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**New Hampshire Veterans Home**  
139 Winter Street  
Tilton, NH 03276-5415  
www.nh.gov/veterans



Kimberly M. MacKay  
Commandant

Telephone: (603) 527-4400  
Fax: (603) 286-4242

January 17, 2024

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

**REQUESTED ACTION**

Authorize the New Hampshire Veterans Home to enter into a **Sole Source and retroactive** amendment to an existing contract (Contract #1087951) with Merrimack Valley Occupational Health, LLC. (VC#224067), Tilton, New Hampshire to continue providing pre-employment fit for duty physicals, respiratory clearance and tuberculosis testing for individuals seeking employment with NHVH, by increasing the price limitation by \$20,001 from \$9,999 to \$30,000, with no change to the completion date of June 30, 2024, effective retroactively to November 1, 2023 upon Governor and Council approval. The original contract was executed by Merrimack Valley Occupational Health and NHVH on June 27, 2023. 39% Federal Funds. 32% Other Funds. 29% General Funds.

Funds are available in the following account to support this request.

**05-043-043-430010-5359 HEALTH AND SOCIAL SERVICES, NH VETERANS HOME, VETS HOME PROFESSIONAL CARE**

State Fiscal Year	Class/Account	Class Title	Current Budget	Increased (Decreased) Amount	Revised Budget
SFY24	046-500462	Consultants	\$9,999.00	\$20,001.00	\$30,000.00
		<b>Subtotal</b>	<b>\$9,999.00</b>	<b>\$20,001.00</b>	<b>\$30,000.00</b>

**EXPLANATION**

The amendment is **sole source and retroactive** because the Contractor is an established and essential resource to the New Hampshire Veterans Home since 2017. The yearly contract amount of \$9,999 has been sufficient, until this state fiscal year. In SFY24, NHVH human resources department has successfully increased efforts of staff recruitment which has grown the number of individuals using Merrimack Valley Occupational Health for pre-employment screenings. As such, the New Hampshire Veterans Home has exhausted their current contract and needs to add money to pay invoices dated November 2023 through the remainder of SFY24 while maintaining their strong staff recruitment to decrease vacant positions.

Sincerely,

Kimberly MacKay  
Commandant

**State of New Hampshire  
New Hampshire Veterans Home  
Amendment #1**

The Amendment to the pre-employment fit for duty physicals, respiratory clearance and tuberculosis testing for individuals seeking employment with the New Hampshire Veterans Home is between the State of New Hampshire, New Hampshire Veterans Home ("State" or "Department") and Merrimack Valley Occupational Health, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by Department and the Contractor on June 27, 2023; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.8, Price Limitation, to read:  
\$30,000
2. Add Exhibit A, Revisions to Standard Contract Provisions to read:

**1 – Revisions to Form P-37, General Provisions**

1.1 Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3 Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

3. Add Exhibit B, Scope of Services to read:

Merrimack Valley Occupational Health, LLC, hereafter known as MVOH, will provide the following services for the New Hampshire Veterans Home, hereafter known as NHVH applicants whom the NHVH would like to hire:

1. Pre-employment fit for duty physicals.
2. Respiratory clearance.
3. Tuberculosis testing; and,

Merrimack Valley Occupational Health, LLC

Contractors Initials



Date 01/18/24

4. Other medical testing as requested by NHVH or deemed necessary by MVOH, after approval from NHVH.

4. Add Exhibit C, Payment Terms to read:

Merrimack Valley Occupational Health, LLC (MVOH) will bill NH Veterans Home (NHVH) for services rendered according to the price list below:



**PRICING**

**January 2023**

Pre- placement Physical Exam:	\$76.00
DOT Medical Evaluation: (Including medical card)	\$90.00
Sport Physical	\$40.00
Drug Test Collection:	\$30.00
5 Panel Drug Test: (E-Screen electronic reporting available)	\$54.00
10 Panel Drug Test:	\$57.00
PETH/Blood Collection (Medtox)	\$30.00
Breath Alcohol Test:	\$45.00
Breath Alcohol Confirmation Test:	\$32.00
Audiogram:	\$40.00
PPD/ TB Test:	\$35.00
QuantIFERON TB-TSPOT	\$100.00 (plus venipuncture \$25.00)
MMRV Titer	\$105.00 (plus venipuncture \$25.00)
Lead/ZPP w/ venipuncture	\$67.00
Hepatitis B Vaccine:	\$80.00 (per shot, plus \$15 admin fee)
Tetanus Booster:	\$60.00 (plus \$15 admin fee)
Flu shot	\$24.00 (plus \$15.00 admin fee)
Respirator Clearance and PFT	\$62.00 (respirator exam)
Pulmonary Function Test (PFT)	\$48.00
Respirator Fit Testing:	\$52.00 (each resp that needs fit)
Respirator Questionnaire	\$26.00
Fitness for Duty Physical Exam:	\$180.00-\$270.00
Employers Specified Lift	\$50.00-\$125.00
Work Injury Treatment:	Accept Major WC PPO Reimbursements

**\*\*WE DO NOT OFFER CONSORTIUM SERVICES\*\***

Merrimack Valley Occupational Health, LLC

Contractors Initials

A handwritten signature in black ink, appearing to be "Jm".

