

#### STATE OF NEW HAMPSHIRE DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT DIVISION OF PARKS AND RECREATION

172 Pembroke Road Concord, New Hampshire 03301 Phone: (603) 271-3556 Fax: (603) 271-3553 E-Mail: nhparks@dred.nh.gov Web: www.nhstateparks.org

January 3, 2017

His Excellency, Governor Christopher T. Sununu and the Honorable Executive Council State House Concord, New Hampshire 03301

#### **REQUESTED ACTION**

Pursuant to RSA 21-I:80, I (b), authorize the Department of Resources and Economic Development, Division of Parks and Recreation (Department) to enter into a SOLE SOURCE and RETROACTIVE amendment to the contract with The Aulson Company, LLC (VC #223771), Methuen, MA, by: a) increasing the contract amount by \$28,485 from \$127,960 to \$156,445; and b) by extending the completion date to June 30, 2017 from the original completion date of October 31, 2016, for roof replacement on multiple buildings at Franconia Notch State Park. The original contract was approved by the Governor and Executive Council on August 3, 2016, Item #44. 100% Capital Funds

Funding is available as follows:

FY 2017

03-35-35-350030-52840000 15-220:1-XIII-A - Roofing and Repairs 034-500162-35B022AC Capital Projects

\$28,485

#### **EXPLANATION**

This contract amendment with The Aulson Company, LLC is requested because while the roofing work of the original contract was underway, it was discovered that the roof insulation on the Park's maintenance garage had deteriorated due to condensation effects. It was determined that new, higher R value insulation should be installed in conjunction with installation of an appropriate vapor barrier detail for the conditions in the maintenance garage. Since the new insulation and vapor barrier will have to be installed concurrently with the on-going roofing replacement of the original contract, it makes sense to have The Aulson Company, LLC also do this work. For this reason we are respectfully requesting that the amendment be approved on a sole source basis. Analysis, specification, and negotiation of the new insulation and vapor barrier detail ran past the October 31, 2016 completion date of the original contract. Therefore, we're also requesting that this amendment be approved retroactively.

The Attorney General's Office has approved this amendment as to form, substance and execution.

Respectfully submitted,

Concurred,

Director

Commissioner

PAB:JJR/lml

#### **Amendment of P-37 Contract Agreement**

The <u>Department of Resources and Economic Development</u> and <u>The Aulson Company, LLC</u> hereby mutually agree to amend the contract for roof replacements on multiple buildings at Franconia Notch State Park, originally approved by the Governor and Executive Council on August 3, 2016, Item #44, with a completion date of October 31, 2016, as follows:

- 1. Amend Exhibit A, Summary of the Work, by replacing deteriorated roof insulation with 6" batt insulation and rfoil insulation/vapor barrier providing an overall roof insulation value of R-30;
- 2. Amend Form P-37, Item 1.8 Price Limitation, and Exhibit B, Contract Price, by increasing the contract amount by \$28,485 from \$127,960 to \$156,445;
- 3. Amend Form P-37, Item 1.7 Completion Date, and Exhibit B, Term, by extending the completion date to June 30, 2017 from the original completion date of October 31, 2016;
- 4. All other terms and conditions of the original contract shall remain the same in full force and effect as originally set forth; and
- 5. This amendment is subject to approval by the Governor and Executive Council.

IN WITNESS WHEREOF, the parties hereto have set their hands as of the day and year written.

