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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

JAN 17 11:42 AM '19 DAS

Charles M. Arlinghaus
Commissioner
(603)-271-3201

Joseph B. Bouchard
Assistant Commissioner
(603)-271-3204

Catherine A. Keane
Deputy Commissioner
(603)-271-2059

Division of Public Works
Design and Construction
Project No. 80998, Contract C

January 16, 2019

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

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with VHV Company, Inc. (VC# 280796) Winooski, VT, for a total price not to exceed \$154,266, for the HVAC Replacement and Repairs Rebid at Monadnock Mills, Claremont, NH. This contract is effective upon Governor and Council approval through August 30, 2019, unless extended in accordance with the contract terms. **96% Capital - General Funds, 3% Other Funds, 1% General - Operating Funds.**

2). Further authorize the amount of \$5,500 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 to \$159,766. **100% General - Operating Funds.**

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

	<u>SFY19</u>
01-14-149030-15050000 Claremont HVAC 034-500162 – Repair/Renovations Bldgs.	\$ 148,750
01-14-14-149010-21670000 Old Mill #1 048-500226 – Contractual Maint. – Bldg. & Grounds	\$ 516
048-500226 – DPW Fees Interagency	\$ 5,500
Sub-Total	\$ 6,016

01-14-14-149010-29500000 General Service Maint. & Grounds
048-500226 – Contractual Maint. – Bldg. & Grounds \$ 5,000

Grand Total **\$159,766**

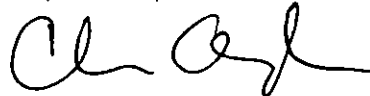
EXPLANATION

Per Chapter 228:1, II, B, 6, Laws of 2017, for the Claremont HVAC Replacements and Repairs. This project will remove existing boiler and pump and replace with one new boiler and pump. The current boiler is of the 1980's vintage and needs to be replaced because it is at its end of life

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,



Charles M. Arlinghaus
Commissioner

Department Estimate: \$145,000
Contract Amount: \$154,266
Over Estimate: \$ 9,266

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80998, Contract C – Rebid HVAC Replacement and Repairs at Monadnock Mills, Claremont, New Hampshire

DESCRIPTION: Remove existing boiler and pump and replacing with one new boiler and pump.

EXPLANATION: The boiler is 1980's vintage and needs to be replaced because it is at its end of life.

OVER ESTIMATE

EXPLANATION: Travel time to Claremont might have raised the price.

DEPARTMENT

ESTIMATE: \$145,000

LOW BID: \$154,266



ABC Bid Data

Revised
10/16/18

CLAREMONT
80998C
NON-FEDERAL

PROJECT: CLAREMONT
 STATE PROJECT NUMBER: 80998C
 FED. PROJECT NUMBER: NON-FEDERAL
 DATE BIDS OPEN: September 26, 2018, 02:00 PM
 SCOPE OF WORK: REBID HVAC REPLACEMENT AND REPAIRS
 COMPLETION DATE: August 30, 2019
 LOCATION: Sullivan

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
VHV COMPANY, INC. 16 Tigan Street, WINOOSKI VT 05404	\$154,268.00	A
RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD, BRENTWOOD NH 03833-8510	\$188,750.00	B
NORTHERN PEABODY LLC 25 DEPOT STREET, MANCHESTER NH 03101	\$230,343.00	C

Item 901: \$149,266.
 Item 902: \$5,000.

 \$154,266.

BUREAU OF PUBLIC WORKS

Award to VHV Company
 Hold for Negotiation
 Cancel Contract
 User Agency DAS
 Authorized by _____
 Date 10/16/2018

Item No.	Description	Unit	Quantity	PS&E		VHV COMPANY 16 Tigan Street Winooski, VT 05404		RTH MECHANICAL CONTRACTORS INC 99 PINE ROAD BRENTWOOD, NH 03833-6510	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	REMOVE AND REPLACE BOILER AND PUMP	U	1.00	\$140,000.00	\$140,000.00	\$149,268.00	\$149,268.00	\$181,750.00	\$181,750.00
902	ALLOWANCE NO 1 OWNERS CHANGES FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
Totals:					\$145,000.00		\$154,268.00		\$188,750.00
Alt. Totals:									
Totals:					\$145,000.00		\$154,268.00		\$188,750.00

Item No.	Description	Unit	Quantity	PS&E		NORTHERN PEABODY LLC 25 DEPOT STREET MANCHESTER, NH 03101	
				Unit Price	Total	Unit Price	Total

901	REMOVE AND REPLACE BOILER AND PUMP	U	1.00	\$140,000.00	\$140,000.00	\$225,343.00	\$225,343.00
902	ALLOWANCE NO 1 OWNERS CHANGES FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
Totals:					\$145,000.00		\$230,343.00
Alt. Totals:							
Totals:					\$145,000.00		\$230,343.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/9/2019

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 have ADDITIONAL INSURED provisions or 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 Hickok & Boardman, Inc. 346 Shelburne Rd Burlington, VT 05401	CONTACT NAME: Brice Bianchi	
	PHONE (A/C, No, Ext): (802) 383-1607	FAX (A/C, No): (802) 658-0541
E-MAIL ADDRESS: bbianchi@hbinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: West American Insurance Company		44393
INSURER B: The Netherlands Ins Co		24171
INSURER C: Ohio Casualty Ins Co		24074
INSURER D: American Fire and Casualty Company		24066
INSURER E:		
INSURER F:		

INSURED

VHV Company
 16 Tigan Street, Suite A
 Winooski, VT 05404

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.


INSR LTR	TYPE OF INSURANCE	ADOL 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 checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. <input checked="" type="checkbox"/> Per Terms & Cond. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		BKW(19) 59 10 59 78	4/14/2018	4/14/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp/Coil Ded's <input checked="" type="checkbox"/> 1,000			BA8311351	4/14/2018	4/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MedPay Per Person \$ 1,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEPT <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO58479124	4/14/2018	4/14/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Agg \$ 5,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XWA58479124	4/14/2018	4/14/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
States included under Workers' Compensation Section 3.A- CT, DE, ME, MA, NH, NY, and VT.

RE: Monadnock Mills Boiler Replacement | Claremont, NH

Additional Insured status under the General Liability Policy as per terms and conditions of attached forms: CG 88 10 04/13 & CG 86 11 10/16 (GL)

30 days' notice of cancellation under the General Liability, Business Auto, Workers Compensation and Umbrella Policy as per terms and conditions of attached forms: CG 89 70 04/13 (GL), 17 490 10/10 (BA), WC 99 20 75 12/16 (WC), CU 89 07 06/12 (UMB)

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	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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VHVCOMP-01

BBIANCHI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/3/2019

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	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Ohio Casualty Ins Co</td> <td></td> <td>24074</td> </tr> <tr> <td>INSURER B:</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: Ohio Casualty Ins Co		24074	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: VHV Company 16 Tigan Street, Winooski, VT | Monadnock Mills Boiler Replacement Project in Claremont, NH

CERTIFICATE HOLDER The State of New Hampshire C/O Department of Administrative Services	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 