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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

154

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

December 8, 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 Triple Construction, LLC (VC#395282), Hudson, New Hampshire, for a total price not to exceed \$217,362 for DPW Project No. 81075, Contract B, Replace Electrical Service NHSP-M, Concord, New Hampshire. This contract is effective upon Governor and Council approval through October 11, 2024, unless extended in accordance with the contract terms. **100% Capital Funds.**
- 2) Further authorize the amount of \$16,000 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 \$233,362. **100% Capital Funds.**

Funding is available in account titled Corrections Department as follows:

	<u>FY 2024</u>
02-46-46-460030-12400000 19-146:1IV – Replace Electric	
034-500162 – Repair/Renovation Buildings - Construction	\$ 217,362
034-500162 – Repair/Renovation Buildings - DPW Fees	<u>\$ 16,000</u>
Grand Total	\$ 233,362

EXPLANATION

Pursuant to Chapter 146:1, IV, C, Laws of 2019, funds are available to replace buried electrical cables at the State Prison for Men in Concord. The scope of this project is to bury electrical conduits for future use at the State Prison for Men.

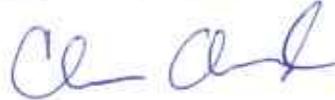
Some of the direct buried electrical cables, which are the main power feeds for the men's prison, have failed in the past and had to be replaced. This is a costly and time-consuming process and the main power source for the affected section of the prison remains unavailable until construction is complete.

There are many other existing cables that are coming to the end of their useful life. This project will install conduit in anticipation of the failure of these cables. When failure occurs, the replacement cables will simply be pulled through the new conduit, making the process quicker, more cost effective and much more efficient.

A public bid opening was held on May 31, 2023. One (1) bid proposal was received and the contract was awarded to the lowest qualified bidder. The low bid was 11% over the Department estimate. The cost of the work in the high security conditions of the prison is higher than in locations with less security and can be difficult to accurately reflect in the estimate.

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:	\$	195,000
Low Base Bid (without Alternates):	\$	<u>217,362</u>
Over Estimate:	\$	22,362



ABC Bid Data

CONCORD
81075B
NON-FEDERAL

PROJECT:	Concord	Awarded To:	
STATE PROJECT NUMBER:	81075B	Amount:	\$0.00
FEDERAL PROJECT NUMBER:	NON-FEDERAL	Award Date:	
DATE BIDS OPEN:	May 31, 2023, 2:00 PM	Certified by:	_____
SCOPE OF WORK:	Replace Electrical Service NHSP-M		Director of Project Development
COMPLETION DATE:	October 11, 2024		
LOCATION:	Merrimack		

Summary of Bidders

Contractor	Bid Amount	Rank
TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3, HUDSON NH 03051	\$217,362.00	A

Award to: Triple Construction, LLC
Contract amount: \$217,362, NO Alternates
Date: 6/14/23
Using Agency: Dept of Corrections
Authorized By: MLJ *Michelle L Juliano*



Division of Public Works

ABC Bid Data

CONCORD
81075B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3 HUDSON, NH 03051		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

	INSTALL UNDERGROUND ELECTRICAL CONDUIT	U	1.00			\$192,362.00	\$192,362.00		
	ALLOWANCE #1 WILL MAKE MONEY AVAILABLE FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	25,000.00			\$1.00	\$25,000.00		
Totals:						\$195,000.00	\$217,362.00		

TERNATES 81075B

ALTERNATE #1

	ADD ALTERNATE #1 EXTEND UNDERGROUND CONDUITS INTO TRANSFORMERS T3, T4, T6, T7 AND T8	U	1.00			\$58,039.00	\$58,039.00		
Alt. Totals:									
Totals:						\$195,000.00	\$217,362.00		