The Aulson Company, LLC

| MARIA   | 1   | 1      | 14/17                                    |  |
|---|---|--------|--|--|
| Alan P. Aulson, Jr., President  |   | Date   | / /                                      |  |
| STATE OF  |   |        |  |  |
| COUNTY OF   |   |        |  |  |
| On this the day of personally appeared person whose name is subscribthe purposes therein contained. | P. Aulsh Jr .<br>bed to the within instru | , know | n to me or satisfacted edged that he/she | torily proven to be the<br>executed the same for |
|   |   |        |  |  |
| Notary Public   | SHAUNNA                                   | _      |  |  |
| My Commission Expires:  | Commonwealth of My Commiss September      |        |  |  |
| Department of Resources and   | Economic Developm                         | ent    |  |  |

Approved as to form, substance and execution:

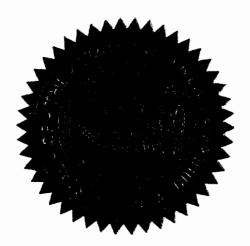
Attorney General Attorney General

 $\frac{1}{30}$ 

## 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 The Aulson Company, LLC, a(n) Massachusetts limited liability company registered to do business in New Hampshire on October 29, 2009. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 26<sup>th</sup> day of May, A.D. 2016

William M. Gardner Secretary of State

#### **CERTIFICATE OF VOTE**

At a meeting of all members of The Aulson Company, LLC held on Wednesday, January 04, 2017, notice of said meeting having been waived by all members, it was voted, unanimously, by all members as follows:

1. Effective immediately, Alan P. Aulson, Jr., as President is authorized to sign all contracts and agreements on behalf of The Aulson Company, LLC.

Witness whereof the undersigned have set they hands and seals on the date set forth below.

Date: 1/4/17

Date: / 4 / 7

The Aulson Company, LLC By Alan P. Aulson, Jr.

Its President

The Aulson Company, LLC By Elizabeth F. Aulson

Its Member

#### COMMONWEALTH OF MASSACHUSETTS

ESSEX, ss.

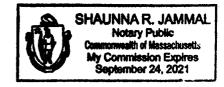
January 4, 2017

Then personally appeared the above-named Alan P. Aulson, Jr. and Elizabeth F. Aulson, who, being duly sworn, acknowledged having executed the within document, as their free act and deed. I verified Alan P. Aulson, Jr. and Elizabeth F. Aulson's identity by means of a Massachusetts Driver's License.

Before me,

Notary Public

My Commission Expires:





#### CERTIFICATE OF LIABILITY INSURANCE

01/04/2017

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).

| C  | ertif | icate holder in lieu of such endor                          | seme               | ent(s)  | ).                 |        |                            |                            |   |        |    |           |
|--|-------|---|--------------------|---|--------------------|--------|----------------------------|----------------------------|---|--------|----|-----------|
| PRODUCER DeSanctis Insurance Agcy, Inc. 100 Unicorn Park Drive |       |   |                    | CONTACT<br>NAME:  |                    |        |                            |                            |   |        |    |           |
|  |       |   |                    | PHONE (A/C, No, Ext): 781-935-8480 FAX (A/C, No): 781-5 |                    |        |                            | 781-9                      | 33-5645                                 |        |    |           |
| Woburn, MA 01801   |       |   | E-MAIL<br>ADDRESS: |   |                    |        |                            |                            |   |        |    |           |
|  |       |   |                    |   |                    |        | INS                        | SURER(S) AFFOR             | RDING COVERAGE                          |        |    | NAIC#     |
|  |       |   |                    |   |                    | INSURE | RA: The Co                 | mmerce in                  | surance Compa                           | any    |    | 34754     |
| INSU   | RED   | The Aulson Company, LI                                      |                    |   |                    | INSURE | RB:Riverpo                 | ort Insuran                | ce Co.                                  |        |    |           |
|  |       | 49 Danton Drive, Suite 20<br>Methuen, MA 01844              | 01                 |   |                    | INSURE | R c : Aspen                | Specialty Ir               | nsurance Co.                            |        |    | 10717     |
|  |       | methden, MA 01044   |                    |   |                    | INSURE | RD:                        |                            |   |        |    |           |
|  |       |   |                    |   |                    | INSURE | RE:                        |                            |   |        |    |           |
|  |       |   |                    |   |                    | INSURE | RF:                        |                            |   |        |    |           |
| CO   | VEF   | AGES CER  | TIFIC              | CATE  | ENUMBER:           |        |                            |                            | <b>REVISION NUMI</b>                    | BER:   |    |           |
|  |       | S TO CERTIFY THAT THE POLICIES                              |                    |   |                    |        |                            |                            |   |        |    |           |
|  |       | ATED. NOTWITHSTANDING ANY RE<br>FICATE MAY BE ISSUED OR MAY |                    |   |                    |        |                            |                            |   |        |    |           |
| E  | KCL   | ISIONS AND CONDITIONS OF SUCH                               |                    |   |                    |        |                            |                            |   |        |    |           |
| INSR<br>LTR  |       | TYPE OF INSURANCE   |                    | SUBR  |                    |        | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |   | LIMIT  | s  |           |
| С  | X     | COMMERCIAL GENERAL LIABILITY                                |                    |   |                    |        |                            |                            | EACH OCCURRENCE                         |        | \$ | 1,000,000 |
|  |       | CLAIMS-MADE X OCCUR   |                    |   | ERAFVYY16          |        | 10/31/2016                 | 10/31/2017                 | DAMAGE TO RENTEL<br>PREMISES (Ea occurr | rence) | \$ | 300,000   |
|  | X     | Lead & Asb Liab   |                    |   | (W/POLL/MOLD/PROF) |        |                            |                            | MED EXP (Any one pe                     | erson) | \$ | 25,000    |
|  | v     | YCH/Contract Liah   |                    |   |                    |        |                            |                            |   |        | _  | 1 000 000 |

