

73 Jan



State of New Hampshire
DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF THE COMMISSIONER
25 Capitol Street – Room 120
Concord, New Hampshire 03301

VICKI V. QUIRAM
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80813 – Contract B

August 29, 2016

Her Excellency, Governor Margaret Wood Hassan
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 Project Resource Group , LLC (VC# 153524) Frankestown, NH, for a total price not to exceed \$491,634, for the Exterior Building Improvements at the APS NH Hospital, Concord, NH. This contract is effective upon Governor and Council approval through November 4, 2016, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$45,000 be approved for unanticipated expense for the Exterior Building Improvements at the APS NH Hospital, bringing the total to \$536,634.

3). Further authorize pursuant to 220:13, Laws of 2015, the amount of \$11,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$547,634. **100% Capital – General Funds.**

Funding is available in account titled Department of Health and Human Services (NH Hospital) as follows:

01-94-94-940030-09640000 APS Repair/Renovations	<u>SFY17</u>
034-500162 – Repair/Renovations Bldgs	\$ 491,634
034-500162 – Contingency	\$ 45,000
034-500162 – DPW Fees Interagency	\$ <u>11,000</u>
Grand Total	\$ 547,634

EXPLANATION

Per Chapter 253:1, VII, D Laws of 2011, extended by Chapter 195:47, 60, Laws of 2013, extended by Chapter 220:23, 61 Laws of 2015. This project includes installing a wet seal around the glazing of the curtain wall systems, installing new weather stripping gaskets at operable windows and replacement of trim metal at the main entry gable wall.

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 Health and Human 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,



for Vicki V. Quiram
Commissioner

Department Estimate: \$540,000
Contract Amount: \$491,634
Under Estimate: \$ 48,366



Division of Public Works

ABC Bid Data

CONCORD
80813 Contract B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80813 Contract B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 20, 2016, 02:00 PM
SCOPE OF WORK: APS Exterior Building Improvements: Installing wet seal around the glazing of the curtain wall systems and replacement of trim metal at the main entry gable wall
COMPLETION DATE: November 04, 2016
LOCATION: Merrimack

Summary of Bidders

Contractor	Bid Amount	Rank
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	\$491,634.00	A
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$498,700.00	B

BUREAU OF PUBLIC WORKS

Award to Project Resource
 Hold for Negotiation
 Cancel Contract
 User Agency DHS/0115
 Authorized by Melvin [Signature]
 Date 8/10/16

Item No.	Description	Unit	Quantity	PS&E		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND RD FRANCESTOWN, NH 03043	TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705
				Unit Price	Total		

Items

901	PERFORM WORK ASSOCIATED WITH SEALING WINDOWS	U	1.000	\$405,000.00	\$405,000.00	\$456,634.00	\$456,634.00	\$463,700.00	\$463,700.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	35,000.000	\$1.00	\$35,000.00	\$1.00	\$35,000.00	\$1.00	\$35,000.00

Totals:				\$440,000.00	\$440,000.00	\$491,634.00	\$491,634.00	\$498,700.00	\$498,700.00
---------	--	--	--	--------------	--------------	--------------	--------------	--------------	--------------

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80813, Contract B – APS Exterior Building Improvements, Concord, New Hampshire.

DESCRIPTION: Work of the Project includes installing a wet seal around the glazing of the curtain wall systems, installing new weather stripping gaskets at operable windows and replacement of trim metal at the main entry gable wall.

EXPLANATION: The existing gaskets and glazing on the curtain wall system have leaked for many years and are causing damage on the interior of the building. This project will seal the leaks and extend the life of the curtain wall system.

UNDER ESTIMATE

EXPLANATION: The abatement work came in less than was estimated.

DEPARTMENT

ESTIMATE: \$540,000

LOW BID: \$491,634



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/18/2016

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Annette Kowalczyk, CIC PHONE (A/C, No, Ext): (800) 937-0704 E-MAIL ADDRESS: Annette@infantine.com	FAX (A/C, No): (603) 669-6831
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Department of Administrative Services C/O Project resource Group LLC PO Box 43 Frankestown NH 03043	INSURER A: Acadia Ins Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** OCP State of NH/APS **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			OCP B1681733957	8/18/2016	8/18/2017	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
			MED EXP (Any one person) \$				
			PERSONAL & ADV INJURY \$				
			GENERAL AGGREGATE \$ 3,000,000				
			PRODUCTS - COMP/OP AGG \$				
			Employee Benefits \$				
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? (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 \$

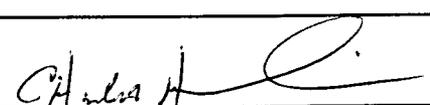
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 APS Exterior Building Improvements (NH Hospital), 36 Clinton Street, Concord, NH

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Department of Administrative Services
 7 Hazen Drive
 Concord, NH 03302-0483

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

Charles Hamlin/CH3 

© 1988-2014 ACORD CORPORATION. All rights reserved.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/18/2016

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	PHONE (A/C, No, Ext): (800) 937-0704	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 669-6831	E-MAIL ADDRESS:		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #: 00324160		LOAN NUMBER	POLICY NUMBER BINDER/B.RISK
INSURED Project Resource Group LLC; State of NH Dept of Admin Services, Any/All Sub PO Box 43 Francestown NH 03043		EFFECTIVE DATE 8/18/2016	EXPIRATION DATE 8/18/2017
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 36 Clinton Street Concord, NH 03302
--

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	491,634	1,000

REMARKS (Including Special Conditions)

Job: APS Exterior Building Improvements (NH Hospital).
--

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 7 Hazen Drive Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Charles Hamlin/CH3 		