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# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street – Room 100  
Concord, New Hampshire 03301  
(603) 271-3201 | [Office@das.nh.gov](mailto:Office@das.nh.gov)

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

May 17, 2023

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 Integrated Facilities Construction Corp. (VC#319532), Medford, Massachusetts for a total price not to exceed \$4,354,700 for Project Number 81116D APS Beds Renovation E&F Patient Units. This contract is effective upon Governor and Council approval through March 18, 2024, unless extended in accordance with the contract terms. **77% General Funds and 23% Other Funds**
- 2) Further authorize that a contingency in the amount of \$245,457 be approved for unanticipated site expenses for APS Beds Renovation E&F Patient Units, Concord, New Hampshire, bringing the total to \$4,600,157. **100% General Funds.**
- 3) Further authorize the amount of \$40,000 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 \$4,640,157. **100% General Funds.**

Funding is available in account titled Department of Health and Human Services as follows:

	<u>FY 2023</u>
05-95-94-940010-84100000 NHH-FACILITY/PATIENT SUPPORT 103-500736 – Contracts for OP Services	\$ 3,364,700
05-95-94-940010-84100000 NHH-FACILITY/PATIENT SUPPORT 103-500736 – Contracts for OP Services – Contingency & DPW Fees	\$ 285,457
05-95-94-940010-875000000 ACUTE PSYCHIATRIC SERVICES 048-500226 – CONTRACTUAL MAINT BUILD-GRN	<u>\$ 990,000</u>
<b>Grand Total</b>	<b>\$ 4,640,157</b>

## EXPLANATION

This contract is for renovating the E and F Patient Units at the New Hampshire Hospital Acute Psychiatric Secure facility (APS), in Concord. The two (2) Patient Units, combined, include 26 patient rooms to accommodate forty (40) beds, as well as common areas. The renovation work includes reconfiguring spaces, installing new ceilings, and wall and floor finishes. Renovated spaces will include patient, activity, dining, therapy, laundry, and seclusion rooms, and bathrooms. The existing single nursing station will be reconfigured into two (2) independent stations, one designated for each Patient Unit. This project addresses longstanding deficiencies to bring important mental health patient areas into compliance with the Facility Guidelines Institute (FGI). FGI provides guidelines for planning, designing, and constructing health care facilities.

The patient room and bathroom sizes and configurations, fixtures, door swings, and seclusion rooms do not meet required standards and must be completely reconfigured to allow visual supervision by the nursing staff. There is currently only one nursing station available to serve both E and F Units, including a shared dispensary. This renovation will divide the existing station into two (2) separate nursing stations which can operate independently.

A public bid opening was held on February 15, 2023. Three bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid was 13% over the Department estimate. The availability of materials continues to be unpredictable and that is reflected in higher bid prices.

This contract contained four (4) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, not used to determine the low bid. Once the low bid is established, the Department may add or deduct scope as described in the Alternates and per the Alternate bid prices provided by the low bidder.

The Department accepted Alternate #2, which changes the lay-in ceiling to a secure ceiling grid system. This is desired to help with security and safety in the Units. As a result of the Alternate #2 substitution, the contract was increased by \$86,000.

Base Bid:	\$4,268,700
Add Alternate #2:	<u>\$86,000</u>
Contract Amount:	\$4,354,700

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 Administrative 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,



Charles M. Arlinghaus,  
Commissioner

Department estimate:	\$3,765,000
Low bid:	<u>\$4,268,700</u>
Over estimate:	\$ 503,700



# ABC Bid Data

CONCORD  
81116D  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81116D  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: February 15, 2023, 2:00 PM  
SCOPE OF WORK: APS BEDS RENOVATION E&F PATIENT UNITS  
COMPLETION DATE: March 18, 2024  
LOCATION: Merrimack

Awarded

Amount: \$0.00  
Award Date:

Certified by: \_\_\_\_\_  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
INTEGRATED FACILITIES CONSTRUCTION CORP 92 HIGH STREET, MEDFORD MA 02155	\$4,268,700.00	A
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$4,864,215.00	B
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$5,505,000.00	C

**BUREAU OF PUBLIC WORKS**  
 Award to Integrated Facilities Construction Corp  
 Hold for Negotiation  
 Cancel Contract  
 User Agency: NH HHS  
 Authorized by: [Signature]  
 Date: 3/31/23 @ 1:36 pm

Item #901 = \$4,168,700.  
 #902 = 100,000.  


