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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

CHARLES M. ARLINGHAUS  
Commissioner  
(603)-271-3201

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

Division of Public Works  
Design & Construction

September 21, 2017

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

**REQUESTED ACTION**

Authorize the Department of Administrative Services, Division of Public Works Design and Construction to enter into an agreement with Ackroyd Engineering, LLC. (Vendor Code 159085) Manchester, NH, for Electrical Engineering Services required for planning, design and construction of various Public Works' Projects as necessary and required by the Department. The contract is effective from the date of Governor and Council approval through June 30, 2020. The amount expended under this agreement shall not exceed \$300,000.00.

**EXPLANATION**

The Department proposes to retain the private consulting firm Ackroyd Engineering, LLC to expedite the current project workload and provide appropriate technical expertise as required for specific projects. This is one (1) of three (3) open-ended agreements for Electrical Engineering Services that will be presented for approval. The agreement will enable the Department to respond quickly to unscheduled project requests and possible emergencies regarding electrical issues. The decision as to which projects will be assigned will be made on a case-by-case basis depending on the particular expertise required and the firm's current workload.

This type of consulting agreement will be funded from the monies for each project. The majority of projects needing this type of electrical consultant work are maintenance and capital funded projects.

The consultant selection process employed by the Department for this project is in accordance with RSAs 21-I:22, 21-I:22-c, and 21-I:22-d, all applicable Federal Laws and the Department's procedures for "Selection of Engineers, Architects and Surveyors dated July 28, 2005. Consensus scoring was used in this selection process in order to assure that the perspective of each committee member received proper consideration during scoring

deliberations. Each committee member, which included Theodore Kupper, Michelle Juliano, and Gordon Graham, brings different strengths and knowledge to the table of which the other members of the committee quite often may not be aware. This allows thorough discussion and weighing of the different perspectives during the scoring process. This process also makes follow-up explanations to the unselected firms easier.

In April 2017, the Division of Public Works Design & Construction advertised in the Union Leader, the Division of Public Works Design & Construction website and email notification soliciting interest in providing on-call Electrical Engineering Services. Fifteen (15) consultant firms submitted letters of interest and were considered for this assignment. The firms were then rated on the basis of comprehension of the assignment, clarity of the proposal, capacity to perform in a timely manner, quality and experience of the project manager and team, and overall suitability for the assignment.

Ackroyd Engineering, LLC  
Lee F. Carroll, P. E.  
Dubois & King, Inc.  
Harriman Associates  
McFarland Johnson, Inc.  
Nangle Engineering, Inc.  
NV5/Sebesta East, Inc.

Oak Point Associates  
RDK Engineers  
Rist-Frost-Shumway Engineering, PC  
SMRT Architects & Engineers  
Stantec Consulting Services, Inc.  
Weston & Sampson  
WV Engineering Associates, P.A.  
Yeaton Associates, Inc.

It is now the Department's intent to enter into Statewide Consultant Service Agreements with the three (3) highest rated firms as their legal documentation and Certificate of Insurance become available.

Ackroyd Engineering, LLC  
Stantec Consulting Services, Inc.

Lee F. Carroll, P. E.

A copy of Ackroyd Engineering, LLC's Statement of Qualifications is provided, herewith, for your information and convenience.

The subject agreement has been approved by the Attorney General as to form and execution. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design & Construction.

Respectfully submitted,



Charles M. Arlinghaus  
Commissioner

**COMMITTEE PROPOSAL RATING FOR  
Electrical Statewide**

Consultant Name	Comprehension of Assignment	Clarity of Proposal	Capacity to Perform in a Timely Manner	Quality and Experience of PM/Team	Overall Suitability for the Assignment	Total Score	Cumulative Score
Ackroyd							
Ted Kupper	5	5	5	5	5	25	75.0 ←===== Highest Rating
Michelle Juliano	5	5	5	5	5	25	
Gordon Graham	5	5	5	5	5	25	
X						0	
X						0	
Lee Carroll							
Ted Kupper	5	5	5	5	5	25	75.0 ←===== Highest Rating
Michelle Juliano	5	5	5	5	5	25	
Gordon Graham	5	5	5	5	5	25	
X						0	
X						0	
Harriman							
Ted Kupper	5	4	5	5	4	23	71.0
Michelle Juliano	5	5	5	5	5	25	
Gordon Graham	5	4	5	4	5	23	
X						0	
X						0	
Stantec							
Ted Kupper	5	5	5	5	5	25	72.5 ←===== Highest Rating
Michelle Juliano	4.5	4.5	5	5	4.5	23.5	
Gordon Graham	5	4	5	5	5	24	
X						0	
X						0	
Yeaton							
Ted Kupper	5	5	4	5	5	24	69.5
Michelle Juliano	4	4	4	5	4.5	21.5	
Gordon Graham	5	4	5	5	5	24	
X						0	
X						0	





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2017

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 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 Liberty Mutual Insurance PO Box 188065 Fairfield, OH 45018	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800-962-7132	FAX (A/C, No): 800-845-3666
E-MAIL ADDRESS: BusinessService@LibertyMutual.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Peerless Insurance Company		24198
INSURED Ackroyd Engineering LLC 757 Chestnut St 2nd Floor Manchester NH 03104	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 37705564

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR 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"/> Businessowners GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	BOP9440246	9/2/2017	9/2/2018	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
A	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 <input type="checkbox"/>	WC9444746	9/2/2017	9/2/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		N/A				E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

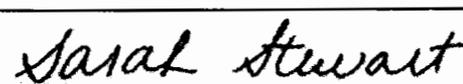
Re: Statewide Agreement expiring 6/30/20 for performing Electrical Services  
 State of New Hampshire Dept of Administrative Services Bureau of Public Works Design & Construction are Additional Insured if required in a written contract, agreement or permit subject to General Liability Additional Insured Provision.  
 30 Day Notice of Cancellation 10 Day Notice of Cancellation for Non-Payment of Premium

## CERTIFICATE HOLDER

State of New Hampshire  
 Dept of Administrative Services Bureau of Public Works Design & Construction  
 PO Box 483  
 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  
  
 Sarah Stewart

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ACORD 25 (2016/03)

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<b>PRODUCER</b> Kane Insurance 242 State Street  Portsmouth NH 03801	<b>CONTACT NAME:</b> Emma Pankey <b>PHONE (A/C, No, Ext):</b> 603-433-5600 <b>E-MAIL ADDRESS:</b> emma@kaneins.com	<b>FAX (A/C, No):</b> 603-740-5000
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Ackroyd Engineering LLC 757 Chestnut Street 2nd Floor Manchester NH 03104-3011	<b>INSURER A:</b> Merchants Mutual Ins Co <b>NAIC #</b> 23329	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL1791418008 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAPI051714	5/1/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ <b>5,000</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER 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)  
 Statewide service agreement expiring 6/30/2020 for performing electrical service.

**CERTIFICATE HOLDER**

charles@ackroydengineering

State of NH - Department of Administrative  
 Bureau of Public Works, Design  
 and Construction  
 PO Box 483  
 Concord, NH 03301

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

Haley Honaker/HONAKE

*Haley Honaker*

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