



JAN14'21 PM 3:01 RCVD

43 MLC

State of New Hampshire

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

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. 81116- Contract C

January 5, 2021

His Excellency, Governor Christopher T. Sununu
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 Brookstone Builders Inc (VC #155834), Manchester, New Hampshire for a total price not to exceed \$3,363,159, for NH Hospital APS Beds Renovation, Concord, New Hampshire. This contract is effective upon Governor and Council approval through October 15, 2021 unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2). Further authorize that a contingency in the amount of \$275,684 be approved for unanticipated site expenses for the NH Hospital APS Beds Renovation Concord, N. H., bringing the total to \$3,638,843. **100% Capital - General Funds.**
- 3). Further authorize the amount of \$56,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$3,694,843. **100% Capital - General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-94-94-940010-84100000 NHH-Facility/Patient Support

103-500736 – Contract/Building Repair	\$3,363,159
103-500736 – Contingency	\$ 275,684
103-500736 – Interagency – DPW Fees	<u>\$ 56,000</u>

GRAND TOTAL **\$3,694,843**

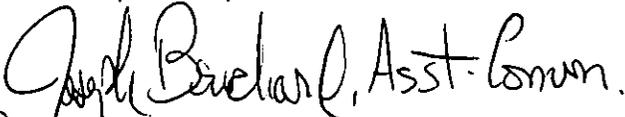
EXPLANATION

This project consists of furnishing materials and to perform all work on the NH Hospital Acute Psychiatric Facility (APS) Renovation, Concord, New Hampshire, including design/build renovation of 40 beds in Wings E and F (formerly C and D).

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 Charles M. Arlinghaus,
Commissioner

Department Estimate:	\$3,650,000
Contract Amount:	<u>\$3,363,159</u>
Under Estimate:	\$286,841



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/21/2020

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 E-MAIL ADDRESS: rskillings@rowleyagency.com FAX (A.C. No.): (603) 224-0613	
INSURED Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins Co of Wash. DC	NAIC # 21784
		INSURER B: Acadia Insurance Company	31325
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 21-22 All Lines** **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.

DESR 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:			CPA5071222-18	1/1/2021	1/1/2022	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5071223-18	1/1/2021	1/1/2022	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			CUA5071225-18	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP/OPS AGGREGATE \$ 10,000,000 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
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	N/A	3A STATES: NH/MA/ME WPA5071226-18	1/1/2021	1/1/2022	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			CPA5071222-18	1/1/2021	1/1/2022	LIMIT 300,000

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

Re: NH Hospital APB Beds Renovation, Project #81116, Contract C
The State of New Hampshire, its agencies, and its agents and employees are additional insureds with respect to General Liability for ongoing operations performed by or on behalf of Brookstone Builders, Inc. when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	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 Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2020

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		CONTACT NAME: Renee Skillings	
THE ROWLEY AGENCY INC.		PHONE (A/C, No, Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012
45 Constitution Avenue		E-MAIL ADDRESS: raskillings@rowleyagency.com	
P.O. Box 511			
Concord NH 03302-0511		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins Co of Wash. DC	NAIC # 21784
		INSURER B: Acadia Insurance Company	31325
		INSURER C: Colony Insurance Company	39993
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20-21 all lines 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	ADDD (INSR)	SUBBR (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:			CPA5071222-17	1/1/2020	1/1/2021	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5071223-17	1/1/2020	1/1/2021	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 <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5071225-17	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP OPS AGGREGATE \$ 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	WPA5071226-17 3A STATES: NH/MA/ME	1/1/2020	1/1/2021	<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			CPA5071222-17	1/1/2020	1/1/2021	LIMIT 300,000
C	POLLUTION/PROFESSIONAL			CPLU84223215	10/01/2020	10/01/2021	EACH CLAIM LIMIT 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: NH Hospital APB Beds Renovation, Project #81116, Contract C
 The State of New Hampshire, its agencies, and its agents and employees are additional insureds with respect to General Liability for ongoing operations performed by or on behalf of Brookstone Builders, Inc. when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	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 Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/9/2020

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

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	
	PRODUCER CUSTOMER ID: 00006540	
	INSURER(S) AFFORDING COVERAGE	
INSURED Brookstone Builders Inc. State of NH Dept of Admin Svcs and all subs on the project 600 Harvey Road Manchester NH 03103	INSURER A: Acadia Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: BR NH Hospital 8116C REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc#: 00001/Bldg#: 00001, 36 Clinton St, Concord, NH, 03301

