



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

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Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

December 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 **Retroactive** and **Sole Source** amendment to an existing contract with Integrated Facilities Construction Corp. (VC#319532), Medford, Massachusetts by increasing the price limitation by \$490,000 from \$4,600,157 for a total price not to exceed \$5,090,157 for Project Number 81116, Contract D, APS Beds Renovation E&F Patient Units. This contract is effective upon Governor and Council approval through March 18, 2024, unless extended in accordance with the contract. The original contract was approved by Governor and Council on May 17, 2023, item #116. **26% General Funds and 74% Other Funds.**
- 2) Further authorize the amount of \$10,000 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 \$1,467,360. **26% General Funds and 74% Other Funds.**

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

	<u>FY 2024</u>
05-95-94-940010-87500000 ACUTE PSYCHIATRIC SERVICES	
048-500226 – Contractual Maint Build-Grn	\$ 490,000.00
048-500226 – Contractual Maint Build-Grn – DPW Fees	<u>\$ 10,000.00</u>
Grand Total	\$ 500,000.00

EXPLANATION

This contract amendment is listed as a **Sole Source** because the increase in the original contract price limitation is greater 10% and **Retroactive** to continue processing payments for work in progress for which the contingency and allowances have been fully utilized. The purpose of this contract amendment

is to add a new camera system to the facility and to expedite the scheduled construction completion of the APS Beds Renovation E & F Patient Units.

A new camera system and cameras will replace the existing outdated system. The existing system has many cameras that are no longer serviceable or working properly. The camera system servers and base stations are outdated and inadequate to support the new E & F Patient Unit layouts and additional required cameras. The camera system was not included in the base bid because of limited funding. The installation of the necessary camera cabling has already been completed through funds made available from the contract contingency. It was necessary to install the cabling before the walls were finished to avoid damaging the new construction.

This contract amendment will also assist the Division of Public Works (DPW) in expediting the scheduled completion of the project to meet the Department of Health and Human Services' (DHHS) goal of January 31, 2024. This will allow DHHS to begin moving furniture and equipment into the renovated units, and ultimately take occupancy, several months ahead of the required legal deadlines to have the patient units occupied. The funds will be included in the contract as an allowance, which will be drawn down on a monthly basis, as approved by DPW. Costs for additional labor hours are decided upon each week by Integrated Facilities Construction Corp. (IFCC), DPW and DHHS to improve the schedule's critical path. IFCC must provide a daily accounting of hours and a revised contract completion schedule every-other-week to DPW to justify the monthly billing. IFCC estimated the required cost to service four (4) months (September 25 through January 31) of additional hours, expediting material delivery and other potential issues related to expedited construction operations, as approximately \$350,000. Contingency funds have been accessed to begin work on the accelerated schedule. To date, approximately \$80,000 has been paid or committed to IFCC for work completed through the end of November and the schedule has shown improvement through these efforts. If the Department continues working with IFCC with funds made available through this contract amendment, the critical path schedule will remain on track to achieve a construction completion on or about January 31, 2024.

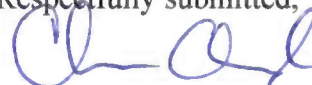
The contract increase is identified as follows:

Camera Addition	\$149,022.68
Allowance for additional labor (4 months) and other items related to expediting the construction schedule	<u>\$340,977.32</u>
TOTAL	\$490,000.00

The cost for the additional work provided by Integrated Facilities Construction Corp. 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



STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION

CHARLES M. ARLINGHAUS
COMMISSIONER

November 01, 2023

Integrated Facilities Construction Corp.
92 High Street Ste 23
Medford, MA 02155

RE: NHH APS Beds Renovation E & F units
Concord NH
Bureau of Public Works' Project No. 81116, Contract D

To Whom It May Concern:

Enclosed, for your files, is a fully executed copy of Alteration Order No. 4 for the above referenced project.

Very truly yours,

Michelle L. Juliano

for Theodore Kupper, P.E.
Administrator
Division of Public Works Design & Construction
603-271-3516

TK / ap

Enclosures

cc: Timothy Smith, Division of Public Works Design & Construction
N.H. Hospital

PLEASE RETURN TO PUBLIC WORKS DESIGN & CONSTRUCTION. THANK YOU.

