

MLC



# 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)

172

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

June 14, 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 Meridian Construction Corporation (VC#157328) Gilford, New Hampshire for a total price not to exceed \$2,942,014, for Project Number 81115 Contract B, Statewide Salt Buildings, Bristol and Orford, New Hampshire. This contract is effective upon Governor and Council approval through August 31, 2024, unless extended in accordance with the contract terms. **76% Capital Funds, 24% Federal Funds.**

2) Further authorize the amount of \$89,800 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 \$3,031,814. **100% Capital Funds.**

Funding is contingent on Fiscal Committee and Governor and Executive Council approval of a transfer of funds request. Account titled Department of Transportation as follows:

	<u>FY 2023</u>
04-96-96-960030-16830000 17-228:2-II:C SALT SHEDS	
034-500162 – Repair/Renovations Buildings	\$ 48,670
04-96-96-960515-30480000 ASSET MAINT & CRITICAL REPAIR	
400-500870– Highway Contract Pmts-DOT	\$ 700,000
04-96-96-960030-13480000 19-146:2IIE – STATEWIDE SALT	
034-500161 – New Construction	\$ 722,419
04-96-96-960030-93520000 L21:2I5-CONSTRCT SLT&SND SHDS	
034-500161– Capital Projects	\$ 1,470,925
034-500161– Capital Projects-New Construction-DPW Fees	<u>\$ 89,800</u>
<b>Grand Total</b>	<b>\$ 3,031,814</b>

### EXPLANATION

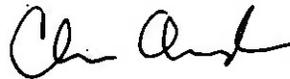
Pursuant to Chapter 228:2, II, C, Laws of 2017; Chapter 146:2, II, E, Laws of 2019; and Chapter 107:2, I, 5, Laws of 2021, funds are available to repair and construct salt and sand storage sheds statewide. This contract is to construct two (2) new 70'x70' salt storage buildings to replace the existing buildings in Bristol and Orford.

The two existing salt storage buildings need to be replaced due to severe deterioration which has compromised the structural integrity of the buildings. The new salt storage buildings will be larger and offer additional storage capacity. The additional storage will allow the Department to treat roads more efficiently during winter weather events.

A public bid opening was held on May 10, 2023. One (1) bid proposal was received and the contract was awarded to the lowest qualified bidder. The low bid was 40% over the Department estimate. The estimate for the buildings and the sitework was based on previous salt storage building projects which may not have accurately reflected the continued rising costs within the industry for building material and labor.

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.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$ 2,074,000
Low Base Bid:	\$ 2,942,014
Over Estimate:	\$ 868,014



Division of Public Works

# ABC Bid Data

STATEWIDE  
81115R  
NON-FEDERAL

PROJECT: STATEWIDE  
STATE PROJECT NUMBER: 81115R Contract B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: May 10, 2023, 2:00 PM  
SCOPE OF WORK: STATEWIDE CONSTRUCT SALT BUILDINGS  
COMPLETION DATE: August 31, 2024  
LOCATION: Grafton

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$2,942,014.00	A

### BUREAU OF PUBLIC WORKS

Award to: Meridian Construction Corp

Contract Amount: \$2,942,014.00

Using Agency: NHDOT

Authorized by: MLJ

Date: 5/24/23

*Michelle L. Juliano*



Division of Public Works

# ABC Bid Data

STATEWIDE  
81115R  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 ORFORD, NH 03249-0003		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

901	CONSTRUCT BRISTOL SALT BUILDING	U	1.00	\$985,000.00	\$985,000.00	\$1,309,302.00	\$1,309,302.00		
902	ALL SITEWORK FOR BRISTOL SALT BUILDING	U	1.00	\$102,000.00	\$102,000.00	\$240,709.00	\$240,709.00		
903	CONSTRUCT ORFORD SALT BUILDING	U	1.00	\$830,000.00	\$830,000.00	\$1,129,353.00	\$1,129,353.00		
904	ALL SITEWORK FOR ORFORD SALT BUILDING	U	1.00	\$87,000.00	\$87,000.00	\$192,650.00	\$192,650.00		
905	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	70,000.00	\$1.00	\$70,000.00	\$1.00	\$70,000.00		

