



State of New Hampshire

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

MLC

142

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

January 18, 2023

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

REQUESTED ACTION

Authorize the Department of Administrative Services to amend an existing contract (Contract #8002883) with Pro City Facilities Services Inc (VC#226114), Manchester, NH, by reducing the price limitation by \$25,000 from \$1,555,000 to \$1,530,000 and removing three Fish & Game locations from the contract with no change to the contract completion date of June 30, 2024, for janitorial cleaning services, effective upon Governor and Council approval. The original contract was approved by the Commissioner of the Department of Administrative Services on June 14, 2021 and most recently amended September 1, 2022.

Funding shall be provided through individual agency expenditures, none of which shall be permitted unless there are sufficient appropriated funds to cover the expenditure.

EXPLANATION

As previously stated, the original contract (Contract #8002883) was approved by the Commissioner of the Department of Administrative Services on June 14, 2021. It was then subsequently amended with Commissioner approval on June 23, 2021; on June 25, 2021; on October 25, 2021; on May 13, 2022; on June 6, 2022; on June 28, 2022; on August 31, 2022; and on September 1, 2022, in order to add many State locations that required janitorial cleaning services.

For this request, Fish & Game's Executive Director, Scott Mason, is requesting to remove three locations from this contract due to a lack of quality in the services provided by Pro City Facilities Services Inc. To prevent future issues at other State locations, many discussions with Pro City Facilities Services Inc have taken place as well as a default letter issued on October 13, 2022. Pro City Facilities Services Inc is very quick to respond and makes every effort to resolve issues, such as: having a weekly inspection by their supervisor and using a "communication log" to address questions or provide a focus of effort.

Contract amendment	
Original contract price limitation	\$1,555,000.00
Less change affected by amendment	(\$25,000.00)
New price limitation	\$1,530,000.00

Based on the foregoing, I am respectfully recommending approval of the amendment to the contract with Pro City Facilities Services Inc.

Respectfully submitted,



Charles M. Arlinghaus
Commissioner

**NINTH AMENDMENT TO THE CONTRACT
 BETWEEN PRO CITY FACILITIES SERVICES INC
 AND
 THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
 FOR JANITORIAL CLEANING SERVICES
 CONTRACT # 8002883**

This Ninth Amendment (hereinafter referred to as the "Amendment"), dated this 7th day of December, 2022, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Services Inc (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 14, 2021, amended by the First Amendment on June 23, 2021, amended by the Second Amendment on June 25, 2021, amended by the Third Amendment on October 25, 2021, amended by the Fourth Amendment on May 13, 2022, amended by the Fifth Amendment on June 6, 2022, amended by the Sixth Amendment on June 28, 2022, amended by the Seventh Amendment on August 31, 2022, amended by the Eighth Amendment on September 1, 2022, and set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Janitorial Cleaning Services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 17 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

- Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
 1.8 \$1,530,000.00
- Amend Exhibit B Payment & Pricing; remove the following payment terms for the period December 1, 2022 through June 30, 2024:

Location	Section A			SECTION C
	Daily Rate			Emergency Cleaning
	June 2022 - December 2022	January 2023 - December 2023	January 2024 - June 2024	Emergency Rate (hourly rate)
Agency - Fish & Game				
Fish & Game - Great Bay: Discovery Center requires two (2) cleanings per week April through November and one (1) cleaning per week December through March (2 days/week x 34 + 1 day/week x 18 = 86 cleanings per year)				
Fish & Game - Great Bay: Hugh Gregg Center requires one (1) cleaning per week (1 day/week x 52 = 52 cleanings per year)				
Fish & Game - Great Bay: Depot House requires one (1) cleaning per month (1 day/month x 12 = 12 cleanings per year)				
Fish & Game - Great Bay: Discovery Center, Hugh Gregg Center, & Depot House	\$95.00	\$98.00	\$105.00	\$45.00

- All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

PRO CITY FACILITIES SERVICES INC

By: *Paula Augusto*
Paula Augusto
(Print Name)

Title: VP

Date: 12/7/22

STATE OF NEW HAMPSHIRE

By: *Charles M. Arlinghaus*
Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 1-5-23

OFFICE OF THE ATTORNEY GENERAL

By: *Jaliluwa Rehmatulla*
Jaliluwa Rehmatulla
(Print Name)

Title: Attorney

Date: January 11/2023

The foregoing contract was approved by
the Governor and Council of New
Hampshire on

Signed: _____

(Print Name)

Title: _____

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 PRO CITY FACILITIES SERVICES INC is a New Hampshire Profit Corporation registered to transact business in New Hampshire on March 20, 2012. 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: 668477

Certificate Number: 0005893820



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of November A.D. 2022.

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 # 2

(Corporation, Non-Profit Corporation)

Corporate Bylaws

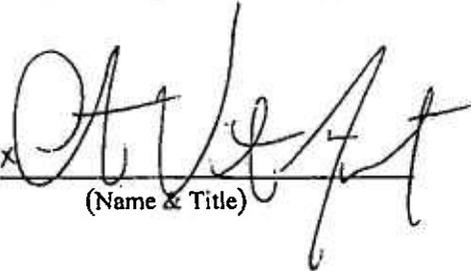
I, Christian Augusto hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Pro City Facilities Services^{inc}. I hereby certify the following is a true copy of the
(Name of Corporation)

current Bylaws or Articles of Incorporation of the Corporation and that the Bylaws or
Articles of Incorporation authorize the following officers or positions to bind the
Corporation for contractual obligations VP Paula Augusto.
(list officer titles or position)

I further certify that the following individuals currently hold the office or positions
authorized: Paula Augusto.
(list individuals holding positions authorized)

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. This authority **shall remain valid**
for thirty (30) days from the date of this certificate.

DATED: 12/7/22

ATTEST: 
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2022

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 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 EAMES INSURANCE SERVICES LLC PO BOX 2170 CONCORD NH 03302	CONTACT NAME: TAYLOR D EAMES
	PHONE (A.C. No. Ext): 603-225-7653 FAX (A.C. No.):
	E-MAIL ADDRESS: TAYLOR@EAMESINSURANCE.NET
	INSURER(S) AFFORDING COVERAGE
	INSURER A: OHIO SECURITY (LIBERTY MUTUAL) NAIC # 24082
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW ST SUITE 9 MANCHESTER NH 03102	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
	INSURER G:

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKS58419253	12/11/2021 12/11/2022	12/11/2022 12/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000	
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> LOC						
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> Hired AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAS58419253	12/11/2021 12/11/2022	12/11/2022 12/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	USO58419253	12/11/2021 12/11/2022	12/11/2022 12/11/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000	
	DED <input checked="" type="checkbox"/> RETENTIONS 10,000						
A	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 <input checked="" type="checkbox"/> Y	N/A N/A XWS58419253	12/11/2021 12/11/2022	12/11/2022 12/11/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
JANITORIAL SERVICES							

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
Department of Administrative Services
Bureau of Purchasing and Property
25 Capitol Street, RM 102
Concord, NH 03301

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

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: September 7, 2022

CONTRACT FOR: Janitorial/Cleaning Services

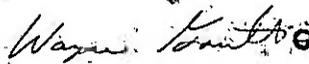
CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910

CONTRACTOR: Pro City Facilities Services, Inc.

VENDOR CODE #: 226114

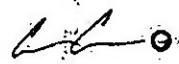
SUBMITTED FOR ACCEPTANCE BY:



DN: cn=Wayne V Goulet, o=Div
Procurement Support Services,
ou=Bureau of Purchase & Property,
email=Wayne.V.Goulet@das.nh.gov,
c=US
Date: 2022.09.07 08:17:45 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Colin Capelle, o=Division of
Procurement and Support Services,
ou=Bureau of Purchase and Property,
email=Colin.S.Capelle@das.nh.gov, c=US
Date: 2022.09.13 11:38:36 -04'00'

COLIN S. CAPELLE, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

MATHEW T. STANTON, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S Lunetta, o=Dept
Administrative Services, ou=Div
Procurement & Support Services,
email=Gary.S.Lunetta@das.nh.gov, c=US
Date: 2022.09.13 13:06:08 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 9-14-22

**EIGHTH AMENDMENT TO THE CONTRACT
BETWEEN PRO CITY FACILITIES SERVICES, INC.
AND**

**THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR JANITORIAL CLEANING SERVICES
CONTRACT # 8002883**

This Eighth Amendment (hereinafter referred to as the "Amendment"), dated this 02 day of September, 2022, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Services, Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 14, 2021, amended by the First Amendment on June 23, 2021, amended by the Second Amendment on June 25, 2021, amended by the Third Amendment on October 25, 2021, amended by the Fourth Amendment on May 13, 2022, amended by the Fifth Amendment on June 6, 2022, amended by the Sixth Amendment on June 28, 2022, amended by the Seventh Amendment on August 31, 2022 and set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Janitorial Cleaning Services for the State in consideration of payment by the State of certain sums as specified therein; and;

WHEREAS, pursuant to Section 17 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
1.8 \$1,555,000.00
2. Amend Exhibit B: Payment & Pricing; add the following payment terms for the period September 1, 2022 through June 30, 2024:

Location	Section A Daily Rate		SECTION C Emergency Cleaning
	September 2022- June 2023	July 2023 - June 2024	Emergency Rate (hourly rate)
Agency: Department of Safety - State Police requires five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year) Total square footage is approximately 4,690 sq. ft.			
State Police Troop C-15 Ash Brook Court, Keene NH	\$89.71	\$85.55	\$45.00

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

Contractor Initials: CK
Date: 09/02

PRO CITY FACILITIES SERVICES, INC.

