



Charles M. Arlinghaus
Commissioner

State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 100
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

81

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

July 19, 2023

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Division of Public Works Design and Construction to enter into a **Sole Source** amendment to an existing contract with R.S. Audley, Inc. (VC#154222) Bow, New Hampshire by increasing the price limitation by \$194,047 from \$1,834,000 for a total price not to exceed \$2,028,047 for Project Number 81089-B, Manchester Anti-Terrorism Force Protections Re-Bid. This contract is effective upon Governor and Council approval through November 30, 2023, unless extended in accordance with the contract. The original contract was approved by Governor and Council on September 15, 2021, item #83. **100% Federal Funds.**

Funding is available in account titled Department of Military Affairs and Veterans Services as follows:

	<u>FY 2024</u>
02-12-12-120030-7163000 19-146:1IB Fed State Repair	
034-500162 – Contract/Building Repair	\$ 194,047

EXPLANATION

This contract amendment is listed as a **Sole Source** because the increase in the original contract price limitation is greater 10%. Operationally, we don't think there is another practical choice. The original contract was competitively bid and this amendment would add just 10.6% of the original contract price to make necessary repairs to unanticipated sewer connection work, to correct code violations related to emergency egress, and a new 3-phase transformer. We believe it makes operational sense to perform the related work at the same time with the same contractor. The nature of the work and the dollar value suggest it wouldn't have had a material impact on the original competitive bid.

Pursuant to Chapter 146:1, I, B, funds are available for the purpose of making repairs and improvements to 100% federally reimbursed facilities, statewide. The original contract, as previously

approved by Governor and Council, was for site improvements at the National Guard Readiness Center in Manchester. The work included site grading, new stormwater drainage structures, groundwater management, lighting, changing fence lines, reconfiguring traffic lanes and parking lots, installing new sidewalks, paving, and landscaping. This amendment will add scope of work into the contract, which was removed to fund critical, unanticipated sewer connection work, as well as, add other necessary life safety and repair work.

During construction, it was discovered that the facility had a critical need to upgrade their connection to the municipal sewer. The work was required to install a dedicated sewer line and connection and abandon the existing, which was shared with the stormwater line. To fund the sewer connection work, fencing and landscaping were deleted and those funds were used to install the new sewer line and connection. This amendment will add the fencing and landscaping scope of work back into the contract. In addition, a new exit path and stairs will be installed to correct code violations related to emergency egress; exterior concrete repairs will be made to address severe deterioration; and a new 3-phase transformer will be installed to integrate with the new site lighting and allow all site utilities to be underground.

The cost for the additional work provided by Audley Construction has been reviewed and compared to similar work on recent projects. The overall costs were found to be reasonable and acceptable.

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

Original Contract:	\$	1,834,000
Contract Increase:	\$	<u>194,047</u>
Total:	\$	2,028,047

PROJECT NO: 81089 Contract B

CONTRACT INCREASE SIGNATURE PAGE:

CONTRACTOR/CONSULTANT NAME

DATED: June 26, 2023

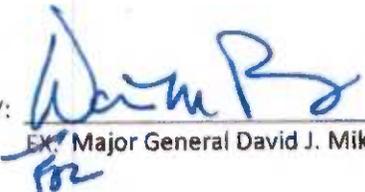
BY: R.S. Audley, Inc (AO#6)

PRINT NAME: Michael MacDonald, P.E.

TITLE: Project Manager

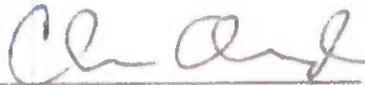
STATE OF NEW HAMPSHIRE
DEPARTMENT OF MILITARY AFFAIRS
AND VETERANS SERVICES:

DATED: 7/7/2023

BY:  DTAG
EX: Major General David J. Mikolaities
for

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 7/7/23

BY: 
EX: Charles M. Arlinghaus
Commissioner

ATTORNEY GENERAL:

This is to certify that the above contract
Increase has been reviewed by this office
And is approved as to form and execution.

DATED: _____

BY: _____

SECRETARY OF STATE:

This is to certify that the Governor and
Council approved this contract agreement/
Amendment.