| - 1. | LIK | THE OF INCOMME  | INSO | WVD | FOLICT NUMBER      | (MM/DD/TTTT)               | (MM/DD/TTTT)    |  | <br>             |
|------|-----|---|------|-----|--------------------|----------------------------|-----------------|--|------------------|
| Γ    | С   | X COMMERCIAL GENERAL LIABILITY                            |      |     |                    |                            |                 | EACH OCCURRENCE                              | \$<br>1,000,000  |
| 1    |     | CLAIMS-MADE X OCCUR                                       |      |     | ERAFVYY16          | 10/31/2016                 | 10/31/2017      | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$<br>300,000    |
|      |     | X Lead & Asb Liab   |      |     | (W/POLL/MOLD/PROF) |                            |                 | MED EXP (Any one person)                     | \$<br>25,000     |
| 1    |     | X XCU/Contract Liab                                       |      |     |                    |                            |                 | PERSONAL & ADV INJURY                        | \$<br>1,000,000  |
| 1    |     | GEN'L AGGREGATE LIMIT APPLIES PER:                        |      |     |                    |                            |                 | GENERAL AGGREGATE                            | \$<br>2,000,000  |
| ı    |     | POLICY X PRO-   |      |     |                    | ,                          |                 | PRODUCTS - COMP/OP AGG                       | \$<br>2,000,000  |
|      |     | OTHER:  |      |     |                    |                            |                 |  | \$               |
| Г    |     | AUTOMOBILE LIABILITY                                      |      |     |                    |                            |                 | COMBINED SINGLE LIMIT (Ea accident)          | \$<br>1,000,000  |
| 1    | A   | ANY AUTO  |      |     | BBXZ16             | 01/24/2016                 | 01/24/2017      | BODILY INJURY (Per person)                   | \$               |
| ı    |     | ALL OWNED X SCHEDULED AUTOS                               |      |     |                    |                            |                 | BODILY INJURY (Per accident)                 | \$               |
| ı    |     | X HIRED AUTOS X NON-OWNED AUTOS                           |      |     |                    |                            |                 | PROPERTY DAMAGE<br>(Per accident)            | \$               |
| ı    |     | X MCS-90  |      |     |                    |                            |                 |  | \$               |
| Γ    |     | X UMBRELLA LIAB X OCCUR                                   |      |     |                    |                            |                 | EACH OCCURRENCE                              | \$<br>10,000,000 |
| 1    | С   | EXCESS LIAB CLAIMS-MADE                                   |      |     | EXAFW0016          | 10/31/2016                 | 10/31/2017      | AGGREGATE                                    | \$<br>10,000,000 |
| ı    |     | DED X RETENTIONS NONE                                     |      |     |                    |                            |                 | \$   |                  |
| Г    |     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |      |     |                    |                            |                 | X PER OTH-                                   |                  |
| H    | в   | ANY PROPRIETOR/PARTNER/EXECUTIVE                          |      |     | NHARP300157        | 10/31/2016                 | 10/31/2017      | E.L. EACH ACCIDENT                           | \$<br>1,000,000  |
| 1    | - 1 | OFFICER/MEMBER EXCLUDED? [N]                              |      |     |                    | E.L. DISEASE - EA EMPLOYEE | \$<br>1,000,000 |  |                  |
| ł    |     | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |      |     |                    |                            |                 | E.L. DISEASE - POLICY LIMIT                  | \$<br>1,000,000  |
| Γ    |     |   |      |     |                    |                            |                 |  |                  |
|      |     |   |      |     |                    |                            |                 |  |                  |
| 1    |     |   |      |     |                    |                            |                 |  |                  |
|      |     |   |      |     |                    |                            |                 |  |                  |

