
- 27 Lower controls _____
- 28 Hydraulic oil - tank - filter _____
- 29 Hydraulic pressure and volume _____
- 30 Hour meter _____
- 31 Welds at mast _____
- 32 Rotation relief _____
- 33 Rotation limit switch & actuator _____
- 34 Hydraulic swivel _____
- 35 Collector ring _____
- 36 Rotation gearbox - shaft - sprocket & mounting _____
- 37 Rotation - wheels - springs - adjusters _____
- 38 Mast coupler & bolts _____
- 39 Rotation motor - gear - chain - cross over relief _____
- 40 Upper - lower boom rest - tie down strap _____
- 41 Leveling cylinder at turret _____
- 42 Beacons - strobes - warning lights _____
- 43 Back Up Alarm _____
- 44 Chock block holders _____
- 45 Generator - batteries - wires _____
- 46 Inverter - batteries - outlet test/reset _____
- 47 Basket controls & functions _____
- 48 Basket - wires - hoses - tubes _____
- 49 Basket decals _____
- 50 Start /stop switch _____
- 51 Emergency let down / pump _____
- 52 Basket stow / un-stow _____
- 53 Basket leveling shock, cylinder, pins, bushings and mount _____
- 54 Basket shaft - housing - snap ring _____
- 55 Basket lock & sector _____
- 56 Basket condition _____
- 57 Basket door - hinges, latch, chain _____
- 58 Two speed throttle _____
- 59 Basket cover - tent & accessories _____

Contractors
 Initials: SS
 Date: April 16, 2018

Sample: Not to supersede
 ANSI / OSHA / MFG Recommendations

Service Codes

G	- Good
W	- Worn but
O	- Repair
X	- Imminent Safety
N/A	- Not applicable

Telescopic Lift Inspection

Customer: _____	Date _____
City _____	Job No. _____
Zip Code _____	Model No. _____
Contact Person _____	Serial No. _____
Phone No. _____	Vehicle No. _____
P.O. No. _____	Mileage _____
Fax No. _____	VIN _____
Payment Type _____	License Plate _____
	Hour Reading _____

- 1 _____ Lift mounting bolts & hardware _____
- 2 _____ Torsion bar / suspension _____
- 3 _____ Outrigger interlock system functions / adjusted _____
- 4 _____ Outriggers _____
- 5 _____ Outriggers valve & hoses _____
- 6 _____ Hydraulic pump _____
- 7 _____ PTO _____
- 8 _____ Hoses from pump to unit _____
- 9 _____ Clutch - pulley - belt _____
- 10 _____ Telescope boom - fiberglass - steel - aluminum _____
- 11 _____ Control cords in cat track _____
- 12 _____ Telescope cylinder _____
- 13 _____ Telescope cylinder lock valve _____
- 14 _____ Telescope cylinder mounting bolts; top & bottom _____
- 15 _____ Telescope cylinder hoses _____
- 16 _____ Teflon bearings _____
- 17 _____ Roof boot - skirt _____
- 18 _____ Hinge pin & bearings _____
- 19 _____ Lower boom - fiberglass or steel _____
- 20 _____ Lower cylinder _____
- 21 _____ Lower cylinder lock valve _____

Contractors Initial: SS
 Date: April 16, 2018

*Sample: Not to supersede ANSI/OSHA/IFCO
 Recommendations*

- 60 GFI & electric outlets - basket, base, body _____
- 61 Emergency shut off valve _____
- 62 Hydraulic tool fittings _____
- 63 Pony motor operation _____
- 64 Pony motor mounts _____
- 65 Pony motor exhaust _____
- 66 Pony motor helts -- love joy coupler _____
- 67 Pony motor battery _____
- 68 Pony motor oil / filter _____
- 69 Pony motor hydraulic hoses _____
- 70 Pony motor fuel line -- Chassis tank to motor _____
- 71 Operator's & Service manuals _____

Utility Body

- Examine body mounting _____
- Examine body for damage _____
- Pintle hook & chain eyes _____

General Housekeeping

- Before Service _____
- After Service _____

Unit Passed or Failed ANSI inspection _____

Inspector's signature _____
 Repaired by _____

Date _____
 Date _____

Contractor Initials: SS

Date: April 16, 2018

Sample: Not to supersede
 ANSI / osha / WFG
 Recommendations.

