



SEP 30 2016 10:55 AM

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

VICKI V. QUIRAM
 Commissioner
 (603)-271-3201

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

Division of Public Works
 Design and Construction
 Project No. 80877 – Contract B

September 27, 2016

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

REQUESTED ACTION

- 1). Authorize the Division of Public Works Design and Construction to enter into a contract with SMART Assistive Technologies, LLC., (VC# 255138) Rochester, NH, for a total price not to exceed \$999,670, for the Jenness Bathhouse Replacement and Parking Lot, Rye, NH. This contract is effective upon Governor and Council approval through May 26, 2017, unless extended in accordance with the contract terms. **100% General – Capital Funds.**
- 2). Further authorize that a contingency in the amount of \$65,000 be approved for latent or unforeseen conditions pertaining to site and building construction for the Jenness Bathhouse Replacement and Parking lot, bringing the total to \$1,064,670. **100% General – Capital Funds.**
- 3). Further authorize pursuant to 220:13, Laws of 2015, the amount of \$45,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$1,109,670. **100% General – Capital Funds.**

Funding is available in account titled Department of Resources and Economic Development as follows:

03-35-35-350030-52860000 Toilet Building	<u>SFY17</u>
034-500162 – Repair/Renovation Buildings	\$ 825,000

03-35-35-350030-52840000 Roofing & Repairs

034-500162 – Repair/Renovation Buildings	\$ 174,670
034-500162 – Contingency	65,000
034-500162 – Interagency Fees - DPW	<u>45,000</u>
Sub-total	\$ 284,670
Grand Total	\$1,109,670

EXPLANATION

Per Chapter 220:1, XIII, C, Laws of 2015, for the Toilet Building, and Chapter 220:1, XIII, A for Roofing and Repairs. This project will demolish the existing bathhouse and construct a new bathhouse including men's room, women's room, family toilet room, mechanical room, plumbing chase, exterior showers and changing stalls. The project also includes widening the existing parking lot with improved storm water drainage, repaving and restriping per plans and specifications.

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 Resources and Economic Development 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, Division 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,


for Vicki V. Quiram
Commissioner

Department Estimate: \$825,000
Contract Amount: \$999,670
Over Estimate: \$174,670

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80877, Contract B – Jenness Bathhouse Replacement and Parking Lot Improvements, Rye, New Hampshire.

DESCRIPTION: The project includes demolishing the existing bathhouse and constructing a new bathhouse including men's room, women's room, family toilet room, mechanical room, plumbing chase, exterior showers and changing stalls. In addition, we are also planning to reconstruct the parking lot making it wider with improved storm water drainage, repaving and restriping per plans and specifications.

EXPLANATION: The existing bathhouse at Jenness State Beach is outdated, undersized and overused by its patrons. By replacing the bathhouse with the proposed building, we are adding more fixtures and room for storage of maintenance items. We're also adding a family toilet room, baby changing tables, outdoor changing stalls, access ramp, and ADA compliant men's and women's rooms. The parking lot will have increased site lighting and reconfigured parking spaces to improve traffic flow through the site.

OVER ESTIMATE

EXPLANATION: The estimate DPW received from the consultant contained lower prices than the bidders submitted. Project location, winter construction, and a very restricted project site all contribute to the high cost of the low bidder.

DEPARTMENT

ESTIMATE: \$825,000

LOW BID: \$999,670



Division of Public Works

ABC Bid Data

RYE
80877 Contract Letter B
NON-FEDERAL

PROJECT: RYE

STATE PROJECT NUMBER: 80877 Contract Letter B

FED. PROJECT NUMBER: NON-FEDERAL

DATE BIDS OPEN: July 20, 2016, 02:00 PM

SCOPE OF WORK: Jenness Bathroom Replacement & Parking Lot: Demolish existing bathroom and construct new bathroom including men's room, women's room, family toilet room, mech room, plumbing chase, ext showers and changing stalls. Reconstruct wider parking lot with improved storm water draining, repaving and restriping per plans and

COMPLETION DATE: May 26, 2017

LOCATION: Rockingham

Summary of Bidders

Contractor	Bid Amount	Rank
SMART ASSISTIVE TECHNOLOGIES SUITE 2, 16 WHITEHALL ROAD, ROCHESTER NH 03867	\$999,670.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$1,068,000.00	B
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$1,169,000.00	C
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819	\$1,205,200.00	D
STRUCTURETONE INC 711 ATLANTIC AVENUE, BOSTON MA 02111-2809	\$1,387,500.00	E

BUREAU OF PUBLIC WORKS

Award to SMART ASSISTIVE Techn

Hold for Negotiation

Cancel Contract

User Agency DREPO

Authorized by Michael Moran

Date 7/20/16

Item No.	Description	Unit	Quantity	PS&E		SMART ASSISTIVE TECHNOLOGIES SUITE 2 ROCHESTER, NH 03867	D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044
				Unit Price	Total		