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 Total Base Bid = \$4,268,700.  
 Alternate #992 = \$86,000.  


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 Total Plus Contract = \$4,354,700.



# ABC Bid Data

CONCORD  
81116D  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		INTEGRATED FACILITIES CONSTRUCTION CORP. 97 HIGH STREET MEDFORD, MA 02155		BROOKSTONE BUILDERS, INC. 699 HARVEY ROAD MANCHESTER, NH 03103-3329	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
<b>Items</b>									
901	ALL LABOR AND MATERIALS TO RENOVATE PATIENT UNITS E AND F AT APS	U	1.00			\$4,168,700.00	\$4,168,700.00	\$4,784,215.00	\$4,784,215.00
902	ALLOWANCE FOR UNFORSEEN, LATENT CONDITIONS AND OWNER MODS	S	100,000.00			\$1.00	\$100,000.00	\$1.00	\$100,000.00
<b>Totals:</b>						<b>\$3,765,000.00</b>	<b>\$4,268,700.00</b>	<b>\$4,864,215.00</b>	<b>\$4,864,215.00</b>

**ALTERNATES 81116D**

**ALTERNATE 1**

991	ADD ALTERNATE 1 PROVIDE COST TO ADD FULL HEIGHT CERAMIC TILE AT SHOWER ROOMS	U	1.00			\$65,700.00	\$65,700.00	\$29,519.00	\$29,519.00
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**ALTERNATE 2**

992	ADD ALTERNATE 2 PROVIDE COST TO ADD SECURE CEILING GRID SYSTEM	U	1.00			\$86,000.00	\$86,000.00	\$8,500.00	\$8,500.00
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**ALTERNATE 3**

993	ADD ALTERNATE 3 PROVIDE COST TO ADD NEW SURVEILLANCE SYSTEM	U	1.00			\$295,700.00	\$295,700.00	\$200,934.00	\$200,934.00
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**ALTERNATE 4**

994	ADD ALTERNATE 4 PROVIDE COST TO ADD NEW NURSE CALL LIGHT AND CONSOLE	U	1.00			\$205,700.00	\$205,700.00	\$234,355.00	\$234,355.00
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<b>Alt. Totals:</b>									
<b>Totals:</b>						<b>\$3,765,000.00</b>	<b>\$4,268,700.00</b>	<b>\$4,864,215.00</b>	<b>\$4,864,215.00</b>



# ABC Bid Data

CONCORD  
81116D  
NON-FEDERAL

Item No.	Description	Unit	Quantity	Base		TURNSTONE CORPORATION 471 WASHUJA STREET MILFORD, NH 03068-3766		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
<b>Items</b>									
901	ALL LABOR AND MATERIALS TO RENOVATE PATIENT UNITS E AND F AT APS	U	1.00					\$5,405,000.00	\$5,405,000.00
902	ALLOWANCE FOR UNFORSEEN, LATENT CONDITIONS AND OWNER MODS	\$	100,000.00					\$1.00	\$100,000.00
<b>Totals:</b>								<b>\$3,765,000.00</b>	<b>\$5,505,000.00</b>

**ALTERNATES 81116D**

**ALTERNATE 1**

991	ADD ALTERNATE 1 PROVIDE COST TO ADD FULL HEIGHT CERAMIC TILE AT SHOWER ROOMS	U	1.00					\$44,900.00	\$44,900.00
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**ALTERNATE 2**

992	ADD ALTERNATE 2 PROVIDE COST TO ADD SECURE CEILING GRID SYSTEM	U	1.00					\$103,770.00	\$103,770.00
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**ALTERNATE 3**