DATED: _____

BY: _____
SECRETARY OF STATE

PROJECT NO: 81089 Contract B

CONTRACT INCREASE SIGNATURE PAGE:

CONTRACTOR/CONSULTANT NAME

DATED: June 26, 2023

BY: R.S. Audley, Inc (AQ#6)

PRINT NAME: Michael MacDonald, P.E.

TITLE: Project Manager

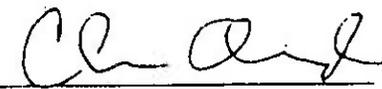
STATE OF NEW HAMPSHIRE
DEPARTMENT OF MILITARY AFFAIRS
AND VETERANS SERVICES:

DATED: 7/7/2023

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EX: Major General David J. Mikolaities
for

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

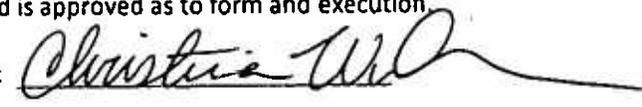
DATED: 7/7/23

BY: 
EX: Charles M. Arlinghaus
Commissioner

ATTORNEY GENERAL:

This is to certify that the above contract
Increase has been reviewed by this office
And is approved as to form and execution.

DATED: 7/10/23

BY: 

SECRETARY OF STATE:

This is to certify that the Governor and
Council approved this contract agreement/
Amendment.

DATED: _____

BY: _____
SECRETARY OF STATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2022

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: Christine Holman, CPCU, CIC PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: cholman@rowleyagency.com																						
INSURED R.S. Audley, Inc. 1113 Route 3-A Bow NH 03304		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Travelers</td> <td>28188</td> </tr> <tr> <td>INSURER B:</td> <td>Crum & Forster</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Travelers	28188	INSURER B:	Crum & Forster		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES CERTIFICATE NUMBER: 23-24 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			DT-CO-5G429382-IND-23	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> CG0001						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			810-0P587210-23-26-G	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
Medical payments \$ 2,000							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	CUP-2P491778-23-26	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/>	RETENTION \$ 10,000				P/CO Aggregate \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MA States: NH, ME UB-8L596091-22-26-G COP JSL&R Coverage applies	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented			DT-660-30828427-COF-23	1/1/2023	1/1/2024	Limit - per item 900,000
B	Pollution			PKC100765	2/18/2023	2/18/2024	Per Claim/Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: #81089RB - Upgrades to Manchester Readiness Center & Site REBID. When required by written contract The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds under general liability and automobile liability coverage

CERTIFICATE HOLDER State of NH Dept of Administrative Services 7 Hazen Dr. Room 250 Concord, NH 03302	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 C Holman, CPCU, CIC/C <i>Christine Holman</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/29/2023

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		PHONE (A/C, No. Ext): (603) 224-2562	COMPANY Hanover Ins - Bedford P.O. Box 81042 Woburn MA 01813-1042	
FAX (A/C, No.): (603) 224-8012	E-MAIL ADDRESS: gstevens@rowleyagency.com			
CODE: 28-1116	SUB CODE:			
AGENCY CUSTOMER ID #: 00005060		LOAN NUMBER		POLICY NUMBER IHV061721
INSURED R.S. Audley, Inc.; State of NH Dept of Admin Servs any, all subcontractors 1113 Route 3A Bow NH 03304		EFFECTIVE DATE 6/17/2021	EXPIRATION DATE 11/30/23	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 1059 Canal Street Manchester, NH 03101

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
Job Specific Builders Risk New		
Job Specific Special form	2028047	2500
Job Specific Earthquake (C)	2028047	25,000
Job Specific Flood	2028047	25,000

REMARKS (Including Special Conditions)

waiver of subrogation applies

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

NAME AND ADDRESS State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Room 250 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE C Holman, CPCU, CIC/CH <i>Christine Holman</i>		

ACORD 27 (2009/12)

INS027 (200912).02

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Additional Named Insureds

Other Named Insureds

all parties required of the contract

Insured Multiple Names

TRAVELERS CORP. TEL: 1-800-328-2189
CONTRACTORS
COMMON POLICY DECLARATIONS
ISSUE DATE: 09/23/22
POLICY NUMBER: DT-PRS-4P417710-IND-22