EXHIBIT B

YARD CRANE INSPECTION -REPAIRS-SCHEDULED SERVICE & COMPENSATION

REPAIR PARTS - PRICING & MARK UP

- Parts or materials required and utilized in the "annual inspection" segment of the contract shall be included in the safety inspection flat rate charge offered by the Contractor for this service as identified in exhibit B.
- Parts and materials required and identified in the "repair estimate" to provide needed repairs, safety inspection compliance repairs or Factory recommended service shall be charged to the Agency Remit Account at the same invoice price charged by the Contractor's supplier plus an adder **not to exceed 25%**. A copy of the Contractor's invoice(s) from the Contractor's supplier for purchased parts and materials shall be submitted with the Contractor's invoice for payment.
- Parts and materials that are undefined or unanticipated and **not** stated in the "repair estimate" to provide needed repairs, safety inspection compliance repairs or Factory recommended service shall be charged to the Agency Remit Account at the same invoice price charged by the Contractor's supplier plus an adder of **not to exceed 25%** plus a written explanation as to the need for the added parts and /or materials. A copy of the Contractor's invoice(s) from their parts supplier for such parts and materials shall be submitted with the Contractor's invoice for payment.
- Freight cost for **expedited freight** (previously quoted and approved by NH DOT - Mechanical Services) shall be billed at the same price the shipping Contractor charged the Contractor with no additional markup cost
- The state reserves the right to request verification of any transaction prior to payment

INVOICING:

Invoicing shall be done to the Agency Remit Account on the basis of each order completed. Invoices shall clearly indicate the following information:

- License plate number of the vehicle ["H" number]
- Purchase order number encumbered for the contract
- Part quantity
- Part description
- Part number
- Date of service
- Contract labor rate

Total labor hours and Total due. Invoices shall include copies of "part" support documentation as specified above

INVOICING - STATUS / COMMUNICATION / TIME

Once all work is complete and the Yard Crane is accepted back to the State, A copy of the final invoice shall be emailed to Mechanical Services for review. The Contractor shall have up to fifteen (15) **business days** to submit the specified information from the date of final work completion to the Bureau of Mechanical Services at the following Email: Bureau38@dot.state.nh.us attention Caitlyn Pollzos and Michael Walsh

ROAD SERVICE - RATES AND CHARGES - SUPPLIED BY BIDDER

In the case of equipment failure or breakdown, Contractor shall indicate road service rates, to be determined by bidder:

\$ 0 Mile

\$ 125.00 Hour

- These rates are fixed for the term of the contract **but not considered in the bid evaluation.**
- In the case where the equipment failure or breakdown is found to be from labor or parts provided by the Contractor and is under Contractor's warranty, no road service charges shall be charged.

NOTE: The state reserves the right to add or remove Yard Cranes to be inspected or repaired from the list indicated in Exhibit B, due to the possibility of units being added or removed from service during the contract period

Contractor Initials: SS

Date: April 16, 2018

EXHIBIT B - OFFER SECTION CONTINUED

Bidder hereby offers to furnish Yard Crane Inspections, repairs and scheduled Service to the State of New Hampshire in accordance with all of the requirements of this bid invitation at the following prices for the entire contract.