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

| CERTIFICATE HOLDER                  |                   | CANCELLATION   |
|-------------------------------------|-------------------|--|
| State of NH-DRED<br>172 Pembroke Rd | NH-DRE-           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Concord, NH 03301                   | Concord, NH 03301 | AUTHORIZED REPRESENTATIVE  |



# STATE OF NEW HAMPSHIRE DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT DIVISION OF PARKS AND RECREATION

172 Pembroke Road Concord, New Hampshire 03301 Phone: (603) 271-3556 Fax: (603) 271-3553 E-Mail: nhparks@dred.nh.gov Web: www.nhstateparks.org

June 29, 2016

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

#### REQUESTED ACTION

Pursuant to RSA 21-I:80, I (b), authorize the Department of Resources and Economic Development, Division of Parks and Recreation to enter into a contract with The Aulson Company, LLC (VC #223771), Methuen, MA, in the amount of \$127,960 for roof replacements on multiple buildings at Franconia Notch State Park upon approval of Governor and Executive Council through October 31, 2016. 100% Capital Funds

Funding is available as follows:

FY 2017

03-35-35-350030-52840000 15-220:1-XIII-A – Roofing and Repairs 034-500162-35B022AC Capital Projects

\$127,960

#### **EXPLANATION**

The roofs on the following buildings at Franconia Notch State Park are in need of replacement: the Flume's maintenance garage and Boulder store, the Park's maintenance garage, banshee hut and old tramway slip, and Lafayette Campground's generator building, south toilet building, and former toilet building. The present roofing is estimated to have been replaced prior to 1990 and has deteriorated to a point of no longer being effective at preventing leaks. Therefore, replacement of the roofing material is necessary to protect the integrity of these buildings.

In April 2016, an invitation to submit bids for roofing replacement on multiple buildings at Franconia Notch State Park was issued in accordance with Department of Administrative Services' policy. The bid solicitation was posted on the Division of Purchase and Property's website, the Division of Parks and Recreation's website, and the following construction services' websites: Construction Summary of NH, Infinite Imaging, McGraw Hill Construction, Signature Press and Blueprinting, and Works in Progress. Six (6) contractors attended a mandatory pre-bid meeting on May 17, 2016, of which 2 bid proposals were received on May 26, 2016, and The Aulson Company, LLC was the selected low bidder. Attached for your information is a summary of the bids received for this project.

The Attorney General's Office has approved this contract as to form, substance and execution.

