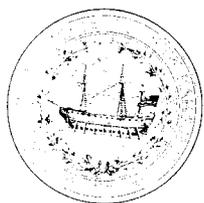


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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

OFFICE OF THE COMMISSIONER

25 Capitol Street – Room 120

Concord, New Hampshire 03301

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80786R – Contract A

August 19, 2014

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

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Schroeder Construction Management (VC# 172486) Nashua, NH, for a total price not to exceed \$726,350, for the CSMS (Combined Support Maintenance Shop) - Building H Renovations Project, Building H, Concord, NH. This contract is effective upon Governor and Council approval through April 30, 2015, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize that a contingency in the amount of \$45,000 be approved for unanticipated structural expenses and owner initiated changes for the CSMS Renovations Project, Building H, bringing the total to \$771,350. **100% Federal Funds.**

3). Further authorize the amount of \$30,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$801,350. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000	Army Guard Facilities	<u>SFY15</u>
103-500736	– Contract Repairs/Bldgs. & Grounds	\$ 726,350
103-500736	– Contingency	<u>\$ 45,000</u>
	Sub-Total	\$ 771,350*

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – BPW Fees Interagency \$ 30,000

Grand Total \$801,350

*** Subject to the availability of Federal Funding.**

EXPLANATION

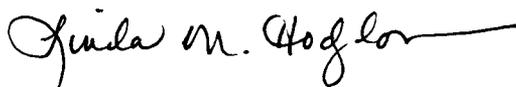
This project will consist of renovations to the CSMS - Building H on the State Military Reservation in Concord. Work will consist of new finishes in selected areas to include new windows/doors, new interior light fixtures and some renovations to the mechanical and electrical systems.

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. Approval of this item is contingent upon the State receiving reallocated federal funds which the National Guard hopes will be reallocated from other states to New Hampshire prior to the end of this federal year. Since this is the last meeting prior to federal fiscal year end, this is an extraordinary case where we cannot assure you of funding. No work will begin on these projects without federal award being received and noticed to the Department of Administrative Services from the National Guard bureau. We ask that you approve these items contingent upon receiving written notice on or before December 31, 2014. If funding is not confirmed by that date, the contract will not proceed without further approval of the Council.

Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Linda M. Hodgdon
Commissioner

Respectfully submitted,



for William N. Reddel, III
Major General, NHNG
The Adjutant General

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

August 19, 2014

Page 3 of 3

Department Estimate:	\$ 510,000
Contract Amount:	<u>\$ 726,350</u>
Over Estimate:	\$ 216,350

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80786R, Contract A – Combined Support Maintenance Shop Renovations Project – Building H, Concord, NH.

DESCRIPTION: Work on this project will consist of renovations to the CSMS Building on the State Military Reservation in Concord. Work will consist of new finishes in selected areas to include new windows/doors, new interior LED light fixtures and some renovations to the mechanical and electrical systems including upgrading the building control system.

EXPLANATION: The repairs, renovations and upgrades are needed to bring the building up to National Guard standards.

OVER ESTIMATE

EXPLANATION: The project was originally estimated to be \$596,000. There was a desire to reduce overall costs and suggestions were made to eliminate portions of the project that brought the estimate down to \$510,000. This now became the new estimate, but the cuts to the project were never realized and the project was brought to bid intact (estimate of \$596,000). Additionally, the lubrication equipment cost was \$17,000 more than estimated and the HVAC was \$100k over the estimate. We believe the economic downturn over the last 5-years has resulted in less mechanical firms (through attrition) and the remaining existing mechanical firms have drastically reduced staff to make it through the downturn. These smaller-staffed mechanical firms are lately beginning to get busier and they lack capacity, resulting in higher costs to perform the work. This is evident with this project only having two mechanical contractors bidding the job, which affects competitive pricing. Finally, we believe higher construction costs are inevitable when the using agency is awaiting funding and the contractors have been asked to hold prices until November 3, 2014.

