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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
DIVISION OF ADMINISTRATION

Helen E. Hanks  
Commissioner  
Robin H. Maddaus  
Director

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October 28, 2020

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

REQUESTED ACTION

The New Hampshire Department of Corrections requests that the following be placed on the Consent Calendar. Authorize the New Hampshire Department of Corrections, in accordance with RSA 4:8, Gifts to the State, to accept a nonmonetary donation from the Prison Yoga Project, PO Box 415, Bolinas, California, of 300 yoga mats with a total value of \$25,500.00 for use in support of yoga programs at the New Hampshire State Prison for Men in Concord, NH, the New Hampshire Correctional Facility for Women in Concord, NH, and the Northern New Hampshire Correctional Facility in Berlin, NH.

EXPLANATION

The NH Department of Corrections has received a donation of 300 yoga mats from the Prison Yoga Project to support the yoga programs in each facility. "Their mission is to promote peace, health, and well-being of the people in the criminal justice system, and those supporting them." This donation will help make this possible for our residents.

Your favorable consideration of this request would be greatly appreciated.

Respectfully submitted,

  
Helen E. Hanks  
Commissioner

## New Hampshire Department of Corrections

Name & Address	Description	Market Value
Prison Yoga Project PO Box 415 Bolinás CA 94924	300 yoga mats for residents	\$25,500.00
	<b>TOTAL</b>	<b>\$25,500.00</b>



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

Attachment 1

Helen E. Hanks  
Commissioner

**DONATION RECORD**  
All information must be filled in

Mr. Ms.  
Donor/Contact Name: Mrs. Jennifer Lindgren  
(Circle one title or write out title(s) with name on line above)

Donor Organization /Business: Brisan Yoga Project  
Donor Street Address: PO Box 415  
Donor Mailing Address (if different from above):  
City Bolinas State CA Zip 94924  
Donor's Phone Number: \_\_\_\_\_

Donor's Relationship to DOC:  
 Volunteer  
 Employee  
 Support Group or Organization  
Other: \_\_\_\_\_  
(Please describe)

~~Note: No donations are allowed from inmate family or anyone on a visitor list.~~

Intended Area of Use by DOC:  
 NHSP/Men  
 NHCF/Women  
 Field Services (list office) For use in any facility to support yoga programs  
 NCF  
 (THU/TWC): (CHM, NEH, SFH, TWC) (circle one)  
 FCC: (NHSP/Men, NHCF/Women, NCF) (circle one)

QUANTITY	DETAILED DESCRIPTION OF ITEM	INTENDED USE	ESTIMATED \$ VALUE *
300 (85 per)	yoga mats	For yoga Program	\$ 25,500.00

\* IRS Publication 561 Determining the Value of Donated Property indicates that the donor determines the value; DOC staff members shall not do this.  
Each donation must include a dollar value, no matter how small.

Method of delivery: Fed Ex # 922011645133 Date: Est 10/14/20  
Shipping method (UPS, Fed Ex, etc.), if hand delivered enter persons name above.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff signature above verifies that the donor is NOT a family member or on visitor list of any inmate.

DOC recipient and contact for information regarding this donation:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Approved By: [Signature]  
Director of Field Operations

Title: DOC Medical Transport  
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