



LINDA M. HODGDON  
 Commissioner  
 (603) 271-3201

# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
 OFFICE OF THE COMMISSIONER  
 25 Capitol Street – Room 120  
 Concord, New Hampshire 03301

OCT 31 '12 PM 1:07 DAS

*dm*

JOSEPH B. BOUCHARD  
 Assistant Commissioner  
 (603) 271-3204

Bureau of Public Works  
 Design and Construction  
 Project No. 80648 – Contract B

September 28, 2012

His Excellency, Governor John H. Lynch  
 and the Honorable Council  
 State House  
 Concord, New Hampshire 03301

### REQUESTED ACTION

Authorize the Bureau of Public Works Design and Construction to enter into a contract amendment (Contract 7000774-1) with Skyline Roofing, Inc. (VC# 156049) Manchester, NH, for the Campus Edge Building Roof Replacement, Sununu Youth Development Center, Manchester, NH, by increasing the base contract amount by \$12,680 from \$90,000 to \$102,680, effective upon Governor and Council approval through November 1, 2012, unless extended in accordance with the contract terms. **100% General/Capital Funds.**

Funding is available in account titled Heath & Human Services as follows:

05-41-41-410030-09660000 Campus Edge Bldg./Roof

	<u>SFY13</u>
034-500162 – Repair/Renovations Bldgs.	\$ 12,680
<b>Grand Total</b>	<b>\$ 12,680</b>

### EXPLANATION

This contract was approved by Governor and Council on August 8, 2012, item #25. This amendment is required because it was discovered that one of the drawings in the plan set was accidentally omitted during the duplication process. The missing plan page includes details for roof edge work that needs to be completed as part of the work. The error was not discovered



until after the contract was awarded and approved by Governor and Council. The cost estimate was reviewed by our engineers and found to be representative of the work effort.

Per Chapter 253:1, VII, F, Laws of 2011, for the New Roof – Campus Edge Building. This Project includes the removal of the existing roof system and replacement with a new two-ply SBS modified roof system with a 30-year total system warranty. Components to be replaced include roofing membrane, coverboard, rigid insulation, flashings, edge metal, blocking, all adhesives and mechanical fasteners, and the roof hatch.

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 Health & Human Services Department 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, Bureau of Public Works Design and Construction.

Respectfully submitted,



Linda M. Hodgdon  
Commissioner



CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80648, Contract B – Campus Edge Building Roof Replacement, Manchester.

DESCRIPTION: Project includes the removal of the existing roof system and replacement with a new two-ply SBS modified roof system with a 30-year total system warranty. Components to be replaced include roofing membrane, coverboard, rigid insulation, flashings, edge metal, blocking, all adhesives and mechanical fasteners, and the roof hatch.

EXPLANATION: The Campus Edge Building roof is experiencing accelerated deterioration with a number of leaks. These leaks have caused interior damage. Replacing the roof will preserve the State's investment in this building while providing a 30-year full roof system warranty.

**CONTRACT  
INCREASE**

**EXPLANATION: One of the drawings in the plan set was accidentally omitted while in duplication. This drawing contained \$12,680.00 worth of work to the edge condition of the building. The error wasn't found until after the contract was awarded and approved by Governor and Council. The cost estimate provided by the Contractor has been evaluated and found to be representative of the work effort.**



<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 6/1/2012
PRODUCER (800)258-1776 FAX: (603)882-1843 The Minuteman Group 90 Main Street P.O. Box 487 Nashua NH 03061-0487	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Skyline Roofing, Inc. 861 Page Street Manchester NH 03109-4637	INSURERS AFFORDING COVERAGE INSURER A: Peerless Ins Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 24198

**COVERAGES**  
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CBP8765523	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 250,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	BA8765223	4/1/2012	4/1/2013	COMBINED SINGLE LIMTY (EA accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY	CDB766023	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
A N	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCB765823	4/1/2012	4/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 500,000
	3a states: MA, NH Officers Included				E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Rental Leased	CBP8765523	4/1/2012	4/1/2013	Limit \$ 150,000 Installation, Floater \$ 143,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 The State of NH/Dept of Administrative Services is named as an additional insured.  
 Project#80648 Contract B: Campus Edge Building Roof Replacement 1056 North River Road  
 Manchester NH  
 10 day cancellation notice for non-payment.

<b>CERTIFICATE HOLDER</b> (603)271-1558 State of New Hampshire Dept. of Administrative Services PO Box 483 7 Hazen Drive Concord, NH 03302-0483	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Thomas Mulligan
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/6/2012

PRODUCER (800) 258-1776 FAX: (603) 882-1843  
The Minuteman Group  
90 Main Street  
P.O. Box 487  
Nashua NH 03061-0487

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
Skyline Roofing, Inc. State of NH Dept of  
Administrative Services  
PO Box 483 7 Hazen Drive  
Concord NH 03302-0483

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Peerless	3
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADDL LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Protective Liability GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL08919824	6/1/2012	6/1/2013	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER
					EL. EACH ACCIDENT \$
					EL. DISEASE - EA EMPLOYEE \$
					EL. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
The State of NH/Dept of Administrative Services is named as an additional insured.  
Project#80648 Contract B: Campus Edge Building Roof Replacement 1056 North River Road  
Manchester NH  
10 day cancellation notice for non-payment.

