



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

OFFICE OF THE COMMISSIONER

25 Capitol Street – Room 120
Concord, New Hampshire 03301

DEC 23 '14 AM 8:43 DAS

36

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80792R – Contract A

December 10, 2014

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

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Martini Northern, LLC (VC# 254859) Portsmouth, NH, for a total price not to exceed \$35,750, for the UPS Replacement (Uninterruptible Power Supply) at 27 Hazen Drive, Concord, N. H. This contract is effective upon Governor and Council approval through February 8, 2015 unless extended in accordance with the contract terms. **100% Transfer Funds.**

2). Further authorize the amount of \$2,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$37,750. **100% Transfer Funds.**

Funding is available in account titled Department Information Technology as follows:

01-03-03-030010-77030000	Central IT Services & Operations	<u>SFY15</u>
037-501589	– Network Hardware Maintenance	\$ 35,750
037-501589	– Interagency BPW Fees	<u>2,000</u>
	Grand Total	\$ 37,750

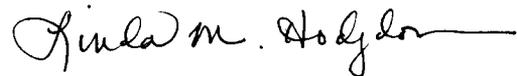
EXPLANATION

The project will remove, properly dispose of and replace the existing 12 year old UPS unit with one of the same capacity that the State has already purchased.

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 Information Technology 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, Bureau 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,

A handwritten signature in black ink that reads "Linda M. Hodgdon". The signature is written in a cursive style with a long horizontal flourish at the end.

Linda M. Hodgdon
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80792R, Contract A – UPS (Uninterruptible Power Supply) Replacement for the Data Center (27 Hazen Drive), Concord, NH.

DESCRIPTION: The project will remove, properly dispose of and replace the existing 12 year old UPS unit with one of the same capacity that the State has already purchased.

EXPLANATION: The existing Uninterruptible Power Supply is at the end of its life.

UNDER ESTIMATE

EXPLANATION: The bid is close to the estimate and because of the modular design of the UPS it will take less labor to move the new UPS into place.

DEPARTMENT

ESTIMATE: \$40,000
LOW BID: \$35,750

BIDDER SUMMARY

PROJECT NAME:
PROJECT NUMBER:
COUNTY:
BID OPENING DATE:
SCOPE OF WORK:

LOCATION:
COMPLETION DATE:

UPS REPLACEMENT FOR THE DATA CENTER NON-FEDERAL 80792R - A
80792R-A
MERRIMACK COUNTY 013
10/30/2014
REMOVE, PROPERLY DISPOSE OF AND REPLACE THE EXISTING 12 YR
OLD UPS UNIT WITH ONE OF THE SAME CAPACITY THAT THE STATE HAS
ALREADY PURCHASED. ALL LABOR, TOOLS, WIRING, BREAKERS AND
OTHER REQUIRED FITTINGS ARE TO BE INCLUDED IN THIS CONTRACT
BY THE CONTRACTOR
27 HAZEN DRIVE CONCORD, NH
02/08/2015

BID RESULTS

A MARTINI NORTHERN, LLC (B001) - 299 HANOVER ST PORTSMOUTH, NH 03801

\$ 35,750.00 ACCEPTED

\$ 35,750

BUREAU OF PUBLIC WORKS

Award to Martini Northern, LLC
 Hold for Negotiation
 Cancel Contract
User Agency BPT
Authorized by [Signature]
Date 11/04/2014

ITEM NO.	DESCRIPTION	PS&E		A	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	WORK RELATED TO INSTALLING NEW UPS AND PANELBOARDS/ DISPOSAL OF OLD UPS	EA 1.00	\$ 37,000.00	\$ 32,750.00	\$ 32,750.00
902.00	ALLOWANCE FOR OWNER- INITIATED CHANGES,LATENT CONDITIONS OR HAZMAT	\$ 3,000.00	\$ 1.00	\$ 3,000.00	\$ 3,000.00
				\$ 40,000.00	\$ 35,750.00

Client#: 704644

MARTINOR5

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/25/2014

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: USI Insurance Services LLC, 3 Executive Park Drive, Suite 300, Bedford, NH 03110, 855 874-0123. CONTACT NAME: USI Insurance Services LLC, PHONE (A/C, No, Ext): 855 874-0123, FAX (A/C, No):. INSURER(S) AFFORDING COVERAGE: INSURER A: Acadia Insurance Company, NAIC #: 31325; INSURER B: Westchester Fire Insurance Comp, NAIC #: 10030.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for General Liability (OCP), Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Project: UPS replacment project No. 80792R-A. State of NH Administrative Services is additional insured

CERTIFICATE HOLDER: State of New Hampshire Administrative Service, 7 Hazen Drive, 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: E. [Signature]

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Client#: 704644

MARTINOR5

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2014

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 USI Insurance Services LLC-Bnd 5700 Post Road PO Box 1158 East Greenwich, RI 02818	CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123		FAX (A/C, No): 877 484-4772	
	E-MAIL ADDRESS:			
INSURED State of NH Administrative Services c/o Martini Northern, LLC 299 Hanover Street Portsmouth, NH 03801	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Acadia Insurance		31325	
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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					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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk		CIM1935678	11/10/2014	11/10/2015	at Location \$37,750

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: UPS replacment project No. 80792R-A. State of NH Administrative Services is additional insured

CERTIFICATE HOLDER State of New Hampshire Administrative Services 7 Hazen Drive 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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