Date 1/18/24

MVOH will submit an invoice to NHVH no later than 30 days after the service, per Exhibit B, was rendered to the following:

Email: [Accounts.Payable@nhvh.nh.gov](mailto:Accounts.Payable@nhvh.nh.gov)

Mail: NH Veterans Home  
139 Winter Street  
Tilton, NH 03276  
ATTN: Business Office

NHVH has up to 30 days to pay MVOH per invoice submission.

MVOH can be paid up to, but not exceeding, the price limitation as listed on the P-37, block 1.8.

Merrimack Valley Occupational Health, LLC

Contractors Initials



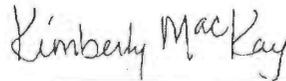
Date

11/10/24

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective November 1, 2023, subject to Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire  
New Hampshire Veterans Home



Name: Kimberly MacKay  
Title: Commandant

January 18, 2024

Date

Merrimack Valley Occupational Health, LLC



Name: Eric Marshall  
Title: Partner

01/18/24  
Date

Merrimack Valley Occupational Health, LLC

Contractors Initials



Date

1/18/24

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

January 19, 2024

*/s/ Louise D. Williams*

Date

Name: Louise Williams  
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: \_\_\_\_\_ (date of meeting)

OFFICE OF SECRETARY OF STATE

Date

Name:  
Title:

Merrimack Valley Occupational Health, LLC

Contractors Initials



Date

01/19/24

# New Hampshire Veterans Home



## Exhibit A

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### REVISIONS TO STANDARD CONTRACT PROVISIONS

#### 1 – Revisions to Form P-37, General Provisions

1.1 Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3 Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

Appendix A – Revisions to Standard Contract Provisions

Merrimack Valley Occupational Health, LLC

Contractor Initials     JLH    

Date 1/18/24

# New Hampshire Veterans Home



## Exhibit B

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### Scope of Services

Merrimack Valley Occupational Health, LLC, hereafter known as MVOH, will provide the following services for the New Hampshire Veterans Home, hereafter known as NHVH applicants whom the NHVH would like to hire:

1. Pre-employment fit for duty physicals.
2. Respiratory clearance.
3. Tuberculosis testing; and,
4. Other medical testing as requested by NHVH or deemed necessary by MVOH, after approval from NHVH.

Contractor Initials

A handwritten signature in black ink, appearing to be 'JH'.

Date

1/14/24

# New Hampshire Veterans Home



## Exhibit C

### Payment Terms

Merrimack Valley Occupational Health, LLC (MVOH) will bill NH Veterans Home (NHVH) for services rendered according to the price list below:



### PRICING

January 2023

Pre- placement Physical Exam:	\$76.00
DOT Medical Evaluation: (Including medical card)	\$90.00
Sport Physical	\$40.00
Drug Test Collection:	\$30.00
5 Panel Drug Test: (E-Screen electronic reporting available)	\$54.00
10 Panel Drug Test:	\$57.00
PETH/Blood Collection (Medtox)	\$30.00
Breath Alcohol Test:	\$45.00
Breath Alcohol Confirmation Test:	\$32.00
Audiogram:	\$40.00
PPD/ TB Test:	\$35.00
QuantIFERON TB-TSPOT	\$100.00 (plus venipuncture \$25.00)
MMRV Titer	\$105.00 (plus venipuncture \$25.00)
Lead/ZPP w/ venipuncture	\$67.00
Hepatitis B Vaccine:	\$80.00 (per shot, plus \$15 admin fee)
Tetanus Booster:	\$60.00 (plus \$15 admin fee)
Flu shot	\$24.00 (plus \$15.00 admin fee)
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Respirator Questionnaire	\$26.00
Fitness for Duty Physical Exam:	\$180.00-\$270.00
Employers Specified Lift	\$50.00-\$125.00
Work Injury Treatment:	Accept Major WC PPO Reimbursements

\*\*WE DO NOT OFFER CONSORTIUM SERVICES\*\*

Exhibit C

Contractor Initials

Date

1/18/24

# New Hampshire Veterans Home



## Exhibit C

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MVOH will submit an invoice to NHVH no later than 30 days after the service, per Exhibit B, was rendered to the following:

Email: [Accounts.Payable@nhvh.nh.gov](mailto:Accounts.Payable@nhvh.nh.gov)

Mail: NH Veterans Home  
139 Winter Street  
Tilton, NH 03276  
ATTN: Business Office

NHVH has up to 30 days to pay MVOH per invoice submission.

