

RHM

FEB24'21 PM12:47 RCVD

2A

MLC



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

Helen E. Hanks
Commissioner
Robin H. Maddaus
Director

PO BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 1-888-908-6609
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

February 22, 2021

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 JC Voyage LLC, 19 Railroad Avenue, Newfields, NH of 4000 LY100 3-ply medical masks with a total value of \$4000.00 for use by residents at the New Hampshire Correctional Facility for Women in Concord, NH.

EXPLANATION

The NH Department of Corrections has received a donation of 4000 LY100 3-ply medical masks from JC Voyage LLC. The company has "supplied first responders, nurses in heavy areas, homeless shelters, food banks, nursing homes, schools and many others with these items as a way of giving back". This donation will support the health and safety practices of our residents during the COVID-19 pandemic.

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
JC Voyage 19 Railroad Avenue Newfields, NH 03856	4000 LY100 3-ply medical masks for residents	\$4000.00
	TOTAL	\$4000.00



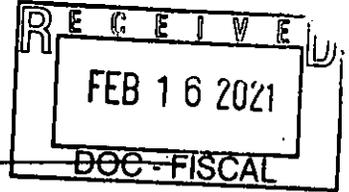
STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

Attachment I

Helen E. Hanks
Commissioner

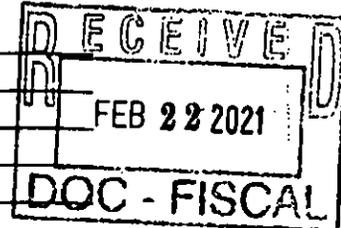
DONATION RECORD

All information must be filled in



Donor/Contact Name: Mrs. Colette Shoemaker
(Circle one title or write out title(s) with name on line above)

Donor Organization /Business: JC Voyage
Donor Street Address: 19 Railroad Ave
Donor Mailing Address (if different from above): _____
City Newfie Ids State NH Zip 03856
Donor's Phone Number: 603-686-0065



Donor's Relationship to DOC:
 Volunteer _____ Support Group or Organization
 Employee _____ 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 _____ NCF
 NHCF/Women _____ (THU/TWC): (CHM, NEH, SFH, TWC) (circle one)
_____ FCC: (NHSP/Men, NHCF/Women, NCF) (circle one)
_____ Field Services (list office) _____

QUANTITY	DETAILED DESCRIPTION OF ITEM	INTENDED USE	ESTIMATED \$ VALUE *
4,000	24100 3ply medical masks	face	\$ 4,000.00

* 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: Donor self Date: 2/12/21
Shipping method (UPS, Fed Ex, etc.) If hand delivered enter persons name above.
Verified by: Lynn Brien Date: 2/12/21
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: Warden N. Plante Phone: 271-0205
Approved By: Warden Plante Title: Warden
Director/Warden or Designee

