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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

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

Division of Public Works
Design and Construction
Project No. 81021R – Contract A

September 19, 2018

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

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a construction contract with Turnstone Corporation (VC# 169530) Milford, NH, for a total price not to exceed \$698,000, for Milford Readiness Center Renovations, located in Milford, NH. This contract is effective upon Governor and Council approval through August 31, 2019, unless extended in accordance with the contract terms. **50% Federal Funds, 50% General – Capital Funds.**

2). Further authorize the amount of \$22,810 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 \$720,810. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-15330000	Statewide Fire/Life Safety Improvements	<u>SFY 19</u>
034-500162	- Repairs/Renovations Bldgs.	\$518,637
034-500162	- Interagency DPW Fees (PM)	\$ 9,619
034-500162	- Interagency DPW Fees (Clerk)	<u>\$ 13,191</u>
	Sub-Total	\$541,447
02-14-14-140030-15240000	Statewide Energy Efficiency Improvements Projects	
034-500162	- Repairs/Renovations Bldgs.	\$ 60,000

02-12-12-120010-22450000 Army Guard Facilities 103-500736 – Contract Repairs/Bldgs. & Grounds	\$ 60,000
02-12-12-120010-22400000 Army Guard Facilities 50/50 103-500736 – Contract Repairs/Bldgs. & Grounds	\$ 59,363
Grand Total	\$ 720,810

EXPLANATION

Per Chapter 228:1, F, Laws of 2017 for Statewide Fire/Life Safety Improvements, and Chapter 228:1, II, A, 22 for Statewide Energy Efficiency Improvements Projects. This project includes installation of a new heating system (space heating and domestic hot water) with a fuel change from oil to propane; removal of underground oil tank and installation of new underground propane tanks; conversion of electrical VAV heating from electric to hot water in new wing; re-routing of interior gas lines to the new supply source locations; installation of heat pumps in three spaces; kitchen renovations; new windows for low-bay areas in original wing and minor asphalt paving and other site work.

The Federal Funds available for the purpose of this contract are provided to the State of New Hampshire - Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the New Hampshire National Guard. The cost of this contract shall be reimbursed to the State by the Federal Government at a rate of 100%. In the event that Federal funds are not available, General funds will not be used support this Federal percentage.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution, and the Adjutant General's Department 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:	\$565,000
Contract Amount:	<u>\$698,000</u>
Over Estimate	\$133,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 21021R, Contract A – Milford Readiness Center Renovations, Milford, New Hampshire.

DESCRIPTION: Project includes installation of a new heating system (space heating and domestic hot water) with a fuel change from oil to propane; removal of underground oil tank and installation of new underground propane tanks; conversion of electrical VAV heating from electric to hot water in new wing; re-routing of interior gas lines to the new supply source locations; installation of heat pumps in three spaces; kitchen renovations; new windows for low-bay areas in original wing and minor asphalt paving and other site work.

EXPLANATION: The existing heating system is very inefficient as it is mostly electric resistance heating. Old windows are being replaced to provide more energy efficient window openings.

OVER ESTIMATE
EXPLANATION: The current market is flush with available work for contractors, especially those in the hvac business. That is the majority of the work on this project, therefore it is very difficult to accurately estimate this work.

DEPARTMENT
ESTIMATE: \$565,000
LOW BID: \$698,000



ABC Bid Data

MILFORD
\$1021RA
NON-FEDERAL

PROJECT: MILFORD
STATE PROJECT NUMBER: \$1021RA
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 22, 2018, 02:00 PM
SCOPE OF WORK: MILFORD READINESS CENTER RENOVATIONS
COMPLETION DATE: August 31, 2019
LOCATION: Hillsborough

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$698,000.00	A
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$759,924.00	B
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$896,938.00	C

BUREAU OF PUBLIC WORKS

Award to 'A' Bidder \$ 698,000
 Hold for Negotiation
 Cancel Contract
 User Agency TAG
 Authorized by MLJ
 Date 9/4/18

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	RENOVATIONS OF EXISTING MILFORD READINESS CENTER	U	1.00	\$485,000.00	\$485,000.00	\$618,000.00	\$618,000.00	\$879,924.00	\$879,924.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO THE CONTRACT & TESTING	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
Totals:					\$565,000.00		\$698,000.00		\$759,924.00
Alt. Totals:									
Totals:					\$565,000.00		\$698,000.00		\$759,924.00

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320	
				Unit Price	Total	Unit Price	Total

Items

901	RENOVATIONS OF EXISTING MILFORD READINESS CENTER	U	1.00	\$485,000.00	\$485,000.00	\$816,938.00	\$816,938.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO THE CONTRACT & TESTING	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
Totals:				\$565,000.00		\$896,938.00	
Alt. Totals:							
Totals:				\$565,000.00		\$896,938.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/5/2018

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		CONTACT NAME: Tracy Andriski, CISR PHONE (A/C No, Ext): (603) 524-2425 E-MAIL ADDRESS: tandriski@crossagency.com		FAX (A/C No): (603) 524-3666	
INSURED Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Firemen's Ins. Co. of Washington		21784	
		INSURER B: Acadia Ins Co.		31325	
		INSURER C: Indian Harbor Ins Co			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL17122734455 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 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 GEM. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC OTHER:		CPA0065107-27	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> 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		CAA0065120-28	12/31/2017	12/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUA0065121-27	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Prod & Comp Ops Aggregate \$ 5,000,000
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 N	WPA0095615-25	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability Pollution Liability		PEC004891501 PEC004891501	12/31/2017 12/31/2017	12/31/2018 12/31/2018	Per claim/aggregate 1,000,000 Per claim/aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Milford Readiness Project #81021R-A
State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Contract Office, Room 130 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 T Andriski, CISR/TA5 <i>Tracy Andriski</i>
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9/5/2018

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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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR PHONE (A/C No. Ext): (603) 524-2425 E-MAIL ADDRESS: tandriski@crossagency.com FAX (A/C No.): (603) 524-3666
INSURED STATE OF NH - DEPT OF ADMINISTRATIVE SERVICES PO BOX 483 479 Nashua Street CONCORD NH 03302	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL189662020 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			OCP5366399-10	9/5/2018	3/5/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
Milford Readiness Renovations #81021R-A

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Contract Office, Room 130 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 T Andriski, CISR/TA5 <i>Tracy Andriski</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/5/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS: dhaley@crossagency.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00178165		LOAN NUMBER		POLICY NUMBER CIM5366356-10
INSURED State of NH - Dept of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		EFFECTIVE DATE 9/5/2018	EXPIRATION DATE 9/5/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Milford Readiness Renovations 154 Osgood Road Milford, NH Project #81021R-A
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	698,000	1,000

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		