By: [Signature]
Christian Augusto
(Print Name)

Title: Owner

Date: 09/02/2022

STATE OF NEW HAMPSHIRE

By: [Signature]
Charles M. Arlinghaus
(Print Name)

Title: Commissioner
Department of Administrative Services

Date: 9-14-22

Contractor Initials: CA
Date: 09/14/22

Certificate of Authority # 1.

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, RAFA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
PRO CITY FACILITIES SERVICES 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 March 20, 2012
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That CHRISTIAN AUGUSTO (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

PRO CITY FACILITIES SERVICES 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: 09/01/2022

ATTEST:

Rafa Augusto
(Name & Title)
RAFA B. AUGUSTO
VICE PRESIDENT AND TREASURER

Pro City Facilities Services Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/02/2022

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 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 EAMES INSURANCE SERVICES LLC PO BOX 2170 CONCORD NH 03302	NAME: TAYLOR D EAMES	FAX (A.C. No.):
	PHONE (A.C. No. Ext): 603-225-7653	FAX (A.C. No.):
	E-MAIL ADDRESS: TAYLOR@EAMESINSURANCE.NET	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: OHIO SECURITY (LIBERTY MUTUAL)	24082
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW ST SUITE 9 MANCHESTER NH 03102	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

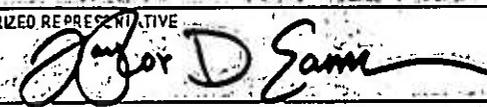
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-VADE <input checked="" type="checkbox"/> OCCUR			BKS58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS COV. OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAS58419253	12/11/2021	12/11/2022	COMBINED SINGLE LIMIT (EA OCCUR) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-VADE DED. <input checked="" type="checkbox"/> RETENTIONS: 10,000			USO58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	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	XWS58419253	12/11/2021	12/11/2022	<input checked="" type="checkbox"/> HISTORY LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

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

Janitorial services.
Location: State Police Troop C- 15 Ash Brook Court, Keene NH.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, RM 102 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 

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

One Click Certificate of Good Standing



Business Details

Business Name:	PRO CITY FACILITIES SERVICES INC	Business ID:	668477
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	03/20/2012	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	03/20/2012		
Principal Office Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101 USA	Mailing Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
Duration:	Perpetual	Last Annual Report Year:	2022
Business Email:	info@procityfacilitieservices.com	Next Report Year:	2023
Notification Email:	info@procityfacilitieservices.com	Phone #:	603-854-0641
		Fiscal Year End Date:	NONE

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: August 26, 2022

CONTRACT FOR: Janitorial Cleaning Services

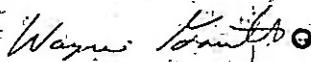
CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910

CONTRACTOR: Pro City Facilities Inc.

VENDOR CODE #: 226114

SUBMITTED FOR ACCEPTANCE BY:



DN: cn=Wayne V Goulet, o=Div
Procurement Support Services,
ou=Bureau of Purchase & Property,
email=Wayne.V.Goulet@das.nh.gov,
c=US
Date: 2022.08.26 14:46:39 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Colin Capelle, o=Division of
Procurement and Support Services,
ou=Bureau of Purchase and Property,
email=Colin.S.Capelle@das.nh.gov, c=US
Date: 2022.08.31 11:39:03 -04'00'

COLIN S. CAPELLE, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY.

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Mathew T Stanton, o=Div
Procurement Support Services, ou=Bureau of
Purchase and Property,
email=Mathew.T.Stanton@das.nh.gov, c=US
Date: 2022.08.31 11:53:13 -04'00'

MATHEW T. STANTON, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S. Lunetta, o=Dept
Administrative Services, ou=Div
Procurement & Support Services,
email=Gary.S.Lunetta@das.nh.gov, c=US
Date: 2022.08.31 12:41:18 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE

8/31/22

**SEVENTH AMENDMENT TO THE CONTRACT
 BETWEEN PRO CITY FACILITIES SERVICES, INC.
 AND
 THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
 FOR JANITORIAL CLEANING SERVICES
 CONTRACT # 8002883**

This Seventh Amendment (hereinafter referred to as the "Amendment"); dated this 23rd day of August, 2022, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Services, Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 14, 2021, amended by the First Amendment on June 23, 2021, amended by the Second Amendment on June 25, 2021, amended by the Third Amendment on October 25, 2021, amended by the Fourth Amendment on May 13, 2022, amended by the Fifth Amendment on June 6, 2022; amended by the Sixth Amendment on June 28, 2022 and set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Janitorial Cleaning Services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 17 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

- Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
 1.8 \$1,510,000.00
- Amend Exhibit B, Payment & Pricing; add the following payment terms for the period August 22, 2022, through June 30, 2024:

Location	Section A Daily Rate		SECTION C Emergency Cleaning
	September 2022 - June 2023	July 2023 - June 2024	Emergency Rate (hourly rate)
Agency - Department of Administrative Services - Court Facilities requires five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year) Total square footage is approximately 9,482 sq. ft.			
Lebanon Circuit Courthouse 38 Centerra Pkwy, Lebanon NH	\$116.00	\$116.00	\$45.00

- All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

PRO CITY FACILITIES SERVICES, INC.

By:

CHRISTIAN AUGUSTO

(Print Name)

Title:

PRESIDENT

Date:

08/23/2022

STATE OF NEW HAMPSHIRE

By:

Charles M. Arlinghaus

(Print Name)

Title:

Commissioner

Department of Administrative Services

Date:

8-31-22

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, PAULA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)

Pro City Facilities Services Inc. 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 03/20, 2012,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That CHRISTIAN AUGUSTO (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Pro City Facilities Services Inc. 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: 08/23/2022

ATTEST:

PAULA P. AUGUSTO
(Name & Title)

Pro City Facilities Services Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2022

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 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 EAMES INSURANCE SERVICES LLC PO BOX 2170 CONCORD NH 03302	CONTACT NAME: TAYLOR D EAMES
	PHONE (ACT. No. Ext): 603-225-7653 FAX (A.C. No.):
	E-MAIL ADDRESS: TAYLOR@EAMESINSURANCE.NET
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: OHIO SECURITY (LIBERTY MUTUAL) 24082
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED PRO CITY FACILITIES SERVICES INC. 100 WILLOW ST SUITE 9 MANCHESTER NH 03102	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 / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC		BKS58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADW INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COV OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAS58419253	12/11/2021	12/11/2022	COVERED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000		USO58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A N/A (Mandatory in NH) Description of operations below:		XWS58419253	12/11/2021	12/11/2022	<input checked="" type="checkbox"/> TORY LIMITS (PER) EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

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

JANITORIAL SERVICES

CERTIFICATE HOLDER State of New Hampshire Administrative Services- Bureau of Purchase and Property 25 Capitol Street Room 102 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:
---	--

(/online/Home/)  Back to Home (/online)

One-Click Certificate of Good Standing



Search Business

Business Information

Payment

Done

Business Details

Business Name: PRO CITY FACILITIES SERVICES INC

Business ID: 668477

Business Type: Domestic Profit Corporation

Business Status: Good Standing

Business Creation Date: 03/20/2012

Name in State of Incorporation: Not Available

Date of Formation in Jurisdiction: 03/20/2012

Principal Office Address: 250 Commercial St. suite 3011A, Manchester, NH, 03101, USA

Mailing Address: 250 Commercial St. suite 3011A, Manchester, NH, 03101, USA

Citizenship / State of Incorporation: Domestic/New Hampshire

Last Annual Report Year: 2022

Next Report Year: 2023

Duration: Perpetual

Business Email: info@procityfacilitieservices.com

Phone #: 603-854-0641

Notification Email: info@procityfacilitieservices.com

Fiscal Year End Date: NONE

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST.
CONCORD NH 03301-6398

DATE: June 10, 2022

CONTRACT FOR: Janitorial Cleaning Services

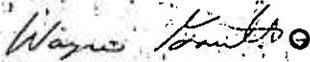
CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910

CONTRACTOR: Pro City Facilities Inc.

VENDOR CODE #: 226114

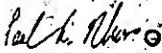
SUBMITTED FOR ACCEPTANCE BY:



DN: cn=Wayne V Goulet, o=Div
Procurement Support Services,
ou=Bureau of Purchase & Property,
email=Wayne.V.Goulet@das.nh.gov, c=US
Date: 2022.06.10 09:49:17 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Paul A Rhodes, o=Div
Procurement Support Services, ou=Bureau
of Purchase and Property,
email=Paul.A.Rhodes@das.nh.gov, c=US
Date: 2022.06.16 10:16:47 -04'00'

PAUL A. RHODES, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Mathew T Stanton, o=Div
Procurement Support Services, ou=Bureau of
Purchase and Property,
email=Mathew.T.Stanton@das.nh.gov, c=US
Date: 2022.06.16 17:51:13 -04'00'

MATHEW T. STANTON, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S Lunetta, o=Department of
Administrative Services, ou=Divison of
Procurement Support Services,
email=Gary.S.Lunetta@das.nh.gov, c=US
Date: 2022.06.27 14:57:43 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21-1:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE: 6/28/22

**SIXTH AMENDMENT TO THE CONTRACT
BETWEEN PRO CITY FACILITIES SERVICES, INC.**

AND

**THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR JANITORIAL CLEANING SERVICES
CONTRACT # 8002883**

This Sixth Amendment (hereinafter referred to as the "Amendment"), dated this 06 day of June, 2022, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Services, Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 14, 2021, amended by the First Amendment on June 23, 2021, amended by the Second Amendment on June 25, 2021, amended by the Third Amendment on October 25, 2021, amended by the Fourth Amendment on May 13, 2022, amended by the Fifth Amendment on June 6, 2022 and set to expire June 30, 2024, (hereinafter referred to as "the Agreement"); the Contractor agreed to perform certain Janitorial Cleaning Services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing, executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:

1.8 \$1,455,000.00

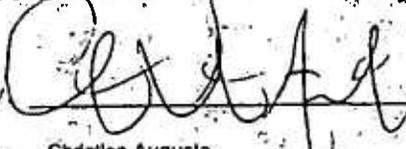
2. Amend Exhibit B Payment & Pricing; add the following payment terms for the period June 6, 2022 through June 30, 2024:

Location	Section A Daily Rate			SECTION C Emergency Cleaning
	June 2022 - December 2022	January 2023 - December 2023	January 2024 - June 2024	Emergency Rate (hourly rate)
Agency - Fish & Game Fish & Game - Great Bay: Discovery Center requires two (2) cleanings per week April through November, and one (1) cleaning per week December through March (2 days/week x 34 + 1 day/week x 18 = 86 cleanings per year) Fish & Game - Great Bay: Hugh Gregg Center, requires one (1) cleaning per week (1 day/week x 52 = 52 cleanings per year) Fish & Game - Great Bay: Depot House requires one (1) cleaning per month (1 day/month x 12 = 12 cleanings per year)				
Fish & Game - Great Bay: Discovery Center, Hugh Gregg Center, & Depot House	\$95.00	\$98.00	\$105.00	\$45.00

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

Contractor Initials: CA
Date: 06/06/22

PRO CITY FACILITIES SERVICES, INC.

By: 

Christian Augusto

(Print Name)

Title: President

Date: 06/06/22

STATE OF NEW HAMPSHIRE

By: 

Charles M. Arlinghaus

(Print Name)

Title: Commissioner
Department of Administrative Services

Date: 6/28/22

Certificate of Authority #1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, PAULA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of
Pro-City Facilities Services, hereby certify the following is a true copy of a vote taken at
Pro-City Facilities Services (Name)
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on MARCH 20th, 2022,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That CHRISTINA AUGUSTO (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of
Pro-City Facilities Services 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: 6-7-2022
On this 7th day of JUNE, 2022
before me, the undersigned Notary Public personally
appeared PAULA AUGUSTO (name of document signer),
proved to me through satisfactory evidence of
identification, which were ADIC, to be the
person whose name is signed on the preceding or attached
document in my presence.
Paula Augusto (official signature and seal of Notary)

ATTEST: Mikaela R. McGowan
(Name & Title)
Mikaela R. McGowan
Notary Public, State of New Hampshire
My Commission Expires Dec. 08, 2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2022

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 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 EAMES INSURANCE SERVICES LLC PO BOX 2170 CONCORD NH 03302	CONTACT NAME: TAYLOR D EAMES.	TAX ID No:
	PHONE (AC No. Ext): 603-225-7653	AC No:
	E-MAIL ADDRESS: TAYLOR@EAMESINSURANCE.NET	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW ST SUITE 9 MANCHESTER NH 03102	INSURER A: OHIO SECURITY (LIBERTY MUTUAL)	24082
	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 SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS WAIVED: <input checked="" type="checkbox"/> OCCUR		BKS58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS COV/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO - ALL OWNED AUTOS: <input type="checkbox"/> SCHEDULED AUTOS: <input checked="" type="checkbox"/> NON-OWNED AUTOS: <input type="checkbox"/> HIRED AUTOS: <input checked="" type="checkbox"/>		BA58419253	12/11/2021	12/11/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LAB CLAIMS WAIVED DED (RETENTION) 10,000		USO58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR-PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A N/A Hand story in NH Eves. Disease Under DESCRIPTION OF OPERATIONS below		XWS58419253	12/11/2021	12/11/2022	<input checked="" type="checkbox"/> STATE TOARY LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
JANITORIAL SERVICES

CERTIFICATE HOLDER State of New Hampshire, Administrative Services Bureau of Purchase and Property 25 Capitol Street, Room 102 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

One Click Certificate of Good Standing



Business Details

Business Name: PRO CITY FACILITIES SERVICES INC

Business ID: 668477

Business Type: Domestic Profit Corporation

Business Status: Good Standing

Business Creation Date: 03/20/2012

Name in State of Incorporation: Not Available

Date of Formation in Jurisdiction: 03/20/2012

Principal Office Address: 250 Commercial St. suite 3011A, Manchester, NH, 03101, USA

Mailing Address: 250 Commercial St. suite 3011A, Manchester, NH, 03101, USA

Citizenship / State of Incorporation: Domestic/New Hampshire

Last Annual Report Year: 2022

Next Report Year: 2023

Duration: Perpetual

Business Email: info@procityfacilitieservices.com

Phone #: 603-854-0641

Notification Email: info@procityfacilitieservices.com

Fiscal Year End Date: NONE

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: May 17, 2022

CONTRACT FOR: Janitorial Cleaning Services

CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910

CONTRACTOR: Pro City Facilities Inc.

VENDOR CODE #: 226114

SUBMITTED FOR ACCEPTANCE BY:



DN: cn=Wayne V Goulet, o=Div
Procurement Support Services,
ou=Bureau of Purchase & Property,
email=Wayne.V.Goulet@das.nh.gov,
c=US
Date: 2022.05.17 15:39:22 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Paul A Rhodes, o=Div
Procurement Support Services, ou=Bureau
of Purchase and Property,
email=Paul.A.Rhodes@das.nh.gov, c=US
Date: 2022.05.18 15:16:18 -04'00'

PAUL A. RHODES, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

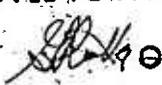
RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Mathew T Stanton, o=Div
Procurement Support Services, ou=Bureau of
Purchase and Property,
email=Mathew.T.Stanton@das.nh.gov, c=US
Date: 2022.05.19 13:09:58 -04'00'

MATHEW T. STANTON, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

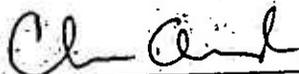
APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S Lunetta, o=Department of
Administrative Services, ou=Division of
Procurement Support Services,
email=Gary.S.Lunetta@das.nh.gov, c=US
Date: 2022.06.03 08:32:15 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21:1:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 6-6-22

**FIFTH AMENDMENT TO THE CONTRACT
BETWEEN PRO CITY FACILITIES SERVICES, INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR JANITORIAL CLEANING SERVICES
CONTRACT # 8002883**

This Fifth Amendment (hereinafter referred to as the "Amendment"), dated this 16th day of May, 2022, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Services, Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 14, 2021, amended by the First Amendment on June 23, 2021, amended by the Second Amendment on June 25, 2021, amended by the Third Amendment on October 25, 2021, amended by the Fourth Amendment on May 13, 2022 and set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Janitorial Cleaning Services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
1.8 \$1,430,000.00
2. Amend Exhibit B Payment & Pricing; add the following payment terms for the period July 1, 2022 through June 30, 2024:

Location	Section A Daily Rate		SECTION C Emergency Cleaning
	July 2022 - June 2023	July 2023 - June 2024	Emergency Rate (hourly rate)
Agency - DOT - Bureau of Turnpikes Requires five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year)			
DOT - Turnpikes Hooksett Facility	\$49.87	\$49.87	\$25.00

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

Contractor Initials: WD
Date: 05/16

PRO CITY FACILITIES SERVICES, INC.

STATE OF NEW HAMPSHIRE

By: *Michael D. Dapoe*
Michael Dapoe
(Print Name)

By: *Charles M. Arlinghaus*
Charles M. Arlinghaus
(Print Name)

Title: ACCOUNT EXEC.

Title: Commissioner
Department of Administrative Services

Date: 05/16/2022

Date: 6-6-22

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, PAULA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of
PRO CITY FACILITIES SERVICES I hereby certify the following is a true copy of a vote taken at
(Name)
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on April 18th, 2022,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That MICHAEL DROE (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

PRO CITY FACILITIES SERV 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.

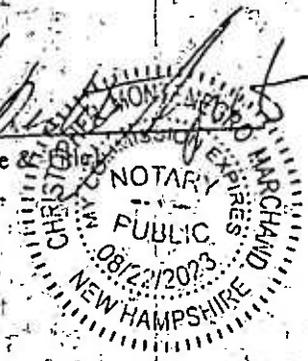
DATED: 06/03/2022

ATTEST:

State of New Hampshire
County of Hillsborough

This instrument was signed before me on this
3rd day of May, 2022 by
Paula Augusto

[Signature]
Notary Public





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2022

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 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
EAMES INSURANCE SERVICES LLC
PO BOX 2170
CONCORD NH 03302

CONTACT
PHONE: TAYLOR D EAMES
FAX: (AC No):
TAC No Ext: 603-225-7653
E-MAIL: TAYLOR@EAMESINSURANCE.NET
ADDRESS:
INSURER(S) AFFORDING COVERAGE: NAIC #
INSURER A: OHIO SECURITY (LIBERTY MUTUAL) 24082
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
PRO CITY FACILITIES SERVICES INC
100 WILLOW ST SUITE 9
MANCHESTER NH 03102

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 IWD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS WAIVED <input checked="" type="checkbox"/> OCCUR		BKS58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAS58419253	12/11/2021	12/11/2022	COVERED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB. <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> CLAIMS WAIVED DED <input checked="" type="checkbox"/> RETENTIONS 10,000		USO58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> Y N/A N/A DESCRIPTION OF OPERATIONS below		XWS58419253	12/11/2021	12/11/2022	<input checked="" type="checkbox"/> STATE STATUTORY LIMITS EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
JANITORIAL SERVICES

CERTIFICATE HOLDER

State of New Hampshire, Administrative Services
Bureau of Purchase and Property
25 Capitol Street, Room 102
Concord, NH 03301

CANCELLATION

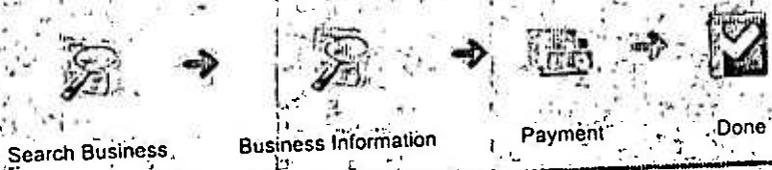
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE:

© 1988-2010 ACORD CORPORATION. All rights reserved.

