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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 310
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

September 11, 2024

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 MWH Constructors, Inc. (VC# TBD), Broomfield, Colorado, for a total price not to exceed \$47,333,775 for Project No. 81277 for Fish Hatchery Modernization located in New Hampton, NH. The contract is effective upon Governor and Council approval through October 30, 2026, unless extended in accordance with the contract terms. **100% Federal Funds - ARPA**
- 2) Further authorize that an owner contingency in the amount of \$3,056,225 be approved for unanticipated site expenses. **100% Capital Funds.**
- 3) Further authorize the amount of \$400,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering and project management services provided. **100% Federal Funds - ARPA**

Funding is available in the following accounts:

	<u>FY 2025</u>
020-075-26490000 ARPA Water Quality & Hatchery Project (00FRF602WB7502A/CRF14)	
034-500161 – New Construction	Contract Total
	<u>\$47,333,775</u>
020-075-26490000 ARPA Water Quality & Hatchery Project (00FRF602WB7502A/CRF14)	
034-500161 – New Construction – Owner Contingency	\$ 3,056,225
085-588514 – Inter-Agency transfers out of Federal Funds – DWP Fees	<u>\$ 400,000</u>
	Project Total
	<u>\$50,790,000</u>

EXPLANATION

The work of this contract includes construction management services related to ARPA Fish Hatchery Modernization in New Hampton, NH to replace the outdated hatchery with a 150,000 pound yearly fish production center project. Modernization is required to meet state and federal standards for phosphorous and other nutrient

discharges, as well as improve efficiency of facility operations. The project will include infrastructure for fish production, reduction of waste loads and water usage, and improvement of hatchery buildings to meet current building codes.

The Department of New Hampshire Fish and Game completed a year-long study effort to evaluate the feasibility and cost to achieve compliance with extremely stringent total phosphorus (TP) effluent limits of the National Pollutant Discharge Elimination System (NPDES) Permit, at its Powder Mill Fish Hatchery. Due to the anticipated cost of a new effluent treatment system at Powder Mill, as well as significant infrastructure investment needs at the hatcheries, the study included evaluation of increased production at other facilities in the state to compensate for a significant loss in production from Powder Mill if effluent TP requirements could not be economically met. This study concluded that the most economically feasible approach to meeting state hatchery production goals is to construct a new recirculating aquaculture system (RAS) at its New Hampton location. The new RAS will be designed for approximately 150,000 pounds of fish production with potential to increase it to 250,000 pounds in the future.

Requests for Letters of Interest and Qualification (LOIQ) for the Construction Management firm (CM) were published on February 7, 2024. The following four firms submitted LOIQ's:

Bonnette, Page & Stone Corporation
MWH Constructors, Inc.
North Branch Construction
PC Construction

These CM firms were evaluated based on their experience with projects of a similar nature. Each firm was sent a request for a technical proposal and scheduled for an interview held on April 17, 2024. Each firm's technical proposal and interview were rated on the basis of: general qualifications; capacity to perform preconstruction phase; capacity to perform construction phase; presentation and interview of CM team; and overall proposal rating for the project. Based on committee scoring, the following three firms were shortlisted:

MWH Constructors, Inc.
North Branch Construction
PC Construction

Thirty percent (30%) construction documents and a request for Fee Structure and Suitability was issued for the shortlisted CM firms on May 1, 2024. Each firm was rated on the basis of: construction manager fee, preconstruction fee, general conditions fee, contractor contingency, preliminary cost estimate, escalation costs, preliminary schedule and overall suitability for the project.

The firm of MWH Constructors was chosen as the best qualified for the project. The CM selection process employed by the Department for this project is in accordance with RSAs 21-I:22, 21-I:22-c and 21-I:22-d, all applicable Federal laws and the Department's procedures for "Selection of Engineers, Architects and Surveyors" dated July 28, 2005. The CM Selection Committee included representatives from the Division of Public Works Design and Construction, the Department of Fish and Game and the engineering consultant.