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION

PROJECT NO. 81116	ALTERATION ORDER NO.	4
Contract D	APPROPRIATION ACCOUNT NO.	010-094-84100000-103-5007
	CONTRACT NO.	1092556-1 & 2
Date 10/12/23	CONTINGENCY NO.	1092556-3
Vendor No. 319532		

TO: Integrated Facilities Construction Corp., 92 High Street Ste 23, Medford MA 02155

In Connection With Your Contract Dated 5/17/2023 For NHH APS Beds Renovation E & F units, Concord, NH


You are authorized to make the following changes in the Contract:

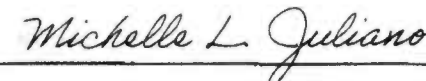
- | | |
|--|--------------|
| 1 Increase contract for work associated with Change Order #33B | \$149,022.68 |
| 2 Create new allowance for costs associated with expediting construction schedule and for unforeseen conditions. | \$340,977.32 |
| 3 The contractor will make best efforts to reach an early Substantial Completion date of January 31, 2024 | |

All other terms and conditions of the Contract remain the same.

\$490,000.00

ACCEPTED BY: Date: 10/24/23 APPROVED BY:

 Rick Magliozzi, President
Integrated Facilities Construction Corp.

 Michelle L. Juliano
for Theodore Kupper, P.E.
Administrator
Division of Public Works Design & Construction



CHARLES M. ARLINGHAU:
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES

DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION

STIPULATED SUM CHANGE ORDER
GENERAL CONTRACTOR FORM

Date: September 21, 2023

Number: 033B

Project Title: APS Beds Renovation E&F Patient Units

Project Number: 81116

Contract: D

Labor:

DESCRIPTION OF LABOR INVOLVED	TOTALS	
IFCC's narrative dated September 21, 2023, and the documents referenced therein are attached hereto and incorporated herein by reference.	\$0.00	
<i>Labor Costs shall include Worker's Compensation & Employee Liability, and Unemployment and Social Security Taxes.</i>	SUBTOTAL	\$ 0.00
	(General Contractor) + 20%	\$ 0.00
GENERAL CONTRACTOR LABOR TOTAL	\$ 0.00	

Material: (provided by General Contractor)

DESCRIPTION OF MATERIAL INVOLVED	TOTALS	
	\$0.00	
	SUBTOTAL	\$ 0.00
	(General Contractor) + 10%	\$ 0.00
GENERAL CONTRACTOR MATERIAL TOTAL	\$ 0.00	

Equipment: (provided by General Contractor, attach rental quotes/rates)

DESCRIPTION OF EQUIPMENT TO BE USED	TOTALS	
IFCC's Bond 2.0% x \$131,878.49 = \$2,637.56	\$3,956.34	
IFCC's Insurance 1.0% x \$2131,878.49= \$1,318.78		
Total IFCC's Bond + Insurance= \$3,956.34		
<i>Reimbursement Only for Rental Equipment @ actual cost, no mark-up is allowed.</i>	SUBTOTAL	\$3,956.34
GENERAL CONTRACTOR EQUIPMENT TOTAL	\$3,956.34	

John O. Morton Building • 7 Hazen Drive, Room 250 • POB 483 • Concord, New Hampshire 03302-0483
Telephone: 603-271-3516 • Fax: 603-271-3515 • TDD: 1-800-735-2964
<http://das.nh.gov/publicworks>


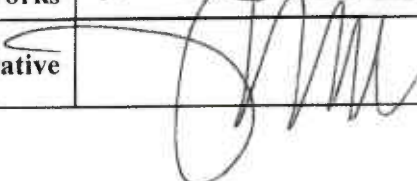
Subcontractor: (Attach subcontractors' quote)

SUBCONTRACTOR NAME & TRADE INVOLVED		TOTALS
Eye P Video Systems		\$131,878.49
-----		\$0.00
-----		\$0.00
-----		\$0.00
<i>All Subcontractors are allowed a 20% mark-up on their labor, 10% mark-up on materials, and 10% mark-up on any subcontractors that they may hire.</i>	SUBTOTAL	\$131,878.49
	(General Contractor) + 10%	\$13,187.85
SUBCONTRACTOR TOTAL		\$145,066.34

Summary of Costs:

LABOR / MATERIAL / EQUIPMENT / SUBCONTRACTOR	\$149,022.68
GRAND TOTAL	\$149,022.68

Approval:

