



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 120
Concord, New Hampshire 03301
Office@das.nh.gov

75 mlc

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. 81039R - Contract A

June 24, 2019

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 Brookstone Builders, Inc. (VC# 135834) Manchester, NH, for a total price not to exceed \$750,540.00, for the Adjutant General's Department MEDDET BUILDING M RENOVATIONS (aka BUILDING M-1-MEDDET and BUILDING M-2-OTSS), located in Concord, NH. This contract is effective upon Governor and Council approval through January 17, 2020, unless extended in accordance with the contract terms. **50% Federal Funds, 50% General Funds.**

2). Further authorize that a contingency in the amount of \$30,000.00 be approved for unanticipated site expenses for the MEDDET BUILDING M RENOVATIONS (aka BUILDING M-1-MEDDET and BUILDING M-2-OTSS), bringing the total to \$780,540.00. **50% Federal Funds, 50% General Funds.**

3). Further authorize the amount of \$21,000.00 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 \$801,540.00. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-15340000	Concord Medical Facility	<u>SFY 20</u>
	Health Improvements	
034-500162 -	Repairs/Renovations Bldgs.	\$434,990.47

02-12-12-120010-22450000 Army Guard Facilities	
103-500736 – Contracts Repairs/ Bldg. –Grounds	\$315,549.53
Contingency	<u>\$ 30,000.00</u>
Sub-Total	\$345,549.53
02-12-12-120010-22550000 Interagency Payments	
217-502682 – Interagency DPW Fees	<u>\$ 21,000.00</u>
Grand Total	\$801,540.00

EXPLANATION

Per Chapter 228:1, I, E, Laws of 2017 for the MEDDET BUILDING M RENOVATIONS (aka BUILDING M-1-MEDDET and BUILDING M-2-OTSS), in Concord, NH. This project will renovate interior administrative office space as well as medical provider spaces in Building M.

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 50%. 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:	\$740,000
Contract Amount:	<u>\$750,540</u>
Over Estimate:	\$ 10,540

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81039, Contract A – MEDDET BUILDING M RENOVATIONS (aka BUILDING M-1-MEDDET and BUILDING M-2-OTSS), Concord, New Hampshire.

DESCRIPTION: Renovation of interior administrative office space as well as medical provider spaces in Building M.

EXPLANATION: Building M was originally built as a readiness center for the National Guard and was not intended for use as a medical exam facility. Medical Command moved into part of Building M and utilized the existing spaces the best they could. This project will maximize the space and meet patient privacy laws, as well as support the appropriate equipment required for validation of readiness for service. Updated areas will support dental exam chairs, dental x-ray machines which have radiation containment requirements, hearing test machines which have a noise mitigation requirement and medical records storage which has a security requirement.

OVER ESTIMATE

EXPLANATION: The finishes and mechanical prices came in a little higher than anticipated.

DEPARTMENT

ESTIMATE: \$740,000

LOW BID: \$750,450



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2019

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings	
	PHONE (A/C No. Ext): (603) 224-2562	FAX (A/C No.): (603) 224-8012
E-MAIL ADDRESS: rskillings@rowleyagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Insurance Company		31325
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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 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 <input type="checkbox"/> Protective GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			00957847659	6/14/2019	6/14/2020	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) \$ \$
	<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 \$ \$
	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			<input type="checkbox"/> PER STATE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Meddet Building M Renovations (81039R) (Contact A) Concord, NH.
 Contractor: Brookstone Builders, Inc.

CERTIFICATE HOLDER State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03301	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 Peggy Johnson/PAJ <i>Peggy A Johnson</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2019

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (AC, No, Ext): (603) 224-2562 FAX (AC, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED State of New Hampshire, Dept of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03301	INSURER A: Acadia Insurance Company NAIC # 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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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 <input type="checkbox"/> Protective GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP57847659	6/14/2019	6/14/2020	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 - COMPROP 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? (Mandatory in NH) 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)
Meddet Building M Renovations (81039R) (Contact A) Concord, NH.
Contractor: Brookstone Builders, Inc.