Respectfully submitted,

Concurred,

Jeffrey J. Rose Commissioner

Philip A. Bry Director

PAB:JJR/lml

# State of New Hampshire Department of Resources and Economic Development Division of Parks and Recreation Planning and Development

#### Bid List May 26, 2016

Roofing Replacements
Franconia Notch State Park

Project No. CAP-1622

| Bidder Information            | Lump Sum Base Bid |
|-------------------------------|-------------------|
| The Aulson Company LLC        |                   |
| 49 Danton Drive               | \$127,960         |
| Methuen, MA 01844             | \$127,900         |
| Rodd Roofing                  |                   |
| 49 Perkins St.                | ¢217 202          |
| St. Johnsbury VT 05819        | \$317,302         |
| Bob Ailes Roofing             |                   |
| 188 Mountain Ave              | No Bid            |
| St. Johnsbury, VT.            | INO BIO           |
| B. Davis Construction Company |                   |
| 18 Town Farm Rd               | No Bid            |
| Jaffrey, NH 03452             | NO BIG            |
| GL A Plus Exteriors           |                   |
| 51 Charles St.                | No Did            |
| Milton, NH 03851              | No Bid            |
| Diamond Hill Builders, LLC    |                   |
| 98 Portsmouth Ave.            | No Did            |
| Stratham, NH 03855            | No Bid            |
|                               |                   |

Bidding Procedure: This project was put out to bid on April 26. 2016. It was advertised through the NH Bureau of Purchase and Property Website, NH State Parks Website, Construction Summary of NH, Infinite Imaging, McGraw Hill Construction, Signature Press and Blueprinting, and Works in Progress. A Mandatory Pre-bid meeting was held on May 17, 2016 and Six Bidders attended. Bids closed on May 26, 2016 at a public bid opening at the DRED office. Two bids where received, and the low bidder, The Aulson Company LLC, was accepted in the amount of \$127,960

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             |                                    | 1.2 State Agency Address                 |                                       |  |  |  |  |
| Department of Resources and Ec    | conomic Development                | DRED Business Office                     |                                       |  |  |  |  |
| Division of Parks and Recreation  | 1                                  | 172 Pembroke Rd.                         |                                       |  |  |  |  |
|                                   |                                    | Concord, NH 03301                        |                                       |  |  |  |  |
|                                   |                                    |  |                                       |  |  |  |  |
| 1.3 Contractor Name               |                                    | 1.4 Contractor Address                   |                                       |  |  |  |  |
| The Aulson Company, LLC           |                                    | 49 Danton Dr.                            |                                       |  |  |  |  |
|                                   |                                    | Suite 201                                |                                       |  |  |  |  |
|                                   |                                    | Methuen, MA 01844                        |                                       |  |  |  |  |
| 1.5 Contractor Phone<br>Number    | 1.6 Account Number                 | 1.7 Completion Date 1.8 Price Limitation |                                       |  |  |  |  |
| (978) 688-9100                    | 52840000-500162-35B022AC           | October 31, 2016                         | \$127,960                             |  |  |  |  |
| 1.9 Contracting Officer for State | e Agency                           | 1.10 State Agency Telephone N            | ımber                                 |  |  |  |  |
| Edward Mussey                     | v • • B • · · · · ·                | 603-271-7650 Ext 404                     |                                       |  |  |  |  |
| Public Works Project Manager I    |                                    | 000 271 7000 2111 111                    |                                       |  |  |  |  |
| 1 40.45 51.45 1 2 3.51            |                                    |  |                                       |  |  |  |  |
| 1.11 Contractor Signature         |                                    | 1.12 Name and Title of Contract          | tor Signatory                         |  |  |  |  |
|                                   | -9                                 | Alan P Aulson Jr., President             |                                       |  |  |  |  |
| all/a                             |                                    |  |                                       |  |  |  |  |
| 1                                 |                                    |  |                                       |  |  |  |  |
| 1.13 Acknowledgement: State of    | of Nass, County of E               | 1111                                     |                                       |  |  |  |  |
| . 1 1 .                           |                                    | •  |                                       |  |  |  |  |
| On $6/3/16$ , before              | the undersigned officer, personall | y appeared the person identified in      | block 1.12, or satisfactorily         |  |  |  |  |
| proven to be the person whose na  | me is signed in block 1.11, and ac | knowledged that s/he executed this       | s document in the capacity            |  |  |  |  |
| indicated in block 1.12.          | indicated in block 1.12.           |  |                                       |  |  |  |  |
| 1.13.1 Signature of Notary Publi  | ic or Justice of the Peace         |  |                                       |  |  |  |  |
| /)                                | 1 . 1 ' 0                          | 0.000                                    |                                       |  |  |  |  |
| [Seal] Citheri                    | u.A. Kins                          | CATHERINE Notary P                       |                                       |  |  |  |  |
| 1.13.2 Name and Title of Notary   | or Justice of the Deace            | - TO A COMMONWEALTH OF I                 | MASSACHUSETTS 3                       |  |  |  |  |
| 1.13.2 Name and Thie of Notary    | 1                                  | My Commission December 1                 |                                       |  |  |  |  |
|                                   | A. GiRAS, NOX                      |  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| 1.14 State Agency Signature       | 7 /5/                              | 1.15 Name and Title of State Ag          | gency Signatory                       |  |  |  |  |
| Me Hose                           | Date: 1/8/16                       | Jeffry J Rose (                          | DWY:NZINAN                            |  |  |  |  |
| 1.16 Approval by the N.H. Depa    |                                    | n of Personnel (if applicable)           |                                       |  |  |  |  |
| By: $\sqrt[n]{ _{\lambda}}$       |                                    | Director, On:                            |                                       |  |  |  |  |
|                                   |                                    |  |                                       |  |  |  |  |
| 1.17 Approval by the Attorney G   | General (Form, Substance and Exe   |  |                                       |  |  |  |  |
|                                   | By: Jenne y. Lugesto: On: 7/15/16  |  |                                       |  |  |  |  |
| 1 18 Approval by the Governor a   | and Executive Council (if applica  | ble)                                     |                                       |  |  |  |  |
| 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 tractor 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.