(/online/Home/)  Back to Home (/online)

One Click Certificate of Good Standing



Business Details

Business Name:	PRO CITY FACILITIES SERVICES IN	Business ID:	668477
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	03/20/2012	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	03/20/2012		
Principal Office Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA	Mailing Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire	Last Annual Report Year:	2022
		Next Report Year:	2023
Duration:	Perpetual	Phone #:	603-854-0641
Business Email:	info@procityfacilitieservices.com	Fiscal Year End Date:	NONE
Notification Email:	info@procityfacilitieservices.com		

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST.
CONCORD, NH 03301-6398

DATE: May 4, 2022

CONTRACT FOR: Janitorial Cleaning Services

CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910

CONTRACTOR: Pro City Facilities Inc.

VENDOR CODE #: 226114

SUBMITTED FOR ACCEPTANCE BY:



DN: cn=Wayne V. Goulet, o=Div
Procurement Support Services,
ou=Bureau of Purchase & Property,
email=Wayne.V.Goulet@das.nh.go
v, c=US
Date: 2022.05.04 16:15:37 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Mathew T. Stanton, o=Div
Procurement Support Services,
ou=Bureau of Purchase and
Property,
email=Mathew.T.Stanton@das.nh.g
ov, c=US
Date: 2022.05.09 13:20:20 -04'00'

PURCHASING MANAGER/ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S. Lunetta,
o=Department of Administrative
Services, ou=Division of
Procurement Support Services,
email=Gary.S.Lunetta@das.nh.go
v, c=US
Date: 2022.05.12 15:59:50 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 5-13-22

**FOURTH AMENDMENT TO THE CONTRACT
BETWEEN PRO CITY FACILITIES SERVICES, INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR JANITORIAL CLEANING SERVICES
CONTRACT # 8002883**

This Fourth Amendment (hereinafter referred to as the "Amendment"), dated this 05 day of May, 2022, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Services, Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 14, 2021, amended by the First Amendment on June 23, 2021, amended by the Second Amendment on June 25, 2021, amended by the Third Amendment on October 25, 2021, and set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Janitorial Cleaning Services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.7 Completion Date and substitute the following:
1.7 September 30, 2024
2. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
1.8 \$1,400,000.00
3. Amend Exhibit B Payment & Pricing, add the following payment terms for the period April 28, 2022 through September 30, 2024:

Location	Section A Daily Rate			SECTION C Emergency Cleaning
	May 2022 - September 2022	May 2023 - September 2023	May 2024 - September 2024	Emergency Rate (hourly rate)
Agency - Department of Natural and Cultural Resources Each bathhouse (7) requires five cleanings per day (5 cleanings x 7 bathhouses = 35 cleanings per day • 7 days a week for 15 weeks and 2 days = 3,745 cleanings)				
DNCR - Hampton Beach State Park - Main Beach, North Beach & North Hampton	\$780.00	\$780.00	\$795.00	\$25.00

4. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

Contractor Initials: CA
Date: 05/04

PRO CITY FACILITIES SERVICES, INC.

By:

[Handwritten Signature]

CHRISTIAN AUGUSTO
(Print Name)

Title:

PRESIDENT

Date:

05/04/22

STATE OF NEW HAMPSHIRE

By:

[Handwritten Signature]

Charles M. Arlinghaus
(Print Name)

Title:

Commissioner
Department of Administrative Services

Date:

5-13-22

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, Paula Augusto hereby certify that I am duly elected Clerk/Secretary/Officer of
Pro City Facilities Services (Name of Corporation) I hereby certify the following is a true copy of a vote taken at

a meeting of the Board of Directors/shareholders, duly called and held on March 20th, 2022,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That CHRISTINA AUGUSTO (Name and Title) may list more than one person) is

duly authorized to enter into contracts or agreements on behalf of
PRO CITY FACILITIES SERV (Name of Corporation) with the State of New Hampshire and any of

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.

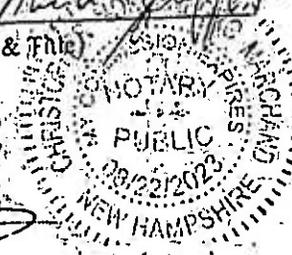
I hereby certify that said vote has not been amended or repealed and remains in full force
and effect as of the date of the contract to which this certificate is attached. This authority
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood 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: 04/30/2022

ATTEST:

05/03/2022

State of New Hampshire
County of Hillsborough
The instrument was signed before me on this
3rd day of May, 2022 by
Paula Augusto
Notary Public





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2022

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 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 EAMES INSURANCE SERVICES LLC PO BOX 2170 CONCORD NH 03302	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: OHIO SECURITY (LIBERTY MUTUAL)	24082
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW ST SUITE 9 MANCHESTER NH 03102	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

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.

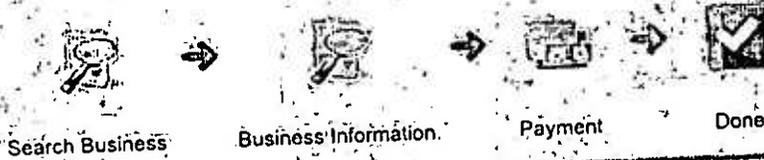
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR I WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS WAIVED <input checked="" type="checkbox"/> OCCUR		BKS58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 1,000,000 SAVAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & AD INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAS58419253	12/11/2021	12/11/2022	CONVISED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTIONS 10,000		USO58419253	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below	Y/N Y	N/A N/A XWS58419253	12/11/2021	12/11/2022	X - WORKERS COMPENSATION LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule, if more space is required)
JANITORIAL SERVICES

CERTIFICATE HOLDER State of New Hampshire, Administrative Services Bureau of Purchase and Property 25 Capitol Street, Room 102 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

© 1988-2010 ACORD CORPORATION. All rights reserved.

One Click Certificate of Good Standing



Business Details

Business Name:	PRO CITY FACILITIES SERVICES INC	Business ID:	668477
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	03/20/2012	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	03/20/2012	Mailing Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Principal Office Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA	Last Annual Report Year:	2022
Citizenship / State of Incorporation:	Domestic/New Hampshire	Next Report Year:	2023
Duration:	Perpetual	Phone #:	603-854-0641
Business Email:	info@procityfacilitieservices.com	Fiscal Year End Date:	NONE
Notification Email:	info@procityfacilitieservices.com		

SECOND AMENDMENT TO THE CONTRACT
 BETWEEN PRO CITY FACILITIES INC.
 AND
 THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
 FOR JANITORIAL CLEANING SERVICES
 CONTRACT # 8002883

This Second Amendment (hereinafter referred to as the "Amendment"), dated this 25 day of June, 2021, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective June 21, 2021 set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain janitorial cleaning services for the State in consideration of payment by the State of certain sums as specified therein; and as a result of RFB 2466-21.

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

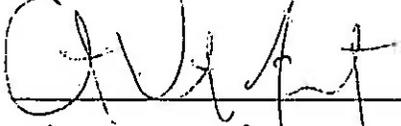
1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
 1.8 \$650,000.00
2. Amend Exhibit B Payment & Pricing; add the following payment terms for the period July 1, 2021 through June 30, 2024:

Commission for Human Rights 2 Industrial Drive Concord NH, 03301	Daily Rate			Emergency Rate Hourly
	July 2021 - June 2022	July 2022 - June 2023	July 2023 - June 2024	
5 Cleanings per week	\$38.00	\$38.50	\$39.00	\$25.00

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

Contractor Initials: CA
 Date: 06/25

PRO CITY FACILITIES INC.