INSPECTION COSTS AND HOURLY RATES:

Make	Model	# of Units	"H" #	Hydraulic fluid Reservoir		
SHUTTLE LIFT	7750	1	H-707	60 gallons		
SERIAL NUMBER # 70290103						
YARD CRANE LOCATION: 33 SMOKEY BEAR BLVD CONCORD NH 03103 CRANE CONTACT - JOE COTTON - 603-271-3615						
Annual Safety Inspection (Flat Rate Charge) includes all requirements stated in exhibit A for each year of contract						
\$625.00	+	\$1,675.00	+	\$625.00	=	3 YR TOTAL \$2,925.00
FY2019		Fy2020		Fy2021		
Labor Per Hour For Repairs And Scheduled (*hours are estimated for bid basis only, actual hours will be invoiced)						
FY2019	\$125.00 / hr.	X	15	Hours*	=	FY2019 TOTAL \$1,875.00
FY2020	\$125.00 / hr.	X	15	Hours*	=	FY2020 TOTAL \$1,875.00
FY2021	\$130.00/ hr.	X	15	Hours*	=	FY2021 TOTAL \$1,875.00
3 YEAR TOTAL INCLUDING INSPECTION TOTAL						\$8,625.00

INSPECTION COSTS AND HOURLY RATES:

Make	Model	# of Units	"H" #	Hydraulic fluid Reservoir		
SHUTTLE LIFT	5540	1	H-706	40 gallons		
SERIAL NUMBER # 12240202						
YARD CRANE LOCATION: 647 - A MAIN STREET, LANCASTER NH CRANE CONTACT - MARK CORRIGAN - 603-788-4177						
Annual Safety Inspection (Flat Rate Charge) includes all requirements stated in exhibit A for each year of contract						
\$750.00	+	\$1,625.00	+	\$750.00	=	3 YR TOTAL \$3,125.00
FY2019		Fy2020		Fy2021		
Labor Per Hour For Repairs And Scheduled (*hours are estimated for bid basis only, actual hours will be invoiced)						
FY2019	\$125.00 / hr.	X	10	Hours*	=	FY2019 TOTAL \$1,250.00
FY2020	\$125.00 / hr.	X	10	Hours*	=	FY2020 TOTAL \$1,250.00
FY2021	\$130.00/ hr.	X	10	Hours*	=	FY2021 TOTAL \$1,250.00
3 YEAR TOTAL INCLUDING INSPECTION TOTAL						\$6,925.00

INSPECTION COSTS AND HOURLY RATES:

Make	Model	# of Units	"H" #	Hydraulic fluid Reservoir		
SHUTTLE LIFT	5540	1	H-731	40 gallons		
SERIAL NUMBER # 12230202						
YARD CRANE LOCATION: ROUTE 302, TWIN MOUNTAIN NH CRANE CONTACT - ADAM WHITE - 603-846-5741						
Annual Safety Inspection (Flat Rate Charge) includes all requirements stated in exhibit A for each year of contract						
\$750.00	+	\$1,625.00	+	\$750.00	=	3 YR TOTAL \$3,125.00
FY2019		Fy2020		Fy2021		
Labor Per Hour For Repairs And Scheduled (*hours are estimated for bid basis only, actual hours will be invoiced)						
FY2019	\$125.00 / hr.	X	10	Hours*	=	FY2019 TOTAL \$1,250.00
FY2020	\$125.00 / hr.	X	10	Hours*	=	FY2020 TOTAL \$1,250.00
FY2021	\$130.00/ hr.	X	10	Hours*	=	FY2021 TOTAL \$1,250.00
3 YEAR TOTAL INCLUDING INSPECTION TOTAL						\$6,925.00

CONTRACTOR INITIALS: SS

DATE: 4/16/18

EXHIBIT B - OFFER SECTION - CONTINUED

INSPECTION COSTS AND HOURLY RATES:

Make	Model	# of Units	"H" #	Hydraulic fluid Reservoir
SILENT HOIST	FAY	1	H-730	40 gallons est.
SERIAL NUMBER # 16783				

YARD CRANE LOCATION: EXIT 16, OFF I-89 ENFIELD NH CRANE CONTACT - TRAVIS WRIGHT - 603-448-4015

Annual Safety Inspection (Flat Rate Charge) includes all requirements stated in exhibit A for each year of contract