#### 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 I.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

Il have no liability to the Contractor other than the contract se.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated 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 successor, shall be the State's representative. In the event
any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

#### 8. EVENT OF DEFAULT/REMEDIES.

- 8.1 Any one or more of the following acts or omissions of the 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

'ich would otherwise accrue to the Contractor during the iod 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/PRESERVATION.

- 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 pter 91-A or other existing law. Disclosure of data duires 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.

#### 11. 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 \$1,000,000per 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.

Itractor shall also furnish to the Contracting Officer Lentified 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.

#### 15. WORKERS' COMPENSATION.

- 15.1 By signing this agreement, the Contractor agrees, certifies and 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

plicable renewal(s) thereof, which shall be attached and are orporated 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.

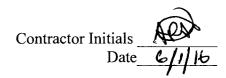
- 16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the 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 endment, waiver or discharge by the Governor and ecutive 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.



## STATE OF NEW HAMPSHIRE DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT DIVISION OF PARKS AND RECREATION

#### ROOFING REPLACEMENTS AT FRANCONIA NOTCH STATE PARK FRANCONIA, NH

#### **EXHIBIT A**

#### Summary of the Work

The Contractor shall provide the State with new roofs on multiple buildings within Franconia Notch State Park located in Franconia, NH, according to, in compliance with, and as indicated by and in the Department's plans and specifications ("Roofing Replacements - Franconia Notch State Park, Franconia, NH" dated April 2016), a copy of which the Contractor acknowledges receipt of, and the following scope of work:

- 1. Flume Maintenance Garage Asphalt Shingle Roofing Replacement:
  - Strip and dispose of asphalt shingle roofing;
  - b. Remove and dispose of concrete block chimney:
  - c. Complete carpentry repairs where chimney was removed; and
  - d. Install new asphalt shingle roof.
- 2. Flume Boulder Store Asphalt Shingle Roofing Replacement:
  - Strip and dispose of asphalt shingle roofing;
  - b. Remove and dispose of skylights;
  - c. Install new pre-manufactured skylights;
  - d. Install new asphalt shingle roof; and
  - e. Replace siding and trim boards on both sides of the north dormer.
- Park Maintenance Garage Metal Roofing Replacement:
  - Strip and dispose of metal roofing; and
  - b. Install new standing seam metal roofing system.
- Park Banshee Hut Roofing Replacement:
  - a. Strip and dispose of asphalt roll roofing; and
  - b. Install new metal, exposed fastener roofing system.
- 5. Old Tramway Slip Building Asphalt Shingle Roofing Replacement:
  - a. Strip and dispose of asphalt shingle roofing:
  - b. Bituthene entire roof deck;
  - c. Install zinc coated copper valleys and snowbelts;
  - b. Install new asphalt shingle roofing; and
  - Remove and reinstall antenna at completion of roofing work.
- 6. Lafayette Campground Generator Building, South Toilet Building, and Former Toilet Building:
  - Strip and dispose of asphalt shingle roofing;
  - b. Repair roof sheathing boards along eaves, as required; and
  - Install new asphalt shingle roofing.
- Provide 2-year Installers Warranty.
- 8. Provide 30-year Finish Warranty and 20-year Substrate Warranties for all metal roofing work.

9. Provide 50-year Manufacturer's Warranty for asphalt shingle work.

#### **EXHIBIT B**

#### **Contract Price**

Total contract shall not exceed: \$127,960

#### **Method of Payment**

Payments shall be made within 30 days after receipt of progress based invoices and inspections by the Public Works Project Manager.

#### Term

This contract shall commence upon Governor and Executive Council approval with a completion date of October 31, 2016.

#### **EXHIBIT C**

There are no additional provisions to this contract.

The authority granted to Alan P. Aulson, Sr. on November 11, 2015 has not been revoked, amended or repealed as June 1, 2016.

Witness whereof the undersigned have set their hands and seals on the date set forth below.

Date: 4/30, 2016

The Aulson Company, LLC By Alan Aulson, Jr.

Its President

Date:  $\omega/30$  , 2016

The Aulson Company, LLC

By Elizabeth Aulson

Its Member

#### COMMONWEALTH OF MASSACHUSETTS

ESSEX, ss.

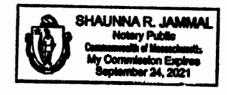
June 30, 2016

Then personally appeared the above-named Alan P. Aulson, Jr. and Elizabeth F. Aulson, who, being duly sworn, acknowledged having executed the within document, as their free act and deed. I verified Alan P. Aulson, Jr. and Elizabeth Aulson's identity by means of a Massachusetts Driver's License.

Before me,

Notary Public

My commission expires:



#### **CERTIFICATE OF VOTE**

At a meeting of all members of The Aulson Company, LLC held on Wednesday, November 11, 2015, notice of said meeting having been waived by all members, it was voted, unanimously, by all members as follows:

1. Effective immediately, Alan P. Aulson, Jr., as President is authorized to sign all contracts and agreements on behalf of The Aulson Company, LLC.

Witness whereof the undersigned have set their hands and seals on the date set forth below.

Date: //// , 2015

Date:\_\_\_\_\_\_\_, 2015

The Aulson Company, LLC By Alan P. Aulson, Jr.

Its President

The Aulson Company, LLC

By Elizabeth F. Aulson

Its Member

COMMONWEALTH OF MASSACHUSETTS

ESSEX, ss.

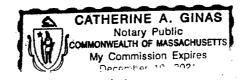
November 11, 2015

Then personally appeared the above-named Alan P. Aulson, Jr. and Elizabeth F. Aulson, who, being duly sworn, acknowledged having executed the within document, as their free act and deed. I verified Alan P. Aulson, Jr. and Elizabeth F. Aulson's identity by means of a Massachusetts Driver's License.