CERTIFICATE HOLDER State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03301	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 Peggy Johnson/PAJ <i>Peggy A. Johnson</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2018

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	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Firemen's Ins Co of Wash. DC</td> <td></td> <td>21784</td> </tr> <tr> <td>INSURER B: Acadia Insurance Company</td> <td></td> <td>31325</td> </tr> <tr> <td>INSURER C: Colony Insurance Company</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Firemen's Ins Co of Wash. DC		21784	INSURER B: Acadia Insurance Company		31325	INSURER C: Colony Insurance Company			INSURER D:			INSURER E:			INSURER F:	
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INSURER C: Colony Insurance Company																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103																					

COVERAGES CERTIFICATE NUMBER: 19-20 all lines REVISION NUMBER:

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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 <input checked="" type="checkbox"/> Contractual per CG0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA5071222-16	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5071223-16	1/1/2019	1/1/2020	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5071225-16	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
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/A	WPA5071226-16 JA STATES: NH/MA/ME	1/1/2019	1/1/2020	<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
A	Leased/Rented Equipment			CPA5071222-16	1/1/2019	1/1/2020	Limit: 300,000
C	Pollution/Professional			CPLU84223214	10/01/2018	10/01/2019	Each Claim: 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Concord SMR Renovations , 4 Pembroke Road, Concord, NH 80948R, Contract A. Certificate Holder and Owner are additional insured with respects to General Liability, Automobile, and Umbrella coverage, as required by written contract.

CERTIFICATE HOLDER State of New Hampshire c/o Dept of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03301	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 Basil Makris/BCM <i>Basil Makris</i>
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Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
901	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$640,000.00	\$640,000.00	\$650,540.00	\$650,540.00	\$660,700.00	\$660,700.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER-INITIATED CHANGES	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
904	ALLOWANCE #3 ASBESTOS ABATEMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$740,000.00		\$750,540.00		\$760,700.00

DEDUCT ALTERNATES 81039RA

DEDUCT ALTERNATE #1

991	DEDUCT ALTERNATE #1: PROVIDE COST TO DEDUCT FROM CONTRACT: REPLACE EXISTING WINDOWS	U	1.00	\$6,444.00	\$6,444.00	(\$26,054.00)	(\$26,054.00)	(\$17,000.00)	(\$17,000.00)
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DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2: PROVIDE COST TO DEDUCT FROM CONTRACT: INSTALL VINYL FLOOR AND BASE INSTEAD OF RUBBER FLOOR AND BASE	U	1.00	\$21,145.00	\$21,145.00	(\$11,303.00)	(\$11,303.00)	(\$4,200.00)	(\$4,200.00)
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DEDUCT ALTERNATE #3

993	DEDUCT ALTERNATE #3: PROVIDE COST TO DEDUCT FROM CONTRACT: REMOVE DUCTED HEAT COILS	U	1.00	\$4,000.00	\$4,000.00	(\$8,905.00)	(\$8,905.00)	(\$7,600.00)	(\$7,600.00)
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Alt. Totals:									
Totals:					\$740,000.00		\$750,540.00		\$760,700.00

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$640,000.00	\$640,000.00	\$687,400.00	\$687,400.00	\$725,819.00	\$725,819.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER-INITIATED CHANGES	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
904	ALLOWANCE #3 ASBESTOS ABATEMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$740,000.00		\$787,400.00		\$825,819.00

**DEDUCT ALTERNATES 81039RA
DEDUCT ALTERNATE #1**

991	DEDUCT ALTERNATE #1: PROVIDE COST TO DEDUCT FROM CONTRACT: REPLACE EXISTING WINDOWS	U	1.00	\$6,444.00	\$6,444.00	(\$20,250.00)	(\$20,250.00)	(\$22,710.00)	(\$22,710.00)
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DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2: PROVIDE COST TO DEDUCT FROM CONTRACT: INSTALL VINYL FLOOR AND BASE INSTEAD OF RUBBER FLOOR AND BASE	U	1.00	\$21,145.00	\$21,145.00	(\$7,800.00)	(\$7,800.00)	(\$5,050.00)	(\$5,050.00)
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DEDUCT ALTERNATE #3