\$699.00	+	\$1,523.00	+	\$699.00	=	3 YR TOTAL	\$2,921.00
----------	---	------------	---	----------	---	------------	------------

FY2019		Fy2020		Fy2021			
--------	--	--------	--	--------	--	--	--

Labor Per Hour For Repairs And Scheduled (*hours are estimated for bid basis only, actual hours will be Invoiced)

FY2019	\$125.00 / hr.	X	15	Hours*	=	FY2019 TOTAL	\$1,875.00
--------	----------------	---	----	--------	---	--------------	------------

FY2020	\$125.00 / hr.	X	15	Hours*	=	FY2020 TOTAL	\$1,875.00
--------	----------------	---	----	--------	---	--------------	------------

FY2021	\$130.00/ hr.	X	15	Hours*	=	FY2021 TOTAL	\$1,875.00
--------	---------------	---	----	--------	---	--------------	------------

3 YEAR TOTAL INCLUDING INSPECTION TOTAL \$8,621.00

INSPECTION COSTS AND HOURLY RATES:

Make	Model	# of Units	"H" #	Hydraulic fluid Reservoir
SILENT HOIST	FAY	1	H-732	40 gallons est.
SERIAL NUMBER # 17148				

YARD CRANE LOCATION: 19 BASE HILL RD, SWANZY NH CRANE CONTACT - DONALD TARDIFF - 603-352-9102

Annual Safety Inspection (Flat Rate Charge) includes all requirements stated in exhibit A for each year of contract

\$699.00	+	\$1,523.00	+	\$699.00	=	3 YR TOTAL	\$2,921.00
----------	---	------------	---	----------	---	------------	------------

FY2019		Fy2020		Fy2021			
--------	--	--------	--	--------	--	--	--

Labor Per Hour For Repairs And Scheduled (*hours are estimated for bid basis only, actual hours will be Invoiced)

FY2019	\$125.00 / hr.	X	15	Hours*	=	FY2019 TOTAL	\$1,875.00
--------	----------------	---	----	--------	---	--------------	------------

FY2020	\$125.00 / hr.	X	15	Hours*	=	FY2020 TOTAL	\$1,875.00
--------	----------------	---	----	--------	---	--------------	------------

FY2021	\$130.00/ hr.	X	15	Hours*	=	FY2021 TOTAL	\$1,875.00
--------	---------------	---	----	--------	---	--------------	------------

3 YEAR TOTAL INCLUDING INSPECTION TOTAL \$8,621.00

BID BASIS - (TOTAL OF ALL 5 CRANES - FY2019, FY2020, FY2021) 39,717.00

DATE: April 16, 2018

CONTRACTOR INITIALS:




EXHIBIT C

FLEET ELECTRICAL TRAINING

SPECIAL PROVISIONS

Special provisions for this contract,

Reference Certificate of Insurance - Requirements

Comprehensive General Liability insurance shall be \$750,000 per occurrence and \$2,250,000 aggregate for this contract.

Contractor initials: SS

Date: April 16, 2018

State of New Hampshire

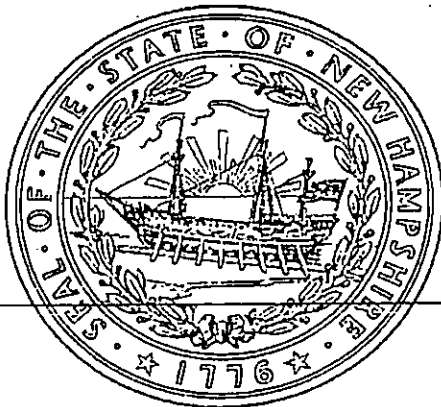
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONSOLIDATED UTILITY EQUIPMENT SERVICE, INCORPORATED is a New Hampshire Profit Corporation registered to transact business in New Hampshire on May 16, 1969. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 13207

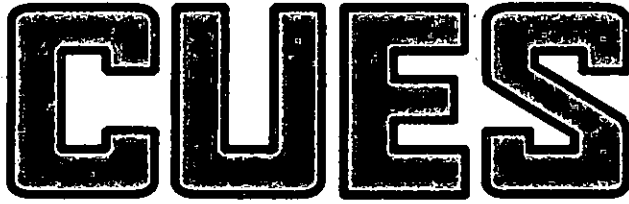
Certificate Number : 0004085116



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of April A.D. 2018.