901	DEMO & DISPOSAL OF THE EXISTING BATHHOUSE	U	1.000	\$10,000.00	\$10,000.00	\$8,540.00	\$8,540.00	\$16,000.00	\$16,000.00
902	PROVIDE ALL MATERIALS & LABOR TO CONSTRUCT NEW BATHHOUSE	U	1.000	\$534,000.00	\$534,000.00	\$669,457.00	\$669,457.00	\$826,000.00	\$826,000.00
903	RECONSTRUCT PARKING LOT	U	1.000	\$225,000.00	\$225,000.00	\$256,273.00	\$256,273.00	\$155,000.00	\$155,000.00
904	RECONSTRUCT BEACH ACCESS RAMP	U	1.000	\$6,000.00	\$6,000.00	\$15,400.00	\$15,400.00	\$21,000.00	\$21,000.00
905	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	50,000.000	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00

Totals:	\$825,000.00	\$999,670.00	\$1,068,000.00
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Item No.	Description	Unit	Quantity	TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		CHARTERS BROTHERS CONST LLC 27 MAIN STREET DANVILLE, NH 03819		STRUCTURETONE INC 711 ATLANTIC AVENUE BOSTON, MA 02111-2809	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	DEMO & DISPOSAL OF THE EXISTING BATHHOUSE	U	1.000	\$ 42,600.00	\$ 42,600.00	\$ 26,500.00	\$ 26,500.00	\$ 10,000.00	\$ 10,000.00
902	PROVIDE ALL MATERIALS & LABOR TO CONSTRUCT NEW BATHHOUSE	U	1.000	\$ 888,000.00	\$ 888,000.00	\$ 913,200.00	\$ 913,200.00	\$ 1,062,500.00	\$ 1,062,500.00
903	RECONSTRUCT PARKING LOT	U	1.000	\$ 168,100.00	\$ 168,100.00	\$ 195,000.00	\$ 195,000.00	\$ 250,000.00	\$ 250,000.00
904	RECONSTRUCT BEACH ACCESS RAMP	U	1.000	\$ 20,300.00	\$ 20,300.00	\$ 20,500.00	\$ 20,500.00	\$ 15,000.00	\$ 15,000.00
905	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	50,000.000	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$1,169,000.00		\$1,205,200.00		\$1,387,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2016

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		CONTACT NAME: Julie Levesque, CPCU, CIC	
Infantine Insurance		PHONE (A/C, No, Ext): (800) 937-0704	FAX (A/C, No): (603) 669-6831
P. O. Box 5125		E-MAIL ADDRESS: jlevesque@infantine.com	
Manchester NH 03108		INSURER(S) AFFORDING COVERAGE	
		INSURER A: The Netherlands 24171	
		INSURER B: Ohio Casualty Insurance Company 24074	
		INSURER C: Excelsior Insurance Co. 11045	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16/17 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CBP8923228	8/9/2016	8/9/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA1093228	8/9/2016	8/9/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8144881	8/9/2016	8/9/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC8922828 3A States: NH;ME;MA;VT;NY	8/9/2016	8/9/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Jenness Bathhouse Replacement & Parking Lot Improvements Contract B 80877. It is agreed and understood that the State of NH Department of Administrative Services is included as additional insured with regards to General Liability when required by a written contract.

CERTIFICATE HOLDER	CANCELLATION
State of NH Department of Administrative Services PO Box 483 Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Charles Hamlin/JL6



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2016

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: Julie Levesque, CPCU, CIC
	PHONE (A/C, No, Ext): (800) 937-0704 FAX (A/C, No): (603) 669-6831 E-MAIL ADDRESS: jlevesque@infantine.com
INSURED State of NH, Department of Transportation c/o Smart Assistive Technologies LLC 16 Whitehall Rd Ste 2 Rochester NH 03867	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Liberty Mutual Holding Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** 16/17 OCP Jenness **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL8331051	8/15/2016	8/15/2017	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Owners Contractors Protective \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**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

Charles Hamlin/JL6

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/15/2016

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): (800) 937-0704	COMPANY North American Specialty Ins Co 1117 Elm Street Suite 200 Manchester NH 03101-9908	
FAX (A/C, No): (603) 669-6831	E-MAIL ADDRESS: jlevesque@infantine.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00326244		LOAN NUMBER		POLICY NUMBER DIN200605500
INSURED Smart Assistive Technologies LLC, State of NH DAS & any & all contractors 16 Whitehall Rd Ste 2 Rochester NH 03867		EFFECTIVE DATE 8/15/2016	EXPIRATION DATE 8/15/2017	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 Jeness Bathhouse 2280 Ocean Blvd Rye, NH 03870

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
Job Specific Builders Risk New Job Specific Special form	999,670	5,000

REMARKS (Including Special Conditions)

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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 PO Box 483 Concord, NH 03301	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Charles Hamlin/JL6 		