	SIGNATURE	DATE
Using Agency Representative	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> APPROVED By Timothy Whitman at 9:09 am, Oct 04, 2023 </div>	
Contract Administrator or Clerk of the Works		Timothy D Smith 2023.09.29 15:14:12 -04'00'
Contractor Representative		9/21/23

tds

PROJECT NO: 81116 Contract D

CONTRACT INCREASE SIGNATURE PAGE:

Integrated Facilities Construction Corp:

DATED: 12/20/23

BY: 

PRINT NAME: Rick Magliozzi

TITLE: President

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 12/18/23

BY: 

Charles M. Arlinghaus
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES:

DATED: 12/20/23

BY: 

Lori Weaver
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: 12/27/23

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: 81116 Contract D

CONTRACT INCREASE SIGNATURE PAGE:

Integrated Facilities Construction Corp:

DATED: _____


BY: _____

PRINT NAME: _____

TITLE: _____


STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 12/18/23

BY: 
Charles M. Arlinghaus
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES:

DATED: _____

BY: 
Lori Weaver
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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services LLC, 475 Kilvert Street, Building B, Sulte 205, Warwick, RI 02886. CONTACT NAME: Phil Castell, PHONE: 855 874-0123, FAX: 877 484-4772, E-MAIL ADDRESS: Phil.Castelli@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Acadia Insurance Company, INSURER B: Certain Underwriters at Lloyds of Londo, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Pollution Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE Project 81118, Contract D APS Beds Renovation E&F Patient Units work at 36 Clinton Street, Concord, NH. Additional Named Insured: State of New Hampshire Dept. of Administrative Services. The General Liability policy includes Additional Insured status for the State of NH, its agencies, and its agents and employees, only when there is a written contract that requires such status, and only with regards to work performed on behalf of the named insured. The General Liability policy contains a special (See Attached Descriptions)

CERTIFICATE HOLDER: State of New Hampshire c/o Dept 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: John J. Ullrich

DESCRIPTIONS (Continued from Page 1)

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

State of New Hampshire

Department of State

CERTIFICATE

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

Business ID: 821450

Certificate Number: 0006200521



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

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

David M. Scanlan
Secretary of State

(Corporation, Non-Profit Corporation)

Corporate Resolution

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

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

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

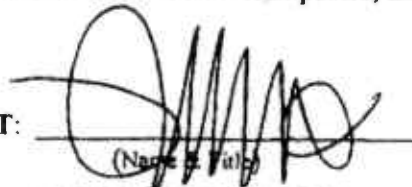
duly authorized to enter into contracts or agreements on behalf of
Integrated Facilities Const Corp. with the State of New Hampshire and any of
(Name of Corporation)

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

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

DATED: April 10, 2023

ATTEST:


(Name and Title)
Rick Magliozzi, President



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

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

MPC 5.17.23 116
04/11/2023 11:31 AM

MLC

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

May 17, 2023

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

REQUESTED ACTION

1) Authorize the Division of Public Works Design and Construction to enter into a contract with Integrated Facilities Construction Corp. (VC#319532), Medford, Massachusetts for a total price not to exceed \$4,354,700 for Project Number 81116D APS Beds Renovation E&F Patient Units. This contract is effective upon Governor and Council approval through March 18, 2024, unless extended in accordance with the contract terms. **77% General Funds and 23% Other Funds**

2) Further authorize that a contingency in the amount of \$245,457 be approved for unanticipated site expenses for APS Beds Renovation E&F Patient Units, Concord, New Hampshire, bringing the total to \$4,600,157. **100% General Funds.**

3) Further authorize the amount of \$40,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering services provided, bringing the total to \$4,640,157. **100% General Funds.**

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

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

EXPLANATION

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

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

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

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

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

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

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

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



ABC Bid Data

CONCORD
81116D
NON-FEDERAL

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

Awarded

Amount: \$0.00
Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

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

BUREAU OF PUBLIC WORKS
 Award to Integrated Facilities Construction Corp
 Hold for Negotiation
 Cancel Contract
 User Agency: NH HHS
 Authorized by: [Signature]
 Date: 103292023
 IPD: 3/31/23 @ 1:36 pm