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

1. NAMED INSURED AND MAILING ADDRESS:
STATE OF NEW HAMPSHIRE, DEPT
OF ADMINISTRATIVE SERVICES
PO BOX 483
CONCORD, NH 03302

2. POLICY PERIOD: From 09/17/22 to 09/17/23 12:01 A.M. Standard Time at
your mailing address.

3. LOCATIONS
Premises Bldg.
Loc. No. No. Occupancy Address

ON FILE WITH COMPANY

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
OWNER CONTRACTORS PROTECTIVE COV PART DECLARATIONS CG TO 03 03 95 IND

5. NUMBERS OF FORMS AND ENDORSEMENTS
FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
containing its complete provisions:
Policy Policy No. Insuring Company

7. PREMIUM SUMMARY:
Provisional Premium \$ 1
Due at Inception \$ 1
Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER:
THE ROWLEY AGENCY INC (G3361)
PO BOX 511
CONCORD, NH 033020512

COUNTERSIGNED BY:

Christie Johnson

Authorized Representative

DATE: 6-26-23





One Tower Square, Hartford, Connecticut 06183

OWNERS AND CONTRACTORS
PROTECTIVE LIABILITY
COVERAGE PART DECLARATIONS

POLICY NUMBER: DT-PRS-4P417710-IND-21
ISSUE DATE: 06-23-21

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

Declarations Period: From 06-17-21 to 06-17-22 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Owners and Contractors Protective Liability Coverage Part consists of these Declarations and the Coverage Form shown below. The Common Policy Conditions do not apply to this Coverage Part.

1. COVERAGE AND LIMITS OF INSURANCE:

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
COVERAGE FORM

LIMITS OF INSURANCE

Aggregate Limit	\$	3,000,000
Each Occurrence Limit	\$	2,000,000

2. AUDIT PERIOD: NONE

3. FORM OF BUSINESS: CORPORATION

4. DESIGNATED CONTRACTOR:

Name R.S. AUDLEY, INC.

Mailing Address 1113 ROUTE 30A
BOW, NH 03304

5. LOCATION OF COVERED OPERATIONS: CONTINUED CG T8 00

6. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE LISTED BELOW OR ATTACHED AS A SEPARATE LISTING.

CG T0 03 03 95

PRODUCER: THE ROWLEY AGENCY INC

G3361

OFFICE: EDISON

06H

DECLARATIONS PREMIUM SCHEDULE

POLICY NUMBER: DT-PRS-4P417710-IND-21

This Schedule applies to the Declarations for the period of 06-17-21 to 06-17-22

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

LOC/BLDG NO.	CLASS DESCRIPT/ CODE NO.	SUBLINE	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
ST OF NH	CONSTRUCTION OPERATIONS - OWNERS (NOT RAILROAD) EXCLUDING OPERATIONS ON BOARD SHIP/16292	335	C-1,694,000	FLAT CHARGE	\$1,628

*This class is subject to the prem/ops transition program.

If an "X" is entered in this box, these Declarations are completed on the Premium Schedule Extension CG T0 12.

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 R. S. AUDLEY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on October 14, 1955. 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: 6242

Certificate Number: 0006239187



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of May A.D. 2023.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY TO SIGN

At a duly authorized meeting of the Board of Directors of R.S. Audley, Inc.
(Company Name)

held on 10/09/2021, at which all the Directors were present or waived notice, it was
(Date)

voted that Ryan S. Audley, Frederick D. Kenison, Scott Stevens
(Officer Names) (Officer Names) (Officer Names)

of this Company, be and he/she/they hereby is/are authorized to execute Bidding Document,
Contracts and Bonds in the name and on behalf of said Company, and affix its corporate seal
thereto, and such execution of any contract or obligation in this Company's name on its behalf by
President/Vice President
such _____ under seal of the Company shall be valid and binding upon this Company.
(Officer/Title)

I hereby certify that the above vote has not been amended or rescinded and remains in full effect
as of this date 05/31/2023.