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	BR12022020-2	12/2/2020	12/2/2021	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Builders Risks with					\$		
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	12/2/2020	12/2/2021	<input checked="" type="checkbox"/> JOBSITE LIMIT	\$ 3,363,159	
	CAUSES OF LOSS	Installation/Builders Risk			<input checked="" type="checkbox"/> TEMP STORAGE LOCATION	\$ 500,000	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> IN TRANSIT	\$ 500,000	
	<input checked="" type="checkbox"/> ALL RISK	BR12022020-2				\$	
	<input type="checkbox"/> CRIME				\$		
	TYPE OF POLICY				\$		
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$		
					\$		
					\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Insurer waives any rights or recovery it may have against contractors or subcontractors on the project

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	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 Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>
--	---



ABC Bid Data

CONCORD
81116C
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81116C
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: October 14, 2020, 2:00
SCOPE OF WORK: NH HOSPITAL APS BEDS RENOVATION DESIGN BUILD
COMPLETION DATE: October 15, 2021
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
BROOKSTONE BUILDERS, INC. 600 Harvey Road, MANCHESTER, NH 03103-3320	\$3,363,159.00	A
ENGELBERTH CONSTRUCTION, INC. 70 COMMERCIAL STREET, CONCORD, NH 03301	\$3,779,153.00	B
D.E.W. CONSTRUCTION CORP SUITE 130, 277 BLAIR PARK ROAD, WILLISTON, VT 05495	\$3,849,000.00	C
HARVEY CONSTRUCTION CORP 10 HARVEY ROAD, BEDFORD, NH 03110-6805	\$4,459,000.00	D

BUREAU OF PUBLIC WORKS

Award to Brookstone Builders, Inc.
 Hold for Negotiation
 Cancel Contract
User Agency NH Hospital
Authorized by [Signature]
Date 10/14/2020



ABC Bid Data

CONCORD
81116C
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		BROOKSTONE BUILDERS, INC. 800 Harvey Road Manchester, NH 03103-2320		ENOELBERTH CONSTRUCTION, INC. 70 COMMERCIAL STREET CONCORD, NH 03301	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	PROVIDE DESIGN BUILD SERVICES TO RENOVATE WINGS E AND F FORMERLY WINGS C AND D AT NH HOSPITAL APS FA	U	1.00	\$3,450,000.00	\$3,450,000.00	\$3,163,159.00	\$3,163,159.00	\$3,579,153.00	\$3,579,153.00
902	ALLOWANCE FOR UNFORESEEN LATENT CONDITIONS AND OWNER MODIFICATION TO SCOPE	\$	200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00
Totals:					\$3,650,000.00		\$3,363,159.00		\$3,779,153.00

81116C ALTERNATES

DEDUCT ALT 1

991	DEDUCT FULL HEIGHT CERAMIC WALL TILE ALL WALLS AT ALL TOILET ROOMS	U	1.00	\$16,000.00	\$16,000.00	(\$52,127.00)	(\$52,127.00)	(\$18,432.00)	(\$18,432.00)
-----	--	---	------	-------------	-------------	---------------	---------------	---------------	---------------

DEDUCT ALT 2

992	DEDUCT SECURE CEILING GRID SYSTEM BY GORDON	U	1.00	\$34,000.00	\$34,000.00	(\$74,000.00)	(\$74,000.00)	(\$22,820.00)	(\$22,820.00)
-----	---	---	------	-------------	-------------	---------------	---------------	---------------	---------------

DEDUCT ALT 3

993	DEDUCT NEW BENCHES	U	1.00	\$6,000.00	\$6,000.00	(\$1,580.00)	(\$1,580.00)	(\$1,576.00)	(\$1,576.00)
-----	--------------------	---	------	------------	------------	--------------	--------------	--------------	--------------

DEDUCT ALT 4

994	DEDUCT NEW SURVEILLANCE SYSTEM	U	1.00	\$120,000.00	\$120,000.00	(\$44,100.00)	(\$44,100.00)	(\$44,100.00)	(\$44,100.00)
-----	--------------------------------	---	------	--------------	--------------	---------------	---------------	---------------	---------------

DEDUCT ALT 5

995	DEDUCT SHEET FLOORING AS ALL NEW AND PATCH	U	1.00	\$15,000.00	\$15,000.00	(\$30,000.00)	(\$30,000.00)	\$0.00	\$0.00
-----	--	---	------	-------------	-------------	---------------	---------------	--------	--------

DEDUCT ALT 6

996	DEDUCT CORNER GUARDS	U	1.00	\$2,500.00	\$2,500.00	(\$6,751.00)	(\$6,751.00)	(\$2,500.00)	(\$2,500.00)
-----	----------------------	---	------	------------	------------	--------------	--------------	--------------	--------------