DEPARTMENT

ESTIMATE: \$510,000

LOW BID: \$726,350

BIDDER SUMMARY

PROJECT NAME: CSMS RENOVATIONS PROJECT - BUILDING H NON-FEDERAL 80786R
PROJECT NUMBER: 80786R
COUNTY: MERRIMACK COUNTY 013
BID OPENING DATE: 08/07/2014
SCOPE OF WORK: CSMS RENOVATION. NEW FINISHES, DOORS, WINDOWS, LIGHT FIXTURES,
RENO TO EXISTING MECHANICAL AND ELECTRICAL SYSTEMS

LOCATION: 1 MINUTE MAN WAY, CONCORD NH
COMPLETION DATE: 01/01/2015

BID RESULTS

A SCHROEDER CONSTRUCTION MGMT (B001) - PO BOX 601 10 DEERHAVEN DR NASHUA, NH 03061 \$ 726,350.00 ACCEPTED
B MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249 \$ 769,700.00 ACCEPTED

\$726,350.

BUREAU OF PUBLIC WORKS

Award to Schroeder Const. Mgmt
 Hold for Negotiation
 Cancel Contract
User Agency NHTRANS
Authorized by [Signature]
Date 08/07/2014

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	CSMS RENOVATIONS BUILDING H	EA	1.00	\$ 510,000.00	\$ 510,000.00	\$ 726,350.00	\$ 726,350.00	\$ 769,700.00	\$ 769,700.00
					\$ 510,000.00		\$ 726,350.00		\$ 769,700.00

ALTERNATES

991.00	ALTERNATE #1	EA	1.00	\$ 30,000.00	\$ 30,000.00	\$ 29,667.00	\$ 29,667.00	\$ 31,320.00	\$ 31,320.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Infantine Insurance Inc. P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Janet Tuttle
	PHONE (A/C, No, Ext): 603-669-0704 (ext246) FAX (A/C, No): 603-669-6831
	E-MAIL ADDRESS: jtuttle@infantine.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Peerless Insurance 24198
INSURED Schroeder Construction Management Inc. PO Box 601 Nashua NH 03061	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 2014-2015 Master REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CBP8350683	8/1/2014	8/1/2015	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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			BA8351383	8/1/2014	8/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CU8352683	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC8389128 States: ME, MA, NH, VT, RI	8/1/2014	8/1/2015	<input checked="" type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> QTH-ER EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: CSMS Renovation Project - Building H, Contcord, NH. Project No. 80786-R, Contract A. It is hereby understood and agreed that the State of New Hampshire, Department of Administrative Services is included as additional insured to General Liability and Umbrella policies when required by written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrataive Services PO Box 483 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 Paul Sullivan/JT1 <i>Paul Sullivan</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108		CONTACT NAME Janet Tuttle PHONE (A/C No. Ext): (603) 669-0704 FAX (A/C No): (603) 669-6831 E-MAIL ADDRESS: jtuttle@infantine.com	
INSURED State of New Hampshire Dept. of Administrative Services PO Box 601 Nashua NH 03061		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2014 OCP REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GL8995610	8/13/2014	8/13/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					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	Y/N	N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: CSMS Renovation Project - Building H, Concord, NH. Project No. 80786-R, Contract A.

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services PO Box 483 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 Paul Sullivan/BKF <i>Paul Sullivan</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/13/2014

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Infantine Insurance P. O. Box 5125 Manchester NH 03108	PHONE (A/C, No, Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526
FAX (A/C, No): (603) 669-6831	E-MAIL ADDRESS: jtuttle@infantine.com	
CODE: 3081	SUB CODE:	
AGENCY CUSTOMER ID #: 00016373		
INSURED Schroeder Construction Management Inc.; State of NH Dept. of Admin. Services PO Box 601 Nashua NH 03061	LOAN NUMBER	POLICY NUMBER CIM516958310
	EFFECTIVE DATE 8/13/2014	EXPIRATION DATE 8/13/2015
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
1 Minute Man Way
Concord, NH

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	726,350	1,000

REMARKS (Including Special Conditions)

RE: CSMS Renovation Project - Building H, Concord, NH. Project Number 80786-R, Contract A.

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

NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Paul Sullivan/BKP <i>Paul Sullivan</i>		