By: 
CHRISTIAN V AUGUSTIO
(Print Name)

Title: PRESIDENT

Date: 06/25/2021

STATE OF NEW HAMPSHIRE

By: 
Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 06-25-21

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, PAULA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of

Pro City Facilities Services. I hereby certify the following is a true copy of a vote taken at
(Name)
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on March 20th, 2012

at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Cristina Augusto (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Pro City Facilities Services 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: 06/08/2021

ATTEST: 
(Name & Title)

[\(/online/Home/\)](#)  [Back to Home \(/online\)](#)

Business Information

Business Details

Business Name: PRO CITY FACILITIES SERVICES
INC

Business ID: 668477

Business Type: Domestic Profit Corporation

Business Status: Good Standing

Business Creation Date: 03/20/2012

Name in State of
Incorporation: Not Available

Date of Formation in
Jurisdiction: 03/20/2012

Principal Office Address: 250 Commercial St. suite 3011A,
Manchester, NH, 03101, USA

Mailing Address: 250 Commercial St. suite 3011A,
Manchester, NH, 03101, USA

Citizenship / State of
Incorporation: Domestic/New Hampshire

Last Annual
Report Year: 2021
Next Report Year: 2022

Duration: Perpetual

Business Email: info@procityfacilitieservices.com

Phone #: 603-854-0641

Notification Email: info@procityfacilitieservices.com

Fiscal Year End
Date: NONE

Principal Purpose

S.No NAICS Code

NAICS Subcode

1 OTHER / Not Required

Page 1 of 1, records 1 to 1 of 1



CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YYYY
06/08/2021

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 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 Ennis Insurance Services LLC 78 Airport Rd Concord NH 03301	CONTACT NAME Taylor D Ennis	PHONE 603-220-7653	FAX (AC, NH)
	INSURER(S) AFFORDING COVERAGE		
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW STREET SUITE 9 MANCHESTER NH 03102	INSURER A	Ohio Security (Liberty Mutual)	
	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		
	INSURER F		

COVERAGE	CERTIFICATE NUMBER	REVISION NUMBER				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INCLUDED 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.						
INSURER	TYPE OF INSURANCE	ADDITIONAL SUBS	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		DS558419253	12/11/2020	12/11/2021	EACH ACCIDENT: 1,000,000 CONTRACTS RENTED: 500,000 MEDICAL EXPENSE: 10,000 PERSONAL AND ADLJ: 1,000,000 GENERAL AGGREGATE: 3,000,000 PRODUCTS-COMP: 3,000,000
A	AUTOMOBILE LIABILITY		DS558419253	12/11/2020	12/11/2021	BODILY INJURY-ACCIDENT: 1,000,000 BODILY INJURY-PROPERTY DAMAGE: 1,000,000
A	UMBRELLA/EXCESS LIABILITY		USO58419253	12/11/2020	12/11/2021	EACH ACCIDENT: 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		TWS58419253	12/11/2020	12/11/2021	EL DISEASE-EMPLOYEE: 1,000,000 EL DISEASE-EMPLOYEE: 1,000,000 EL DISEASE-POLICY LIMIT: 1,000,000
NH & MA RATED STATES						

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (Attach ACORD 101 Additional Remarks Schedule if more details required)
JANITORIAL SERVICES

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, RM 102 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 

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: October 22, 2021.

CONTRACT FOR: Janitorial Services

CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910

CONTRACTOR: Pro City Facilities Inc.

VENDOR CODE #: 226114

SUBMITTED FOR ACCEPTANCE BY:



DN: cn=Wayne V Goulet, o=Div
Procurement Support Services,
ou=Bureau of Purchase & Property,
email=Wayne.V.Goulet@das.nh.gov,
v, c=US
Date: 2021.10.22 11:45:11 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



DN: cn=Paul A Rhodes, o=Div
Procurement Support Services,
ou=Bureau of Purchase and
Property,
email=Paul.A.Rhodes@das.nh.gov,
c=US
Date: 2021.10.22 16:25:16 -04'00'

PURCHASING MANAGER/ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S Lunetta, o=Dept
of Administrative Services, ou=Div
of Procurement Support Services,
email=Gary.S.Lunetta@das.nh.gov,
v, c=US
Date: 2021.10.26 08:09:44 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 10/25/21

**FIRST AMENDMENT TO THE CONTRACT
BETWEEN PRO CITY FACILITIES INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR JANITORIAL CLEANING SERVICES
CONTRACT # 8002883**



This First Amendment (hereinafter referred to as the "Amendment"), dated this 20 day of October, 2021, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Pro City Facilities Inc. (hereinafter referred to as "the Contractor") for Janitorial Cleaning Services.

WHEREAS, pursuant to an agreement effective October 25, 2021 set to expire June 30, 2024, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Janitorial Cleaning services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

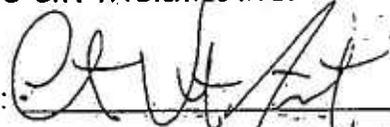
1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
1.8 \$1,100,000.00
2. Amend Exhibit B Payment & Pricing; add the following payment terms for the period October 25, 2021 through June 30, 2024:

Location	Section A Daily Rate			SECTION C Emergency Cleaning
	September 2021 - September 2022	October 2022 - September 2023	October 2023 - June 2024	Emergency Rate Per Hour
Agency - Department of Transportation (Grouped - will be awarded to one (1) Vendor) Both Locations are to have five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year) Day Matron/Porter 11:30 A.M. - 3:30 P.M. Nightly Maintenance - 4:00 PM to 12 A.M. (John O. Morton Building) Nightly Maintenance - 4:30 P.M. to 9:00 P.M. (Bureau of Materials and Research)				
DOT John O. Morton Building	\$504.00	\$528.00	\$528.00	\$22.00
DOT Bureau of Materials and Research	\$123.00	\$124.00	\$125.00	\$22.00

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 14, 2021, shall remain in full force and effect.

Contractor Imprints: 
Date: 11/20/21

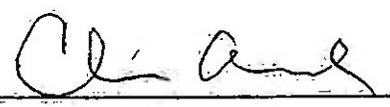
PRO CITY FACILITIES INC.

By: 
CHRISTIAN V. AUGUSTO
(Print Name)

Title: PRESIDENT

Date: 10/20/2021

STATE OF NEW HAMPSHIRE

By: 
Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 10-29-21

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, PAULA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Pro City Facilities Services 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 March 20, 2012,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That CHRISTIAN AUGUSTO (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of
Pro City Facilities Services 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: 10/20/2011

ATTEST: 
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2021

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 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 Eames Insurance Services LLC 78 Airport Rd Concord NH 03301	CONTACT NAME Taylor D. Eames	FAX
	PHONE 603-225-7653	INSURER(S) AFFORDING COVERAGE
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW STREET SUITE 9 MANCHESTER NH 03102	INSURER A: Ohio Security (Liberty Mutual)	NAIC #
	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.

CLASS	TYPE OF INSURANCE	ADDL. SUBR. INSR. WORD	POLICY NUMBER	COVERAGE (MM/DD/YYYY)	POLICY BY (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKS58419253	12/11/2020	12/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMPOP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAS58419253	12/11/2020	12/11/2021	COVERED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ LOSS ADJUST \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE RETENTION \$ 10,000		USO58419253	12/11/2020	12/11/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYERS PARTIAL EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in NH) DESCRIPTION OF OPERATIONS: <input checked="" type="checkbox"/> Y/N N/A		XW556419253	12/11/2020	12/11/2021	WC STATE - 01 - 100% EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EX EMPLOYER \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (Attach ACORD 101, Additional Return Schedule, if more space is required)

CERTIFICATE HOLDER Bureau of Materials and Research 5 Hazen Drive Concord N.H.	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



CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YYYY
10/20/2021

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 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 Eames Insurance Services LLC 78 Airport Rd Concord NH 03301	CONTACT NAME: Taylor D. Eames	FAX: (None)
	PHONE: 603-225-7653	IAC No.:
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW STREET SUITE 9 MANCHESTER NH 03102	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ohio Security (Liberty Mutual)	NAC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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.

INSURER	TYPE OF INSURANCE	ADDRESS	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKSS58419253	12/11/2020	12/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - CONSUMER AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BASS58419253	12/11/2020	12/11/2021	COMMERCE'S SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MED EXP \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ 10,000		USO58419253	12/11/2020	12/11/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ MED EXP \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER INCLUDED (Mandatory in NH) Y/N Y N/A		XVSS58419253	12/11/2020	12/11/2021	WC STATE TOBY LIMIT \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS; LOCATIONS; VEHICLES (Attach ACORD 101, Additional Request Schedule, if more space is required)

CERTIFICATE HOLDER John O. Morton Building 7 Hazen Drive Concord N.H.	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

Business Information

Business Details

Business Name:	PRO CITY FACILITIES SERVICES INC	Business ID:	668477
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	03/20/2012	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	03/20/2012		
Principal Office Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA	Mailing Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Annual Report Year:	2021
		Next Report Year:	2022
Duration:	Perpetual		
Business Email:	info@procityfacilitieservices.com	Phone #:	603-854-0641
Notification Email:	info@procityfacilitieservices.com	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / Not Required	

Principals Information

Name/Title	Business Address
Cristian Augusto / President	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Paula Augusto / Vice President	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Paula Augusto / Chairman of the Board of Directors	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA

Page 1 of 1, records 1 to 3 of 3

Registered Agent Information

Name: Augusto, Christian V.

Registered Office Address: 100 Willow Street Suite 9, Manchester, NH, 03103, USA

Registered Mailing Address: 100 Willow Street Suite 9, Manchester, NH, 03103, USA

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
------------------	----------------	------------------	-----------------

No records to view.

[Filing History](#) [Address History](#) [View All Other Addresses](#) [Name History](#) [Shares](#)

[Businesses Linked to Registered Agent](#) [Return to Search](#) [Back](#)

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us \(/online/Home/ContactUS\)](#)

Version 2.1, © 2014 PCC Technology Group, LLC, All Rights Reserved.

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE:

CONTRACT FOR: Janitorial Cleaning

CONTRACT #: 8002883

COMMODITY/NIGP CODE: 910*

CONTRACTOR: Pro City Facilities Inc.

VENDOR CODE #: 226114

SUBMITTED FOR ACCEPTANCE BY:



cn=Jeffrey A Haley, o=Div
Procurement Support Services,
ou=Bureau of Purchase and
Property,
email=Jeffrey.A.Haley@das.nh.gov,
c=US
2021.06.09 14:19:50 -04'00'

PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:



cn=Paul A Rhodes, o=Div of
Procurement Support Services,
ou=Bureau of Purchase and
Property,
email=Paul.A.Rhodes@das.nh.gov,
c=US
2021.06.10 15:33:42 -04'00'

PURCHASING MANAGER/ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:



DN: cn=Gary S Lunetta,
o=Department of Administrative
Services, ou=Division of
Procurement Support Services,
email=Gary.S.Lunetta@das.nh.go
v, c=US
Date: 2021.06.11 08:50:04 -04'00'

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW
HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.



CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 6/14/21

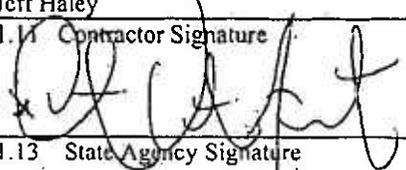
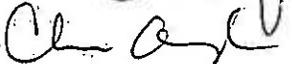
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Administrative Services Bureau of Purchase and Property		1.2 State Agency Address 25 Capitol Street, Room 102 Concord, NH 03301	
1.3 Contractor Name Pro City Facilities Inc. VC#226114		1.4 Contractor Address 100 Willow Street, Suite 9, Manchester, NH 03103	
1.5 Contractor Phone Number 603-854-0641	1.6 Account Number Various	1.7 Completion Date June 30, 2024	1.8 Price Limitation \$550,000.00
1.9 Contracting Officer for State Agency Jeff Haley		1.10 State Agency Telephone Number 603-271-2201	
1.11 Contractor Signature  Date: 06/04/2021		1.12 Name and Title of Contractor Signatory CHRISTIAN AUGUSTO, President	
1.13 State Agency Signature  Date: 6/14/21		1.14 Name and Title of State Agency Signatory Charles M. Arlinghaus, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: _____ On: _____			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials CA
 Date 06/04/21

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7: PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. **INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

EXHIBIT A
SPECIAL PROVISIONS

There are no special provisions of this contract.

**EXHIBIT B
SCOPE OF SERVICES**

1. INTRODUCTION

Pro City Facilities Inc. (hereinafter referred to as the "Contractor") hereby agrees to provide the State of New Hampshire (hereinafter referred to as the "State"), Department of Administrative Services, with Janitorial Cleaning Services in accordance with the bid submission in response to State Request for Bid #2419-21 and as described herein.

2. CONTRACT DOCUMENTS

This Contract consists of the following documents ("Contract Documents"):

- a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
- b. EXHIBIT A Special Provisions
- c. EXHIBIT B Scope of Services
- d. EXHIBIT C Method of Payment
- e. EXHIBIT D RFB 2419-21

In the event of any conflict among the terms or provisions of the documents listed above, the following order of priority shall indicate which documents control: (1) EXHIBIT A "Special Provisions," (2) Form Number P-37, (3) EXHIBIT B "Scope of Services," (4) EXHIBIT C "Method of Payment," and (5) EXHIBIT D "RFB 2419-21."

3. TERM OF CONTRACT

This contract shall commence on July 1, 2021 or upon execution by the Commissioner of Administrative Services, whichever is later, and shall continue thereafter for a period of approximately three (3) years.

The Contract may be extended for two (2) additional one-year extension terms thereafter upon the same terms, conditions and pricing structure with the approval of the Commissioner of the Department of Administrative Services.

The maximum term of the Contract (including all extensions) cannot exceed five (5) years.

4. SCOPE OF WORK

PER OCCURRENCE SERVICES:

Janitorial cleaning services not listed in the specifications or the Exhibit C as part of this contract are to be quoted per occurrence with the Contractor. Utilizing agency shall issue a detailed Scope of Work including specifications of each individual project. Work may begin only upon the written approval of the utilizing agency. In the best interest of the State of New Hampshire agencies may seek quotes from alternative Contractors to determine the lowest cost of Per Occurrence Services

SCOPE OF SERVICES:

Contractor shall supply all labor, tools, transportation, materials, equipment and permits as necessary and required to perform services as described herein.

The Contractor agrees that any damage or injury to buildings, materials, and equipment or to other property during the performance of this service will be repaired at their own expense:

All services performed under any awarded Contract(s) shall be performed as described in Attachment B, Locations and Requirements. The Contractor may schedule work during other work times, provided that they obtain prior approval of the Facility Contact Person.

The Contractor will not be required to work holidays, unless otherwise agreed upon by the using agency. Daily rate will apply to any holiday worked.

In the event that any State work activities interfere with the normal scheduled cleaning, the required cleaning may be rescheduled with approval of the Facility Contact Person.

Prior to placing an individual in a State Facility, the Contractor shall provide a processed Criminal Records Release Form to the Facility. Forms can be found at <https://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/>. All Criminal Records Release Forms shall be no more than one (1) year old. Only individuals approved by the agency shall be allowed to work in said facility. Depending on the facility, enhanced security checks may be required.

The Contractor shall assign a person to be the Contract Supervisor. The Contract Supervisor shall participate in regular meetings with the Contracting Officer, or designee, to conduct a general review of the services provided. The Contract Supervisor shall solve technical problems and prepare work schedules in compliance with Contract requirements. The Contract Supervisor shall be responsible for the establishment and continuation of an approved quality control program.

The Contractor shall provide and maintain daily work schedules and project schedules for all work staff engaged in the performing the services of the Contract. Said work schedules shall indicate which operations are to be performed and the day, week, and/month for accomplishment of the services. The schedule shall be as follows:

Nightly Requirements	List all services to be performed.
Weekly Requirements	The day in the week that work will be performed.
Monthly Requirements	The week in the month that work will be performed.
Quarterly Requirements	The week and month that work will be performed.
Semi-Annual Requirements	The week and the month that work will be performed.

The Contractor shall, upon request by the Contracting Officer or Site Contact, provide a work distribution and staffing plan including the minimum number of workers and supervisory personnel assigned to each facility, specific tasks for each individual, and the amount of time allotted for each individual.

It is expected that the Contractor and its personnel will maintain a condition of excellence meeting the requirements of the Contracting Officer. The Contracting Officer, or designee shall be the sole judge of the level of cleanliness and compliance with the requirements of the Contract; their decision as to acceptance shall be final. Should the Contracting Officer deem the work provided as unacceptable, the Contractor will be provided with up to five (5) days period to cure said default. If the Contractor does not cure the default after that period or if the Contracting Officer finds a subsequent instance of work which is deemed unacceptable, said failure shall be grounds for immediate termination of the Contract.

The Contractor shall instruct work staff not to disturb any papers or personal property on desk, tables or cabinets. The use of State phones or equipment is strictly prohibited. No smoking on or in State facilities by work staff shall be allowed.

The Contractor shall be responsible in the event of theft or destruction of State property or personal property of State employees by work staff. All unclaimed articles found in or about the work areas by work staff shall be immediately turned over to the Facility Contact Person.

The Contractor shall provide all cleaning and/or floor products and materials necessary for the work staff to perform their respective duties and shall submit a list of items to be provided. The Contractor is required to use EcoLogo or Green Seal cleaning bio-degradable materials. The State will provide paper products, hand soap, and can liners.

The Contractor shall provide Material Safety Data Sheets to the State with the delivery of any and all products covered by RSA 277-A, the Workers Right to Know Act.

Each piece of the Contractor's equipment shall be maintained in a high state of cleanliness and repair. Any equipment that is unsafe or requiring repair shall be immediately removed from State property and replaced with working equipment. Any equipment left on State property by the Contractor is solely the Contractor's responsibility. Any of the work staff's personal property brought onto State property is solely the Contractor's responsibility.

All supplies and cleaning equipment, including work clothing and tools, are to be kept in a neat, clean manner in assigned places only. All work staff are to remain in their assigned area during work periods, keeping all spaces locked in which they are not working unless otherwise instructed. All work staff are expected to work in a manner that will maintain security in the best interest of the State.

All rooms provided by the State for the convenience of the Contractor shall be considered part of the area being cleaned and shall be serviced accordingly.

The Contractor may also be required to lock and unlock specific doors or active and deactivate security systems as outlined in Exhibit B. The Contractor may be asked to place signs at designated areas and to turn off all lights (unless otherwise instructed).

If the Contractor fails to secure a facility or set the security alarm properly which results in an alarm condition, the Contractor shall be required to compensate the State for any costs incurred. These costs may be for security services performed by State personnel or by third parties on behalf of the State. These costs shall be the actual third party costs or in the case of State personnel, a cost of fifty (50) dollars an hour.

The Contractor shall establish and implement methods of ensuring that all keys issued to the Contractor by the State are not lost or misplaced and are not used by unauthorized persons. No keys issued to the Contractor by the State shall be duplicated. The Contractor shall report the loss of keys or access cards to the Contracting Officer. In the event keys are lost, the Contractor shall be required, upon direction of the Contracting Officer, to rekey or replace the affected lock or locks; however, the State, at its option, may replace the affected lock or locks or perform rekeying. When the

replacement or locks or rekeying is performed by the State, the total cost of rekeying or the replacements of the lock(s) shall be deducted from the monthly payment due to the Contractor. In the event a master key is lost or duplicated, all locks and keys for that system may be replaced by the State and the total cost deducted from the monthly payment due to the Contractor. It is the responsibility of the Contractor to prohibit the use of keys issued by the State by any persons other than the work staff.

The Contractor and its work staff shall report fires, hazardous conditions, and items in need of repair, including but not limited to dead lights, leaky faucets, slow drains, and toilet stoppages.

Mechanical equipment controls for heating, ventilation, and air conditioning systems shall not be adjusted by the work staff.

Water faucets or valves shall be turned off after the required usage has been accomplished.

The movement of furniture to allow accessibility for the performance of cleaning services is entirely the responsibility of the Contractor.

Failure by the Contractor to adhere to the "Definitions of Work and Work Standards" and Location Requirements shall be subject to payment deduction for non-performance.

Definitions of Work and Work Standards

All work performed under this contract shall be accomplished in accordance with the following definitions. The accompanying standard shall be used in the evaluating the work to determine its acceptance or rejection.