**CERTIFICATE HOLDER**  
(603) 271-1558  
State of New Hampshire  
Dept. of Administrative Services  
PO Box 483  
7 Hazen Drive  
Concord, NH 03302-0483

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE  
Tom Mulligan



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/1/2012

PRODUCER (800)258-1776 FAX: (603)882-1843  
The Minuteman Group  
Main Street  
P.O. Box 487  
Ashua NH 03061-0487  
INSURED  
State Department of Administrative Services  
Skyline Roofing Inc  
Hazen Drive  
Concord NH 03302-0483

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Peerless	3
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	<b>OTHER Builders Risk</b>	IMB910609	6/1/2012	12/1/2012	90,000								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 The State of NH/Dept of Administrative Services is named as an additional insured.  
 Project#80648 Contract B: Campus Edge Building Roof Replacement 1056 North River Road  
 Manchester NH  
 30 day cancellation notice for non-payment.

**CERTIFICATE HOLDER**  
 (603) 271-1558  
 State of New Hampshire  
 Dept. of Administrative Services  
 PO Box 483  
 7 Hazen Drive  
 Concord, NH 03302-0483

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 Tom Mulligan



EPW



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

JOSEPH B. BOUCHARD  
Assistant Commissioner  
(603) 271-3204

Bureau of Public Works  
Design and Construction  
Project No. 80648 – Contract B

July 9, 2012

His Excellency, Governor John H. Lynch  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

8/8/2012

### REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Skyline Roofing, Inc. (VC# 156049) Manchester, NH, for a total price not to exceed \$90,000, for the Campus Edge Building Roof Replacement, Sununu Youth Development Center, Manchester, N. H. This contract is effective upon Governor and Council approval through November 1, 2012, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize the amount of \$4,100 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction, for capital clerk (RSA 253:10) (VC# 177875), for engineering services provided, bringing the total to \$94,100. **100% Capital - General Funds.**

Funding is available in account titled Heath & Human Services as follows:

05-41-41-410030-09660000 Campus Edge Bldg./Roof

	<u>SFY13</u>
034-500162 – Repair/Renovations Bldgs.	\$ 90,000
034-500161 – Interagency Fees (Capital Clerk)	<u>\$ 4,100</u>
<b>Grand Total</b>	<b>\$ 94,100</b>

## RECEIVED

JUL 26 2012

BUREAU OF PUBLIC WORKS

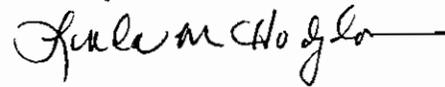
**EXPLANATION**

Per Chapter 253:1, VII, F, Laws of 2011, for the New Roof – Campus Edge Building. This Project includes the removal of the existing roof system and replacement with a new two-ply SBS modified roof system with a 30-year total system warranty. Components to be replaced include roofing membrane, coverboard, rigid insulation, flashings, edge metal, blocking, all adhesives and mechanical fasteners, and the roof hatch.

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 Health and Human 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, Bureau 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,



Linda M. Hodgdon  
Commissioner

Department Estimate:	\$ 89,500
Contract Amount:	<u>\$ 90,000</u>
Over Estimate:	\$ 500

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80648, Contract B – Campus Edge Building Roof Replacement, Manchester.

DESCRIPTION: Project includes the removal of the existing roof system and replacement with a new two-ply SBS modified roof system with a 30-year total system warranty. Components to be replaced include roofing membrane, coverboard, rigid insulation, flashings, edge metal, blocking, all adhesives and mechanical fasteners, and the roof hatch.

EXPLANATION: The Campus Edge Building roof is experiencing accelerated deterioration with a number of leaks. These leaks have caused interior damage. Replacing the roof will preserve the State's investment in this building while providing a 30-year full roof system warranty.

OVER ESTIMATE EXPLANATION: The scope for Alternate #1 was not in the original estimate. The base bid alone would have been \$9,000 below the estimate and including the alternate is only \$500 above it, which is very accurate.

BID ALTERNATE ADDS/DEDUCTS EXPLANATION: Alternate #1 adds \$9,500 to the base bid. The removal of the existing roof hatch and installation of a new roof hatch and fixed ladder in a new location allows more practical usage of the space on the top floor. The agency currently uses an extension ladder through a break in the ceiling in the middle of the room to access the roof hatch. This is extremely inconvenient. The location for the new roof hatch is in a custodial closet. It will provide safer access for staff and prevent unauthorized access to the roof.

DEPARTMENT ESTIMATE: \$89,500  
LOW BID: \$90,000

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 2<sup>ND</sup> DAY OF MAY, 2012 FOR CAMPUS EDGE BUILDING ROOF REPLACEMENT, 1056 NO. RIVER RD., MANCHESTER, NH  
PROJECT NO. 80648 CONTRACT B COMPLETION DATE: NOVEMBER 1, 2012

ITEM NO.	ITEM	QUANTITIES	A.		B.		C.	
			UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
1	REMOVE EXISTING ROOF SYSTEM & REPLACE PER PLANS & SPECS	1 UNIT	\$70,500.00	\$70,500.00				
2	ALLOWANCE FOR UNANTICIPATED STRUCTURAL REPAIRS AND/OR UNFORESEEN CONDITIONS	1 ALLOW- ANCE	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 2				\$80,500.00 ✓				

ALTERNATE NO. 1 ADD: \$9,500.00 ✓

A. SKYLINE ROOFING, INC., 861 PAGE STREET, MANCHESTER, NH 03109

BUREAU OF PUBLIC WORKS

Award to A - Bieleke  
 Hold for Negotiation Base Bid plus Alt #1  
 Cancel Contract \$90,000.00  
 User Agency D HHS  
 Authorized by [Signature]  
 Date 5-16-12