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

William M. Gardner
Secretary of State



Consolidated Utility Equipment Service, Inc.

14 Caldwell Drive
603-889-4071

Amherst, NH 03031
FAX: 603-886-5909

53 Lebanon Road
860-886-7081

North Franklin, CT 06254
FAX: 860-886-6546

www.CUESequip.com

CERTIFICATE OF VOTE

I, David Dube, hereby certify that I am the President/CEO of Consolidated Utility Equipment Service, Inc. a/k/a CUES, Inc. in Amherst, NH

I further certify that the following is a true copy of a vote taken at a meeting of CUES, Inc. Management Team (Amherst, NH) duly called and held on 4/16/18 at which a quorum of the CUES, Inc. Management Team was present and voting.

Management Team voted and unanimously agreed to enter into a service contract with the State of New Hampshire to provide the service of inspection and repairs to Truck Cranes (Knuckle Booms) for the State of New Hampshire and Susan Sullivan to execute all documents related to service contract.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of 4/16/18.

Date: 4/16/18

Attest:

Signature:

David Dube, President/CEO

Notary Public: Debra Anderson
Commission Expires: 7/31/18

Date: 4/16/18



CERTIFICATE OF LIABILITY INSURANCE

OP ID: GL

DATE (MM/DD/YYYY)
04/20/2018

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 Ford Insurance Agency, Inc. 2 Harold Dow Highway Elliot, ME 03903- Gary L. Lonsinger	CONTACT NAME: Gary L. Lonsinger	PHONE (AG, Ho, Ext): 207-439-2500	FAX (AG, Ho): 207-439-6805
	EMAIL ADDRESS: gary@fordinsurance.com		
PRODUCER CUSTOMER ID #: CUESOP0			
INSURED Consolidated Utility Equipment Services, Incorporated dba CUES 14 Caldwell Drive Amherst, NH 03031	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Acadia Insurance Company		31325
	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.

INER LTR	TYPE OF INSURANCE	ADDL INSR	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					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAA601895313	11/06/2017	11/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below	Y/N N	N/A NH, MA, CT, NY, ME WCA51747802	11/06/2017	11/06/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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
A	Garagekeepers		CAA024828420	05/14/2018	05/14/2018	Comp 500,000

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

CERTIFICATE HOLDER

State of New Hampshire
DOT Mechanics
33 Smokey Bear Blvd
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

© 1988-2009 ACORD CORPORATION. All rights reserved.

DECLARATIONS FOR A GARAGE DEALER
RENEWAL 05/08/18

Page 1
Policy No: CNH 000-7111-584-8

ITEM ONE Named Insured and Address
CONSOLIDATED UTILITY
EQUIPMENT SERVICE INC DBA
14 CALDWELL AVE
AMHERST NH 03031

Producer Name and Address
FORD INSURANCE AGENCY
INC
2 DOW HIGHWAY
ELIOT ME 03903

Producer Code: 100 Broker:

Report Basis: ANNUAL

Policy Period: From 05/08/18 to 05/08/19 at 12:01 AM Standard Time at your mailing address shown above.