ALTERNATES EXPLANATION: This contract included one Alternate for keeping the Fish Hatchery building in operation until July 2025. The Department accepted this alternate:

Base Bid:	\$	47,280,650
Add Alternate #1:	\$	<u>53,125</u>
Contract Amount:	\$	47,333,775

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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

New Hampton 81277R, Contract B – Fish Hatchery Modernization
 Construction Manager Selection Process
 September 2024

The selection for a Construction Manager consisted of a two-part process:

Section A: Consisted of a written technical proposal and interview. The top three scoring firms were allowed continue to the next selection process.

Section B: Consisted of specific information related to Construction Management of the fish hatchery modernization and a top scoring finalist was selected.

SECTION A RESULTS – OVERALL TECHNICAL PROPOSAL AND INTERVIEW RATING

	BPS	MWH	NB	PC
Roger Dionne	97	189	112	167
Michelle Juliano	99	162	136	159
Scott Mason	144	195	153	176
Dianne Timmins	123	194.5	174	156
John Wujek	88	169	134	162
Average	110	182	142	164
Totals	551	909.5	709	820
%Total Points	45.9%	75.8%	59.1%	68.3%
Rank	4	1	3	2

SECTION B RESULTS – OVERALL CONSTRUCTION MANAGER SCORING

	NB	MWH	PC
Roger Dionne, DPW Project Manager	60	88	74
Mike Murphy, DPW Project Manager	41	96	81
Ted Kupper, DPW Director	70	83	81
Scott Mason, NHFG Executive Director	73	90	75
Dianne Timmins, NHFG Inland Fisheries Chief	77	85	77
John Wujek, HDR Group Manager	54	92	83
Totals	321	442	388
% Total Points	53.5%	73.7%	64.7%
Rank	3	1	2

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 MWH CONSTRUCTORS, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on February 07, 2003. 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: 428015

Certificate Number: 0006736948



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of July A.D. 2024.

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

David M. Scanlan
Secretary of State

Certificate of Authority # 6

(Limited Partnership or LLC- Corporate, General Partner or Manager)

Corporate Resolution

I, Blair Lavoie, hereby certify that I am duly elected Clerk/Secretary of
(Name)
MWH Constructors, Inc.. I hereby certify the following is a true copy of a vote taken at a
(Name of Corporation)
meeting of the Board of Directors/shareholders, duly called and held on May 30, 2024,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Jeffery Garner, COO East; Anthony Accardi, Senior Vice President is duly authorized to
(Name and Title)

enter a contract on behalf of MWH Constructors, Inc. which is a foreign profit
(Name of Limited Partnership)

Corporation with the Secretary of State, State of New Hampshire and
(Name of State Agency)

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 May 30, 2024. 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
corporation and that the corporation as the general partner has full authority to bind the
limited partnership to the specific contract indicated. This authority **shall remain valid for
thirty (30) days** from the date of this Corporate Resolution.

DATED: August 26, 2024

ATTEST:


(Blair Lavoie, CEO & President)