Burnishing (aka Spray Buffing): shall be accomplished with a high speed buffing machine and a tampico brush and periodic buffing with a cylindrical floor machine using fine steel wool pads to remove traffic marks, heavy soil, etc.

A floor is considered properly burnished when all waxed or acrylic finished areas have been buffed sufficiently for a maximum gloss, the surface dirt has been removed and the floor has a uniform appearance.

Carpet Cleaning: shall be accomplished by using an approved commercial steam or hot water extractor type machine using a detergent compatible with the type of carpet being cleaned. All furniture must be removed prior to the start of work and replaced when the carpet is dry.

A carpet is considered clean when all soil and embedded dirt and grit have been removed, it is free of all stains and has been restored to its original appearance as wear and tear will allow. Immediately after cleaning, the carpet is only slightly damp to the touch.

Carpet Vacuuming: shall be accomplished with a commercial type vacuum with a rotary brush or brush/beater bar and shall not cause damage to furniture, doors, trim or other objects. Vacuum all chairs using a clean vacuum brush.

A carpet is considered properly vacuumed when it is free of all dust, grit, staples, paper clips, dirt, lint, and debris (except for embedded dirt and grit), including corners, edges, and under furniture.

Ceiling Diffuser Maintenance: shall be accomplished using a detergent solution suitable for the job and compatible with the material being cleaned. Care should be taken not to stain the ceiling.

A ceiling diffuser is considered clean when it is free of dust, dirt, stains, tarnish, streaks, film, lint, cleaning marks, and has a uniform clean appearance.

Check-off List – Facilities may opt to use check off lists to insure that work is being completed as defined in the requirements for that facility.

Cleaning (e.g. wall, doors, door grills, ledges, metal surfaces, furniture, and cabinets) – shall be accomplished by damp cleaning of all surfaces of the object using a germicidal detergent solution.

A surface is considered properly cleaned when it is free of film, dirt, stains, tarnish streaks, lint, cleaning marks, and has uniform clean appearance. Painted surfaces must not be unduly damaged. Hard finish wainscoting surfaces must be bright, free of oil, streaks, and deposits. Metal surfaces shall be without deposits.

Cleaning (mats) – shall be accomplished when a commercial type vacuum. All mats shall be lifted and the surfaces beneath shall be clean and free of dirt and dust. All embedded dirt and grit shall be removed. A mat is considered properly cleaned when it is free of all dust, dirt, lint, and debris including embedded dirt and grit including the area under the mat.

Cleaning (Light Fixtures) – shall be accomplished by dusting all accessible components of incandescent and fluorescent light fixtures including bulbs and tubes with a cloth or yarn duster. Clean fixtures with a damp cloth.

A light fixture shall be considered clean when all dust has been removed from accessible components and the fixtures are clean and free from lint, streaks, and deposits

Damp Mopping – shall be accomplished using cotton or sponge yarn mops, appropriate stain removal agents, heated water, and detergent. If required using as small amount of water as possible.

A floor is considered properly damp mopped when all dirt, dust, marks, film, streaks, debris, and standing water has been removed.

Dusting – shall be accomplished with a rag or cloth and dusting compound to minimize airborne dust and bacteria.

Floor Refinishing – consists of stripping and waxing (restorative maintenance). It is used to even out the floor appearance. Stripping and waxing should be performed when interim maintenance does not leave floors to an acceptable level. Unacceptable levels will occur as floors show heavy traffic lane wear, heavy soiling, heavy build-up along edges, etc.

Low Level Dusting – dust all low level ledges, furniture and fittings to a height of six (6) feet from the floor. Dust telephones in corridors.

Low level dusting is considered properly complete when all dust, dust streaks, cobwebs, lint, litter, and dry soil shall be removed from surfaces of desks, chairs, file cabinets, other types of office furniture, and equipment, ledges, window sills, handrails to a line of six (6) feet from the floor.

High Level Dusting – dust all high level areas including furniture, ledges, ceilings, walls, and structural components above six (6) feet from the floor.

High level dusting is considered properly complete when all dust, cobwebs, dust streaks, lint, litter, and dry soil shall be removed from surfaces of ledges, furniture, ceilings, walls, and structural components to a line above six (6) feet from the floor.

Machine Scrubbing/Floor Recoating – is used to even out the floor appearance by removing top layers of finish and recoating to build the base finish. Scrub and recoating should be performed when preventative maintenance does not leave floors to an acceptable level. Unacceptable levels will occur as floors show slight traffic lane wear, scratches, soil, etc.

Receptacle Emptying – includes all trash receptacles including sanitary disposal containers. Trash liner replacement is included as required.

Resilient Flooring – is designed to be durable, resistant to stains and water, and comfortable to stand and work on. The most common types of resilient flooring are made from materials like vinyl, linoleum, and rubber.

Routine maintenance (daily/weekly as needed), sweep/vacuum floors regularly to remove loose dirt, sand dust. Prevent stains by wiping spills promptly.

Stripping a Resilient Tile Floor:

1. Walk through area noting problem spots; remove all sticky insoluble substances such as gum.
2. Dust mop the floor to remove any loose soils, paper clips, sand, dust, foreign objects, etc.
3. Strip the base boards and corners using wax stripper and scrub brush.
4. Strip floors, small areas at a time using "floor strippers" according to label directions.
5. Using stripping pads (or equivalent), agitate the area.
6. Remove the stripper using a wet/dry vacuum or mop and bucket with clean water.
7. Flood rinse the area with cool, clean water.
8. Pick up excess water and using a wet/dry vacuum or mop and bucket.
9. A second rinse may be needed.
10. Place caution signs around area until it is completely dry.

Building a Shine on a VCT Resilient Tile Floor:

1. Check floor, making sure that it is totally dry and free of any old finish or stripper residue.
 - a. If there is a whitish cast, this could indicate stripper or old finish still remains on the floor. If necessary, re-strip the floor.
2. Floor temperature should be above 54 degrees F for proper curing of finish.
3. Select and apply the proper floor finish.
4. Allow floor finish to dry completely.
5. Apply the proper number of coats of finish per manufacturer's recommendation.

Grout/Quarry/Ceramic Tile Maintenance – Remove soil with broom or non-oily dust mop or vacuum, damp mop or spot clean as necessary using pH-neutral cleaner.

Rinse clean area with clean warm water and allow to dry.

Stubborn stains – fiber or nylon scrubbing pads may assist in removing difficult stains (do not use steel wool).

Routine grout maintenance does not differ from tile care. (Note: for stubborn grout stains agitation with a nylon pad or brush and a recommended cleaning solution will assist in removing of stains).

For added protection of cement based grout, a sealer may be applied according to the manufacturer's instructions. If unsure whether or not your specific tile requires sealing, stripping, and resealing, contact the tile supplier.

Rubber Tile/Rolled Rubber Floors -

For lightly soiled surfaces:

1. Remove all surface debris, grit, sand, and soil with a broom.
2. Vacuum the entire rubber floor with a high CFM vacuum to assure the finer dirt and grit is removed. **Note:** never use mineral spirits, painter thinners or strippers or any petroleum products to clean the surface.
3. Mop the floor. A regular string mop or a micro fiber flat mop with a mild solution of a neutral pH (7-9) cleaner can be used. Taski profi cleaner or equivalent is an excellent choice for rubber but any neutral clean will work.
4. Damp mop (ONLY do not flood) the surface until you have removed all visible dirt, sand, and grim.

For heavily soiled surfaces:

1. Remove all surface debris, grit, sand, and soil with a broom and vacuum with a high CFM vacuum. If the rubber floor is especially dirty it may be necessary to hand mop some of the worst areas before beginning.
2. Depending on the amount of soiling, it may be necessary to clean the surface using only a hand mop or it may require using a power buffer or auto scrubber.
3. When using a buffer or auto scrubber, use only a mild pad or a soft nylon brush. If using a buffer, wet the area and buff only a workable area that can be completely buffed and vacuumed within fifteen (15) minutes.
4. Do not let the cleaning solution stand on the rubber floor for longer periods of time.
5. After the area has been thoroughly buffed, pick-up the solution with a wet/dry vacuum and repeat if necessary. For extremely heavy soils or for restorative cleaning it may be necessary to repeat the process with a more aggressive black pad in order to remove the dirt.
6. Once the surface is satisfactorily cleaned, rinse the surface with clean water. This can be done with a hand mop or an auto scrubber.

Except as otherwise provided in this Scope of Services, all services performed under this Contract shall be performed between the hours of 8:00 A.M. and 4:00 P.M. unless other arrangements are made in advance with the State. Any deviation in work hours shall be pre-approved by the Contracting Officer. The State requires ten-day advance knowledge of said work schedules to provide security and access to respective work areas. No premium charges will be paid for any off-hour work.

The Contractor shall not commence work until a conference is held with each State agency intending to utilize the Contractor's services, at which representatives of the Contractor and the State are present. The conference will be arranged by the State agency.

The State shall require correction of any defective work and the repair of any damages to any part of a building or its appurtenances caused by the Contractor or its employees, subcontractors, equipment or supplies. The Contractor shall correct, repair, or replace all defective work, as needed, to complete said work in satisfactory condition, and damages so caused in order to restore the building and its appurtenances to their previous condition. Upon failure of the Contractor to proceed promptly with the necessary corrections or repairs, the State may withhold any amount necessary to correct all defective work or repair all damages from payments to the Contractor.

The work staff shall consist of qualified persons completely familiar with the products and equipment that they will use. The Contracting Officer may require the Contractor to dismiss from the work such employees as the Contracting Officer deems incompetent, careless, insubordinate, or otherwise objectionable, or whose continued employment on the work is deemed to be contrary to the public interest or inconsistent with the best interest of security and the State.