Insurer Company and Code: 10243 NATIONAL CONTINENTAL INSURANCE COMPANY

Named Insured's Business: 3 SALES/SERVICE OF AERIAL LIFT TRUCKS*
NRP *MAN AI*

Form of Business: CORPORATION *TOTAL ESTIMATED PREMIUM \$65,791

*This Policy May Be Subject To Final Audit.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: SEE SCHEDULE ATTACHED

FILINGS

SPECIAL FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

COUNTERSIGNED 05/08/18 BY

CA DS 09 03 10

Batch Rep Cur Date Run Seq End Last Run Eff Date Pages
CP1009 W 18128 2777 007 18127 05/08/18 29339

Yr PAADDLOC
18

POD

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

Coverages	Covered Autos	Limit
LIABILITY	21	Each "Accident" "Garage Operations" 750,000 Auto Only 750,000 Other than Auto Only Aggregate - "Garage Operations" 2,250,000 Other than "Auto" Only
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated in Each Personal Injury Protection Endorsement Minus \$ Ded
Added Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated in Each Personal Protection Endorsement
Property Protection Insurance (Michigan Only)		Separately Stated In Each P.P.I. Endorsement Minus \$ Deductible For Each Accident
Medical Payments		
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement
Uninsured Motorists	26	750,000 CSL
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		
Garagekeepers Comprehensive Coverage		
Garagekeepers Specified Causes Of Loss Coverage		Separately Stated For Each Location In Item Six
Garagekeepers Collision		
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightening. See Item Seven For Dealers Autos.
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Seven For Dealers Autos.
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Deductible For Each Covered Auto. See Item Seven For Dealers Blanket Collision Autos.

OTHER CHARGES INCLUDED WITH POLICY TOTAL PREMIUM

CA DS 09 03 10

NATIONAL CONTINENTAL INSURANCE COMPANY
 CLEVELAND, OH 44101

To: NH DEPT OF TRANSP BUREAU
 OF MECHANICAL SERVS
 33 SMOKEY BEAR PO BOX 486
 CONCORD NH 03302

Date: 05/08/18

This is to certify that the insured named below has in force as of the date hereof the following policy or policies:

CNH 000-7111-584-8

Policy Effective Date: 05/08/18
 Policy Expiration Date: 05/08/19
 RENEWAL 05/08/18

Name and address of insured:

CONSOLIDATED UTILITY EQUIPMENT SERVICE INC DBA
 14 CALDWELL AVE AMHERST NH 03031

KIND OF INSURANCE	POLICY NO.	LIMITS OF LIABILITY
Workers' Compensation		Statutory
Employers' Liability		Each Person Each Accident
Bodily Injury Liability Other than Automobiles*		Each Occurrence Aggregate Products and Completed Operations
Property Damage Liability Other than Automobiles*		Each Occurrence Aggregate Operations Aggregate Protective Aggregate Contractual Aggregate Products and Completed Operations
Automobiles: Bodily Injury Liability*	SEE ABOVE	750,000 CSL
Property Damage Liability*		Each Accident
Medical Payments		Each Person
Uninsured and/or Underinsured Motorist	SEE ABOVE	750,000 CSL

*If comprehensive, so state.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policies referenced herein.

In event of any material change in or cancellation of the policy or policies, the company will make every effort to notify the addressee but undertakes no responsibility by reason of failure to do so.

Authorized representative:

CERTIFICATE OF INSURANCE

NATIONAL CONTINENTAL
CLEVELAND, OHIO 44101

Date: 08/31/2018

Certificate Holder: NH DEPT OF TRANSP BUREAU
OF MECHANICAL SERVS
33 SMOKEY BEAR
PO BOX 486
CONCORD NH 03302

Insured: CONSOLIDATED UTILITY
EQUIPMENT SERVICE INC DBA
14 CALDWELL AVE
AMHERST NH 03031

This is to certify that the insured named above has in force as of the date hereof the following policy or policies:

CNH-000-7111-584-8

Policy Effective Date: 05/08/18
Policy Expiration Date: 05/08/19

KIND OF INSURANCE	POLICY NO.	LIMITS OF LIABILITY
Automobiles: Any Auto, Garage Liability Bodily Injury Liability Property Damage Liability Medical Payments	SEE ABOVE	750,000 CSL
Uninsured and/or Underinsured Motorist	SEE ABOVE	750,000 CSL
6- Plates 529P, 529K, 529M, 529R, 529S, 529T		

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy or policies shown above.