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/08/2024

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME CONTACT PERSON AND ADDRESS Alliant Insurance Services, Inc. 16000 N. Dallas Pkwy Suite 850 Dallas, TX 75248 License#: 0C36861		PHONE (A/C, No, Ext): 214-490-3040		COMPANY NAME AND ADDRESS National Union Fire Insurance NAIC NO: 19445	
FAX (A/C, No):		E-MAIL ADDRESS: Abigail.Filley@alliant.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE Builders Risk	
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER TBD	
NAMED INSURED AND ADDRESS MWH Constructors, Inc. Methuen Construction Company, Inc 144 Main St. Plaistow NH 03865		EFFECTIVE DATE 10/30/2024		EXPIRATION DATE 10/30/2026	
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION New Hampton Fish Hatchery 204 Main Street, New Hampton, NH	
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		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/>	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 47,333,775							DED: 100,000
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		YES	NO	N/A			Actual Loss Sustained; # of months:
<input type="checkbox"/> BLANKET COVERAGE			X				If YES, indicate value(s) reported on property identified above: \$
<input type="checkbox"/> TERRORISM COVERAGE		X					Attach Disclosure Notice / DEC
<input type="checkbox"/> IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X				
<input type="checkbox"/> IS DOMESTIC TERRORISM EXCLUDED?			X				
<input type="checkbox"/> LIMITED FUNGUS COVERAGE		X					If YES, LIMIT: 250,000 DED: 100,000
<input type="checkbox"/> FUNGUS EXCLUSION (If "YES", specify organization's form used)		X					
<input type="checkbox"/> REPLACEMENT COST		X					
<input type="checkbox"/> AGREED VALUE				X			
<input type="checkbox"/> COINSURANCE			X				If YES, %
<input type="checkbox"/> EQUIPMENT BREAKDOWN (If Applicable)			X				If YES, LIMIT: DED:
<input type="checkbox"/> ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X				If YES, LIMIT: DED:
<input type="checkbox"/> - Demolition Costs		X					If YES, LIMIT: 5,000,000 DED: 100,000
<input type="checkbox"/> - Incr. Cost of Construction		X					If YES, LIMIT: 5,000,000 DED: 100,000
<input type="checkbox"/> EARTH MOVEMENT (If Applicable)		X					If YES, LIMIT: 47,333,775 DED: 100,000
<input type="checkbox"/> FLOOD (If Applicable)		X					If YES, LIMIT: 5,000,000 DED: 5%, min \$500,000
<input type="checkbox"/> WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X				If YES, LIMIT: 47,333,775 DED: 100,000
<input type="checkbox"/> NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X				If YES, LIMIT: 47,333,775 DED: 100,000
<input type="checkbox"/> PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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		<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE		LENDER SERVICING AGENT NAME AND ADDRESS	
<input type="checkbox"/> MORTGAGEE					
NAME AND ADDRESS NH Depart. Of Administrative Services 23 Capital Street Concord NH 03301				AUTHORIZED REPRESENTATIVE 	



ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED MWH Constructors, Inc. Methuen Construction Company, Inc 144 Main St. Plaistow NH 03865	
POLICY NUMBER TBD		EFFECTIVE DATE: 10/30/2024	
CARRIER National Union Fire Insurance	NAIC CODE 19445		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

This certificate is intended for information only and reflects the intended Builders Risk Coverage that will be placed for this project. Coverage will be bound prior to construction start and an updated certificate of insurance will be provided.

State of NH Department of Administrative Services and any and all subcontractors are included as additional insureds.

ADDITIONAL INSUREDS means all project owner(s), contractors and subcontractors of every tier and any tenant at the INSURED PROJECT* location to the extent required by the contract document(s) or subcontract(s) with respect to the INSURED PROJECT* and then only as their respective interests may appear. With respect to architects, engineers, manufacturers and suppliers, notwithstanding any contract or subcontract to the contrary, their interest is limited to their activities at the INSURED PROJECT* location only.*

Water Damage Deductible: 5%, min \$500,000

Example



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2024

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 Alliant Insurance Services, Inc. 16000 N. Dallas Pkwy Suite 850 Dallas TX 75248 License#: 0C36861 MVHCONS-01	CONTACT NAME: Aileen Escobedo	
	PHONE (A/C, No, Ext): 214-316-2613	FAX (A/C, No):
E-MAIL ADDRESS: Aileen.Escobedo@alliant.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Zurich American Insurance Comp		16535
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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 INSD	SUBR WYD	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 GEN'L 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 - COMP/OP AGG \$ \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Owners & Contractors Protective			OCP5188081-00	9/01/2024	10/30/2027	Each Occurrence \$2,000,000 Aggregate \$3,000,000

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

New Hampton Fish Hatchery
 204 Main Street
 New Hampton, NH

Contractor - MWH Constructors, Inc.

CERTIFICATE HOLDER

NH Depart. Of Administrative Services
 23 Capital Street
 Concord NH 03301

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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