A true copy,

ATTEST


(Corporate Seal)

AUG09 21 PM 1:46 RCVD

83 m/c



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
Concord, New Hampshire 03301

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. 81089R - Contract B

July 8, 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 R.S. Audley Inc, Bow, New Hampshire , (VC #347725), for a total price not to exceed \$1,694,000, for the Manchester Anti-Terrorism/Force Protection REBID, Manchester, New Hampshire. This contract is effective upon Governor and Council approval through May 9, 2022 unless extended in accordance with the contract terms. **100% Capital - Federal Funds.**
- 2.) Further authorize that a contingency in the amount of \$140,000 be approved for unanticipated modifications, for the Manchester Anti-Terrorism/Force Protection REBID, Manchester, New Hampshire bringing the total to \$1,834,000. **100% Capital - Federal Funds**
- 3.) Further authorize the amount of \$68,600 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 \$1,902,600. **100% Capital - Federal Funds.**

Funding is available in account titled the Department of Military Affairs and Veterans Services:

02-12-12-120030-71630000-19-146-118 Fed State Repair

034-500162--Contract/Building Repair	\$ 1,694,000
034-500162--Contingency	\$ 140,000
034-500162--Interagency--DPW Fees	\$ <u>68,600</u>
Sub-Total	\$ 1,902,600
GRAND TOTAL	\$ 1,902,600

EXPLANATION

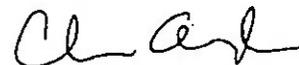
This project makes site improvements at the National Guard Readiness Center in Manchester. The work will include site grading, new storm water drainage structures, groundwater management, lighting, changing fence lines, reconfiguring traffic lanes and parking lots, installing new sidewalks and paving. Also, new trees and lawn areas will be planted.

Site upgrades to the Manchester Readiness Center are necessary to improve compliance with Federal Anti-Terrorism Force Protection requirements. Measures include increasing the distance between vehicular traffic and buildings, and parking and fence line adjustments to improve Fire Lanes. Site drainage structures will manage storm water runoff and control groundwater by diverting it away from the building.

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: \$ 805,500
Bid Amount: \$ 552,500
Under Estimate: \$ 253,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81089R, Contract B
Manchester Antiterrorism Force Protection - REBID
1059 Canal Street, Manchester, NH 03101

DESCRIPTION: This project makes site improvements at the National Guard Readiness Center in Manchester. The work will include site grading, new storm water drainage structures, groundwater management, lighting, changing fence lines, reconfiguring traffic lanes and parking lots, installing new sidewalks and paving. Also, new trees and lawn areas will be planted.

EXPLANATION: Site upgrades to the Manchester Readiness Center are necessary to improve compliance with Federal Anti-Terrorism Force Protection requirements. Measures include increasing the distance between vehicular traffic and buildings, and parking and fence line adjustments to improve Fire Lanes. Site drainage structures will manage storm water runoff and control groundwater by diverting it away from the building.

ALTERNATES

EXPLANATION: Alternate Number 1, NORTH PARKING AREA: Construct Parking area and entrance, site drainage and erosion control, utilities, site lighting and landscaping. Add \$307,500.

Alternate Number 2, LOCUST STREET: Construct Locust Street roadway, sidewalks, site drainage and erosion control, utilities, fencing and landscaping. Add \$296,000.

Alternate Number 3: SAGAMORE STREET: Construct West Sagamore Street roadway, sidewalks, site drainage and erosion control, utilities, Site lighting and landscaping. Add \$538,000.

UNDER
ESTIMATE

EXPLANATION: The Low Bid was significantly under the Department estimate. Just prior to bidding, some scope was removed from the base bid and included in the Bid Alternates because the estimate for the base bid was higher than the budget. However, the estimate for the base bid work was never revised to represent the reduced scope of work. As a precaution, the Department met with the Low Bidder and verified their bid covered the full scope of the contract.