In event of any material change in or cancellation of the policy or policies, the company will make every effort to mail 30 days written notice to the addressee but undertakes no responsibility by reason of failure to do so.

Authorized Representative

NATIONAL CONTINENTAL

Producer: FORD INSURANCE AGENCY
INC
2 DOW HIGHWAY
ELIOT ME 03903

STATE OF NEW HAMPSHIRE - DEPARTMENT OF TRANSPORTATION - BUREAU OF MECHANICAL SERVICES

BID RFB_DOT_18_06 YARD CRANE INSPECTION, REPAIRS & SCHEDULED MAINTENANCE

CONTRACT VALUE SUMMARY

VENDOR	C.U.E.S INC.					
	FY2019		FY2020		FY2021	
Yard Crane Make & Model & Quantity:	INSPECTION (Each)	LABOR (PER HR)	INSPECTION (Each)	LABOR (PER HR)	INSPECTION (Each)	LABOR (PER HR)
SHUTTLE LIFT 7750- CONCORD (1)	\$625.00	\$125.00	\$1,675.00	\$125.00	\$625.00	\$130.00
SHUTTLE LIFT 5540 - LANCASTER (1)	\$750.00	\$125.00	\$1,625.00	\$125.00	\$750.00	\$130.00
SHUTTLE LIFT 5540 - TWIN MOUNTAIN (1)	\$750.00	\$125.00	\$1,625.00	\$125.00	\$750.00	\$130.00
SILENT HOIST FAY - ENFIELD (1)	\$699.00	\$125.00	\$1,523.00	\$125.00	\$699.00	\$130.00
SILENT HOIST FAY - SWANZEY (1)	\$699.00	\$125.00	\$1,523.00	\$125.00	\$699.00	\$130.00
TOTAL UNITS (5)	\$3,523.00	\$625.00	\$7,971.00	\$625.00	\$3,523.00	\$650.00
Assumptions:	1. Estimated parts cost to repair issues discovered during the inspection of the five (5) cranes equals \$10,000 2. An amount of \$5,000 is included in each fiscal year and is intended to cover any unscheduled emergency repairs and required associated parts.					
Method of Payment:	The Annual Safety Inspection service shall be paid as a unit including all labor to perform the inspection. Parts discovered as needing to be replaced during the annual inspection shall be paid based upon invoice amount charged. Labor to perform the repairs shall be paid for by the hourly rate. Prior to any work being completed, the contractor shall provide a written estimate for the proposed work, to be reviewed and approved by department personnel prior to commencement.					
Contract Cost:	FY2019	FY2020	FY2021	Bid Tabulation Correlation		
Inspection Fee for 5 yard Cranes	\$3,523.00	\$7,971.00	\$3,523.00	\$15,017.00		
Labor Cost \$125.00 x 13 hrs.(AVE) x 5 Yard Cranes	\$8,125.00	\$8,125.00		\$16,250.00		
Labor Cost \$130.00 x 13 hrs.(AVE) x 5 Yard Cranes			\$8,450.00	\$8,450.00		
Bid Tabulation Total				\$39,717.00		
Assumption 1. - Parts cost for repairs of Yard Cranes	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00		
Assumption 2. - Unscheduled Emergency Repairs of Yard Cranes	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00		
Contract Value per fiscal year	\$26,648.00	\$31,096.00	\$26,973.00	\$84,717.00		
Total contract value (FY2019, FY20, FY21) equal to P-37			\$84,717.00			