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

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

 Total This Contract = \$4,354,700.-



ABC Bid Data

CONCORD
81116D
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		INTEGRATED FACILITIES CONSTRUCTION CORP 71 HIGH STREET WISCONSIN, MA 02184		WOODSTOCK BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-2320	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
901	ALL LABOR AND MATERIALS TO RENOVATE PATIENT UNITS E AND F AT APS	U	1.00			\$4,168,700.00	\$4,168,700.00	\$4,784,215.00	\$4,784,215.00
902	ALLOWANCE FOR UNFORSEEN, LATENT CONDITIONS AND OWNER MQDS	S	100,000.00			\$1.00	\$100,000.00	\$1.00	\$100,000.00
Totals:						\$3,765,000.00	\$4,268,700.00	\$4,844,215.00	\$4,844,215.00
ALTERNATES 81116D									
ALTERNATE 1									
991	ADD ALTERNATE 1 PROVIDE COST TO ADD FULL HEIGHT CERAMIC TILE AT SHOWER ROOMS	U	1.00			\$29,519.00	\$29,519.00	\$29,519.00	\$29,519.00
ALTERNATE 2									
992	ADD ALTERNATE 2 PROVIDE COST TO ADD SECURE CEILING GRID SYSTEM	U	1.00			\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
ALTERNATE 3									
993	ADD ALTERNATE 3 PROVIDE COST TO ADD NEW SURVEILLANCE SYSTEM	U	1.00			\$209,934.00	\$209,934.00	\$209,934.00	\$209,934.00
ALTERNATE 4									
994	ADD ALTERNATE 4 PROVIDE COST TO ADD NEW NURSE CALL LIGHT AND CONSOLE	U	1.00			\$234,368.00	\$234,368.00	\$234,368.00	\$234,368.00
All Totals:									
Totals:						\$3,765,000.00	\$4,268,700.00	\$4,844,215.00	\$4,844,215.00



ABC Bid Data

CONCORD
81116D
NON-FEDERAL

Item No.	Description	Unit	Quantity	Bid		TURNS TONE CORPORATION 471 BARNHAM STREET HELPOUR, NH 03066-3706		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
Items									
901	ALL LABOR AND MATERIALS TO RENOVATE PATIENT UNITS E AND F AT APS	U	1.00					\$5,405,000.00	\$5,405,000.00
902	ALLOWANCE FOR UNFORSEEN, LATENT CONDITIONS AND OWNER MODS	I	100,000.00					\$1.00	\$100,000.00
Totals								\$3,765,000.00	\$5,505,000.00

ALTERNATES 81116D

ALTERNATE 1

931	ADD ALTERNATE 1 PROVIDE COST TO ADD FULL HEIGHT CERAMIC TILE AT SHOWER ROOMS	U	1.00					\$44,600.00	\$44,600.00
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ALTERNATE 2

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

933	ADD ALTERNATE 3 PROVIDE COST TO ADD NEW SURVEILLANCE SYSTEM	U	1.00					\$231,700.00	\$231,700.00
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ALTERNATE 4

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

DESCRIPTIONS (Continued from Page 1)

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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Ins Svcs Wrap Spec Proj 475 Kilvert Street, Building B Suite 205 Warwick, RI 02886	CONTACT NAME: Christine Saverino	
	PHONE (A/C, No, Ext): 855 874-0123	FAX (A/C, No): 877 484-4772
E-MAIL ADDRESS: Christine.Saverino@usi.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hartford Fire Insurance Company		19682
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

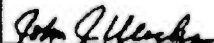
INSURED
 The State of NH Dept. of Administrative Services
 92 High Street; Suite 23
 Medford, MA 02155

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OCP			02UEABD0132	04/10/2023	04/10/2024	\$2M/\$3M

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

CERTIFICATE HOLDER State of New Hampshire c/o Dept 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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(Corporation, Non-Profit Corporation)

Corporate Resolution

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

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

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

duly authorized to enter into contracts or agreements on behalf of

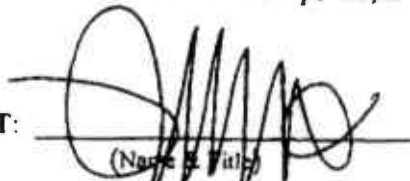
Integrated Facilities Const Corp. with the State of New Hampshire and any of
(Name of Corporation)

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

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

DATED: April 10, 2023

ATTEST:


(Name & Title)

Rick Magliozzi, President

State of New Hampshire

Department of State

CERTIFICATE

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

Business ID: 821450

Certificate Number: 0006200521



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

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

David M. Scanlan
Secretary of State