Division of Public Works

Bid Report

The undersigned, hereinafter referred to as principal or bidder, hereby proposes to furnish all materials and perform all labor necessary to complete the work described in the caption hereof, in accordance with the plans, current Standard Specifications, and special provisions, for the prices set for in the Total Bid. Failure to complete and submit this bid in its entirety or falsification of bid documents will result in the entire proposal being considered irregular and may be rejected by the Department of Administrative Services, Division of Public Works. Plans and specifications on this project cannot be transferred to any other firm or organization for the purpose of submitting a bid as a general contractor without the knowledge and authority of the department. Those who sign (manually and electronically) and the firm for which they are authorized to sign, do so under the penalty of perjury as specified by the laws of the United States and the

State Contract Number: 81075B Concord

Contractor Profile

Firm **TRIPLE CONSTRUCTION LLC**
Contractor ID **395282**
Address **5 EXECUTIVE DRIVE SUITE 3 HUDSON NH 03051**

Phone **(603)318-7280**

FAX

E-Mail **mbrockelman@triple-construction.com**

Authorized Signature: */s/ Mark Brockelman*

Bid Bond

Verified

Auth Code/Check# **SNH05318779**

Receipt of Addenda

Sequence	Date	
1	05/31/2023	Yes

**Department of Administrative Services, Division of
Public Works
Proposal**

Total Bid for Award Consideration

\$217,362.00

Contract Number: 81075B
Contract Name: Concord
Proposal For: 395282 - TRIPLE CONSTRUCTION LLC

Bid Opening Date: 31-May-2023
Project Funding: State

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	INSTALL UNDERGROUND ELECTRICAL CONDUIT	U	1.000	\$192,362.00	\$192,362.00
2	902	ALLOWANCE #1 WILL MAKE MONEY AVAILABLE FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	25,000.000	\$1.00	\$25,000.00
Total for Category Items						\$217,362.00

**ALTERNATES 81075B
ALTERNATE #1**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ADD ALTERNATE #1 EXTEND UNDERGROUND CONDUITS INTO TRANSFORMERS T3, T4, T6, T7 AND T8	U	1.000	\$58,039.00	\$58,039.00
Total for Category ALTERNATE #1						\$58,039.00

Total Bid for Award Consideration **\$217,362.00**

Proposal

Proposal Of

TRIPLE CONSTRUCTION LLC
5 EXECUTIVE DRIVE SUITE 3, HUDSON NH, 03051

to furnish and deliver all materials and to perform all work in accordance with the Contract of the State of New Hampshire, Department of Administrative Services, Division of Public Works for which proposals will be received until 2:00:00 PM, Prevailing Time on Wednesday, May 31, 2023. Said project being situated as follows:

Replace Electrical Service NHSP-M

Department of Administrative Services, Division of Public Works
John O. Morton Building
P. O. Box 483
Concord, NH 03302-0483

Commissioner:

In accordance with the advertisement of the Department of Administrative Services, Division of Public Works inviting proposals for the project hereinbefore named and in conformity with the Plans and Specifications on file in the office of the Department of Administrative Services, Division of Public Works, I/WE hereby certify that I AM/WE ARE the only person, or persons, interested in this proposal as principals; that this proposal is made without collusion with any person, firm or corporation; that an examination has been made of the Plans, of the Standard Specifications, of the Standard Plans Book, of the Proposal, and applicable addendums, including but not restricted to the Special Attentions, Supplemental Specifications, and Special Provisions attached thereto, and also that an examination has been made of the site of the work; and I, or we, propose to furnish all necessary machinery, equipment, tools, labor and other means of construction, and to furnish all materials specified in the manner and at the time prescribed; and understand that the quantities of work as shown herein are approximate only and are subject to increase or decrease, and further understand that all quantities of work whether increased or decreased are to be performed at the following prices:

I acknowledge, understand, and accept these terms and conditions.

