



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. 80927 – Contract A

October 19, 2016

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

Retroactive

REQUESTED ACTION

Authorize the Division of Public Works Design and Construction to enter into a **retroactive** emergency contract with Northern Peabody, LLC., (VC# 158436) Manchester, NH, to complete repairs to the main water valves at the New Hampshire State Prison for Men. The total price of the contact shall not exceed \$120,500. This contract is upon Governor and Council approval, effective for the period of October 19, 2016 through December 23, 2016, unless extended in accordance with the contract terms. **29% Operating – General Funds, 71% Capital - General Funds.**

Funding is available in account titled Department of Corrections as follows:

02-46-46-463010-71400000 NHSP/M – Maintenance	<u>SFY17</u>
048-500226 – Contractual Maint – Bldg. & Grounds	\$ 35,000
01-14-14-140030-24170000 Emergency Repairs	
034-500162 – Repair/Renovations Bldgs.	<u>\$ 85,500</u>
Grand Total	\$120,500

EXPLANATION

Per Chapter 220, 1, II, A, 1 for Emergency Repairs. A notice to proceed was issued, pending **retroactive** Governor and Council approval, because of the life safety emergency nature of the required repairs. These repairs require immediate action. This project will make

emergency repairs to north and south water meter pits for the NH State Prison for Men water system. Under the scope of work the Contractor will replace corroded and inoperable valves, backflow preventers, meters (provided by City of Concord) and fire suppression system bypasses. In addition, the project will also include work to prevent ground and surface water from filling the existing meter pits including replacement of hatches and waterproofing of vaults. This work is critical to ensure that there is sufficient water available in case of a major fire at the facility.

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 Corrections 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

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80927, Contract A – Valve Improvement at the New Hampshire State Prison for Men, Concord, New Hampshire.

DESCRIPTION: Emergency repairs to north and south water meter pits for the NH State Prison for Men water system. The project includes replacing corroded and inoperable valves, backflow preventers, meters (provided by City of Concord) and fire suppression system bypasses. In addition the scope of work also includes improvements to prevent ground and surface water from filling the existing meter pits including replacement of hatches and waterproofing of vaults.

EXPLANATION: Current equipment in these locations is not functioning correctly. This is an emergency repair and has been designed with the intent that equipment installed in this project will be re-useable to the maximum extent practicable when the water meter pits are upgraded to meet DES standards in the coming biennium.

UNDER ESTIMATE

EXPLANATION: The low bid was just below the estimated cost, as developed by the engineer and modified by DPW.

DEPARTMENT

ESTIMATE: \$125,000

LOW BID: \$120,500



ABC Bid Data

CONCORD
80927 Contract A
NON-FEDERAL

Division of Public Works

PROJECT: CONCORD
STATE PROJECT NUMBER: 80927 Contract A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: September 21, 2016, 02:00 PM
SCOPE OF WORK: NH State Prison for Men - Valve Improvement
COMPLETION DATE: December 23, 2016
LOCATION: Merrimack

Summary of Bidders

Contractor	Bid Amount	Rank
NORTHERN PEABODY LLC 25 DEPOT STREET, PO BOX 569 MANCHESTER NH 03101	\$120,500.00	A
RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD, BRENTWOOD NH 03833-6510	\$132,957.00	B

Item # 901 = \$95,500.
 Item # 902 = \$22,000.
 Item # 903 = \$3,000.
 Total = \$120,500.

BUREAU OF PUBLIC WORKS
 Award to Northern Peabody, LLC
 Hold for Negotiation
 Cancel Contract
 User Agency NH DOC
 Authorized by Page 29 2016
 Date _____

1 p2 ✓

Item No.	Description	Unit	Quantity	PS&E		NORTHERN PEABODY LLC 25 DEPOT STREET MANCHESTER, NH 03101		RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD BRENTWOOD, NH 03833	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	VALVE IMPROVEMENT WORK	U	1,000	\$100,000.00	\$100,000.00	\$95,500.00	\$95,500.00	\$107,957.00	\$107,957.00
902	UNFORESEEN AND LATENT CONDITIONS OWNER INITIATED CHANGE AND UNIT PRICE ITEMS AT BID UNIT COST	\$	22,000,000	\$1.00	\$22,000.00	\$1.00	\$22,000.00	\$1.00	\$22,000.00
903	INSPECTIONS AND TESTING	\$	3,000,000	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00

Totals:				\$125,000.00	\$125,000.00	\$120,500.00	\$120,500.00	\$132,957.00	\$132,957.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2016

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Danielle Rice PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: drice@rowleyagency.com FAX (A/C, No): (603) 224-8012	
INSURED Northern Peabody, LLC PO Box 569 Manchester NH 03105		INSURER(S) AFFORDING COVERAGE	
		INSURER A: The Netherlands Ins. Co.	NAIC # 24171
		INSURER B: Peerless Insurance Co.	24198
		INSURER C: Continental Insurance Co	
		INSURER D: Liberty Mutual Ins Co (Peerless)	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 16-17 NPI Genl w/\$1MM UB 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CBP 8411212	4/8/2016	4/8/2017	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 - COMPI/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BA8417465	4/8/2016	4/8/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<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			L5086004445	4/8/2016	4/8/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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	N/A	WC8975490 3A States: NH, MA, VT CT & ME	4/8/2016	4/8/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Leased & Rented Equipment Installation Floater			IM 8904136	4/8/2016	4/8/2017	Limit \$250,000 Limit \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 State of NH Project 80927 Contract A - VALVE IMPROVEMENT - NEW HAMPSHIRE STATE PRISON FOR MEN, CONCORD, NH. State of New Hampshire Department of Administrative Services is an additional insured on all liability policies except workers compensation, when required by written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Contract Office, Room 130 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 Danielle Rice/DJR

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	INSURER(S) AFFORDING COVERAGE	
INSURED Northern Peabody, LLC; State of NH Department of Administrative Services, Any & All Subcontractors PO Box 569 Manchester NH 03105	INSURER A Liberty Mutual Ins Co (Peerless)	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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	Y/N	N/A				PER STATUTE OTH-ER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$
A	Builders Risk			BR9302016	10/26/2016	10/26/2017	Limit: 120,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 State of NH Project 80927 Contract A - VALVE IMPROVEMENT - NEW HAMPSHIRE STATE PRISON FOR MEN, CONCORD, NH.

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INSURED State of NH Department of Administrative Services 7 Hazen Driver PO Box 483 Concord NH 03301		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Ins Co (Peerless) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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