DEPARTMENT	
ESTIMATE:	\$ 805,500
LOW BID:	\$ 552,500



Division of Public Works

ABC Bid Data

MANCHESTER
81089RB
NON-FEDERAL

PROJECT: MANCHESTER
STATE PROJECT NUMBER: 81089RB
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: June 09, 2021, 2:00
SCOPE OF WORK: Upgrades to Manchester Readiness Center and Site REBID
COMPLETION DATE: May 09, 2022
LOCATION: Hillsborough

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
AUDLEY RRS INC 1177 ROUTE 3A BOWNH 03304-4025	\$552,500.00	
NORTHEAST EARTH MECHANICS INC 159 BARNSTEAD ROAD, PITTSFIELD NH 03263	\$1,080,500.00	B

Item # 901: \$ 472,000.
 Item # 902: \$ 80,500.

 Base Bid = \$ 552,500.
 Alt. 1, Item 991 = \$ 307,500.
 Alt 2, Item 992 = \$ 296,000.
 Alt 3, Item 993 = \$ 538,000.

 Total This Contract = ~~\$ 1,693,500.~~
 1,694,000. *TV*

BUREAU OF PUBLIC WORKS
 Award to R.S. Audley, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency: N.G.
 Authorized by: [Signature]
 Date: 06/17/2021



Division of Public Works

ABC Bid Data

MANCHESTER
81089RB
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&A		MOLEY, R. B., INC. 1113 ROUTE 24 BOW, NH 03304-0023		NORTHEAST EARTH MECHANICS INC 120 BARNSTEAD ROAD PITTSFIELD, NH 02873	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

801	BASE BID SCOPE SITE DRAINAGE PAVING AND SIDEWALK	U	1.00	\$805,500.00	\$805,500.00	\$472,000.00	\$472,000.00	\$1,000,000.00	\$1,000,000.00
802	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	80,500.00	\$1.00	\$80,500.00	\$1.00	\$80,500.00	\$1.00	\$80,500.00
Totals:					\$886,000.00		\$472,800.00		\$1,080,500.00

ADD ALTERNATES 81089B REBID

ADD ALTERNATE 1

991	ADD ALTERNATE 1 NORTH PARKING AREA	U	1.00	\$267,909.00	\$267,909.00	\$307,500.00	\$307,500.00	\$475,000.00	\$475,000.00
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ADD ALTERNATE 2

992	ADD ALTERNATE 2 LOCUST STREET	U	1.00	\$328,860.00	\$328,860.00	\$296,000.00	\$296,000.00	\$365,000.00	\$365,000.00
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ADD ALTERNATE 3

993	ADD ALTERNATE 3 SAGAMORE STREET	U	1.00	\$419,882.00	\$419,882.00	\$538,000.00	\$538,000.00	\$850,000.00	\$850,000.00
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APL Totals:									
Totals:					\$886,000.00		\$1,372,600.00		\$1,930,500.00

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that R. S. AUDLEY, INC. is a New Hampshire Profit Corporation, registered to transact business in New Hampshire on October 14, 1955. 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: 6242

Certificate Number: 0005366530



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of May A.D. 2021.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/17/2021

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: Christine Bolman, CPCU, CIC PHONE (AC No): (603) 224-2562 FAX (AC No): (603) 224-1013 EMAIL ADDRESS: cbolman@rowleyagency.com																		
INSURED: R.S. Audley, Inc. 1113 Route 3-A Bow NH 03304	INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>TRAVELERS</th> <th>NAIC #</th> </tr> <tr> <td>INSURER 1: Crum & Forster</td> <td></td> <td>28188</td> </tr> <tr> <td>INSURER 2:</td> <td></td> <td></td> </tr> <tr> <td>INSURER 3:</td> <td></td> <td></td> </tr> <tr> <td>INSURER 4:</td> <td></td> <td></td> </tr> <tr> <td>INSURER 5:</td> <td></td> <td></td> </tr> </table>	INSURER	TRAVELERS	NAIC #	INSURER 1: Crum & Forster		28188	INSURER 2:			INSURER 3:			INSURER 4:			INSURER 5:		
INSURER	TRAVELERS	NAIC #																	
INSURER 1: Crum & Forster		28188																	
INSURER 2:																			
INSURER 3:																			
INSURER 4:																			
INSURER 5:																			

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.