Contractor Initials: _____

Date: 4/16/18

STATE OF NEW HAMPSHIRE - DEPARTMENT OF TRANSPORTATION - BUREAU OF MECHANICAL SERVICES

BID RFB_DOT_18_6 YARD CRANE INSPECTION, REPAIRS & SCHEDULED MAINTENANCE

BID DUE DATE 4/12/2018

BID TABULATION

TIME 1:30 PM

VENDOR	CUES				
YARD CRANE	SHUTTLE LIFT 7750 - CONCORD NH		QUANTITY / UNITS		TOTAL
2019 INSPECTION / EA.	\$625.00	X	1	=	\$625.00
2020 INSPECTION / EA.	\$1,675.00	X	1	=	\$1,675.00
2021 INSPECTION / EA.	\$625.00	X	1	=	\$625.00
2019 LABOR RATE / HR	\$125.00	X	15	=	\$1,875.00
2020 LABOR RATE / HR	\$125.00	X	15	=	\$1,875.00
2021 LABOR RATE / HR	\$130.00	X	15	=	\$1,950.00
	SHUTTLE LIFT 7750- 2019 / 2020 / 2021 TOTAL				\$8,625.00
YARD CRANE	SHUTTLE LIFT 5540 - LANCASTER		QUANTITY / UNITS		TOTAL
2019 INSPECTION / EA.	\$750.00	X	1	=	\$750.00
2020 INSPECTION / EA.	\$1,625.00	X	1	=	\$1,625.00
2021 INSPECTION / EA.	\$750.00	X	1	=	\$750.00
2019 LABOR RATE / HR	\$125.00	X	10	=	\$1,250.00
2020 LABOR RATE / HR	\$125.00	X	10	=	\$1,250.00
2021 LABOR RATE / HR	\$130.00	X	10	=	\$1,300.00
	SHUTTLE LIFT 5540- 2019 / 2020 / 2021 TOTAL				\$6,925.00
YARD CRANE	SHUTTLE LIFT 5540 - TWIN MOUNTAIN		QUANTITY / UNITS		TOTAL
2019 INSPECTION / EA.	\$750.00	X	1	=	\$750.00
2020 INSPECTION / EA.	\$1,625.00	X	1	=	\$1,625.00
2021 INSPECTION / EA.	\$750.00	X	1	=	\$750.00
2019 LABOR RATE / HR	\$125.00	X	10	=	\$1,250.00
2020 LABOR RATE / HR	\$125.00	X	10	=	\$1,250.00
2021 LABOR RATE / HR	\$130.00	X	10	=	\$1,300.00
	SHUTTLE LIFT 5540- 2019 / 2020 / 2021 TOTAL				\$6,925.00
YARD CRANE	SILENT HOIST FAY - ENFIELD		QUANTITY / UNITS		TOTAL
2019 INSPECTION / EA.	\$699.00	X	1	=	\$699.00
2020 INSPECTION / EA.	\$1,523.00	X	1	=	\$1,523.00
2021 INSPECTION / EA.	\$699.00	X	1	=	\$699.00
2019 LABOR RATE / HR	\$125.00	X	15	=	\$1,875.00
2020 LABOR RATE / HR	\$125.00	X	15	=	\$1,875.00
2021 LABOR RATE / HR	\$130.00	X	15	=	\$1,950.00
	SILENT HOIST - FAY-2019 / 2020 / 2021 TOTAL				\$8,621.00
YARD CRANE	SILENT HOIST FAY - SWANZY		QUANTITY / UNITS		TOTAL
2016 INSPECTION / EA.	\$699.00	X	1	=	\$699.00
2017 INSPECTION / EA.	\$1,523.00	X	1	=	\$1,523.00
2018 INSPECTION / EA.	\$699.00	X	1	=	\$699.00
2016 LABOR RATE / HR	\$125.00	X	15	=	\$1,875.00
2017 LABOR RATE / HR	\$125.00	X	15	=	\$1,875.00
2018 LABOR RATE / HR	\$130.00	X	15	=	\$1,950.00
	SILENT HOIST - FAY-2019 / 2020 / 2021 TOTAL				\$8,621.00
"bid totals" were utilized to evaluate low bid offers					\$39,717.00