993	ADD ALTERNATE 3 PROVIDE COST TO ADD NEW SURVEILLANCE SYSTEM	U	1.00					\$231,760.00	\$231,760.00
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**ALTERNATE 4**

994	ADD ALTERNATE 4 PROVIDE COST TO ADD NEW NURSE CALL LIGHT AND CONSOLE	U	1.00					\$184,180.00	\$184,180.00
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<b>Alt. Totals:</b>									
<b>Totals:</b>								<b>\$3,765,000.00</b>	<b>\$5,505,000.00</b>

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that INTEGRATED FACILITIES CONSTRUCTION CORP. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on June 10, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 821450

Certificate Number: 0006200521



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8th day of April A.D. 2023.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State

(Corporation, Non-Profit Corporation)

**Corporate Resolution**

I, Rick Magliozzi, hereby certify that I am duly elected Clerk/Secretary/Officer of  
(Name)  
Integrated Facilities Const Corp. I hereby certify the following is a true copy of a vote taken at  
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on April 10, 2023,  
at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Rick Magliozzi (may list more than one person) is  
(Name and Title)

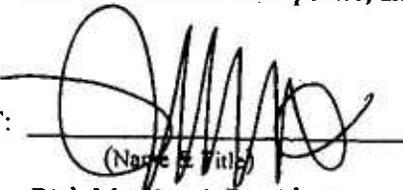
duly authorized to enter into contracts or agreements on behalf of  
Integrated Facilities Const Corp. with the State of New Hampshire and any of  
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents  
which may in his/her judgment be desirable or necessary to effect the purpose of  
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as of the date of the contract to which this certificate is attached. This authority  
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify  
that it is understood that the State of New Hampshire will rely on this certificate as evidence that  
the person(s) listed above currently occupy the position(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are any limits on the authority of any  
listed individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

**DATED:** April 10, 2023

**ATTEST:**

  
(Name & Title)  
Rick Magliozzi, President



**DESCRIPTIONS (Continued from Page 1)**

endorsement with Primary & Noncontributory wording & Waiver of Transfer of rights of recovery against others, when required by written contract. Workers Compensation includes the states of MA & NH.

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
04/11/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Ins Svcs Wrap Spec Proj 475 Kilvert Street, Building B Suite 205 Warwick, RI 02886	<b>CONTACT NAME:</b> Christine Saverino <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b> 877 484-4772 <b>E-MAIL ADDRESS:</b> Christine.Saverino@usi.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</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:	Hartford Fire Insurance Company	19682	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> The State of NH Dept. of Administrative Services 92 High Street; Suite 23 Medford, MA 02155																					

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$
	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 <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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OCP			02UEABD0132	04/10/2023	04/10/2024	\$2M/\$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE Project 81116, Contract D APS Beds Renovation E&F Patient Units work at 36 Clinton Street, Concord, NH.  
 State of New Hampshire Dept. of Administrative Services.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Dept of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<b>CANCELLATION</b>  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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/11/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Ins Svcs Constr Proj Spec 475 Kilvert Street, Building B Suite 205 Warwick, RI 02886	<b>CONTACT NAME:</b> Christine Saverino <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b> 877 484-4772 <b>E-MAIL ADDRESS:</b> Christine.Saverino@usi.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of NH Dept of Administrative Integrated Facilities Construction Corp 92 High Street; Suite 23 Medford, MA 02155	<b>INSURER A:</b> Acadia Insurance Company	<b>NAIC #</b> 31325
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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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 <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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Buildlers Risk		CIM5551901	04/10/2023	04/10/2024	\$4,354,700

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE Project 81116, Contract D APS Beds Renovation E&F Patient Units work at 36 Cilnton Street, Concord, NH.  
 Additional Named Insureds: State of New Hampshire Dept. of Administrative Services, Integrated Facilities Construction Corp. and any and all other contractors, subcontractors and others employed on the premises as named insureds. Waiver of Subrogation applies.

<b>CERTIFICATE HOLDER</b> State of New Hampshire c/o Dept of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	<b>CANCELLATION</b> 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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