Before me,

Notary Public

My Commission Expires:  $\sqrt{2}-10-2$ 





#### CERTIFICATE OF LIABILITY INSURANCE

AULSO-3 OP ID: TD

DATE (MM/DD/YYYY)

06/03/2016

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<br>the terms and conditions of the policy, cert<br>certificate holder in lieu of such endorseme   | ain policies may require an  | e policy(les) must<br>endorsement. A si                  | tatement on t                               | his certificate does not c   | onfer rights to the    |  |
|--|--|--|---|--|------------------------|--|
| PRODUCER DeSanctis Insurance Agcy, Inc. 100 Unicorn Park Drive Woburn, MA 01801  | CONTACT Gregory D. Juwa  PHONE (AC, No, Ext): 781-935-8480  E-MAIL ADDRESS.  CONTACT  FAX (AC, No): 781-933-5645 |  |   |  |                        |  |
|  |  |  | ACUBEDIE) ASSO                              | ORDING COVERAGE  | NAIC #                 |  |
|  |  |  |   | Isurance Company   | 34754                  |  |
| INSURED The Aulson Company, LLC  |  | INSURER B : River  |   | manual communication of the co |                        |  |
| 49 Danton Drive, Suite 201   |  | INSURER C : Asper  |   |  | 10717                  |  |
| Methuen, MA 01844  |  | INSURER D:   | · opecialty i                               | nisatance oo.  | -                      |  |
|  |  | INSURER E :  |   |  | -                      |  |
|  |  | INSURER F :  |   |  |                        |  |
| COVERAGES CERTIFIC   | ATE NUMBER:  | 1 1100112111   |   | REVISION NUMBER:   |                        |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF IT INDICATED. NOTWITHSTANDING ANY REQUIRING CERTIFICATE MAY BE ISSUED OR MAY PERTIFICATE MAY BE ISSUED OR MAY PERTIFICATE MAY BE ISSUED OR MAY POLICIES. | EMENT, TERM OR CONDITION<br>AIN, THE INSURANCE AFFORI<br>IES. LIMITS SHOWN MAY HAVI                              | NOF ANY CONTRAC<br>DED BY THE POLICI<br>E BEEN REDUCED B | T OR OTHER<br>IES DESCRIBE<br>Y PAID CLAIMS | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT TO  | CT TO WHICH THIS       |  |
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| X Lead & Asb Liab  | (W/POLL/MOLD/PROF)   |  | :   | MED EXP (Any one person)   | s <b>25,00</b>         |  |
| X XCU/Contract Liab  |  |  |   | PERSONAL & ADVINJURY   | 5 1,000,00             |  |
| GENT AGGRESATE LIMIT APPLIES PER   | :  |  |   | GENERAL AGGREGATE  | 5 2,000,00             |  |
| POLICY X PRO-<br>JECT LOC<br>OTHER:  |  |  |   | PRODUCTS - COMP/OP AGG   | \$ 2,000,000<br>\$     |  |
| AUTOMOBILE LIABILITY   |  | *  |   | COMBINED SINGLE LIMIT<br>(Ea accident)   | 5 1,000,000            |  |
| A ANY AUTO   | BBXZ16   | 01/24/2016   | 01/24/2017                                  | BODILY INJURY (Per person)   | S                      |  |
| ALL OWNED X SCHEDULED AUTOS  |  |  |   | BODILY INJURY (Per acadent)  | \$                     |  |
| X HIRED AUTOS X NON-OWNED X MCS-90   |  | ī.   |   | PROPERTY DAMAGE<br>(Per accident)  | 5<br>S                 |  |
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| AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  THE  | WC2883006292 NH& CT  | 10/31/2015   | 10/31/2016                                  | EL EACH ACC DENT   | 1,000,000              |  |
| OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)   |  |  |   | E.L. DISEASE - EA EMPLOYEE   | 4 000 000              |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below   |  | ÷  |   | E L. DISEASE - POLICY LIMIT  |                        |  |
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| tate of New Hampshire Department of Resc   | surces STATE31   | CANCELLATION   |   |  |                        |  |
| nd Economic Development Division of Parl<br>ecreation<br>72 Pembroke Rd  | uices  |  | N DATE THE                                  | ESCRIBED POLICIES BE CA<br>FREOF, NOTICE WILL B<br>Y PROVISIONS.   |                        |  |
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