DEDUCT ALT 7

997	DEDUCT NURSE CALL LIGHT REPLACEMENT	U	1.00	\$5,700.00	\$5,700.00	(\$78,500.00)	(\$78,500.00)	(\$78,500.00)	(\$78,500.00)
-----	-------------------------------------	---	------	------------	------------	---------------	---------------	---------------	---------------



Division of Public Works

ABC Bid Data

CONCORD

81116C

NON-FEDERAL

Item No.	Description	Unit	Quantity	PILE		BROOKSTONE BUILDERS, INC. 600 Harvey Road Manchester, NH 03103-3329		ENOELBERTH CONSTRUCTION, INC. 78 COMMERCIAL STREET CONCORD, NH 03301	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Alt. Totals:									
Totals:					\$3,650,000.00		\$3,363,159.00		\$3,779,153.00



Division of Public Works

ABC Bid Data

CONCORD
81116C
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&A		D.E.W CONSTRUCTION CORP SUITE 130 WILLISTON, VT 05496		HARVEY CONSTRUCTION CORP 10 HARVEY ROAD BEDFORD, NH 03110-6806	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	PROVIDE DESIGN BUILD SERVICES TO RENOVATE WINGS E AND F FORMERLY WINGS C AND D AT NH HOSPITAL APS FA	U	1.00	\$3,450,000.00	\$3,450,000.00	\$3,649,000.00	\$3,649,000.00	\$4,259,000.00	\$4,259,000.00
902	ALLOWANCE FOR UNFORESEEN LATENT CONDITIONS AND OWNER MODIFICATION TO SCOPE	\$	200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00
Totals:					\$3,650,000.00		\$3,849,000.00		\$4,459,000.00

81116C ALTERNATES

DEDUCT ALT 1

991	DEDUCT FULL HEIGHT CERAMIC WALL TILE ALL WALLS AT ALL TOILET ROOMS	U	1.00	\$16,000.00	\$16,000.00	(\$23,400.00)	(\$23,400.00)	(\$6,451.00)	(\$6,451.00)
-----	--	---	------	-------------	-------------	---------------	---------------	--------------	--------------

DEDUCT ALT 2

992	DEDUCT SECURE CEILING GRID SYSTEM BY GORDON	U	1.00	\$34,000.00	\$34,000.00	(\$69,000.00)	(\$69,000.00)	(\$71,065.00)	(\$71,065.00)
-----	---	---	------	-------------	-------------	---------------	---------------	---------------	---------------

DEDUCT ALT 3

993	DEDUCT NEW BENCHES	U	1.00	\$6,000.00	\$6,000.00	(\$14,400.00)	(\$14,400.00)	(\$1,597.00)	(\$1,597.00)
-----	--------------------	---	------	------------	------------	---------------	---------------	--------------	--------------

DEDUCT ALT 4

994	DEDUCT NEW SURVEILLANCE SYSTEM	U	1.00	\$120,000.00	\$120,000.00	(\$44,100.00)	(\$44,100.00)	(\$70,927.00)	(\$70,927.00)
-----	--------------------------------	---	------	--------------	--------------	---------------	---------------	---------------	---------------

DEDUCT ALT 5

995	DEDUCT SHEET FLOORING AS ALL NEW AND PATCH	U	1.00	\$15,000.00	\$15,000.00	(\$25,350.00)	(\$25,350.00)	(\$44,266.00)	(\$44,266.00)
-----	--	---	------	-------------	-------------	---------------	---------------	---------------	---------------

DEDUCT ALT 6

996	DEDUCT CORNER GUARDS	U	1.00	\$2,500.00	\$2,500.00	(\$3,400.00)	(\$3,400.00)	(\$3,009.00)	(\$3,009.00)
-----	----------------------	---	------	------------	------------	--------------	--------------	--------------	--------------

DEDUCT ALT 7

997	DEDUCT NURSE CALL LIGHT REPLACEMENT	U	1.00	\$5,700.00	\$5,700.00	(\$78,500.00)	(\$78,500.00)	(\$20,265.00)	(\$20,265.00)
-----	-------------------------------------	---	------	------------	------------	---------------	---------------	---------------	---------------



Division of Public Works

ABC Bid Data

CONCORD

81116C

NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		D.E.W CONSTRUCTION CORP SUITE 130 WILLISTON, VT 05495		HARVEY CONSTRUCTION CORP 19 HARVEY ROAD BEDFORD, NH 03110-6805	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
All Totals:									
Totals:					\$3,650,000.00		\$3,849,000.00		\$4,459,000.00