Neither the Contractor nor its employees or subcontractors shall represent themselves as employees or agents of the State.

While on State property the Contractor, its employees, and its sub-contractors shall be subject to the authority and control of the State, but under no circumstances shall such persons be deemed to be employees of the State.

All personnel shall observe all regulations or special restrictions in effect at any State agency location at which services are to be provided.

The Contractor's personnel shall be allowed only in areas where services are to be provided. The use of State telephones by the Contractor, its employees, or its sub-contractors is prohibited.

If sub-contractors are to be utilized, Contractor shall provide information regarding the proposed sub-contractors including the name of the company, their address, contact person and three references for clients they are currently servicing. Approval by the State must be received prior to a sub-contractor starting any work.

5. TERMINATION

The State of New Hampshire has the right to terminate the contract at any time by giving the Contractor thirty (30) days advance written notice.

6. OBLIGATIONS AND LIABILITY OF THE CONTRACTOR

The Contractor shall provide all janitorial cleaning services strictly pursuant to, and in conformity with, the specifications described in State RFB #2419-21, as described herein, and under the terms of this Contract.

It is the responsibility of the Contractor to maintain this contract and New Hampshire Contractor Registration with up to date contact information.

Contract specific contact information (Sales contact, Contractor contract manager, etc.) shall be sent to the State's Contracting Office listed in Box 1.9 of Form P-37.

Additionally, all updates i.e., telephone numbers, contact names, email addresses, W9, tax identification numbers are required to be current through a formal electronic submission to the Bureau of Purchase and Property at:
[https://das.nh.gov/purchasing/Contractorregistration/\(S\(a0fzcv55qhaeas45jpya5i45\)\)/welcome.aspx](https://das.nh.gov/purchasing/Contractorregistration/(S(a0fzcv55qhaeas45jpya5i45))/welcome.aspx)

The Contractor shall agree to hold the State of NH harmless from liability arising out of injuries or damage caused while performing this work. The Contractor shall agree that any damage to building(s), materials, equipment or other property during the performance of the service shall be repaired at its own expense, to the State's satisfaction.

7. DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

The Contractor certifies, by signature of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.

8. INSURANCE

Certificate of insurance amounts must be met and maintained throughout the term of the contract and any extensions as per the P-37, section 14 and cannot be cancelled or modified until the State receives a 10 day prior written notice.

9. CONFIDENTIALITY & CRIMINAL RECORD

If requested by the using agency, the Contractor and its employees, and Sub-Contractors (if any), shall be required to sign and submit a Confidential Nature of Department Records Form and a Criminal Authorization Records Form. These forms shall be submitted to the individual using agency prior to the start of any work.

**EXHIBIT C
METHOD OF PAYMENT**

1. CONTRACT PRICE

The Contractor hereby agrees to provide janitorial cleaning services in complete compliance with the terms and conditions specified in Exhibit B for an amount up to and not to exceed a price of \$550,000.00; this figure shall not be considered a guaranteed or minimum figure; however it shall be considered a maximum figure from the effective date through the expiration date as indicated in Form P-37 Block 1.7.

2. PRICING STRUCTURE

Location	Section A Daily Rate			SECTION C Emergency Cleaning
	July 2021 June 2022	July 2022 June 2023	July 2023 June 2024	Emergency Rate (hourly rate)
Agency: New Hampshire Employment Security All NHES Locations are have three (3) cleanings per week (3 days/week x 52 = 156 cleanings per year)				
NHES Salem	\$38.00	\$38.00	\$38.00	\$25.00
NHES Portsmouth	\$39.00	\$40.00	\$40.75	\$25.00
NHES Nashua	\$38.00	\$38.75	\$39.75	\$25.00
Agency: Court Facilities All Court Facility Locations are have five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year)				
Hillsborough Circuit Courthouse	\$45.00	\$45.98	\$46.50	\$25.00
Agency: DOS State Police All NHSP Locations are have five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year) EXCEPT FOR Troop B & Windham Weigh Stations require three (3) cleanings per week (3 days/week x 52 = 126 cleanings per year)				
State Police Troop A	\$32.00	\$32.00	\$32.00	\$25.00
State Police Troop B/DOT District 5	\$46.00	\$47.50	\$48.00	\$25.00
State Police, Windham Weigh Stations	\$36.00	\$36.00	\$36.00	\$25.00
Agency: DOS Marine Patrol Requires five (5) cleanings per week for six (6) months and two cleanings per week for six (6) months (5 days/week x 26 = 130 plus 2 days/week x 52 for a total of 182 cleanings per year)				
Marine Patrol	\$71.00	\$72.00	\$73.00	\$25.00
Agency: Department of Corrections Field Services All DOC Locations are have one (1) cleanings per week (1 days/week x 52 = 52 cleanings per year)				
DOC Nashua	\$42.00	\$42.75	\$43.75	\$25.00
DOC Keene	\$32.00	\$32.50	\$33.00	\$25.00

Agency General Services All General Services Locations are have five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year)				
Administrative Services Historical Society	\$36.00	\$36.75	\$38.50	\$25.00
Agency Lottery Commission Location requires five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year)				
Lottery Commission	\$42.00	\$42.50	\$43.00	\$25.00
Agency Department of Transportation				
DOT District 6 Requires three (3) cleanings per week (3 days/week x 52 = 156 cleanings per year)	\$38.00	\$39.00	\$39.50	\$25.00
DOT District 4 Requires five (5) cleanings per week (5 days/week x 52 = 260 cleanings per year)	\$38.00	\$39.00	\$39.50	\$25.00
Agency Department of Natural and Cultural Resources Requires two (2) cleanings per week (2 days/week x 52 = 104 cleanings per year)				
DNCR Lancaster				
DNCR Concord	\$68.00	\$68.50	\$69.00	\$25.00
Agency Fish & Game Both locations require two (2) cleanings per week (2 days/week x 52 = 104 cleanings per year)				
Fish & Game Region 3	\$41.00	\$42.00	\$43.00	\$25.00
Fish & Game Region 4	\$23.00	\$23.50	\$24.00	\$25.00
Agency Department of Education Both locations require three (3) cleanings per week (3 days/week x 52 = 156 cleanings per year)				
Vocational Rehabilitation Manchester	\$36.50	\$37.00	\$37.25	\$25.00

3. INVOICE

Itemized invoices shall be submitted to the individual agency after the completion of the job/services and shall include a brief description of the work done along with the location of work.

Contractor shall be paid within 30 days after receipt of properly documented invoice and acceptance of the work to the State's satisfaction.

4. PAYMENT

Payments may be made via ACH or P-Card. Use the following link to enroll with the State Treasury for ACH payments: <https://www.nh.gov/treasury>

EXHIBIT D

Page 16 of 17

Contractor Initials AK

Date 06/04/21

RFB #2419-21 is incorporated here within.

Contractor Initials CA
Date 06/04/21

Certificate of Authority # 1

(Corporation, Non-Profit-Corporation)

Corporate Resolution

I, PAULA AUGUSTO, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
PRO CITY FACILITIES SERVICES. 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 March 20th, 2012
at which a quorum of the Directors/shareholders were present and voting.

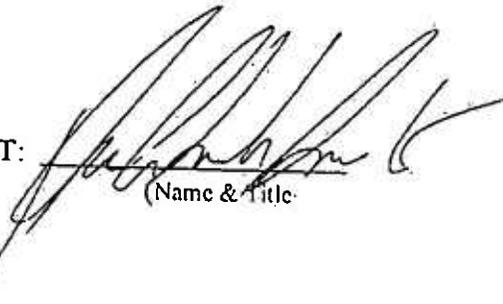
VOTED: That CHRISTIAN AUGUSTO (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of
PRO CITY FACILITIES SERVICES 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: 06/08/2021

ATTEST: 
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/08/2021

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 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 Eames Insurance Services LLC 78 Airport Rd Concord NH 03301	CONTACT NAME: Taylor D. Eames
	PHONE (AC No. Ext): 603-225-7653 FAX (AC No.): E-MAIL ADDRESS:
INSURED PRO CITY FACILITIES SERVICES INC 100 WILLOW STREET SUITE 9 MANCHESTER NH 03102	INSURER(S) AFFORDING COVERAGE
	INSURER A: Ohio Security (Liberty Mutual)
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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	TYPE OF INSURANCE	ADDL SUBR (INSR/WORD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKS58419253	12/11/2020	12/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E.A. Occurrence) \$ 500,000 MED EXP (Adv/occ Person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED PARTS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAS58419253	12/11/2020	12/11/2021	CLAIMS MADE BODILY INJ (E.A. Occurrence) \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Occurrence) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION: 10,000		USO58419253	12/11/2020	12/11/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EMPLOYEE (Mandatory in NH) Y/N Y N/A DESCRIPTION OF OPERATIONS/Service		XWS58419253	12/11/2020	12/11/2021	EL STATE (Mandatory in NH) EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
NH & MA RATED STATES						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
JANITORIAL SERVICES

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, Rm 102 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

(/online/Home/)  Back to Home (/online)

Business Information

Business Details

Business Name:	PRO CITY FACILITIES SERVICES INC	Business ID:	668477
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	03/20/2012	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	03/20/2012		
Principal Office Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA	Mailing Address:	250 Commercial St. suite 3011A, Manchester, NH, 03101, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Annual Report Year:	2021
		Next Report Year:	2022
Duration:	Perpetual		
Business Email:	info@procityfacilitieservices.com	Phone #:	603-854-0641
Notification Email:	info@procityfacilitieservices.com	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / Not Required	

Page 1 of 1, records 1 to 1 of 1