Totals:				\$2,074,000.00	\$2,074,000.00	\$2,942,014.00	\$2,942,014.00		
Alt. Totals:									
Totals:				\$2,074,000.00	\$2,074,000.00	\$2,942,014.00	\$2,942,014.00		



# PS&E Comparison

STATEWIDE  
81115R  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	CONSTRUCT BRISTOL SALT BUILDING	U	1.00	\$1,309,302.00	\$1,309,302.00	\$985,000.00	\$985,000.00	\$324,302.00
902	ALL SITEWORK FOR BRISTOL SALT BUILDING	U	1.00	\$240,709.00	\$240,709.00	\$102,000.00	\$102,000.00	\$138,709.00
903	CONSTRUCT ORFORD SALT BUILDING	U	1.00	\$1,129,353.00	\$1,129,353.00	\$830,000.00	\$830,000.00	\$299,353.00
904	ALL SITEWORK FOR ORFORD SALT BUILDING	U	1.00	\$192,650.00	\$192,650.00	\$87,000.00	\$87,000.00	\$105,650.00
905	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	70,000.00	\$1.00	\$70,000.00	\$1.00	\$70,000.00	\$0.00
<b>Total:</b>					\$2,942,014.00		\$2,074,000.00	\$868,014.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2023

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

<b>PRODUCER</b> Cross Insurance-Laconia 155 Court Street  Laconia NH 03248		<b>CONTACT NAME:</b> Sarah Cutler, AINS, ACSR <b>PHONE (AC, No, Ext):</b> (803) 524-2425 <b>FAX (AC, No):</b> (803) 524-3666 <b>E-MAIL ADDRESS:</b> sarah.cutler@crossagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Firemen's Ins. Co. of Washington D.C.	<b>NAIC #</b> 21784
<b>INSURED</b> MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT UNIT #4 GILFORD NH 03249		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: CL2211414899

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	ADOL 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	CPA5221144-17	10/31/2022	10/31/2023	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 - COM/POP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CAA5221145-17	10/31/2022	10/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	CUA5221146-17	10/31/2022	10/31/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products Comp/Op Agg \$ 10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCA5368721-14	10/31/2022	10/31/2023	<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

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

Project: Statewide Salt Shed  
 Project#81115R Contract B

State of New Hampshire, its agencies, and its agents and employees are an additional insured on a primary and noncontributory basis for ongoing & completed operations performed by Meridian Construction Corp when required in a written contract. Waiver of subrogation applies when allowed by state statute.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire c/o Department of Administrative Services  
 7 Hazen Drive, Room 250

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/24/2023

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

<b>PRODUCER</b> Cross Insurance-Laconia 155 Court Street  Laconia NH 03248	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>FAX (A/C, No):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> sarah.cullen@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> State of New Hampshire Department of Administrative Services c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	<b>INSURER A:</b> Acadia Ins Co. <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:** CL2352435501 **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 RISO	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 Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OCP5557014-10	05/24/2023	05/24/2024	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 - COMPIOP AGG \$ AUDIT NON COMPL \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						

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

Project:Statewide Salt Shed  
Project#81115R Contract B

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department 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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# 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 MERIDIAN CONSTRUCTION CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on March 09, 1993. 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.

Business ID: 186699

Certificate Number : 0006204865



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire.  
this 10th day of April A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

Certificate of Authority # 1

Corporate Resolution

I, Luke Salome, hereby certify that I am duly elected Clerk/Secretary/Officer of  
Meridian Construction Corp.  
*(Name)*  
*(Name of Corporation)* I hereby certify the following is a true copy of a vote taken at

a meeting of the Board of Directors/shareholders, duly called and held on May 24, 2023  
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Timothy V. Long (may list more than one person) is  
*(Name and Title)*

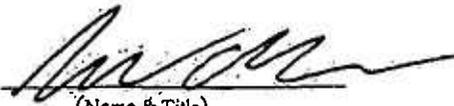
duly authorized to enter into contracts or agreements on behalf of  
Meridian Construction Corp. with the State of New Hampshire and any of  
*(Name of Corporation)*

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: May 24, 2023

ATTEST:

  
*(Name & Title)*  
Luke Salome, Clerk