INSR LTR	TYPE OF INSURANCE	ADOL NBR	STGR NBR	POLICY NBR	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CO0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input checked="" type="checkbox"/> LOC			PT-CO-30429383-PEX-21	3/1/2021	3/1/2022	EACH OCCURRENCE / DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 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			810-09587210-21-26-0	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 2,000
A	<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 \$ 10,000			PTEN-CO-30429401-TIL-21	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PICO 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	N/A	SA Status: EE, ICE JS-82380991-21-26-0 COP 78LAR Coverage applies	3/1/2021	3/1/2022	<input checked="" type="checkbox"/> WC STATUS-TOTY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented			DT-660-10829427-COP-21	3/1/2021	3/1/2022	Limit 775,000
B	Pollution			PAC100743	3/10/2021	3/10/2022	Per Claim/Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: 881089RD - Upgrades to Manchester Readiness Center & Site REDID. When required by written contract The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds under general liability and automobile liability coverage

CERTIFICATE HOLDER State of NH Dept of Administrative Services 7 Hazen Dr. Room 250 Concord, NH 03302	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 C Bolman, CPCU, CIC/C <i>Christine Bolman</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/21/2021

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511 PHONE (603) 224-2542 IAG No. Exp.		COMPANY Hanover Ins - Bedford P.O. Box 81042 Woburn MA 01813-1042	
FAX (603) 224-8918 IAG No.		E-MAIL ADDRESS: gstevens@rowleyagency.com	
CODE: 28-1116		SUB CODE:	
AGENCY CUSTOMER ID #: 00005060		LOAN NUMBER	
INSURED R.B. Audley, Inc., State of NH Dept of Admin Servs any, all subContractors 1113 Route 3A Bow NH 03304		POLICY NUMBER IEV061721	
		EFFECTIVE DATE 6/17/2021	EXPIRATION DATE 6/17/2022
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED, IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION DESCRIPTION Loc# 00001 1059 Canal Street Manchester, NH 03101

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
Job Specific Builders Risk New		
Job Specific Special form	1694000	2500
Job Specific Earthquake (C)	1694000	25,000
Job Specific Flood	1694000	25,000

REMARKS (Including Special Conditions)

waiver of subrogation applies

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

NAME AND ADDRESS State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Room 250 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE C Holman, CPCU, CIC/CH <i>Christine Holman</i>		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2021

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).

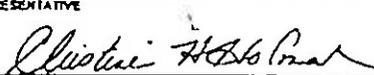
PRODUCER: THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Christine Holman, CPCU, CIC PHONE (A/C No. Ext.): (603) 224-2582 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: cholman@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE
INSURED: State of New Hampshire, Dept. of Administrative Services 7 Hazen Dr. Room 250 Concord NH 03302	INSURER A: Travelers INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

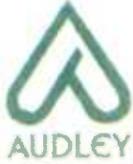
COVERAGES CERTIFICATE NUMBER: CL2182139188 REVISION NUMBER:

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 NYR	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP081721	06/17/2021	06/17/2022	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 \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RERD AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	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 OTHER 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)
Manchester 81089RB - upgrades to the Manchester readiness center site to improve compliance with Fed Anti Terrorism force protection measures

CERTIFICATE HOLDER State of New Hampshire Dept of Admin Services 7 Hazen Dr. Room 205 Concord NH 03302	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 
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R.S. AUDLEY, INC.

GENERAL CONTRACTORS

1113 Route 3A • Bow, New Hampshire • 03304-4025

(603) 224-7724 • fax (603) 225-7614

www.audleyconstruction.com

June 21, 2023

J. Wyatt Porter-Brown
Project Manager, III
Division of Public Works
Design and Construction
7 Hazen Drive, PO Box 483
Concord, NH 03302-0483

Manchester Anti-Terrorism Force Protection – Final Completion Date Extension

The purpose of this letter is to request an extension to the current project completion date of July 1st, 2023. This extension is being requested due to the increase in scope which requires additional funding that is not yet in place. It is anticipated that the funding will be in place prior to August 2023 and there is approximately 4 months of work remaining.

We are requesting a completion date of November 30th, 2023, to complete the project.

This proposed contract extension will not result in any additional cost to the project from R.S. Audley.

Please let me know if you have any questions.

Thank you for your consideration.

Michael MacDonald, P.E.
Project Manager
R.S. Audley, Inc.