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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. 80921R – Contract A

July 1, 2016

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

Retractive

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a **retroactive** contract with RTH Mechanical Contractors, Inc. (VC# 156270), Brentwood, NH, for a total price not to exceed \$27,880, for the East Chiller Replacement at Health and Human Services Bldg. 29 Hazen Drive, Concord, NH. A notice to proceed was issued, pending retroactive G & C approval, because of the potential lack of air conditioning in the building with 600 employees if the remaining chiller failed. This contract is effective upon Governor and Council approval through July 25, 2016 (or 14 days calendar days from issuance of Notice to Proceed), unless extended in accordance with the contract terms. **100% Other (Transfer Funds).**

2). Further authorize the amount of \$3,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total \$31,380. **100% Other (Transfer Funds).**

Funding is available in account titled Department of Administrative Services as follows:

| | |
|--|---------------------|
| 01-14-14-141510-20300000 Health and Human Svcs Bldg. | <u>SFY17</u> |
| 048-500226 - Contractual Maint. Bldg. & Grounds | \$ 27,880 |
| 048-500226 - DPW Fees Interagency | <u>3,500</u> |
| Grand Total | \$ 31,380 |

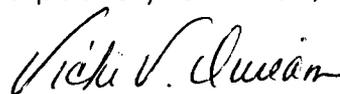
EXPLANATION

The reason for this retroactive request is the 200 ton chiller that provides cooling for the east wing of the building failed and needs to be replaced. In order to provide cooling to the building we tied into the remaining chiller for the west wing to provide cooling to both wings of the office building. In order to minimize any potential impact to approximately 600 employees that work in the building, DAS issued a purchase order to the manufacturer, Trane to procure a new chiller. Invitation to bids was issued to pre-qualified mechanical contractors to remove the existing defective chiller and install a new replacement chiller. RTH Mechanical was selected because they provided the lowest bid to complete the installation of the chiller.

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 Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, 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,



Vicki V. Quiram
Commissioner

| | |
|----------------------|-----------------|
| Department Estimate: | \$80,000 |
| Contract Amount: | <u>\$27,880</u> |
| Under Estimate: | \$52,212 |



Division of Public Works

ABC Bid Data

EAST CHILLER REPLACEMENT AT HEALTH AND HUMAN SERVICES
80921R-A
NON-FEDERAL

PROJECT: East Chiller Replacement at Health and Human Services
STATE PROJECT NUMBER: 80921R-A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: June 15, 2016, 2:00
SCOPE OF WORK: Remove and replace existing 200 ton chiller on roof
COMPLETION DATE: July 11, 2016
LOCATION: Merrimack

Summary of Bidders

| Contractor | Bid Amount | Rank |
|---|-------------|------|
| RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD, BRENTWOOD NH 03833-6510 NORTHERN PEABODY LLC 25 DEPOT STREET, PO BOX 569, MANCHESTER NH 03101 | \$27,880.00 | A |
| | \$44,250.00 | B |

Handwritten notes:
I am going to \$22,500.
I am going to \$27,880.
T-stand =

BUREAU OF PUBLIC WORKS
 Award to RTH Mechanical Contractors
 Hold for Negotiation
 Cancel Contract
User Agency NH DAS
Authorized by [Signature]
Date 06/30/2016

Handwritten: 1 pd ✓

| Item No. | Description | Unit | Quantity | PA&E | | RTH MECHANICAL CONTRACTORS INC 89 PINE ROAD BRENTWOOD, NH 03833-4510 | NORTHERN FABROOY LLC 23 DEPOT STREET MANCHESTER, NH 03101 |
|----------|-------------|------|----------|------------|-------|--|---|
| | | | | Unit Price | Total | | |

Items

| | | | | | | | | | |
|-----|--|---|-------|-------------|-------------|-------------|-------------|-------------|-------------|
| 901 | REPLACEMENT OF 200 TON CHILLER PER PLANS & SPECS | U | 1.000 | \$75,000.00 | \$75,000.00 | \$72,880.00 | \$72,880.00 | \$39,250.00 | \$39,250.00 |
| 902 | ALLOWANCE NO. 1 SPECIFICATION SECTION 01200 | U | 1.000 | \$5,000.00 | \$5,000.00 | \$5,000.00 | \$5,000.00 | \$5,000.00 | \$5,000.00 |

| | | | | | | | | | |
|---------|--|--|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Totals: | | | | \$80,000.00 | \$80,000.00 | \$27,880.00 | \$27,880.00 | \$44,250.00 | \$44,250.00 |
|---------|--|--|--|-------------|-------------|-------------|-------------|-------------|-------------|



RTHMECH-01 KBEAUDOIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/6/2016

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 Norton Insurance Agency 275 US Route 1 Cumberland Foreside, ME 04110 | CONTACT NAME: PHONE (A/C No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350 E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|--------|-------------------------------------|--|-------|-----------------------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|
| | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : The Travelers Insurance</td> <td></td> <td>25674</td> </tr> <tr> <td>INSURER B : MEMIC Indemnity</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : The Travelers Insurance | | 25674 | INSURER B : MEMIC Indemnity | | | INSURER C : | | | INSURER D : | | | INSURER E : | | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | |
| INSURER A : The Travelers Insurance | | 25674 | | | | | | | | | | | | | | | | | | | |
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| INSURER C : | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | |
| INSURED RTH Mechanical Contractors Inc. 99 Pine Rd Brentwood, NH 03833 | | | | | | | | | | | | | | | | | | | | | |

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.

| INBR LTR | TYPE OF INSURANCE | ADDL SUBR INSD 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 <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | 4TCO2383N988PHX16 | 02/20/2016 | 02/20/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS CA 99 48 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | BA2452N79416CNS | 02/20/2016 | 02/20/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | CUP2625N86ATIL16 | 02/20/2016 | 02/20/2017 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| B | 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 Y N/A | 5101800158 | 02/20/2016 | 02/20/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Inst/Builders Risk | | QT6600983M5COF16 | 02/20/2016 | 02/20/2017 | Stored Materials 500,000 |
| A | Business Auto | | BA2452N79416CNS | 02/20/2016 | 02/20/2017 | \$250 Comp/\$500 Coll 50,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RTH 16-707
 Richard T Hansell excluded from Work Comp

Project: State of New Hampshire, Department of Administrative Services, for construction of East Chiller Replacement at Health & Human Services, 29 Hazen Drive, Concord NH. Contract #80921R-A. RTH 16-707

State of New Hampshire Department of Administrative has additional insured status on the policies indicated in the column above as required by written contact but only to the extent that the named insured is performing ongoing operations on behalf of the additional insured.

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| CERTIFICATE HOLDER State of New Hampshire Department of Transportation 7 Hazen Drive PO Box 483 Concord, NH 03302-0483 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|--|--|

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