MVOH can be paid up to, but not exceeding, the price limitation as listed on the P-37, block 1.8.

Exhibit C

Contractor Initials

*EJm*

Merrimack Valley Occupational Health, LLC

Page 2 of 2

Date

*1/18/21*

# 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 MERRIMACK VALLEY OCCUPATIONAL HEALTH, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on April 06, 2004. 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: 468771

Certificate Number: 0006253260



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 27th day of June A.D. 2023.

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

David M. Scanlan  
Secretary of State

(Limited partnership, Limited liability professional partnership or LLC)

**Certificate of Authority # 3**

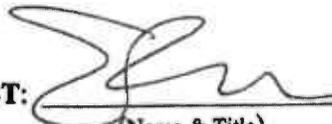
**Limited Partnership or LLC Certification of Authority**

I, Eric Marshall, hereby certify that I am the sole Partner, Member or  
(Name)  
Manager and the sole officer of Merrimack Valley Occupational Health limited liability partnership  
(Name of Partnership or LLC)  
under RSA 304-B, a limited liability professional partnership under RSA 304-D, or a limited liability company under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. 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 partnership or LLC and that this authorization shall remain valid for thirty (30) days from the date of this Corporate Resolution.

DATED: 01/10/24

ATTEST:

  
(Name & Title)

*eric marshall, partner*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/16/2024

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

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

PRODUCER Cross Insurance-Laconia 155 Court Street  Laconia NH 03246	CONTACT NAME: Jessica Maurais, ACSR	
	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3686 E-MAIL ADDRESS: jessica.maurais@crossagency.com	
INSURED  Coppola Physical Therapy & Fitness Gym 171 Pleasant St  Concord NH 03301	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: MMG Ins Co	15997
	INSURER B: Granite State Health Care and Human Services Self-	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL2411659457 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	ADDITIONAL INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BP24027054	09/18/2023	09/18/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		KU14466824	09/18/2023	09/18/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B	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 type="checkbox"/> N/A	HCHS20240000587	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

NH Veterans Home  
139 Winter Street  
  
Tilton NH 03276

### 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  
*Jessica Maurais*

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## Additional Named Insureds

### Other Named insureds

Ace Physical Therapy LLC	Insured Multiple Names
Belknap Occupational Health	Insured Multiple Names
Belknap Occupational Health	Doing Business As
Coppola Physical Therapy Farmington LLC	Insured Multiple Names
Merrimack Valley Occupational Health, LLC	Insured Multiple Names

FORM NUMBER P-37 (version 2/23/2023)

**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.

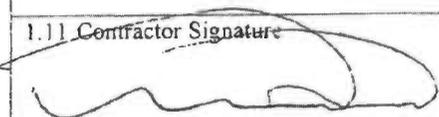
**AGREEMENT**

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

*Belknap*

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Veterans Home		1.2 State Agency Address 139 Winter St. Tilton NH 03246	
1.3 Contractor Name Merrimack Valley Occupational Heath, LLC		1.4 Contractor Address 614 Laconia Rd, Tilton NH 03276	
1.5 Contractor Phone Number 603-717-7020	1.6 Account Unit and Class 53590000-046-500462	1.7 Completion Date 6/30/2024	1.8 Price Limitation \$9,999.00
1.9 Contracting Officer for State Agency Stephanie Kelley		1.10 State Agency Telephone Number 603-527-4838	
1.11 Contractor Signature  Date: <i>6/26/23</i>		1.12 Name and Title of Contractor Signatory David L. Kates, owner	
1.13 State Agency Signature  Date: <i>6/27/23</i>		1.14 Name and Title of State Agency Signatory Stephanie L. Kelley, Business Admin	
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: _____			

**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, 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.

3.3 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. 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 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, 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 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. 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.

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 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

**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 and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. 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 age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. 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 this Agreement and all rules, regulations and orders pertaining to 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 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

## 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) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar 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.

## 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) calendar 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) calendar 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. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

## 10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, 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 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure 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 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, 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.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 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.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. 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 State's sovereign immunity, 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 any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. 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 any 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. WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

**17. 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.

**18. 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.

**19. CHOICE OF LAW AND FORUM.**

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. 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.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

**20. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**21. THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

**22. 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.

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

**24. FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

**25. 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.

**26. 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.

Contractor Initials DFC  
Date 6/26/22