Yes No

Signature /s/ Mark Brockelman

SIGN-STATE

It is further proposed: To execute the Contract and begin work within 10 days from the date specified in the "Notice to Proceed" and to prosecute said work so as to complete the Project and its appurtenances on or before October 11, 2024. To furnish a Contract Bond in the amount of 100 per cent of the Contract award, as security for the construction and completion of the Project and its appurtenances in accordance with the Plans, Specifications and Contract. The Contractor's attention is called to section 103.05 of the Standard Specifications which reads, in part, as follows: "Unless specifically waived in the Proposal, upon execution of the Contract, the successful Bidder shall furnish the Department a surety bond or bonds equal to the sum of the Contract amount. The form of the bonds(s) shall be acceptable to the Department and the bonding Company issuing the bond(s) shall be licensed to transact business in the State of New Hampshire, and ..." To guarantee all of the work performed under this Contract to be done in accordance with the Specifications and in good and workmanlike manner, and to renew or repair any work which may be rejected, due to defective materials or workmanship, prior to final completion and acceptance of the project. Enclosed herewith find certified check or bid bond in the amount of 5% OF THE BID TOTAL made payable to the "Treasurer, State of New Hampshire," as a proposal guarantee which it is understood will be forfeited in the event the Contract is not executed, if awarded by the Department to the undersigned.

I acknowledge, understand, and accept these terms and conditions

Yes No

Signature /s/ Mark Brockelman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2023

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).

PRODUCER Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	CONTACT NAME: Karen Case PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Karen.Case@king-insurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Selective Ins Co. of South Carolina</td> <td>19259</td> </tr> <tr> <td>INSURER B:</td> <td>Allied Eastern Indemnity Company</td> <td>11242</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:	Selective Ins Co. of South Carolina	19259	INSURER B:	Allied Eastern Indemnity Company	11242	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DR STE 3 HUDSON NH 03051-4910																					

COVERAGES **CERTIFICATE NUMBER:** CL2371232855 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			S 2399837	04/28/2023	04/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 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 OWNED AUTOS ONLY HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			S 2399837	04/28/2023	04/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2399837	04/28/2023	04/28/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
B	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 Y	N/A	03-0000118851-05	07/17/2023	07/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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: Center Strafford Project# 81324RA
The State of NH Department of Administrative Services and any and all subcontractors as the named insured.
The State, its agencies, and its agents, and employees are additional insured as respects GL as required by written contract. Waiver of subrogation applies where permitted by state law. Work performed during the policy period: Carpentry. Workers' compensation coverage applies in NH, MA & ME. Kevin Cormier is excluded from the workers' compensation coverage.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/14/2023

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).

PRODUCER Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	CONTACT NAME: Karen Case PHONE (A/C, No, Ext): E-MAIL ADDRESS: Karen.Case@King-Insurance.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of NH Dep of Administrative Services c/o Triple Construction LLC 5 Executive Drive Ste 3 Hudson NH 03051	

COVERAGES **CERTIFICATE NUMBER:** State of New Hampshire **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OCP			S2577980	06/14/2023	06/14/2024	EACH OCCURRENCE	\$ 2,000,000
	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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

281 North State St Concord Project 810758B

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

Karen Case

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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 TRIPLE CONSTRUCTION, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 07, 2016. 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: 737136

Certificate Number: 0006217041



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th 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

I, Gino Bernard, Member, hereby certify that I am a Member or

Manager of Triple Construction, LLC a limited liability company under
(Name of LLC)

RSA 304-C.

VOTED: That Kevin Cormier, Member is duly authorized to enter

(Name and Title)

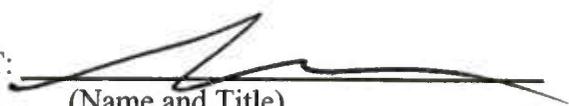
into contracts or agreements on behalf of Triple Construction, LLC with
(Name of LLC)

the State of New Hampshire and any of its agencies or departments; and further, is authorized to execute any documents which may, in his judgment, be desirable or necessary to effect the purpose of this vote.

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the LLC and that this authorization **shall remain valid for thirty (30) days** from the date of this Corporate Resolution.

DATED: June 14, 2023

ATTEST:


(Name and Title)
Gino Bernard, Member