



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

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 Assistant Commissioner
 (603)-271-3204

Division of Public Works
 Design and Construction
 Project No. 80966R – Contract B

March 22, 2018

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

REQUESTED ACTION

Authorize the Department of Administrative Services to enter into an agreement with Scott + Partners, Inc. (Vendor No. 280576) Essex Junction, VT, for a total price not to exceed \$750,000 for Professional Services for the Glencliff Dementia Treatment Improvement, Glencliff, NH. This design phase contract is effective upon Governor and Council approval through February 28, 2019. **100% General - Capital Funds.**

Funding is available in account titled Department of Health and Humans Services – Glencliff Home as follows:

05-91-91-910030-15450000 Glencliff Home Improvements	<u>SFY18</u>
034-500152 – Plans, Layout & Design	\$750,000

EXPLANATION

Per Chapter 228:1, X, B, Laws of 2017, this project includes design and construction administration of the Dementia Treatment Improvement at the Glencliff Home in Glencliff, New Hampshire. This project includes the design of an addition to the Brown Building at the Glencliff Home in order to provide an additional 15 beds for dementia residents and additional physical environment necessary for their treatment.

In October 2017, the Division of Public Works Design & Construction solicited Registered Architects and Engineers, by public announcement in the State, for interest in providing consultant services for Glencliff Dementia Treatment Improvement.

Twelve (12) consultant firms submitted letters of interest and were considered for this assignment. These consultant firms were 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 the team, and overall suitability for the assignment. Ultimately a short list of four (4) firms was developed.

Interviews were held with the following four (4) Consultant firms on December 7, 2017.

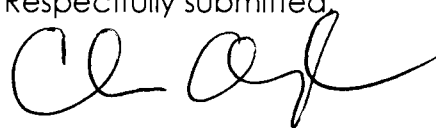
Scott + Partners, Inc., Essex Junction, VT.	Smith-Alvarez-Sienkiewicz Architects Burlington, VT.
SMRT Architects/Engineers Portland, ME.	WarrenStreet Architects Concord, NH

Based on their technical proposal, presentation and experience on projects of a similar nature, the firm of Scott + Partners, Inc. were chosen as best qualified for the project. The Consultant Selection Committee included representatives from the Dept. of Health and Human Services – Glencliff Home and the Division of Public Works Design and Construction. A copy of the firm's Statement of Qualifications is provided, herewith, for your information and convenience.

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.

The agreement has been approved by the Attorney General as to form and execution, and the Department of Health and Human Services – Glencliff Home has certified that the necessary funds are available. 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 and Construction.

Respectfully submitted,



Charles M. Arlinghaus
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80966, Contract B – Glencliff Home Dementia Treatment Improvement.

DESCRIPTION: This project includes the design of an addition to the Brown Building at the Glencliff Home in order to provide an additional 15 beds for dementia residents and additional physical environment necessary for their treatment. The Glencliff Home as a facility needs to improve the handling of the complexities associated with the combination of dementia and mental illness/developmental disability. The Center for Medicare and Medicaid Services, the organization that has regulatory oversight of Glencliff Home, has established rules that delineate the compliance for care of residents with dementia. The rules stress that the physical environment has a huge impact on the care and treatment of those suffering from dementia. Glencliff Home presently has one unit specifically dedicated to residents suffering from this disease and some environmental improvements have been made to promote a higher level of care.

EXPLANATION: This project will allocate funds for the design of the proposed addition, and will enable Glencliff Home to prepare a capital budget estimate for moving forward with a request for the construction of the unit.

Explanation of Statewide Consultant Committee Selection

Members are selected using the approved guidelines for the Bureau of Public Works Design and Construction "Selection of Engineering, Architects, and Surveyor Services". Per these guidelines, the Committee should consist of the Bureau Administrator plus two other Project Managers.

The **Administrator** is a member of all the Selection Committees, serving to provide the larger perspective of the consultant capabilities that are desired, also bringing knowledge of the quantity of work and various types of anticipated projects the consultant may be called on to perform. He brings the perspective of achieving agency goals, using a balance of those consultants who have performed excellent work in the past, along with bringing in new consultant firms.

The **Assistant Administrator** manages the day-to-day oversight of the Consultant assignments, and is the second member of all the selection committees. Her job description specifically outlines her involvement in the management of the consultants. She brings the expertise of the day-to-day working with consultants. Her past and present experience involves frequent interaction with consultants, including review of consultants' proposals and their engineering work.

The **discipline head**, for the specific type of work the consultant is being hired for (i.e. Mechanical, Civil, Architectural, Electrical etc.), brings additional expertise concerning the capabilities of various consultants they have worked with. Their years of project management experience provide the more detailed perspective about the various consultants' strengths or weaknesses and how they would fit with the project needs.

The **Agency Representative**, from the Glencliff Home is the Project Manager who has administrative oversight of all large maintenance projects and capital improvement projects.

Administrator PM7	Theodore Kupper – 4 years State service 35 years private sector
Assist. Administrator PM5	Michelle Juliano- 30 years State service
Mechanical Eng. PM4	Beverly Kowalik - 25 years State service
Civil Engineer PM4	Roger Dionne- 32 years State Service
Electrical Engineer PM4	Gordon Graham- 16 years State Service, 25 years private
Project Manager	J. O. White – 44 years State Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2018

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 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 Essex Agency, Inc. 2 Railroad Street P.O. Box 239 Essex Junction VT 05452-0239	CONTACT NAME: Michelle Southwell PHONE (A/C, No, Ext): (802) 878-5334 E-MAIL ADDRESS: michelle@essexagency.com	FAX (A/C, No): (802) 878-0852
	INSURER(S) AFFORDING COVERAGE	
INSURED Scott + Partners Inc. 7 Carmichael St Ste 102 Essex Jct VT 05452	INSURER A: Cincinnati Casualty NAIC #: 28665	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17-18 Master **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ECP 0439463	05/18/2017	05/18/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ECP 0439463	05/18/2017	05/18/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	<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 \$


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

Glenciff Home: Dementia Treatment Improvement Project 80966-B

The State of New Hampshire, its agencies, and its agents and employees are named as Additional Insureds with regard to General Liability and Auto Liability.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Dept of Administration Services Div. of Pub Works Design & Construction PO Box 483 Concord NH 03302	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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PRODUCER License # 0C41366 E-COMP, A Division of Granite Insurance Brokers 6600 Koll Center Parkway #100 Pleasanton, CA 94566	CONTACT NAME: Jesse Keast	
	PHONE (A/C, No, Ext): (888) 493-2667	FAX (A/C, No):
E-MAIL ADDRESS: jkeast@goecomp.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Indemnity Company of Connecticut		25682
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

Scott & Partners Inc
 7 Carmichael St, Ste 102
 Essex Junction, VT 05452

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB4J84923A	05/07/2017	05/07/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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Glenciff Home: Dementia Treatment Improvement Project 80966-B

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 Department of Administrative Services
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AUTHORIZED REPRESENTATIVE