993	DEDUCT ALTERNATE #3: PROVIDE COST TO DEDUCT FROM CONTRACT: REMOVE DUCTED HEAT COILS	U	1.00	\$4,000.00	\$4,000.00	(\$9,200.00)	(\$9,200.00)	(\$8,950.00)	(\$8,950.00)
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Alt. Totals:									
Totals:					\$740,000.00		\$787,400.00		\$825,819.00

Item No.	Description	Unit	Quantity	PS&E		CHARTERS BROTHERS CONST LLC 27 MAIN STREET DANVILLE, NH 03819		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCESTOWN, NH 03043	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$640,000.00	\$640,000.00	\$733,000.00	\$733,000.00	\$748,756.00	\$748,756.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER-INITIATED CHANGES	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
904	ALLOWANCE #3 ASBESTOS ABATEMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$740,000.00		\$833,000.00		\$848,756.00

DEDUCT ALTERNATES 81039RA

DEDUCT ALTERNATE #1

991	DEDUCT ALTERNATE #1: PROVIDE COST TO DEDUCT FROM CONTRACT: REPLACE EXISTING WINDOWS	U	1.00	\$6,444.00	\$6,444.00	\$25,112.00	\$25,112.00	\$20,301.00	\$20,301.00
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DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2: PROVIDE COST TO DEDUCT FROM CONTRACT: INSTALL VINYL FLOOR AND BASE INSTEAD OF RUBBER FLOOR AND BASE	U	1.00	\$21,145.00	\$21,145.00	\$5,050.00	\$5,050.00	\$5,252.00	\$5,252.00
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DEDUCT ALTERNATE #3

993	DEDUCT ALTERNATE #3: PROVIDE COST TO DEDUCT FROM CONTRACT: REMOVE DUCTED HEAT COILS	U	1.00	\$4,000.00	\$4,000.00	\$8,950.00	\$8,950.00	\$10,868.00	\$10,868.00
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Alt. Totals:

Totals:

				\$740,000.00		\$833,000.00		\$848,756.00	

Item No.	Description	Unit	Quantity	PS&E		BUILD-IT CONSTRUCTION SERVICES INC 73 NEWTON ROAD #22 PLAISTOW, NH 03865	
				Unit Price	Total	Unit Price	Total

Items

901	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$640,000.00	\$640,000.00	\$870,545.00	\$870,545.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER-INITIATED CHANGES	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
904	ALLOWANCE #3 ASBESTOS ABATEMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$740,000.00		\$970,545.00

DEDUCT ALTERNATES 81039RA

DEDUCT ALTERNATE #1

991	DEDUCT ALTERNATE #1: PROVIDE COST TO DEDUCT FROM CONTRACT: REPLACE EXISTING WINDOWS	U	1.00	\$6,444.00	\$6,444.00	(\$36,000.00)	(\$36,000.00)
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DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2: PROVIDE COST TO DEDUCT FROM CONTRACT: INSTALL VINYL FLOOR AND BASE INSTEAD OF RUBBER FLOOR AND BASE	U	1.00	\$21,145.00	\$21,145.00	(\$11,300.00)	(\$11,300.00)
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DEDUCT ALTERNATE #3

993	DEDUCT ALTERNATE #3: PROVIDE COST TO DEDUCT FROM CONTRACT: REMOVE DUCTED HEAT COILS	U	1.00	\$4,000.00	\$4,000.00	(\$11,300.00)	(\$11,300.00)
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Alt. Totals:							
Totals:				\$740,000.00		\$970,545.00	